

# Volunteering & International Psychiatry



RCPsych

Newsletter of the Volunteering & International Psychiatry Special Interest Group #13

06/19

*Digital Around The World – Special Edition*



# Volunteering & International Psychiatry

Welcome to the 13th issue of the Volunteering and International Psychiatry Special Interest Group Newsletter

## *Special Edition: Digital Around The World*

VIPSIG Editorial Team,

We hope you enjoy this special edition newsletter, 'Digital Around The World'.

Please contact us on the emails provided for feedback.

Dr Faheem Naqvi

Dr Hina Rehman

VIPSIG Newsletter Editorial Team

If you have comments about any of the articles in this issue or would like to get more involved with VIPSIG please email us at:

[drfnaqvi@gmail.com](mailto:drfnaqvi@gmail.com)

[reham.eladl@nhs.net](mailto:reham.eladl@nhs.net)

We are currently looking for a *new editor* to join us.

Please send expressions of interest to:

[drfnaqvi@gmail.com](mailto:drfnaqvi@gmail.com)

[reham.eladl@nhs.net](mailto:reham.eladl@nhs.net)

## DETAILS FOR POTENTIAL AUTHORS

We welcome contributions to the Volunteering and International psychiatry SIG on topics of interest to our membership. We are particularly interested in articles from medical students, trainees, middle grades and consultants regarding volunteering internationally and within the UK, from charities and NGOs who provide volunteering opportunities and advice to clinicians who want to undertake this kind of work. Articles should be a maximum of 500 words excluding any references or appendices; they need to be submitted in word format, we encourage the use of photographs and figures submitted as separate .jpg files. Please include your full name, your photograph and titles, place of work and email contact details. Opinions expressed in the Newsletter are those of the authors and not of the College, unless otherwise stated. The editors reserve the right to edit contributions. Please email your submissions to the emails provided above.

# Volunteering & International Psychiatry

## Message from our VIPSIG Chair



### *Welcome to the VIPSIG Special Edition - Digital Around the World*

In the special edition you will find articles and stories about the development of electronic learning internationally.

Our authors have started us on an important pathway forward in the development of Global Mental Health. Of all the growing areas of mental health innovation, International work needs excellent communication possibilities for joint learning and teaching.

And so we have begun and look forward to you all joining us in developing further possibilities for creative and innovative learning in this digital age.

Enjoy

**Sophie Thomson**

**Chair VIPSIG**

# VIPSIG contents

<b>TechMotherCare: App-based Intervention for Maternal Depression and Child Health Outcomes in Pakistan</b>	<b>5-6</b>
<b>Digital Health in UK Psychiatry</b>	<b>7-8</b>
<b>An Overview of Digital Psychiatry</b>	<b>9</b>
<b>Digital Psychiatry In Jordan</b>	<b>10-11</b>
<b>Use of Technology in Mental Health Services in India</b>	<b>12-13</b>
<b>Online Weight Management</b>	<b>14-15</b>
<b>The eMental Health: Canadian Perspectives</b>	<b>16-17</b>
<b>Digital Technology in Malta</b>	<b>18</b>
<b>The Digital Savvy Psychiatrist: What to Ask?</b>	<b>19-20</b>





# TechMotherCare: App-based Intervention for Maternal Depression and Child Health Outcomes in Pakistan

*Prof Nasim Chaudhry (Consultant Psychiatrist, CEO - Pakistan Institute of Living & Learning-PILL), Tahira Khalid (PILL), Mina Husain (Higher Trainee – Maudsley Institute of Psychiatry, London), Essam Chaudhry (Pre-med student University of Cincinnati)*



Maternal depression is known to cause disability and suffering in women and negative consequences both for their infants and families (Stein et al., 2014). It is also associated with long term emotional, cognitive and behavioral problems in children. The rate of maternal depression in Pakistan is amongst the highest in the world (28-36%) (Husain et al., 2006; Rahman et al. 2007) with worst infant mortality rates (UNICEF, 2018) but there are very limited services available. This calls for a need to assess possible interventions which will reduce this incidence as well as the following negative consequences. Several studies from developing countries have demonstrated that effectively delivered psychosocial interventions improve maternal and child health, however access to these interventions is limited. Moreover, due to a constraint of resources in developing countries, it is necessary to find out innovative ways to maximize impact and maintain cost effectiveness.



