TOPIC 2: SHARE YOUR THOUGHTS ON...

HOW A SPECIFIC INDUSTRY CAN BE RADICALLY CHANGED BY INTRODUCING A CREATIVE TECHNOLOGY

Lars's door opens at the sight of his face. Pleasure hormones released by jogging give him a look of confidence. He sets foot inside, the lights go on, jazz starts playing and Lars is greeted with a hearty "Hello! Looking good! How was your day?". "Evening, June! Thanks' but you already know how my day was. Can we change the tune?", he replies. "Do you like the blues?", she asks. Lars chuckles: "I want to get rid of the blues. I feel more like pop tonight. Tell me: how was my week?". "After you take your meds!", she says, handing out a sealed cocktail of pills. Now stop! This might not be what you're imagining. Lars doesn't have 'the blues', he has depression. June's not his nagging, significant other but an AI-powered personal mental health assistant. She knows what Lars's been up to and provides him a weekly progression report.

This essay proposes to show how we can radically change the mental health industry by introducing creative technologies. The World Health Organization says 1 in 4 people is affected by a mental disorder. Every 40 seconds, someone commits suicide. Close ones believe the victim was fine. No one knows what's on their mind. Mental health has long been neglected. Little progress has been made. Although it's a growing issue, it bears stigma. Treatment is expensive, hard to access and inefficient. And the phenomenon is growing. It could turn into a big market, open to innovation. We're losing money, time and lives. Our duty is to help not just for the sake of loved ones, but for the economy: lowering costs, crime rates, incarceration rates, drug use and increasing productivity. I believe tools such as IOT and AI, proven in many other industries, will also be useful here. If Cambridge Analytica can influence our votes and Amazon can make us buy, then why can't we make people more stable?

How does it work? Lars here is suicidal. The challenge with caring for people like him is that they need a ton of supervision. June is an ensemble of applications that perform a wide array of tasks. It gathers data via a complex network of devices connected through high-speed internet. There's also medical and family history, recordings, data provided by him through quizzes, etc. It discovers patterns that could teach more about mental illnesses. It provides analysis, describing the state of the patient. It produces insightful reports, predicts previously unpredictable behaviours and acts accordingly. A mix of physical cues, patterns of communication, facial expressions, body postures, and web activity could be indicative of remission or self-harm. June can have chats with the patient. It sends out personalized messages. It serves medicine and offers limited counselling. It acts as a bridge between patient and doctor and as a funnel, giving the most relevant information in structured format. It signals Lars's successes, makes suggestions, shows him where things went wrong or what he should avoid. It predicts him going out of control, and calls for help.

June assesses the range and magnitude of emotions in time. Wearables measure heart-rate, blood pressure, temperature, footsteps, location. His bed knows if he sleeps well. June knows when Lars is desperate again because he stalks his ex's social media and listens to Radiohead. That's never helped before. Nor did the cigarettes and wine he bought near Christiania before suspiciously going offline. June suspects he's using pot again and brings it to his shrink's attention. He went to the gym 3 times, a definite improvement from 0 last week so he's congratulated. The scale shows he's been putting some weight back. June sees he's making new friends on Facebook and getting invited to events, so he has stories to tell.

It could support professionals, offer 24/7 access, cut costs, offer comfort and tailored services. It could help build positive behaviour and reinforce it while avoiding triggers and bad habits. Patients could keep a quantifiable track of progress, while going on with their normal lives, at home. It could eliminate human cognitive bias and automate menial tasks. It could prevent, identify, classify and treat. But there are also questions. Can privacy concerns be addressed by appropriate legal frameworks and security standards? How comfortable and willing would patients - especially with symptoms like paranoia or substance abuse - be with it? How much is too much data or too many devices? Maybe the scale will have to adapt to each patient's needs and preferences. Most of the technology is already here and laws fit for this future are being drafted as we speak.

In conclusion, I believe the future of psychiatry is technology. Although it might be problematic, it's worth the effort. AI has promised to make the world smarter. Can it also make it saner?