

## Title

**MindTech**

## Keywords

Technology, Mental Health, Innovation.

## Abstract

Research into the use of technology in the care of mental health and dementia sufferers.

## Index

Target of the study

Key research topics

The 10-question framework

Conclusion

Further Information

## Analysis

### TARGET OF THE STUDY

The MindTech cooperative has been established in the United Kingdom to investigate and focus on the development, adoption and evaluation of new technologies for use in the care of mental health and dementia illnesses. Its primary role is a coordinating organisation of research that has been focussed into specific areas.

It seeks to bring professionals in healthcare together to establish priorities and investigate how technology might be used to improve health in the elderly population and others suffering from health issues.

It has a small permanent staff coordinating the work of the professionals engaged with its research.

### KEY RESEARCH TOPICS

MindTech has focussed its research in 5 topic areas:

- Assessment and monitoring
- Digital Interventions and Apps
- Virtual reality and Games
- Medical devices
- User journeys and data

One of its primary drivers for how the research should be carried out in a defined scope is a set of 'Top 10 Questions' for the analysis of the use of technology for mental health. These questions provide a focus for their work and enable comparative evaluation to be carried out consistently between the different research programmes it undertakes.

## THE 10 QUESTION FRAMEWORK

The questions in the framework are:

1. What are the benefits and risks of delivering mental health care through technology instead of face-to-face and what impact does the removal of face-to-face human interaction have?
2. How do certain mental health conditions (e.g. depression) affect how people engage with technology?
3. How can treatment outcomes be maximised by combining existing treatment options (medication, psychological therapies etc.) with digital mental health interventions?
4. At what point in the care pathway (e.g. crisis intervention, prevention, engagement, treatment, maintenance, and recovery) are digital interventions most safe and effective?
5. How should apps for mental health be evaluated and endorsed?
6. What impacts will the adoption of digital technology in mental health services have on capacity, access to services, waiting times and preferred appointment times?
7. Are therapies (e.g. CBT) delivered via digital technology as effective as those delivered face-to-face?
8. Can the common elements of therapy (e.g. empathy, gestures, non-verbal cues) that come from person-to-person interactions be maintained with digital technology interventions?
9. Do digital health interventions increase reach and access to groups and people less well served by traditional mental health services (e.g. Black and ethnic minorities, men with depression, people in rural areas etc.)?
10. How can social media be used more effectively to bring people with mental health problems together and help them connect e.g. in their communities, rather than isolating them in their homes? (MindTech Questions, 2019)

The programme invites medical professionals how these questions might be answered. The set of questions is analysed in detail in a journal for medical professionals, *The Lancet* (Hollis, C. et al., 2018).

The paper describes the opportunity to 'bridge the gap' in the mental health provision through the use of technology to make treatment more accessible and less stigmatising. The gap is especially significant in low and middle-income countries and the research proposes that the technologies may make it possible to broaden the size of the population who can get treatment (Naslund, JA. Et al, 2017).

The use of the questions has been discussed in a webinar to explore their advantages and limitations (Digital MHQ, 2018)

## CONCLUSION

A structured approach to research into any issue is likely to make broad research more effective. Many highly laudable research efforts can be carried out in isolation, sometimes making it difficult to disseminate useful findings to a broad audience.

Through the use of a system of accumulation and coordination, a system of focus on the outcomes can be established.

The use of a restricted set of questions that might be answered provides a framework for comparison of research outcomes. It may appear that this strategy might limit the topics in some ways but, if there is a clear question to answer, the research is likely to address that question more directly.

The 10-question framework has been created through free, open discussion and a desire to arrive at a consensus of priorities that might be usefully achieved.

It is clear that technology offers an opportunity to address a broader range of people by making treatment accessible and affordable. It might be useful to compare this approach to that adopted by cellular carriers linking with financial institutions to provide a framework for commerce in West Africa; such programmes help to 'bridge the gap'.

MindTech has not limited what people might do in their research programmes; rather it is offering an opportunity to broaden the sources of activity in the same way as is used in distributed computing and crowd sourcing.

## FURTHER INFORMATION

### Links

Digital MHQ, 2018. YouTube. (2019). #DigitalMHQ. [Online] Available at: <https://www.youtube.com/watch?v=aEtI4ut2WIs> [Accessed 31 Jan. 2019].

Hollis, C., et al. 2018. Identifying research priorities for digital technology in mental health care: results of the James Lind Alliance Priority Setting Partnership. *The Lancet Psychiatry*, 5(10), pp.845-854.

MindTech Questions. 2019. [Online] Available at: [https://www.mindtech.org.uk/images/JLA\\_Top\\_10\\_questions.pdf](https://www.mindtech.org.uk/images/JLA_Top_10_questions.pdf) [Accessed 31 Jan. 2019].

Naslund, JA. 2017. Digital technology for treating and preventing mental disorders in low-income and middle-income countries: a narrative review of the literature. *Lancet Psychiatry*. 2017; 4: 486-500