

Digital Peer Work: Can people with lived experience access and use the technology that is required?

Mark Orr & Dr Kate Ball

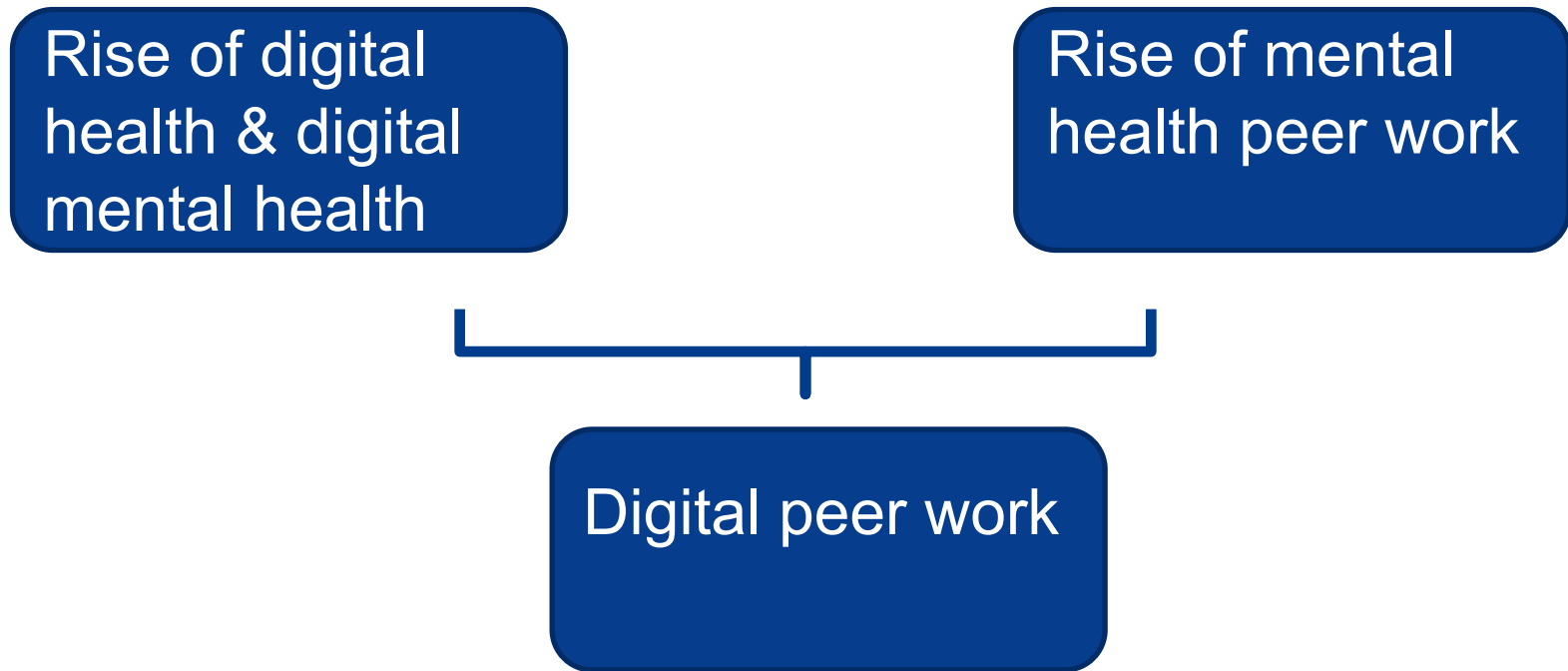
**TheMHS Perth Virtual Conference 2021
'Balancing the System'**

Origins

Rise of digital
health & digital
mental health

Rise of mental
health peer work

Origins



What's out there?

- Social media (Facebook, You Tube)
- Telephone
- Chat rooms
- Internet support groups
- Video

What's out there?

- Social media (Facebook, You Tube)
- Telephone
- Chat rooms
- Internet support groups
- Video

But it requires technology access/skills

- Cost vs Income (hardware access, connection)
- Connectivity challenges (access and bandwidth)
- Skills
- Privacy concerns
- Health equity– being left behind

Initial thoughts

- **Digital divide** (Philip et al, 2017) or **Digital exclusion** (Robotham et al, 2016)
 - inequitable access to hardware and internet
 - poor knowledge and skills about use
- **Patient activation** (Hibbard et al, 2004)
 - General Practice / primary care
 - self-management (Salyers et al, 2009)

Research

Aim

To understand how the technology required to provide mental health peer support is accessed and used by people with serious mental illness.

Research Question

What is the level of access and use technology by adults with a mental illness in Australia, and is that access and use moderated by patient activation or social networks?

Support for this research is being provided through an Australian Government Research Training Program Scholarship.

The Context



Fifth national mental health & suicide prevention plan 2017

Action 30 monitor the growth of the national peer workforce through the development of national mental health peer workforce data

Method

Hard copy paper and pencil - 72 items

- **Technology survey for people with serious mental illness**
(Thomas et al, 2017) – 53 items (used with permission)
- **Lubben Social Networking Scale 6**
(Lubben et al, 2006) – 6 items (used with permission)
- **Patient Activation Measure® - Mental Health**
(Green et al, 2010) – 13 items (Licensed from Insignia Health)

Hard Copy Surveys distributed to sites*

*COVID-19 slowdown/shutdown impact

Some preliminary results (n=30)