Tele/mobile health is an emerging field in mental health care. It involves the use of telecommunications to provide health care, support and intervention from a distance. Given that Pakistan has the 5th biggest mobile user base in Asia (PTA, 2013), exploring the use of technology for delivering interventions is promising. Building upon this, we designed a mobile app for delivery of psychosocial intervention called LTP Plus which combines Learning through Play (LTP) and Cognitive Behaviour Therapy (CBT) (Husain et al., 2017). The main objective of TechMotherCare is to increase access to evidence based culturally adapted psychological interventions for mothers of young children (0 to 30 months). 'TechMotherCare' has been designed to address maternal depression such that all participants in the intervention group will receive LTP Plus messages for three months.

This Java-based mobile application has been installed on 104 participants' mobile phones. While the study aims to be completed in August 2019, 66 follow up assessments at 3rd month and 40 follow up assessments at 6th month have taken place. Semi-structured in-depth qualitative interviews at baseline revealed feelings of sadness, helplessness and tension as symptoms of maternal depression. Financial constraints, burden of domestic chores, numbers of children were reported as triggering factors. Participants also expressed positive views towards use of mobile phones for intervention. Post intervention interview analysis has revealed that mothers are now more positive about their upbringing of children. One of them commented 'I have been trying to keep a positive attitude with my child. Even when I am worried about my health, I am more conscious about my child's needs'.

Another remarked how she ‘felt more comfortable with increased knowledge and about giving advice to other mothers in the community’.



While quantitative outcome measures are yet to be analyzed to see whether this intervention was successful in reducing depression, these responses are encouraging and support the development of an interface between digital technology and mental health.

## References

Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M. and Pariante, C.M., 2014. Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384(9956), pp.1800-1819.

UNICEF 2018. UNICEF Data: Monitoring the Situation of Children and Women. Available online at <https://data.unicef.org/country/pak/> (Approached 04/07/18).

Rahman, A., Bunn, J., Lovel, H. and Creed, F., 2007. Association between antenatal depression and low birthweight in a developing country. *Acta Psychiatrica Scandinavica*, 115(6), pp.481-486.

Husain, N., Bevc, I., Husain, M., Chaudhry, I.B., Atif, N. and Rahman, A., 2006. Prevalence and social correlates of postnatal depression in a low income country. *Archives of women's mental health*, 9(4), pp.197-202.

Pakistan Telecommunication Authority (PTA): available at <http://www.ptagovpk/index.php?Itemid=599> 2014.

Husain, N., Zulqernain, F., Carter, L.A., Chaudhry, I.B., Fatima, B., Kiran, T., Chaudhry, N., Naeem, S., Jafri, F., Lunat, F. and Haq, S.U., 2017. Treatment of maternal depression in urban slums of Karachi, Pakistan: a randomized controlled trial (RCT) of an integrated maternal psychological and early child development intervention. *Asian journal of psychiatry*, 29, pp.63-70.

# Digital Health in UK Psychiatry

**Dr Aysha Rahim, Consultant Psychiatrist and CCIO, Twitter: @AyshaRahimCCIO**



The way in which healthcare is delivered in the UK is changing. With increasing demand on NHS services and continued concerns about the NHS funding gap, we have to transform how we provide clinical care. Some of this might be addressed by efficiencies which can be made by standardising care delivery as per the Carter Review which makes recommendations to reduce unwarranted variation between organisations delivering the same type of care. However we also need to think about how technology can help us to do this, not only to provide increased value for money, but more importantly how we can improve the quality of care for service users.

There are specific national drivers for this too in the form of the Wachter Review (2016) which made recommendations around a national strategy for digitisation in the NHS generally, as well building up the workforce capability to deliver this agenda. The field of “Clinical Informatics” is a rapidly growing one which puts clinicians at the heart and centre of digital transformation – this is most prominent in the creation and development of new Chief Clinical Information Officer roles which now exist in most NHS secondary care provider organisations in England.

