

Digital Services for my Mental Health

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A Canadian Web-Based Patient Portal for Mental Health Care: Benefits Evaluation (Kipping et al., 2016)

- Of eight recovery areas (e.g. activation in the patients' own health), seven were improved after one year of use. (All $P < .05$)
- Portal users were 67 percent more likely to attend appointments than non-users.
- There was an 87 percent drop in requests for information from the portal users.

E-health solutions (videoconferencing, online and mobile services) for mental health are available for a wide range of needs and purposes – from health promotion and prevention, to treatment and aftercare for persons with long-term support needs.

The solutions that have been researched the most, and thus have the best evidence, are cognitive behavioural therapies for mild and moderate anxiety and depressive disorders^{1,2}. Among these in Norway are eMeistring from the University of Bergen, a therapist-assisted treatment program, which has enabled therapists to treat far more patients. MoodGYM is conveyed by UiT The Arctic University of Norway, and is a self-help program that is being examined in the EU MasterMind project, in line with a 'stepped-care' model within primary and secondary health services. With increased implementation nationally, for instance in relation to initiatives such as Quick mental health care ("Rask psykisk helsehjelp"), such solutions may have significant implications for public health and labour market participation.

For persons with severe and enduring mental health issues, health authorities in a number of countries are in the process of turning from a traditional focus on reducing symptoms to a greater focus on recovery – that is, the process towards a meaningful life despite mental symptoms^{3,4}. This is reflected in increasing research on e-health solutions for chronic conditions

that may be equally relevant in somatic medicine and mental health^{5,6}. Such solutions frequently combine self-management resources, peer support and support in the communication and follow-up of the patients' own goals and activity plans, interaction with their helpers as well as facilitating involvement in the local community. 'Reconnect' is one such solution in Norway, and has been developed with strong user involvement in a collaboration between the Norwegian Centre for E-health Research and Oslo University Hospital⁷. Such solutions can help strengthen the dissemination of evidence-based interventions – such as Individual Placement and Support (IPS)⁸, and Illness Management and Recovery (IMR)⁵. Internationally, research is still in an exploratory pilot phase, but it is developing rapidly.

In Norway, the development will accelerate through Helsenorge.no and citizens' access to their own health records (EHR). However, increased user involvement in the patients' own treatment processes is unlikely to occur automatically through the portal and EHR access. The whole sector will need to work together in making the most of the opportunities the portal provides for health promotion and user involvement. The fact box at the top shows an example from a Canadian patient portal study in which all patients in a major tertiary psychiatric hospital were given access to their own EHR, as well as options to notify their therapists⁹. Among the 432



portal users, one found increased patient activation and treatment, as well as organizational benefits in the form of fewer canceled appointments and fewer requests for information. Another study also shows promising findings related to personal electronic health records for those with serious comorbid psychiatric and somatic conditions¹⁰.

Despite promising results, there will be a continuing need for measures against digital divides in the population due to differences in health and e-health 'literacy'¹¹ – that is, the ability to make use of these opportunities. Furthermore, it has been highlighted that both recovery thinking and e-health solutions may shift power between users/patients and therapists in ways that may be experienced as challenging for the sector^{12,13}. There are also ethical/legal challenges involved in this. Therefore, skills development, organizational development and implementation strategies are important for the Directorate of e-health's strategies for e-health in mental health.

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