	n	%
Gender		
Male	22	73%
Female	8	27%
Other	0	0%

Age		
18-24	5	17%
25-34	3	10%
35-44	12	40%
44-55	6	20%
55-64	3	10%
65+	1	3%

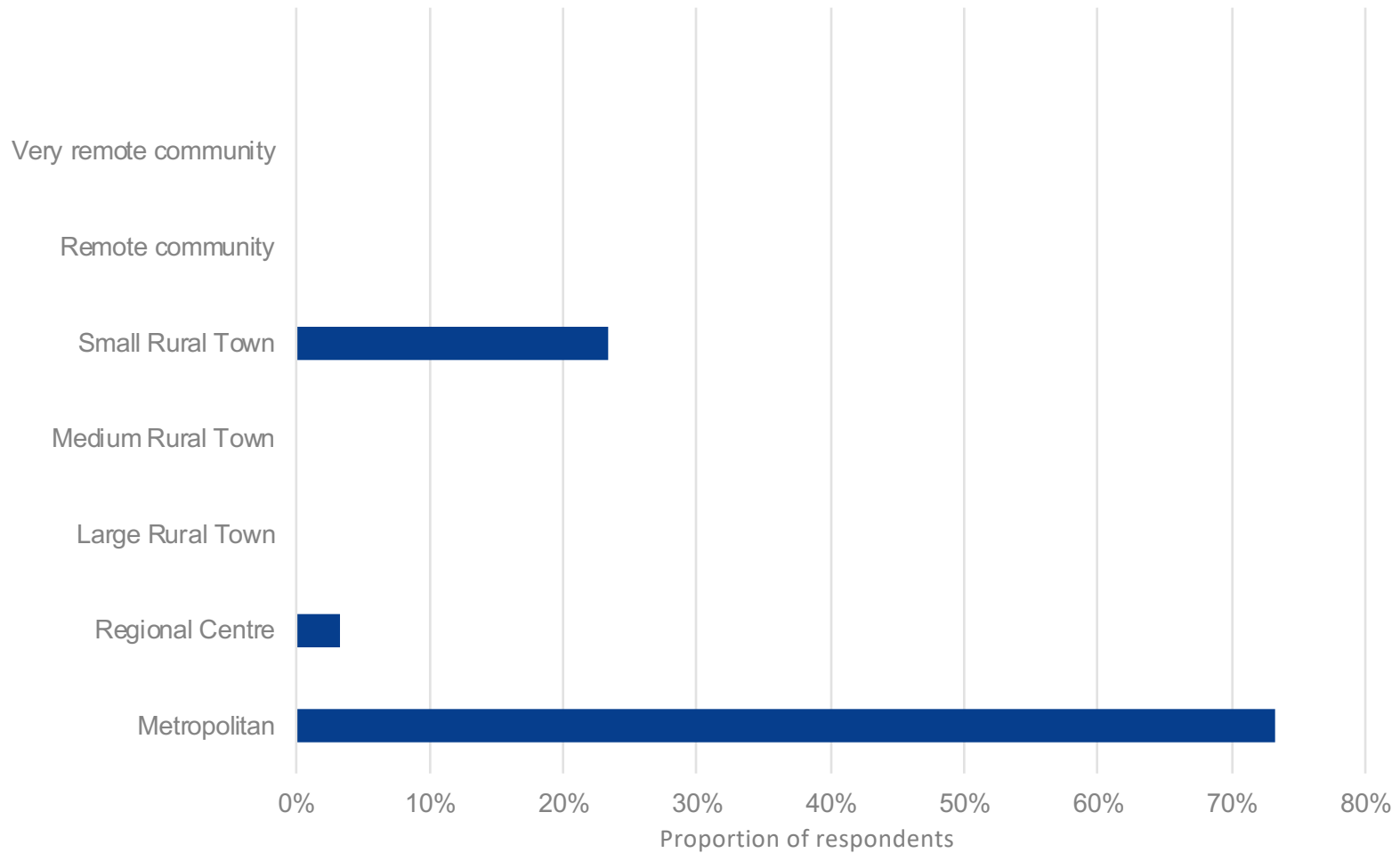
Indigenous heritage		
No	28	93%
Yes, Aboriginal	2	7%
Yes, Torres Strait Islander	0	0%

Cultural and Linguistic Diversity	1	3%
--	---	----

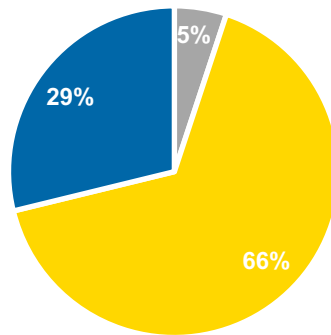
	n	%
Primary Diagnosis by Doctor		
Schizophrenia	14	47%
Schizoaffective Disorder	4	13%
Bipolar Disorder	4	13%
Major Depression	4	13%
Other	3	13%
No answer	1	3%

Self-assessed prominent mental health issue		
Anxiety	22	73%
Mood	4	13%
Psychosis	4	13%

Modified Monash Model Classification - Responses

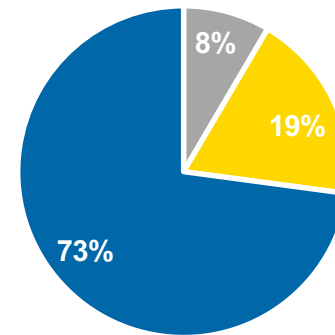


Do you use technology?



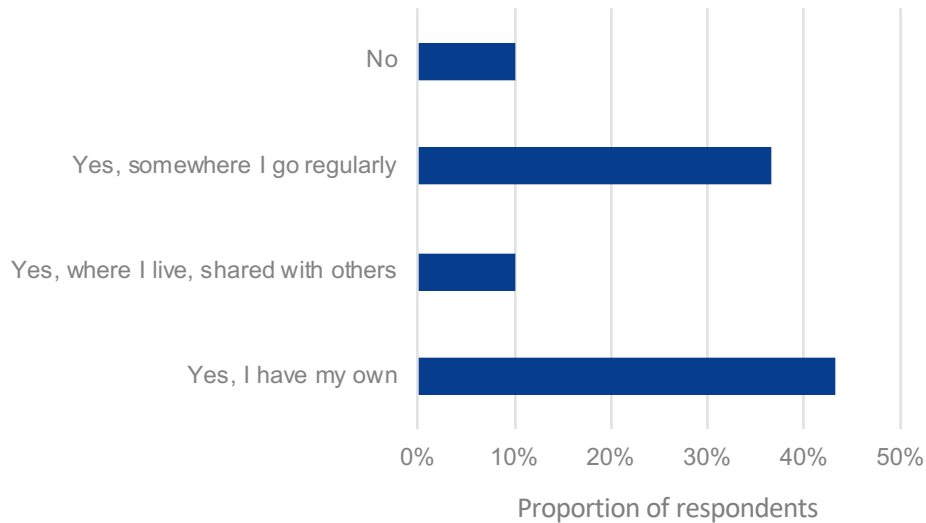
■ No ■ Yes, regularly ■ Yes, sometimes

Do you have a smartphone?

