

The future of psychiatry promises to be digital, from apps that track your mood to smartphone therapy

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Currently only half of people with depression access potentially adequate treatment, according to one research study. Digital devices could help. Credit: Unsplash/boudewijn huysmans, [CC BY-SA](#)

Ella, who is in her early 20s, has depression. When her sleep started to fall away after a stressful term at school, her smartphone was programmed to note the late-night texts and phone conversations indicating her insomnia. It made suggestions to improve her sleep.

When her [social media posts](#) grew more negative and she was calling friends less often, her phone had her do a [depression scale](#), booked her in to see her psychiatrist, then uploaded the scale results and a log of her recent sleep patterns.

She connected with her psychiatrist though videoconferencing and this doctor made some medication adjustments. Ella also began some focused psychotherapy through an app.

Ella isn't real, but [hundreds of thousands of Canadians](#) do have major depressive disorder. Today, smartphones don't pick up on insomnia, and they don't set up appointments with psychiatrists. But one day they could.

We may soon use smartphones and wearables to help treat depression. As a psychiatrist, I see this as a good thing, allowing more people to access quality care.

Health apps track mood

Mental [health](#) care is an area in need of transformation. [One in five Canadians](#) will have [mental health problems](#) this year, yet many struggle to access care. [According to one study](#), only half of people with depression get adequate care.

Evidence-based psychotherapy is particularly difficult for people to access; [a recent Canadian study](#) found just 13 per cent of people with depression had any psychotherapy. Yet [cognitive behavioural therapy](#)

—a type of therapy that focuses on how a person's thoughts can affect his or her behaviour and mood —is as effective as medications.

Just as technology has transformed other aspects of our lives, people are increasingly tapping it for health needs. There are, for instance, [more than 315,000 mobile health apps](#).

Many of my patients use apps for information on their illnesses; some incorporate apps into their care, helping them remember when to take medications or track their mood over time. And more people are now looking online for therapy.

Studies show that if the therapy is done right (with a therapist guiding the process), people [can do as well as with in-person care, but at a lower cost](#).

Smartphones identify symptoms

The advantages are more than economic. For the [single mother](#) with three kids or the older person who hesitates to attend a clinic in the dead of winter, online therapy isn't better care, it's the only care.

Not surprisingly, the idea has [proven popular](#) with the private sector and also with governments in Norway and Sweden.

And there is great potential to see technology assist with all aspects of care. The majority of North Americans have smartphones, which are carried around everywhere.

By looking at speech patterns and our movements, smartphones could pick up on subtle changes indicating the start or worsening of symptoms, while wearables may notice subtle physical changes —long before patients themselves even notice problems. These devices could be

bringing objective, real-time data to care.

Needless to say, the research is active; for example, several of my colleagues at the Centre for Addiction and Mental Health in Toronto are looking at depression and Fitbit data to detect patterns that could signal the onset of depression earlier.

The challenge of privacy

We also need to be careful. There are hundreds of [depression](#) apps, but quantity doesn't mean quality. In one study, when a basic quality control standard was applied (such as revealing the source of information), [only 25 per cent of the apps studied passed the test](#).

Digital mental health also needs to include digital privacy and confidentiality. Just as banking information shouldn't be shared recklessly, medical information carried on a [smartphone](#) or a wearable device needs to be safe for the user.

And conflicts of interest must be clear. A smart phone app, for example, shouldn't be a hidden advertisement for a private company.

People often ask me if I think technology will soon replace psychiatrists. That's unlikely to happen. But one day, a patient like Ella may tap technology to get better care. And that's good news —if we have the government policies and provider practices in place to ensure that the technology is used thoughtfully.

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