Now is a great time to get involved in this field. More recently, we have seen the publication of the NHS Long Term Plan which has a whole chapter devoted to digital health.

So what does this mean for Mental Health specifically? One of the hot topics in digital health is the development of Personal Health Records (PHRs), also known as “patient portals”. These are platforms which allow service users to interact with their own health records, and they come in varying levels of sophistication. They can include the ability for service users to book and amend their clinical appointments and contacts, or they can view certain parts of their health records. Some allow service users to log their own symptoms in between clinical contacts to help better inform any clinical decisions. PHRs are still in their infancy, but for a specialty where co-production and collaboration between the service user and professional is paramount, this has the potential to transform not only the relationship, but also the quality of care provided.

Another example of innovation is the use of mobile applications (“apps”) with or without wearable devices to supplement mental health care and treatment. This is a much more widespread form of technology, with lots of buzz around this. This can allow service users to take control of their own conditions and to make use of the self-help tools that are available. With this comes risks however, as the market for “health and wellbeing apps” is not tightly regulated.

If you do recommend specific apps to patients it is worth being familiar with the content, just as you would when giving out a patient leaflet. The NHS Apps Library is a curated repository of apps which have been assessed on a number of areas including clinical effectiveness, usability and data security, which is a good place to start.

With all of this said, it's important to sound some notes of caution: advancing the digital agenda shouldn't simply mean we get distracted by shiny new toys and gadgets. Whilst this is an exciting field, full of possibilities we mustn't lose sight of the need to demonstrate real benefits for service users on the ground and chose how we spend our resources to get the best value for money for citizens. Equally, we can't ignore basic infrastructure, like having modern computer hardware, and good WiFi connectivity in NHS locations – no amount of fancy software will overcome the need for staff to have laptops which boot up quickly and which can connect to the internet reliably. Similarly, Mental Health Trusts need to have digitised their notes in the form of an Electronic Patient Record (EPR) followed closely by an Electronic Prescribing and Medicines Administration (EPMA) system. Once these basics are in place reliably, we can then start to innovate meaningfully, and bring mental health care firmly into the 21st Century.



# An Overview of Digital Psychiatry

**Dr Hina Rehman, Higher Psychiatry Trainee: [reham.eladl@nhs.net](mailto:reham.eladl@nhs.net)**



We are living in an era which is highly dependent on digital technology. Digital technology can be anything which comprises electronic tools, systems, devices and resources that generate, store and process data. The most common examples include social media, mobile phones, multimedia, internet, online games etc. According to the recent reports, 38million adults in the UK access the internet every day and this is showing an increasing pattern every year.

With the evolving use of internet, smartphone apps and online spaces, health care services are adapting these developing technologies to help improve monitoring and the management of mental health problems. They include the usage of technology for record keeping (dictaphones or other similar apps), communication with other professionals or external agencies with regards to service users to maintain the continuity of care and online booking system for clinics.

In addition to the above, such devices are suitably used in delivering psychological interventions such as online self-help, talking therapy (like e-CBT, stress management), peer support, psychoeducation etc. Online talking therapy options are relatively cheaper, easy to access and considered to be as effective as face to face therapy.

Presently, crisis telephone numbers are found useful and are an effective resource in the time of crisis such as people feeling suicidal or self-harm. In some parts of the UK, service users are encouraged to use text messaging services in the episode of crisis/emergency. Text messaging services are also used for reminders to attend appointments with professionals (psychiatrists/their care co-ordinators) and reminders to take medications as prescribed.

Mental health is unfortunately associated with stigma which is considered as a massive barrier when it comes to accessing help. The recent studies suggest that the huge number of service users are not fully aware of web-based interventions. The online resources, social media and smartphones are potentially highly effective mediums to promote awareness about mental well-being and improve access to services.

Digital mental health Hub (as a part of NHS Digital) is a collection of interactive dashboards and useful links which cover mental health in England to use the power of information and technology to improve health and care.

