Research Paper Review

Bunting, B. P., S. D. Murphy, S. M. O'neill, and F. R. Ferry. "Lifetime Prevalence of Mental Health Disorders and Delay in Treatment following Initial Onset: Evidence from the Northern Ireland Study of Health and Stress." *Psychological Medicine Psychol. Med.* 42.08 (2011): 1727-739. Web.

Pdf of this research paper is attached at the end of this file, please use as reference.

This paper reported on finding from the Northern Ireland Study of Health and Stress (NISHS) holding from 2004 to 2008. NI went through 30-40 years of civil conflicts and all the conflicts ended in 1999. The population in NI lived in relative peace and enjoyed free primary care services when NISHS held. This study was based on DSM-IV criteria and was a representative face-to-face interview survey among 4340 individuals aged >= 18 years in NI. Four major mental disorders including anxiety disorders, mood disorders, impulse-control disorders and substance disorders were examined.

The paper analyzed the lifetime prevalence of mental disorders presented in Table 1, the age-at-onset distributions and projected lifetime risk presented in Table 2, the association of sociodemographic characteristics and the experience of civil conflict with mental disorders presented in Table 3, the cumulative lifetime probabilities of treatment seeking presented in Figure 1-4 and the duration of delays in first treatment seeking in NI presented in Table 4.

Given the data in NISHS, the result revealed that almost two-fifths of the population meeting the criteria for any lifetime disorder and the projection estimated that almost half of the population would develop a mental disorder eventually in their lifetime (by age 75). Lifetime prevalence rate for mood and anxiety disorders increased with age. Even though impulse-control and substance disorders’ pattern varied, all disorders had the lowest prevalence rate for 65+ year group.

Impulse-control disorders had the earliest onset (13 years) followed by anxiety (14 years), substance (21 years) and mood (32 years) disorders. All mental disorders first occurred within a narrow age range.

About half of the population with mood disorders sought treatment in the first year following onset. However, only 16% of those with anxiety disorders and 4% of those with substance disorders sought treatment in the same time period. Survival analysis of impulse-control disorders was absent in the paper. Majority of the population with mental disorders sought treatment eventually, but the duration of delays in first treatment seeking was long, especially for anxiety and substance disorders. The study came up with some factors leading to the delays. For anxiety disorders patients, avoidance (of treatment) was a symptom. Individuals with substance disorders might not recognize the addiction as a mental disorder due to cultural, religious and other reasons. Mood disorders with the minimal delay had greater impairment and impact on closed one who might influence one’s decision to seek help.

The study also suggested that people exposed to war-related events had higher risk of getting mental disorders. High level of social deprivation was proposed as a key factor of high rate of psychiatric morbidity. Women had a higher chance to get anxiety and mood disorders and men had a higher chance to get impulse-control and substance disorders. Previously married individuals were significantly associated with anxiety, mood and substance disorders. Meanwhile, lower income levels were more likely to have impulse-control and substance disorders.

To sum up, mental disorders are very prevalent. According to the paper, even though NI provides free primary care services, delay from initial disorder onset to first seeking treatment is still a big concern, especially for anxiety and substance disorders. Therefore, sex-specific, young-person-specific, type-specific and other-need-specific mental health promotion and targeting of services are very important and improvable. Furthermore, the supply of mental health service is short-handed, particularly in developing and war-related countries.

Questionnaire Review

I designed a questionnaire with 17 questions about psychological assistance. The questionnaire was posted online (Facebook) and I got 16 responses. All 16 respondents gave consent of using the information they filled in.

The original blank questionnaire and the excel file containing all the responses are attached at the end of this file. Please use as reference.

Link to the questionnaire: http://www.sojump.com/jq/8986072.aspx

I ask participants to name some mental disorders they know, and almost all of them mention depression and anxiety. These two types of mental disorders are the most prevalent, or the most well-known now. Schizophrenia, OCD, eating disorders and other common disorders are also mentioned. The consultation and treatment of mood and anxiety disorders should be the main focus of our project and source collecting of these two types of disorders is significant.

Most of the participants would be to help a friend with mental disorder somewhat likely or very likely. Social contact and help from closed ones have vital impact on one’s healing from mental disorders. We could ask the users to invite people they trust to take part in their offline cure.

Two-thirds of those who have felt uncomfortable to tell closed ones about their private issues do not mind telling a stranger about their mental health challenges while only one-third of those who have never felt uncomfortable do not mind telling a stranger about their mental health problems. Maybe some employed or voluntary “listeners” are required in the project for those who could not express themselves to a close one.