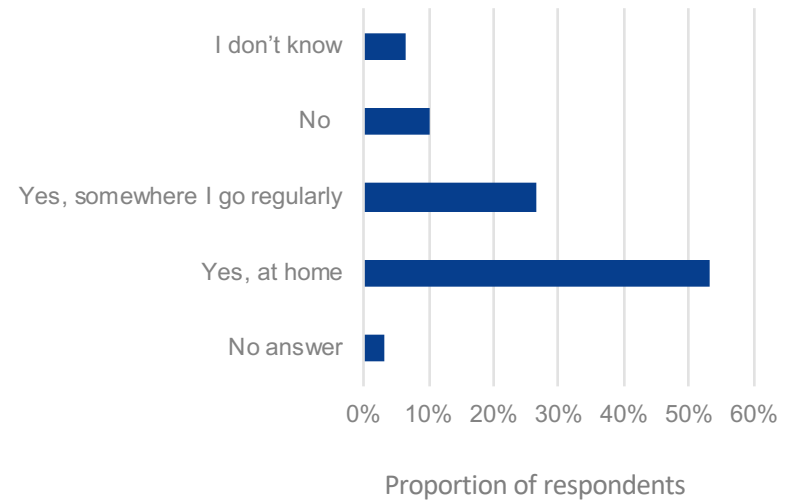


■ No answer ■ No ■ Yes

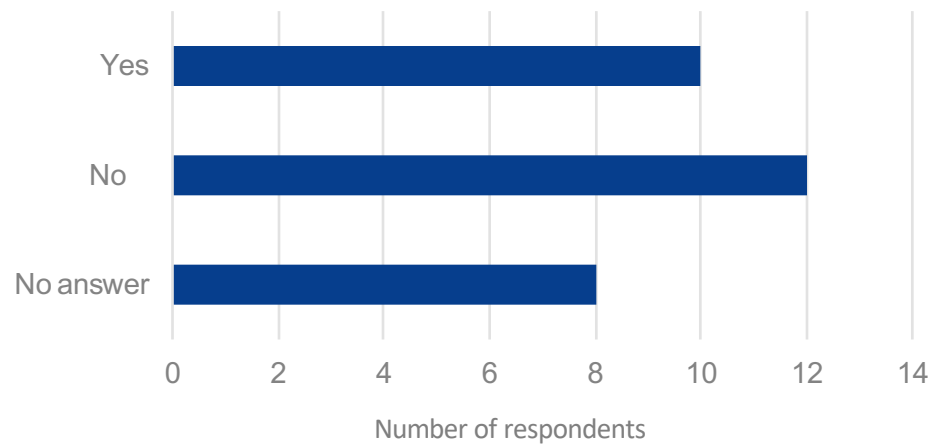
Do you have access to a computer?



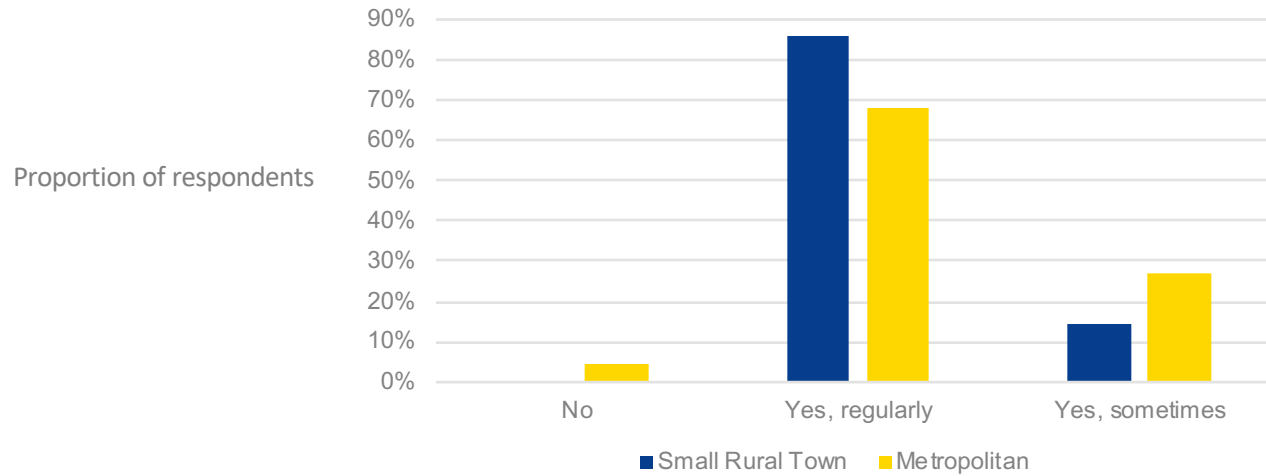
Do you have access to the internet?



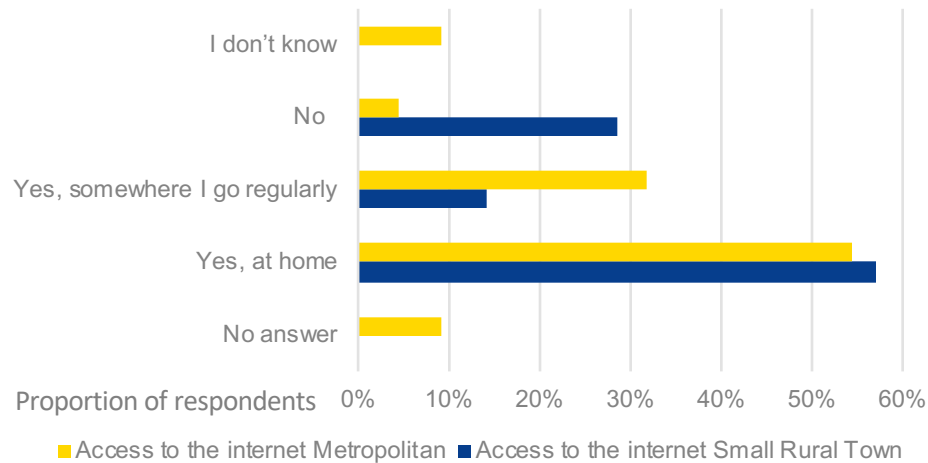
Do you use a messaging service (FB Messenger, WhatsApp) to communicate for support



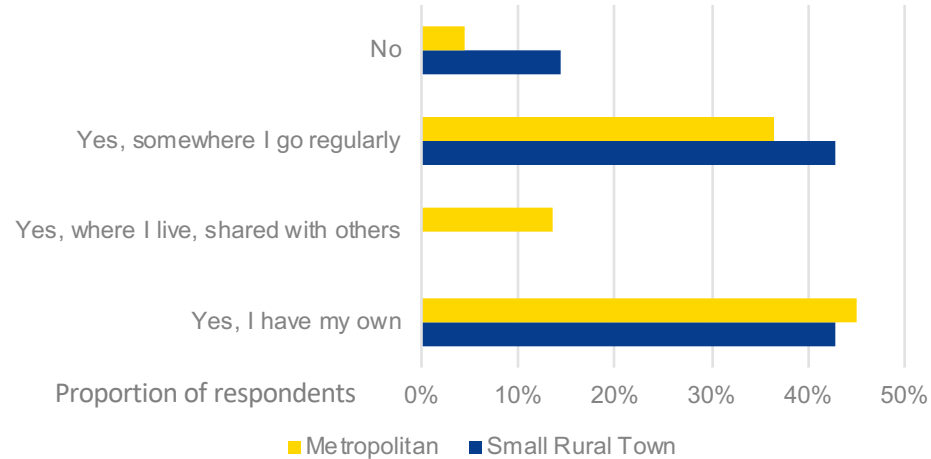
Do you use technology?