In upcoming years, digital mental health will continue to develop in different directions, but it is equally important to remember that digital technology can be harmful and addictive to mental wellbeing if used inappropriately, especially social media platforms. As psychiatrists we should be mindful about the pros and cons of digital technology and raise awareness amongst professionals and service users.



## Digital Psychiatry In Jordan

**Dr. Walid Sarhan FRCPsych, Consultant Psychiatrist** - The Chief Editor of Arab Journal of Psychiatry - [wsarhan34@gmail.com](mailto:wsarhan34@gmail.com)

Jordan is a lower middle-income country as classified by the World Bank, the Gross Domestic Product (GDP) –per capita is \$12,500, it is an Arab Muslim country and it is located in Middle East between Syria, Palestine, Iraq and Saudi Arabia.

The internet has reached 87.8% of the population of 9.9 million, nine out of ten people own cell phone 38% of them are smartphones, and 53.5% of the population has Facebook accounts.

Jordan is number one in health tourism in the middle east and known to have high standard of health care, Arab patients seek treatment in Jordan for all sorts of problems including mental health issues , my patients are coming from Libya, Yemen, Saudi Arabia, UAE, Kuwait, Oman, Bahrain ,Iraq ,Syria and Palestine in addition to local patients.

This is the age of digital technology, which has affected our lives in every aspect, health care has been affected by this revolution , I have always been interested in public awareness and fighting stigma in psychiatry, I have done this through television, radio, books and newspapers, and this effort now is directed to the social media and internet, YouTube, Facebook, twitter and others. With excellent results.

Health sector, including psychiatry is moving steadily to digital medical records, appointment system, and smartphone Apps. Some consultations are done via skype, especially for patients in war zones or in the areas with no psychiatric services, occasional psychotherapy also is conducted online.

Apps are used for patients education and questions are available with increasing use, in addition to the educational websites ,Apps, newsletters and journals are becoming more and more the educational resources for psychiatrists and mental health professionals , E-books instead of hard copies are now the standard , specially for the trainees and young psychiatrists , some senior psychiatrists are resisting the change.

Some side effects for digital environment are expected like any development in human life , it is becoming clear in every day practice of psychiatry , people are overusing the internet ,smartphones and the games online to the degree of addiction, and this can also affects the development of children and adolescents in addition to affecting family relationships, in a recent survey among university students in Jordan the average time spent on the smartphone is 5.9 hours per day . The benefits of digital technology are far more than the side, but I think psychiatrists should have a plan of prevention for the digital life negative consequences on mental health.

I could see the whole world turning digital and artificial intelligence around our practice soon.

# Use of Technology in Mental Health Services in India

**Dr Joby Scaria - MBBS, MRCPsych, MSc Psychiatry, CCT (UK)**

Senior Consultant Neuro-Psychiatrist and De-Addiction Specialist

Indo-American Hospital, Vaikom, Kerala, India



We use an integrated computer system which can be accessed by Neurologists, Neuro-surgeons, Neuro-radiologists and Neuro-psychiatrists actively. There is a fast track referral system for cross consultations and the consultations will be done on the same day by the respective super specialties. The entries can be visualised by the clinicians on the same day which enable us to provide the best quality care for the patients.

The mental health services in India are currently in the path of development when compared to a lot of services in the western world. Therefore the use of technology is also not very advanced in the public sector in India. There is huge discrepancy between the private and public sectors in India, especially in south India where I have been serving for the past 18 months.

The technology and all sophisticated equipment were widely used in private sector for the last several years. The notable achievement is in the area of waiting time reduction for the patients in receiving the care that they deserve. In the Brain and Spine centre that I work, which is a Neurology and Neuro-Psychiatry Private Hospital, we achieved hundred percent compliance and zero waiting time by using digital technology.

The investigation results, radiology images and the radiology reports can be visualised on the same day in the integrated system. For example, if a patient comes with seizure disorder, their details will be inputted into the system by the reception staff, will be assessed by the neurologists on the same day, they will input all necessary investigations in the system and referral to Neuro-psychiatry for assessment of pseudo-seizures (conversion disorder) on the same day. The patient will be assessed by Neuro-psychiatry team on the same day and will provide with a formulation and management plan on the same day. The whole process is possible due to the small amount of focused documentation rather than completing a lot of tedious paper work.