When it comes to telling personal private issues, almost 70% participants stick with the traditional face-to-face communication method. About 60% participants like to talk in the phone, 50% for message and 37.5% for E-mail. Letter and video chat are the least favored methods. Online chat about personal issues does not have a bad influence on our participants’ feeling. Therefore, online chat is usable. Our users can start with online message and phone consultation and search for a suitable mental health professional. Face-to-face consultation should be the final goal of every user’s treatment process. Of course, methods could be combined.

All the male participants do not mind letting their friends know if they had mental health challenges, even though most of them would not tell their friends willingly. Half of the male participants do not want to tell their family if they had mental health challenges. We can try to invite friends of our future male users to help with their treatment. Meanwhile, they all have no experience or they do not know anyone have experience in consulting a mental health professional. Based on the fact that most males have more closed male friends than closed female friends, male tends to delay in treatment seeking and rely on self-cure. Special advertisement and easy-to-use functions are needed to attract these “lazy” male users.

For female participants, they prefer telling their family than their friends if they had mental health problem. Their family could be invited to participate in their treatment. Female participants or their friends have some experience in consulting a mental health professional. Female is more initiative to seek treatment.

There is plentiful bias in this survey. Not enough participants, narrow age group (20-29), mainly students. First of all, young people have higher risk of getting mental disorders according to the paper discussed above. Secondly, students have not experienced the brutal and competitive work environment, so most of survey participants are very positive about mental health problems. Also, my questions are not designed well enough. For example, a participants give me feedback about the questionnaire that my first 17 questions make her think that only people with mental disorders, not people who feel bad need the app about online mental health consultation. Therefore, almost 40% participants choose not want to use an app about online mental health consultation.

Overall, I get numerous valuable ideas to proceed our project. Mood and anxiety disorders are the priorities. Friends and family can be invited to involve in offline cure. “Listeners” are necessary. Online chat and phone consultation can lead to face-to-face treatment. Sex-specific schema need to be applied. Functions and UI ought to be neat, clear and easy-to-use.

Industry Report Review

"Internet Therapy Guide: History and Survey of E-Therapy." *Internet Therapy Guide: History and Survey of E-Therapy.* N.p., n.d. Web. 06 July 2016.

<http://www.metanoia.org/imhs/history.htm>

This article describes the development of online psychotherapy (E-therapy) from 1972 to 2002 and it is written by a mental health professional who is focusing on E-therapy for many years.

The majority of early organized service to provide mental health advice online was free and it started to become fee-based online as “mental health advice” type, offering to answer one question for a small fee. Then the service was developed into building long-term relationship with patients. Volunteer counselors who were not professional also saved many lives by replying emails. As mentioned in the questionnaire, “listeners” were necessary.

The article also proposes a survey about E-Therapy in nowadays. The most popular services provided in E-therapy are E-mail (regular or encrypted), real-time chat, secure web-based messaging, videoconferencing, voice-over-IP (Internet phone), etc. E-mail and videoconferencing could be added to our project as communication methods. The risk of E-therapy was mentioned as well: ethics, privacy issues, lack of legal protection. For our project, ensuring the privacy and safety of our users was crucial.

Most people who ended up contacting a therapist on the Internet was because traditional psychotherapy was not accessible for them. The article suggested that stigma, too embarrassed to make in-person contact with a psychotherapist, was the main reason why traditional psychotherapy was not accessible. Less mental-health-specific design of our project would make it more spreadable and attractive. The core of our project could be “finding happiness”.

In the survey held by the writer, 64% participants, whose first contact with a mental health professionals were online, eventually moved to traditional consultation in person. This result agreed with my assumption in the questionnaire review that people would prefer getting face-to-face help from a mental health professional after the professional won trust from the patient. The writer had a very positive attitude towards online mental health care.

Berlin Expectation

Berlin is a very historic city in many ways. The Second World War and the fall of the Berlin Wall makes this city even more special. I am looking forward to visit Berlin’s cultural and historical heritage.

Living and studying in Berlin is very different than in Canada besides the imparity in language. Germany is a much more historic country. Rambling over Berlin is more like visiting an outdoor museum. Visitors like me could find scenes from every century in this city. Different scenes mix together harmoniously. Canada on the other hand is a relatively new country. Living in Canada is peaceful. Berlin is more vigorous but also more dangerous.

Besides the fact that Europe has significant amount of pickpockets, the newest crisis in Germany, in Europe, and in the whole world is the threat from ISIS. Berlin is famous for her festivals and night life and Germany has the greatest beer in the world. There are a few famous opera houses in Berlin as well. I love beer and ballet, but all the terrorist attacks by ISIS make me hesitate to go out at night or join a crowd, like a ballet show. I need to be careful and know how to protect myself. I hope everything will be fine in Berlin.

European countries are closely connected to each other. Visiting other European countries, like France, Italy, Spain, is very easy and I plan to do that. Railway network in Europe is well-developed and widespread. I will benefit a lot from this type of transportation.