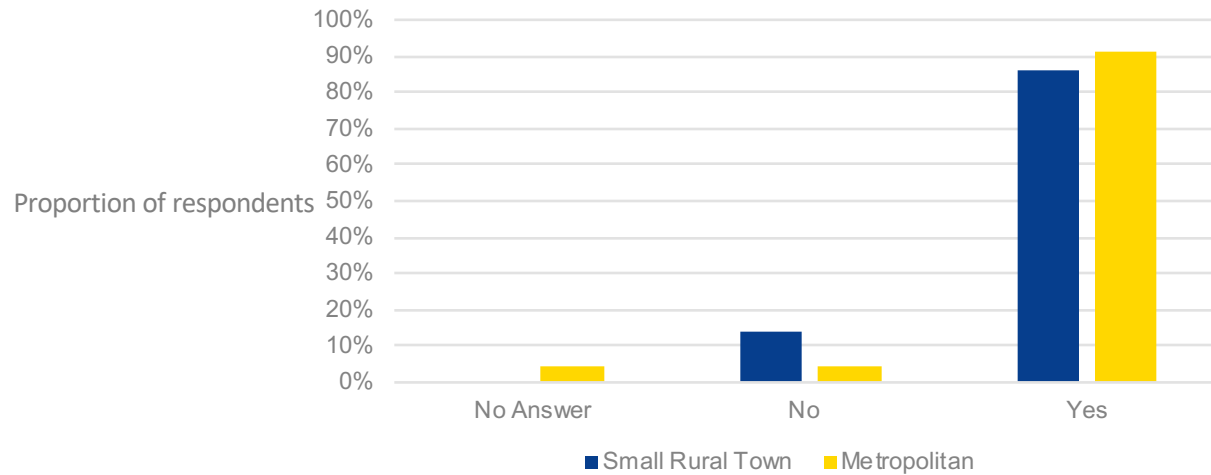
Do you have access to the internet?



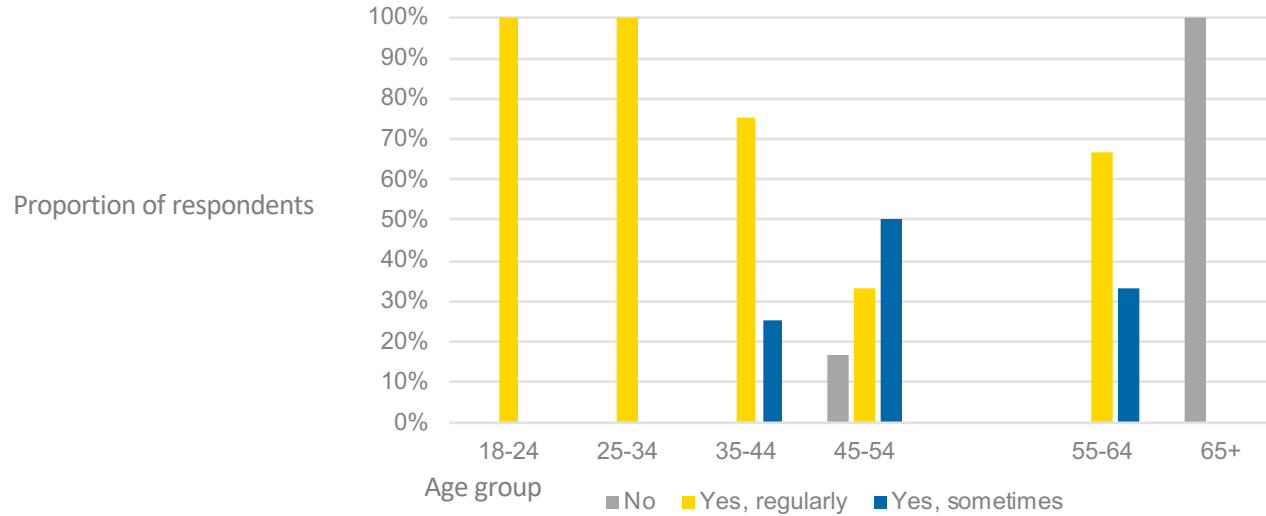
Do you have access to a computer?



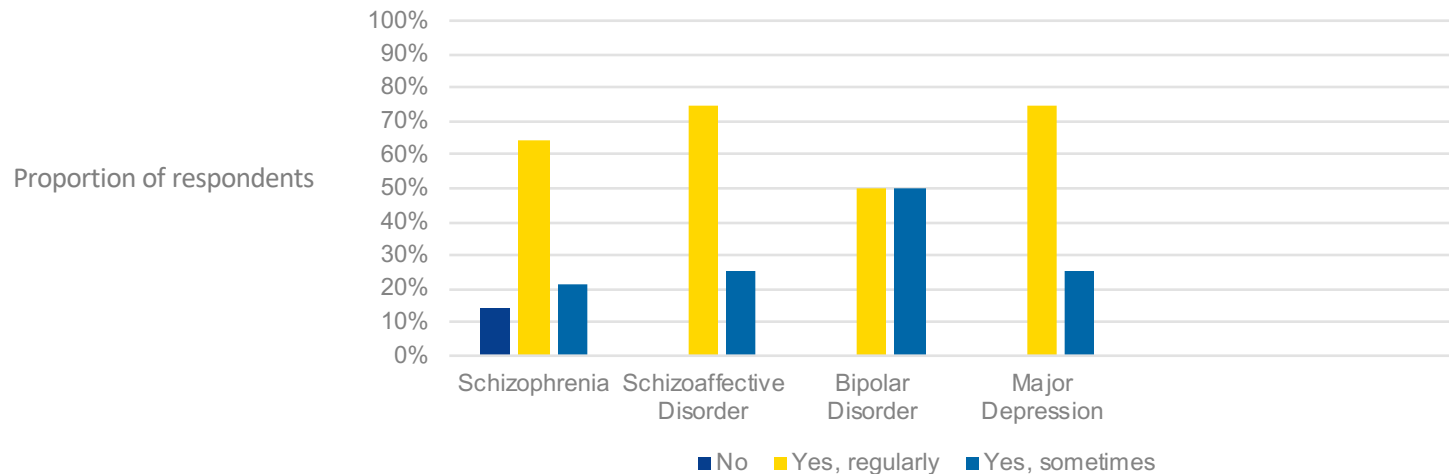
Do you have a smartphone?