The simplicity of the electronic system, accessibility and availability enables us to provide adequate care for the patients smoothly. Due to the above mentioned integrated system, we are able to start the adequate treatment on the same day when they arrive at the out patients department after completing all the investigations and cross consultations. We could avoid unnecessary delays in the inpatient wards as well due to the excellent integrated system.

Use of mobile phones in the form of text messages, whatsapp messages and voice calls has reduced the distance between the patients and the specialist consultants. It is a norm in India to provide the mobile phone numbers to the private patients so that they could contact the doctor at any point of time. In the place that I work, the employers provide with a work smart phone for the specialists so that the patients could contact them directly for follow up consultations and to seek advice about their management plan.

Tele-consultation is also widely used in south India. Doctors have their own websites and provide with phone numbers for patients to contact and complete the consultations over the telephone. Even though this type of consultation is perceived as convenient for the patients, most of the time doctors are not able to reach an accurate diagnosis and management plan. The doctors usually provide with a specific time frame to accept the phone calls, otherwise this type of consultation will have an impact on the doctors personal and family life.

“Doctor Live” is a famous television programme in Kerala, southern most part of India. The patients will get a chance to speak to a specialist consultant about their problems and it will be telecasted live on television. It improves awareness about a lot of mental health conditions and helps with the reduction of social stigma towards psychiatry.

The use of technology is very important in the field of psychiatry especially to reduce social stigma further and to encourage people to seek help for their mental health needs. The information technology is climbing to the advanced stages in India and hopefully it will enable the clinicians to work more effectively in future.



# Online Weight Management – The Story of Medical and Mind Weight Loss

**Dr Terence Chong - MBBS, MP, MBA, FRANZCP.** Cert Old Age Psych. Co-Director of Medical and Mind Weight Loss. Research Fellow, Academic Unit for Psychiatry of Old Age, Department of Psychiatry, The University of Melbourne. Psychiatrist, St Vincent's Hospital Melbourne and Epworth Healthcare

**Dr Marlene Tham - MBBS, FRACGP.** Co-Director of Medical and Mind Weight Loss. Honorary Research Fellow, Department of Psychiatry, The University of Melbourne. Weight Management Physician, Epworth Healthcare

The increasing prevalence of obesity is a global health priority. In mental health, it contributes to the life expectancy gap as well as causing significant morbidity, increasing risk for many medical conditions, especially metabolic syndrome. Dr Marlene Tham, a weight management physician with a background in general practice, has been treating people in this sphere holistically via treatments that involve psychological, dietary, exercise and medical interventions.

Dr Tham's waiting list for appointments rapidly became untenable, and this provided the impetus to re-create key components of the interventions as an online program, collaborating with psychiatrist, Dr Terence Chong. The online program aims to be a stand-alone program for those who are in remote locations or are simply too busy to attend regular appointments, a program to undertake while awaiting an appointment, or an adjunct to face-to-face appointments. These online programs aim to provide accessible, solution focused and evidence based strategies which cover all aspects of weight management.

