

CLINICAL PERSPECTIVES 30

WHEN A VIDEO GAME BECOMES THE TREATMENT: HARNESSING DIGITAL AND SCREEN TECHNOLOGY AS THERAPEUTIC MODALITIES IN CHILD AND ADOLESCENT PSYCHIATRY

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Objectives: American teens consume approximately 7 hours of screen time daily, with use extending into social, recreational, and academic spheres of life. Youth also appear increasingly invested in using digital media to address health issues, with 64% reporting the use of a mobile app for health-related purposes. As their patients become more reliant on the use of screens, it is incumbent on child and adolescent mental health professionals to understand evolving digital technologies and their potential role in mental health treatment. The presentation's overall objectives are both to review the most salient examples of mobile health (mHealth) technologies useful in the clinical encounter and to guide participants through how to make informed recommendations surrounding the use of mHealth technology.

Methods: Specifically, this presentation explores the use of video games in psychotherapeutic treatment, including case studies to exemplify this practice, as well as the use of varying mHealth technologies (eg, digital phenotyping, electronic diary cards). Programs will review each technology's potential risks and benefits. The presentation will also use a mixed didactic and interactive approach to guide participants through specific treatment decisions regarding incorporation of these technologies into the treatment setting (including through use of an online decision-making tool).

Results: Psychiatrists have begun exploring clinical use of novel mHealth technologies. However, through its emphasis on remote forms of mental health care, the COVID-19 pandemic has forced more expedient clinical adoption of these novel technologies. Overall, treatments that incorporate video gaming, behavioral health apps, and apps that collect survey and phone sensor data appear feasible and acceptable to young patients; however, recommendation of a particular technology relies on cautious, calculated decision making.

Conclusions: The patients of child and adolescent psychiatrists are rapidly adapting to new digital technologies, increasingly incorporating them into their lives, including their health. Adoption of mHealth technology has the potential to improve quality and facilitate obtainment of important clinical information. Mental health professionals should become proficient in both using and discussing mHealth technologies with their patients.

TREAT, COMP, TVM

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30.1 "WHAT IS THE APP FOR THAT?" HOW MENTAL HEALTH CLINICIANS CAN MAKE INFORMED MENTAL HEALTH APP RECOMMENDATIONS FOR YOUTH

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Objectives: There are thousands of mental health apps available today for immediate download. Among youth aged 14 to 22 years, 64% already report using apps specifically to help manage personal health conditions, and the current COVID-19 pandemic has highlighted the importance of accessible, digital treatment options. However, many mental health apps are not evidence-based, particularly for the pediatric population. Moreover, some apps may not only be ineffective, but also harmful, with many sharing health data with third parties. Through this presentation, participants will: 1) review core ethical considerations surrounding app recommendations in clinical practice; and 2) learn informed decision-making skills to help better navigate the app space.

Methods: This talk will discuss ethical concerns surrounding use of apps, particularly in child and adolescent psychiatry. It will also review the current state of apps for varied mental health disorders on the Apple and Android app stores, and then guide participants in real time through evidence-based strategies for selecting the "right" app for a patient using evidence-based tools and clinical judgement.

Results: Few mental health apps have been developed specifically for children and adolescents, and even fewer apps are supported by evidence-based research. Concerningly, prior research has found that these apps often lack privacy policies or information on how to help users navigate safety crises. The mHealth Index & Navigation Database is a helpful tool that can help providers assess which app might be most helpful for their patients based upon not only mental health conditions but also specific target (eg, insomnia) and app features (eg, journaling), which may be especially helpful for youth who are reluctant to identify as having a particular disorder.

Conclusions: Our young patients and their families are increasingly asking providers about mental health apps, and accessible digital tools to augment existing treatment options are increasingly available. However, not all apps carry the same evidence base and risk, making it important that mental health professionals be informed before making any recommendations.

EBP, TVM, COMP

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30.2 CAN TEENAGERS' SMARTPHONES REVEAL HOW THEY ARE REALLY DOING? DIVING INTO THE PROS, CONS, AND ETHICS OF USING DIGITAL PHENOTYPING IN THE CLINICAL PRACTICE OF CHILD PSYCHIATRY

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Objectives: Digital phenotyping is a research tool that uses smartphone technology to collect personalized, longitudinal data in real time. Digital phenotyping gathers thousands of data points about an adolescent's behavior and mental illness symptoms, allowing for the potential creation of personalized interventions for youth mental illness. This presentation will help child and adolescent psychiatrists: 1) define digital phenotyping, understand how it works, and the information it collects; 2) recognize the additional information that digital phenotyping technology can provide to augment the standard clinical encounter; and 3) appreciate potential ethical limitations of using digital phenotyping in clinical practice.

Methods: The presentation will briefly define digital phenotyping and review its history specifically in child and adolescent psychiatric research. Data from the presenters' pilot research using digital phenotyping in youth with mental illness will be discussed. Participants will practice knowledge obtained using hypothetical case examples with sample data. The presentation will conclude with a discussion of ethical issues to consider before using digital phenotyping in clinical practice.

Results: Digital phenotyping is a novel technology that has previously shown utility in understanding adult mental health disorders. A pilot research study using a digital phenotyping app in youth with mental illness comorbidities found unique markers associated with higher anxiety or depressive symptoms in digital media use and daily travel. Given the ubiquity of smartphone use in adolescence, digital phenotyping has the potential to augment traditional data collection methods with valuable behavioral markers. While ethical and technological limitations still complicate widespread clinical utility of formal digital phenotyping technology, phone-based sensor data may still prove useful in the clinical encounter.

Conclusions: In research, digital phenotyping technology has provided many new insights into child and adolescent behavioral health. Even though formal digital phenotyping technology is not yet widespread, it has the potential to offer an individualized, accessible treatment approach for youth with mental illness.

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