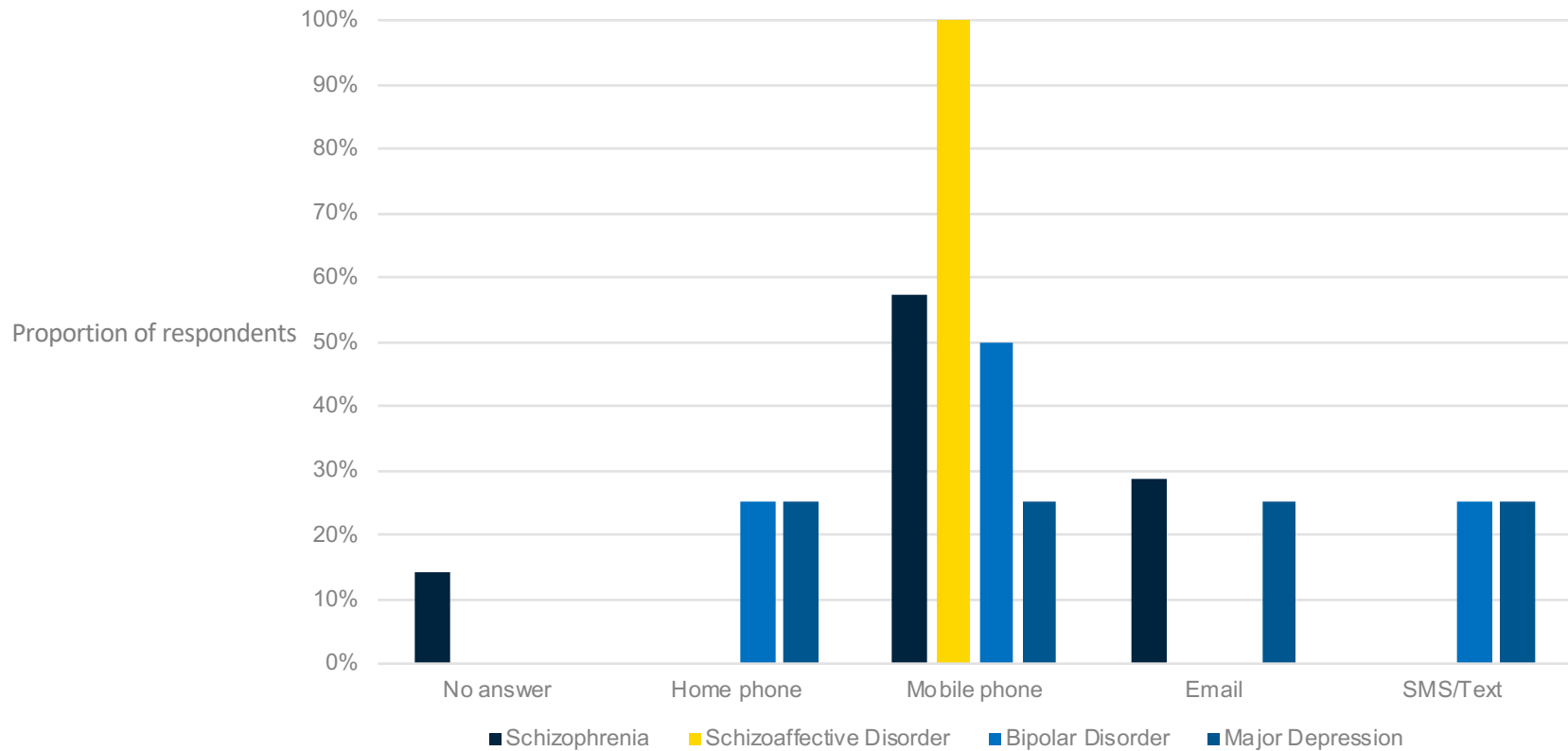
Do you use technology? - age grouping



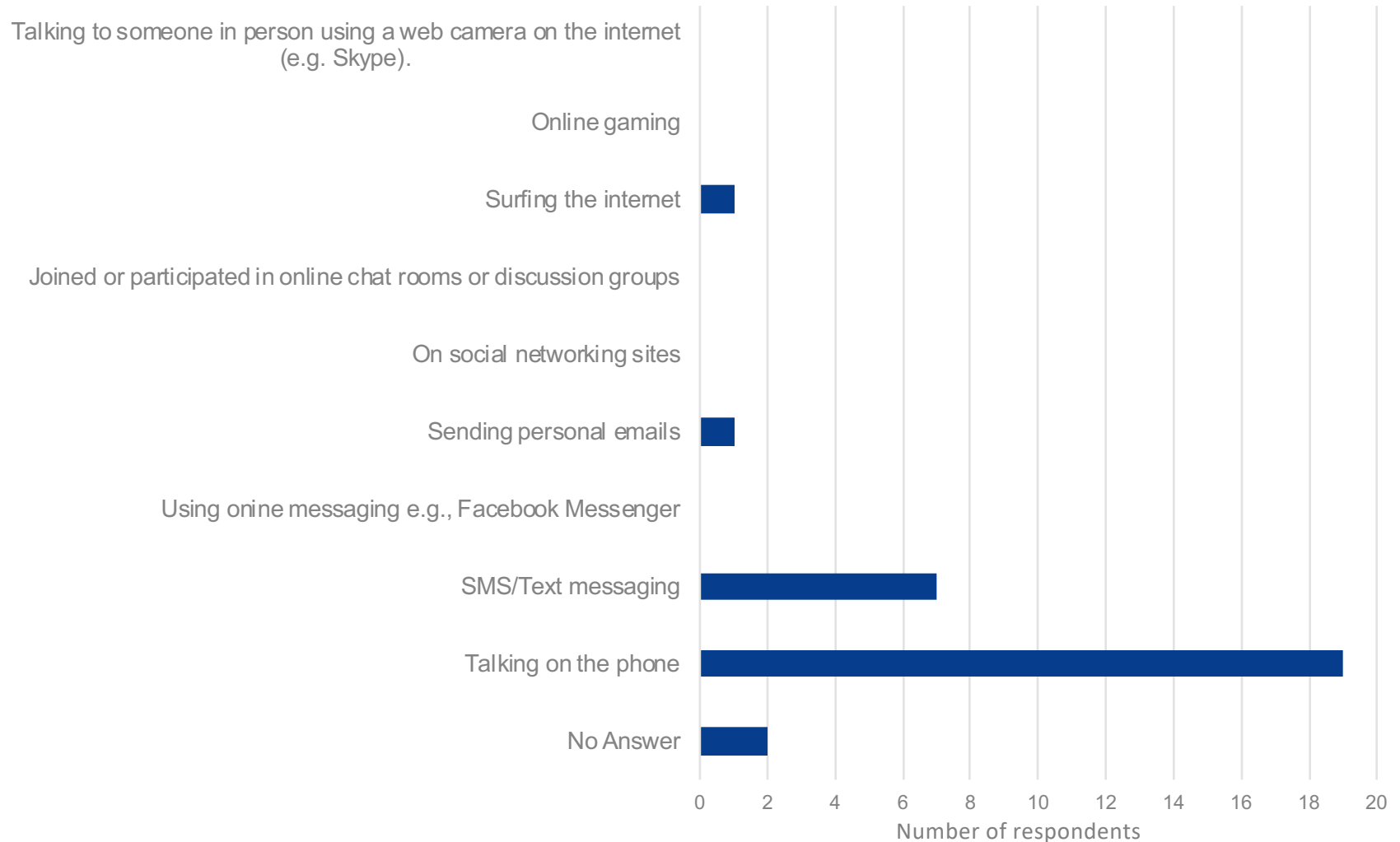
Do you use technology? - diagnosis