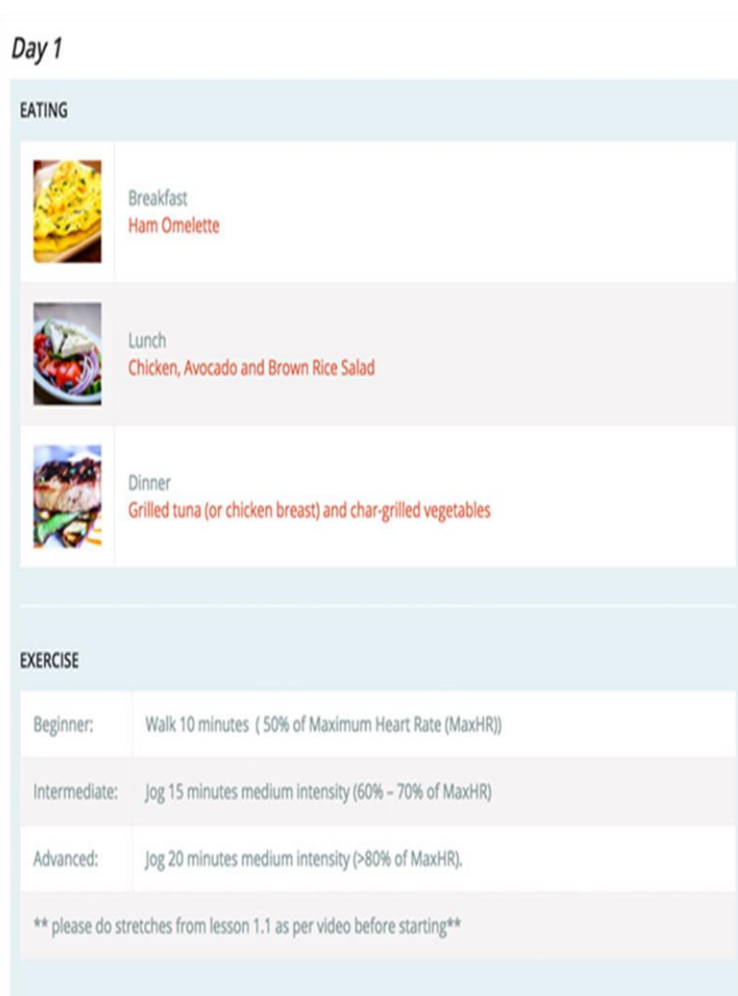


The first step was to enlist a web designer. The first program that was produced used Cognitive-Behavioural Therapy principles and was the culmination of more than one year of work. It contains 10 modules with 41 lessons that each contain information in the form of text and videos as well as interactive activities, quizzes and practical tasks. There are some screenshots of the online program that provide some examples of the program's contents. Since then, we have also worked with a physiotherapist, Ms Erica Pong, to launch a diet and exercise program that contains 6 modules which provided a daily plan for participants to follow. The programs require ongoing maintenance and updating and is quite a learning curve for clinicians who are relatively new to the world of online interventions!

The program has also been used as an adjunct in a real-world observational pre-post research study of anti-obesity pharmacotherapy in people with mental health conditions. Overall, it has been a very positive experience and helped us appreciate the power of global connectivity that provides the opportunity to help more people than we could ever reach face to face in an entire clinical career. If you are interested in seeing the program go to:

[www.medicalmindweightloss.com](http://www.medicalmindweightloss.com)

Figure 1: Online Diet and Exercise Program (Redefine Metabolic Program)



# The eMental Health: Canadian Perspectives

**Dr Farooq Naeem MBBS, MSc Research Methodology, MRCPsych, PhD**

Professor, University of Toronto & Centre for Addiction and Mental Health, Toronto, Canada.

<http://www.eguru4life.com> [https://www.researchgate.net/profile/Farooq\\_Naeem](https://www.researchgate.net/profile/Farooq_Naeem)



The use of technology is transforming the way we receive health care in new and exciting ways. By using their smartphones, social media, and gaming, patients are becoming empowered to make informed decisions about how they manage their health, and service providers can deliver cost-effective and innovative care across vast distances.

Canada is the second largest country in the world and with a population of 37.06 million. Canada's health spending per person in 2017 (CA\$6,082) was similar to spending in France (CA\$6,177), Australia (CA\$5,725) and the United Kingdom (CA\$5,373). Canada dedicates only 7.2 percent of its health-care budget to mental health cf 12.05% in England.

There are 25.5 million Canadian Internet users, nearly all of whom are online every day. Canadians are the heaviest users of the Internet in the world, according to a report from the Canadian Internet Registration Authority (CIRA). Approximately, one in five households does not have access to broadband.

This suggests a digital divide and that providing services online may have the potential to reinforce health inequalities. However, the high use of the Internet does not translate into Canadian health care.

