
This version is available at [https://strathprints.strath.ac.uk/58595/](https://strathprints.strath.ac.uk/58595/)

Strathprints is designed to allow users to access the research output of the University of Strathclyde. Unless otherwise explicitly stated on the manuscript, Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Please check the manuscript for details of any other licences that may have been applied. You may not engage in further distribution of the material for any profitmaking activities or any commercial gain. You may freely distribute both the url ([https://strathprints.strath.ac.uk/](https://strathprints.strath.ac.uk/)) and the content of this paper for research or private study, educational, or not-for-profit purposes without prior permission or charge.

Any correspondence concerning this service should be sent to the Strathprints administrator: strathprints@strath.ac.uk

The Strathprints institutional repository ([https://strathprints.strath.ac.uk/](https://strathprints.strath.ac.uk/)) is a digital archive of University of Strathclyde research outputs. It has been developed to disseminate open access research outputs, expose data about those outputs, and enable the management and persistent access to Strathclyde's intellectual output.
Youth E-mental Health in Scotland: Challenges and Research Opportunities

Dr Diane Rasmussen Pennington
Lecturer in Information Science

Department of Computer and Information Sciences
University of Strathclyde

diane.pennington@strath.ac.uk
What is information science?

“It is concerned with the body of knowledge relating to the origination, collection, organization, storage, retrieval, interpretation, transmission, and utilization of information.”

Borko, 1968
Youth mental health in UK/Scotland

- UK and Scotland have prioritised mental health reform
- 75% of UK residents have looked for health info online
- 40% of UK youth has experienced a mental health concern as a result of unemployment
- Predictors of UK youth mental illness:
  - Material deprivation
  - No parental emotional support
  - Family issues
  - Lower education levels

Why youth e-mental health?

- E-mental health: “Mental health services and information delivered through the Internet and related technologies”
- “Emerging adults” aged 16-25 have a relatively increased incidence of stress, anxiety, depression
- 92% of youth go online daily; we must meet them there
- Does not replace face-to-face counselling, but can add or lead to it
- Can circumvent stigma due to anonymity

Arnett, 2000; Hunt & Eisenberg, 2010; Levin, Currie, & Muldoon, 2009; Lenhard, 2015; St. Jean et al., 2015; Younes et al., 2015; Sinclair et al., 2013
Scottish e-mental health: Present but disjointed
Examples of e-mental health
What is depression?

We often use the expression 'I feel depressed' when we’re feeling sad or miserable about life. Usually, these feelings pass in due course. But, if the feelings are interfering with your life and don’t go away after a couple of weeks, or if they come back, over and over again, for a few days at a time, it could be a sign that you’re depressed in the medical sense of the term.

In its mildest form, depression can mean just being in low spirits. It doesn’t stop you leading your normal life, but makes everything harder to do and seem less worthwhile. At its most severe, major depression (clinical depression) can be life-threatening, because it can make you feel suicidal or simply give up the will to live.

There are also some specific forms of depression:

- **Seasonal affective disorder (SAD)** – this is seasonal depression which is related to day length. It usually comes on in the autumn and winter, when days are short and the sun is low in the sky, and gets better as the days get longer and brighter. (See Understanding seasonal affective disorder.)

- **Postnatal depression** – many mothers have ‘the baby blues’ soon after the birth of their baby, but it usually passes after a day or two. Postnatal depression is a much more serious problem and can occur any time between two weeks and two years after the birth. (See Understanding postnatal depression.)

- **Bipolar disorder (manic depression)** – some people have major mood swings, when periods of depression alternate with periods of mania. When manic, they are in a state of high excitement, and may plan and may try to carry out over-ambitious schemes and ideas. They often then have periods of severe depression. (See Understanding bipolar disorder.)

http://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/#.VhJE5_IVhBc
Quizzes to evaluate issues/severity

http://www.moodjuice.scot.nhs.uk/mildmoderate/home2.asp
Online chat with a counsellor

Chat with a ChildLine counsellor about anything that is worrying you in a 1-2-1 session - this works like instant messenger. Enter the waiting room to request a chat.

1. Enter the waiting room
2. Chill out while you wait
3. Start chatting to a counsellor
4. Makes sense? Let's go

We will be with you to start your chat as soon as we can. Watch videos and play games while you wait. Chat with a counsellor about what's worrying you.

https://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx
Apps (mood trackers, meditation, etc.)

MY JOURNEY OF RECOVERY

anxiety | bereavement | bipolar disorder | (manic depression) | cognitive therapy | Community Mental Health Team (CMHT) | community/socialising/inclusion | coping strategies | creativity | Crisis planning | depression | diabetes | divorce/break-up | Father | grief | hobbies | hope | humour | innovation in service provision/examples of good practice | insight | isolation | medication | misdiagnosis | mother | peer support | person-centred support | physical health | physical illness | professional | psychiatry | Psychiatry | recovery focused practice | resilience | seeing things differently | Self-knowledge/learning/growth | self-management | self-stigma | sense of self | service provider | service user involvement | Statutory mental health services | stigma/discrimination | stress | support from family | support from non-mental health professionals | taking control | Wellbeing

Author: Robin Ross
Published: August 2013

Led by a desire to inspire and give hope that recovery is possible to people with experience of mental ill-health and mental health professionals, Robin, a trained psychiatric nurse with a diagnosis of Bipolar Disorder, decided to share his story. The author talks candidly about the many challenges faced on his recovery journey, including bereavement, physical illness, relationship breakdown and self-stigma. Robin’s story also explores the people and recovery focused practice that have helped to shape and guide his journey. He describes the positive impact a person-centred approach, peer support and the over-arching expectation that recovery is possible have all had, allowing him to take more responsibility for his own wellbeing and inspiring him to pursue his creative interests.

Hi my name is Robin and I’d like to tell you about my journey of recovery. I have my own reasons to participate in this process and I’d like to explain a little of what these reasons are.

Recently I was asked to speak in front of an audience of 120 people at a recovery event and afterwards approached by a representative of the Scottish Recovery Network who asked if I’d like to write and record my story of recovery.

When I began to write my story down, it was really only then that I began to see and understand what the meaning of recovery is for me. It began as a recovery story always begins. A series of descriptions of illness and diagnosis and I guess I wanted what everyone wants, a happy ending.

Videos featuring others who have “been there”

http://mindyourmind.ca/interviews
Interactives/games

Annoying stress trogs are on the loose! Squish ‘em, and get some stress tips along the way!

Test your knowledge and get informed about safe sex by battling the evil and infected Sperminator!

http://mindyourmind.ca/Interactives
My prior research in youth e-mental health (2008-present)
They start with Google, using their terms, but they can’t discern what is available/reliable
They do not want to read large blocks of text

http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/depression.aspx
They prefer videos
They prefer interactive, not static

- Discussion forums, but not social media
- Quizzes, but not if topic is “too serious”
- Chatting/texting with a trusted counsellor
- Chatting is better than phone
- Games must hold their interest
Launching today: brotalk.ca
My future research: Breaking down the barriers to youth e-mental health

• Collaborate with government and/or third sector partners to access youth; identify and implement solutions to barriers

• These might include:
  – Socioeconomic disadvantages?
  – Literacy (general, health, information)?
  – Search term translation issues?
  – Inappropriate search engine optimisation methods (SEO)?
  – Lack of desired formats?
  – Organisational constraints?
Let’s find the answers! (pun intended)

Dr Diane Rasmussen Pennington
Lecturer in Information Science

Department of Computer and Information Sciences
University of Strathclyde

diane.pennington@strath.ac.uk