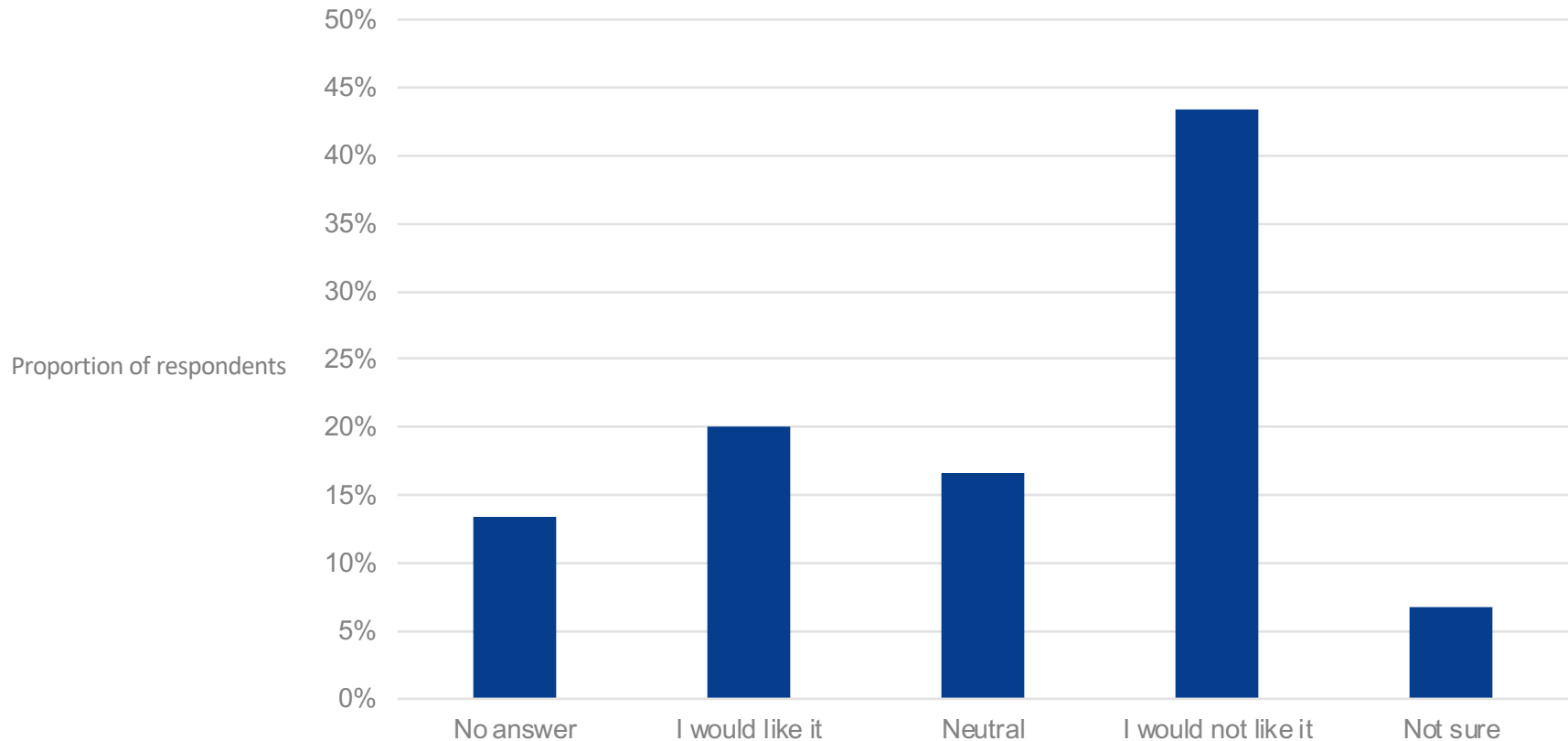
What would be your preferred method of communication from a mental health service using technology?