The vastness of the country, geographical spread of the communities, and low mental health budget make Canada an ideal place for delivering low-cost eMental Health solutions. Telepsychiatry is a popular means of delivering mental health care in through Ontario Telemedicine Network in Ontario, the most populous province in Canada. However, Tele-psychiatry services are not uniformly available throughout the country. There are several telemedicine companies in Canada, but the country lags most other nations, according to Dr. Brett Belchetz, CEO of Maple, a private telemedicine company based in Toronto. "There's this tremendous fear of telemedicine in Canada as if it's something that's never been done," says Belchetz. "The truth of the matter is that it's been done for years, and incredibly effective, in every other country." However, recent years have seen a rise in private Tele-psychiatry companies.

There are notable examples though. The Institute for Clinical Evaluative Sciences (ICES) is an independent, non-profit corporation that applies the study of health informatics for health services research and population-wide health outcomes research in Ontario, Canada using data collected through the routine administration of Ontario's system of publicly funded health care. The 'mindyourmind' is a London, Ontario-based online support forum for youth, emerging adults, and professionals. The focus is to use youth networks to provide a platform for youth to express their views around mental health and to support the production of useful resources for youth with mental illness.

The Canadian Institutes for Health Research (CIHR) has recently awarded a Canadian Research Chair in Clinical Cyberpsychology. Similarly, the Big White Wall ([www.bigwhitewall.com](http://www.bigwhitewall.com)), an anonymous online service for people in psychological distress is being used in some provinces.

The opportunities for the advancement of e-Mental health in Canada are enormous, as are the potential benefits for all Canadians. There is no better time than now for such investments, as Canada is currently well-positioned to further the research, development, and implementation of e-Mental health services and resources.

# Digital Technology in Malta

**Dr. Anton Grech MD (Melita) PhD (Maastricht) MSc (Psych)(London) FRCPsych (U.K.)**

Clinical Chairman (Psychiatry), Dept. of Psychiatry, within Ministry of Health, Malta. Chairman of 'Fondazzjoni Kenn għal Sahhitek', Malta. Resident Senior Lecturer, University of Malta. Senior Research Fellow, BCMHR-Cambridge University, UK



I am a psychiatrist who trained in the United Kingdom (Maudsley Hospital, London), and after my training I returned to Malta, my home country, to work there.

I work as a clinician, academic and in administrative roles. I am the Clinical Chairman of the Department of Psychiatry within the Ministry of Health.

I cannot imagine doing my work without the aid of digital technology.

First of all, working in an island in the middle of the Mediterranean sea with a population of around 400,000 can be an isolating experience. Thanks to digital technology I am in continuous contact with my circle of international collaborators, friends and mentors. This is one of my main ways how I try to avoid isolation and burnout, one of its main consequences. I always do my best to stay updated regarding new treatments and latest research findings. I try to attend conferences as much as possible, but work commitments limit this. So I use digital technology to compensate for this. I have regular skype discussions with colleagues, I watch lectures on line and read journals.

Having a job that covers diverse roles means that I need to juggle my life between various locations and diverse meetings. Thus I have to be very organized and time efficient. I find information technology very useful to enable me to do this. All my working days are religiously scheduled in my mobile app that is synchronized with my secretaries' laptops. The notes of meetings are very easily disseminated and edited by means of using on line apps.

Despite that I practice in a small island, because of the busy schedules that we all have, it is very difficult to be present in the same room when discussing something with a colleague or more than one. I utilise on-line chat platforms and create different groups for different tasks enabling me to have continuous open communication between its members.

In my clinical practice the main help I get from digital technology is the ability to file my patients' details and data electronically, to give me efficient and easy access and update.

As I have shown, I would find it impossible to work the way I do without digital technology. But like most things, it has its caveats. One needs to ensure that its use does not compromise data protection. Also, due to its easy access for communication, it is very easy to be carried away into meaningless and not so fruitful communication by its use. One needs to be very careful so that it does not become an instrument of waste of time and resource.