Because I know I am staying in Berlin for only a month, I will treasure my time in Berlin and try to do as much sightseeing as possible. While I am in Canada, I only want to rest or hang out with friends in my spare time.

In Berlin, I am going to have a roommate who I have never met, and I need to work with students and professor from my university in Canada which sounds very cool. Living with a roommate and working with a large group of people are not easy and I will learn many social skills from it.

This Summer Abroad program is not just doing assignments at home. Discussion, brainstorm, observation, imagination, and many other skills are important.

The upcoming tour to Volkswagen’s headquarter excites me extremely. A full-automatic automobile plant is too cool to visit. Courses in St.George campus do not provide any extraordinary field trip like this.

I have high hope for my Summer Abroad in Berlin. Learning new skills and improving myself are my goal. At the same time, I want to look more views, learn more knowledge, listen more music, see more dances, and drink more beer. This is going to be an unforgettable memory of my life.

Research paper (double click to open the file):



Blank questionnaire as reference:

|  |  |
| --- | --- |
| Prospect of Online Mental Consultation Survey | |
|  |  |
| **This research study is conducted by Yunzhou Feng, Weining Chen, Ziyang Jiang, Kecheng Li, Jingyu Su for an assignment in University of Toronto Computer Science 396, Designing Systems for Real World Problems.  Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time.** | |
|  | |
| **1.** Clicking on the "agree" button below indicates that:  • The procedures to be used are filling out questionnaire. • I am free to withdraw before or any time during the study without the need to give any explanation. • All materials and results will be kept confidential, and, in particular, any identifying or identified information will not be associated with the data.  If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button. | |
| ○ agree  ○ disagree | |
|  | |
| **2.** Age | |
|  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| **3.** Gender | |
| ○ Male  ○ Female  ○ Other | |
|  | |
| **4.** Profession | |
|  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **5.** Name some mental disorders you know | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| **6.** How many people with mental health challenges do you know? | |
| ○ 0  ○ 1-3  ○ 4-10  ○ more than 10 | |
|  | |
| **7.** How likely would you be to help a friend with mental disorder? | |
| ○ Extremely likely  ○ Very likely  ○ Somewhat likely  ○ Not so likely  ○ Not at all likely | |
|  | |
| **8.** How often do you feel uncomfortable to speak to a friend or family member when you want to speak to someone about something very personal? | |
| ○ Never. I have never felt this before.  ○ 1-3 times a month  ○ Once a week  ○ 2-4 times a week  ○ Once a day  ○ More than once a day  ○ Once a year  ○ More than once a year | |
|  | |
| **9.** If you have mental health challenges, would you share it with your friends willingly? | |
| ○ Yes, I do mind.  ○ No, I do not mind, but I would not tell them willingly.  ○ No, I do not mind, I would tell them immediately. | |
|  | |
| **10.** If you have mental health challenges, would you share it with your family willingly? | |
| ○ Yes, I do mind.  ○ No, I do not mind, but I would not tell them willingly.  ○ No, I do not mind, I would tell them immediately. | |
|  | |
| **11.** If you have mental health challenges, would you share it with strangers willingly? | |
| ○ Yes, I do mind.  ○ No, I do not mind, but I would not tell them willingly.  ○ No, I do not mind, I would tell them immediately. | |
|  | |
| **12.** Have your friends shared their mental health challenges with you? | |
| ○ Yes  ○ No | |
|  | |
| **13.** Have you or any of your friends ever consulted a mental health professional? | |
| ○ Never  ○ 1-3 times in total  ○ 1-3 times a month  ○ Once a week  ○ 2-4 times a week  ○ Once a day  ○ I do not know | |
|  | |
| **14.** If you or your friends have consulted a mental health professional, how helpful was it? | |
| ○ No experience.  ○ Very helpful.  ○ Helpful enough.  ○ Not helpful at all.  ○ Worse than before.  ○ I do not know. | |
|  | |
| **15.** What method(s) of communication do you prefer when you need to tell someone something very private and personal about yourself? (Check all applies) | |
| □ E-mail  □ letter  □ message  □ phone  □ video chat  □ face to face | |
|  | |
| **16.** Have you ever used online chat to discuss personal private issues? | |
| ○ Yes  ○ No | |
|  | |
| **17.** If you have used online chat to discuss personal private issues, how do you feel after that? | |
| ○ Happier  ○ Calmer  ○ Sadder  ○ Emptier  ○ No changes | |
|  | |
| **18.** If you know there is an app about online mental health consultation, how likely would you be to use it? | |
| ○ Extremely likely.  ○ Very likely  ○ Somewhat likely  ○ Not so likely  ○ Not at all likely | |
|  | |

Excel file containing all the responses for the questionnaire (double click to open):



Industry Report Website: <http://www.metanoia.org/imhs/history.htm>