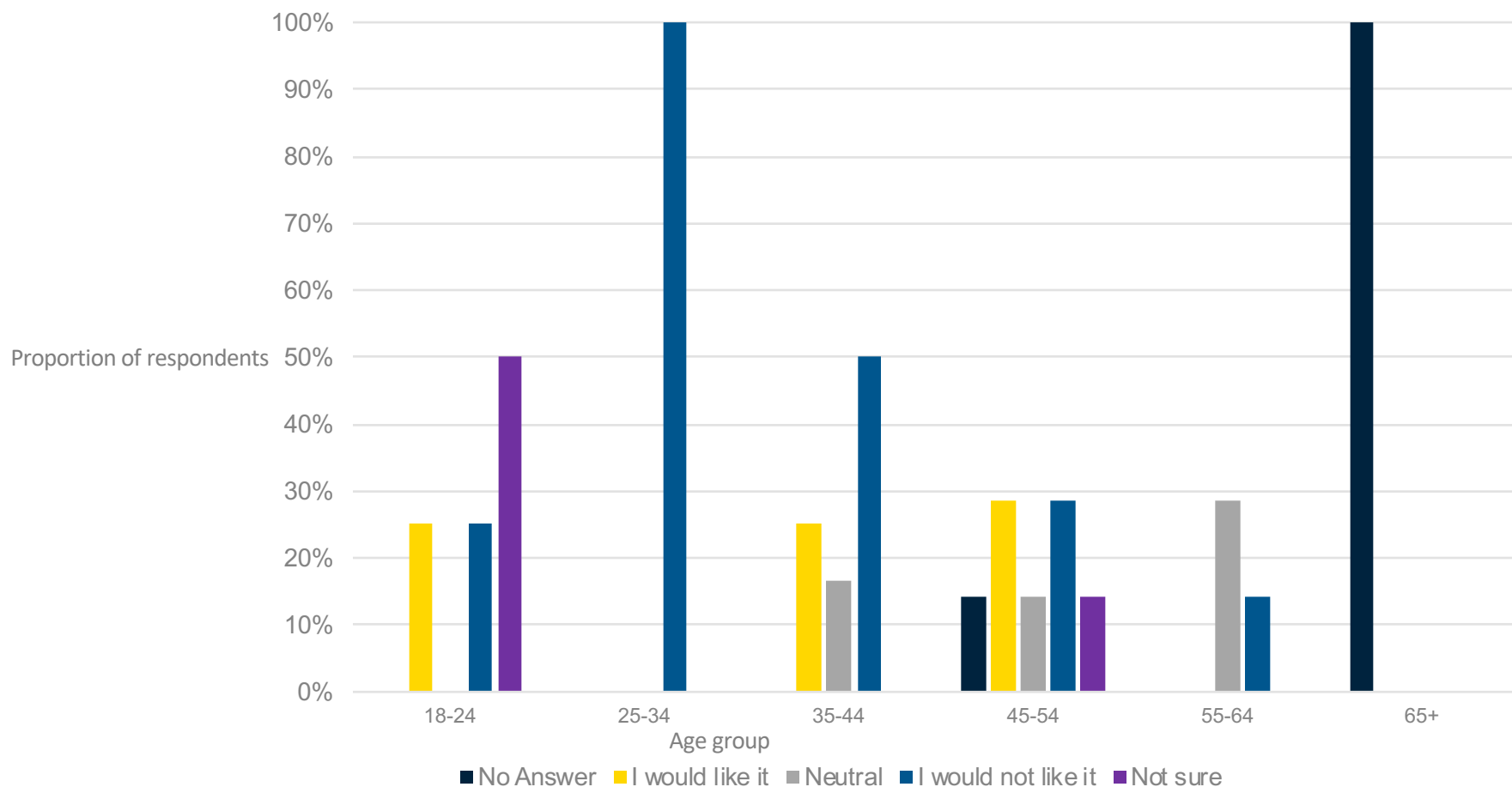
When using technology what activities do you find most helpful in improving or managing your mental health?



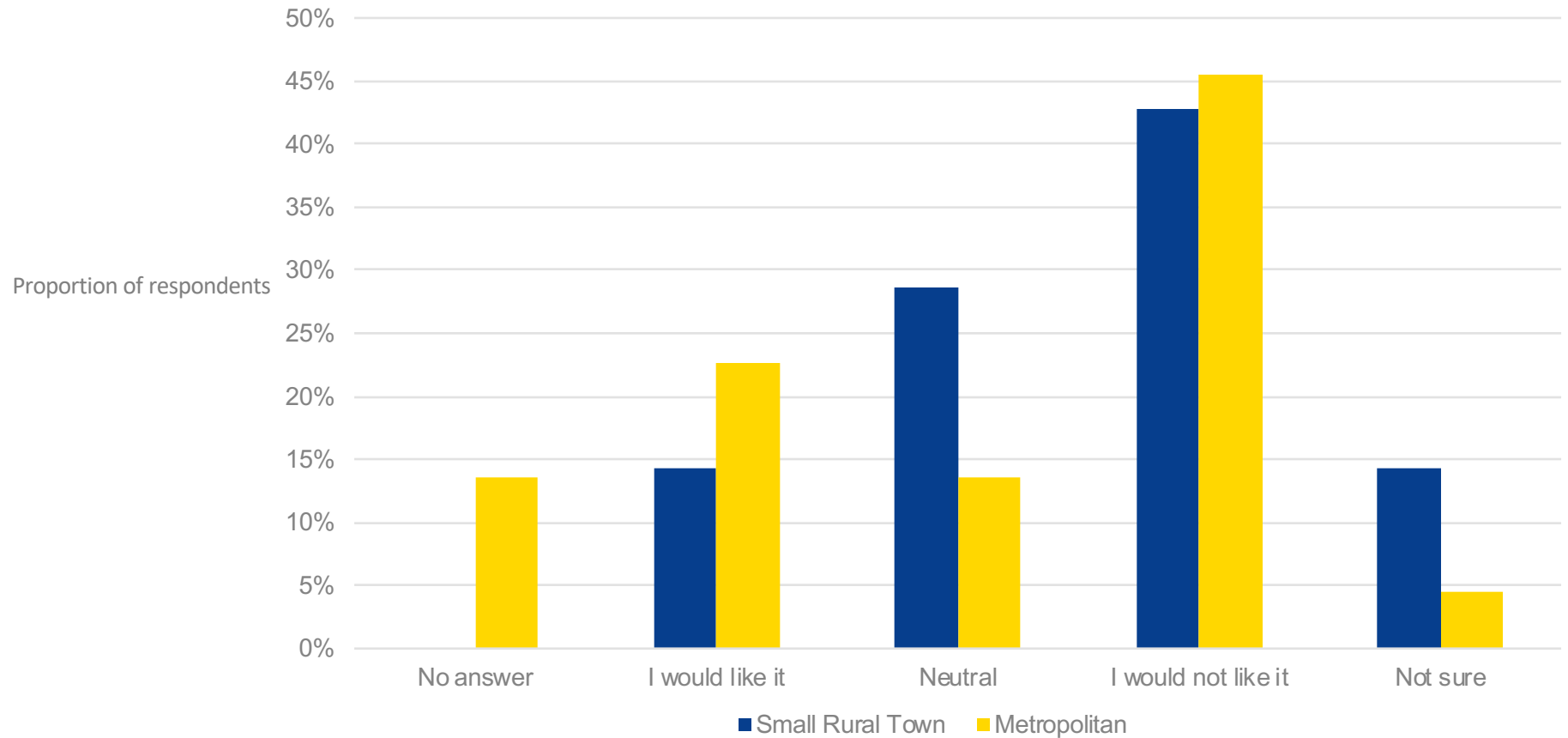
How would you feel about using a web camera on the internet to speak to a peer worker?