# The Digital Savvy Psychiatrist: What to Ask?

Dr Khurram Sadiq, Consultant Psychiatrist: [KhurramLodhi74@hotmail.com](mailto:KhurramLodhi74@hotmail.com)



We evolve with time, technology in the past two decades has hit the fast-forward button. In the UK alone 76% of the adult population access the internet daily. An adult on average now spends 20 hours a week online, strengthening the case that our health care system needs to adapt and use these technologies to help patient access services online.

Health services have been adopting self-help apps, e-therapies (eCBT) and live therapy via video-calling platforms such as Skype. There is a model of blended care with additional online information readily available for the service user.

Lost in translation are the negative influences of Cybertechnology. The impact of it on the mental health and societal fabric. The increase in screen time, social isolation, lack of development of coping mechanisms, increase in insomnia, anxiety, depression, behavioural addiction (social media, gaming), cyber bullying, trolling and an increase in suicide rates.

There is lack of awareness about this facet of Cybertechnology and lack of reflection of it in our daily practice when dealing with mental health issues.

I have observed a growing cohort of patients with gaming disorder, social media addiction, psychotic breakdowns triggered by increased screen time resulting in distortion of reality, being reviewed out of hours. This is just the tip of the iceberg.

How can we equip our trainees with these skills to help them identify and manage these issues, what should they be eliciting in patients to identify these new facets?

## Awareness:

The first and the foremost thing is introduction of educational sessions highlighting the impact of Cybertechnology on mental health.

## Sleep hygiene

Eliciting the impact of screen time on sleep. This involves both television as well as other devices. Use of digital technology is one of the foremost causes of insomnia at present.

## History taking

Eliciting the use of Cybertechnology should be part of our psychiatric assessment. Details about screen time, time spent on each device, social media usage, gaming, type of gaming and the genre of games played and its impact on their day to day life.

## Abuse

In adolescents there has been an increase in suicide rate linked with Cyber bullying and trolling. We have to be descriptive about the nature of Cyber abuse, the platform used, and the methods employed.

## Risk Assessments

Eliciting information about posting messages on social media platforms during any period of crisis or risk behaviour.

## References

1. Ofcom. (2015). Internet and online content. The Communications Market 2015. Available at: [http://stakeholders.ofcom.org.uk/binaries/research/cm/cmr/cmr15/UK\\_5.pdf](http://stakeholders.ofcom.org.uk/binaries/research/cm/cmr/cmr15/UK_5.pdf) [Accessed 01/03/16].
2. Collin, P., Rahilly, K., Richardson, I. & Third, A. (2011). The Benefits of Social Networking Services: A literature review. Melbourne: Cooperative Research Centre for Young People, Technology and Wellbeing.
3. NHS Choices. Online mental health services. Retrieved from <http://www.nhs.uk/conditions/online-mental-health-services/Pages/introdu...> [Accessed on: 25/11/16].
4. Cowpertwait, L., & Clarke, D. (2013). Effectiveness of web-based psychological interventions for depression: A meta-analysis. *Int J Ment Health Addiction*, 11 (2), 247–268. doi: 10.1007/s11469-012-9416-z.
5. Richards, D., & Richardson, T. (2012). Computer-based psychological treatments for depression: a systematic review and meta-analysis. *Clin Psychol Rev.*, 32 (4), 329–42. doi: 10.1016/j.cpr.2012.02.004.
6. National Institute for Health and Care Excellence (NICE). (2006). Technology appraisal guidance 97: Computerised cognitive behaviour therapy for depression and anxiety. 2006. [2015-03-01]. Retrieved from <http://www.nice.org.uk/guidance/ta97> [Accessed on: 25/11/16].
7. The Cyber Effect – Dr Mary Aiken
8. Internet addiction in children and adolescents: Risk factors, assessment, and Treatment – Kimberley.S.Young

# Volunteering International Psychiatry.

**Disclaimer:** The opinions expressed in this newsletter are those of individual authors  
and do not necessarily represent the views of the Royal College of Psychiatrists.



**RCPSYCH**

**Royal College of Psychiatrists**

17 Belgrave Square

London SW1X 8PG

Tel: 020 7235 2351

Fax: 020 7245 1231