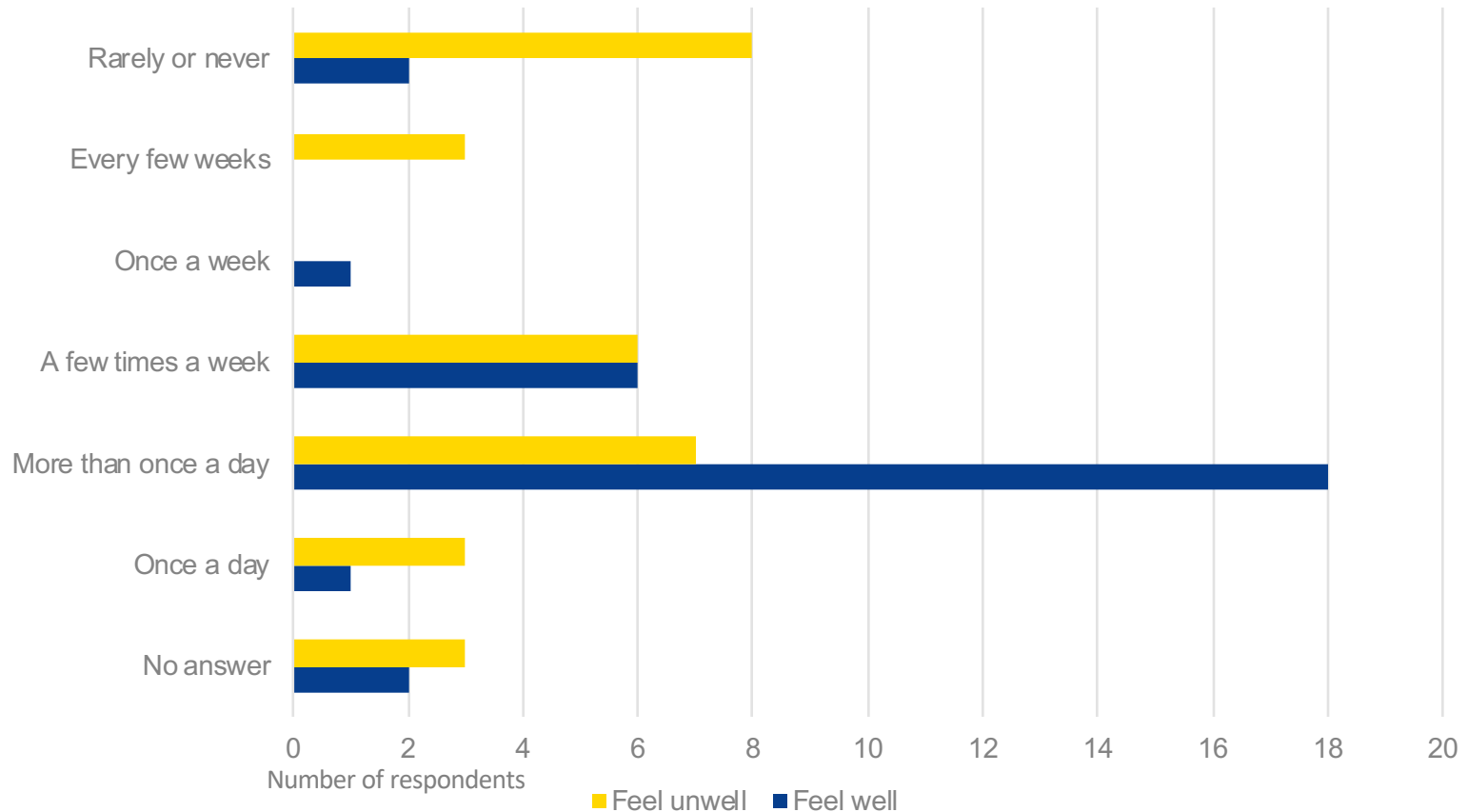
How would you feel about using a web camera on the internet to speak to a peer worker? – age grouping



How would you feel about using a web camera on the internet to speak to a peer worker? - location



How often do you use technology to communicate with people?



So far...

- Most people use technology regularly (66%)
- Most people have access to a device – mostly a smart phone (73%)
- People say talking on the phone is their preferred channel of support if using technology
- Some differences between age, diagnosis and location (Metro v Rural)
- Speaking with a peer worker using a webcam not an overly popular idea (but perhaps still an unknown pre-COVID-19)

- **Digital divide** (Philip et al, 2017) or **Digital exclusion** (Robotham et al, 2016)
 - inequitable access to hardware and internet
 - poor knowledge and skills about use
 - do not presume everyone has access
 - **Policy & Practice Implication** – if we provide/fund access and skills education will this increase uptake and use?
 - An issue for Funders and, maybe, philanthropists

- **Patient activation** (Hibbard et al, 2004)
 - self-management (Salyers et al, 2009)
 - **Practice & Practice Implication** - if we can increase access to and use of digital resources and supports can this lead to an increase in patient activation and associated self-management skills?

Next steps

- Impact of COVID-19
- Adding electronic survey
- Co-designing and evaluating a digital peer work approach

Digital Peer Work

Digital Peer Work

- Dr Karen Fortuna, Dartmouth College
- <http://digitalpeersupport.org/>
- Systematic review
Fortuna et al (2020). Digital Peer Support Mental Health Interventions for People With a Lived Experience of a Serious Mental Illness: Systematic Review, *JMIR Mental Health*, 7(4):e16460, DOI: [10.2196/16460](https://doi.org/10.2196/16460)

Acknowledgements

- Thanks to our co-authors – Dr Adrienne Withall (UNSW), Dr Maria Agalotis (UTas) and Conj Assoc Professor Josey Anderson (UNSW/Flourish Australia).
- Thanks to the people with lived experience who have helped in the design of the survey questions, and those who are participating and sharing with us their experience of technology.
- Thanks to Flourish Australia for supporting the research and assisting with recruitment of participants.
- This presentation derives from work being undertaken to fulfil the requirements of the Doctor of Public Health degree in the School of Population Health, UNSW.
- UNSW HREC approval HC190772.