

THE FUTURE OF TECHNOLOGY IN DEPRESSION TREATMENT

Is a group counselling approach to depression treatment more effective than a computer based therapy option within primary health care settings?

INTRODUCTION

As a health care practitioner, improvement of care and health services should be a high priority to ensure best health outcomes for patients. Within our society improvement of care has largely been influenced by the advancement of technology, as it is perceived to be a progression in how patients are cared for. This does not exclude the way in which depression treatment is now being approached. With counselling sessions being conducted independently over mobile devices, a concern arises as to whether the modernisation of care is diminishing patient opportunity to create and establish bonds. Depression treatment is an aspect of care that needs to be well assessed to ensure optimal effectiveness and availability, as mental health has been identified as the third-leading cause of health loss amongst New Zealand residents (Mental Health Foundation, 2014). With all care becoming so individualised and isolated, the question must be asked if it is really beneficial for patient's mental well-being.

GROUP COUNSELLING

- Communal based approach allows discussion and support to come from multiple voices, helping orientate client to reality (Dwight-Johnson, Sherbourne, Liao, & Wells, 2000).
- Being in a group environment can help reduce feelings of shame sufferers feel towards the condition through the establishment of mutual trust, caring, understanding, acceptance and support (Conyne, 2010).
- Facilitates dynamic interpersonal processing that focusses on conscious thought and behaviour.
- Progressively influences individuals who have difficulty articulating thoughts and feelings to express themselves.
- Enables learning or alteration of particular attitudes and behaviours.
- Increases understanding of values and goals.

COMPUTERISED COUNSELLING

- Improves accessibility and availability, therefore advantages recovery.
- Decreased amount of variables and external factors involved that influence patient experience and outcome.
- Clients are free to choose to work where and when they like. This is something that many participants of computerised self-help programs describe as relaxing and produces feelings of great freedom.
- Perceived reduction in stigma associated with counselling at an individual level (Dwight-Johnson et al., 2000).
- Allows clients problems to be broken down into small, logical fragments. Enabling a more thorough support plan to be created.
- To obtain sufficient results this therapy requires increased self-motivation and regulation which can be demanding.

RECOMMENDATIONS

Accurately assess client preferences and directly ask what method of counselling is likely to provide the best health outcomes. A client who has an active role and positive attitude towards the counselling they are receiving is more likely to adhere to treatment plans. Therefore quality improvement of care can be achieved by recognising the individual importance of depression and understanding of client factors that influence the likelihood of receiving appropriate care.

CONCLUSION

Both methods have advantages and disadvantages. While there are concerns in regards to how computerised therapy can cater for diversity, it has the potential to reduce the growing gap between the current need for mental health services and lack of availability. With more effective depression treatment comes increased positive health outcomes, therefore reducing the burden depression places on society.

References

- Conyne, R. (2010). *The Oxford handbook of group counseling*. New York, NY: Oxford University Press.
- Dwight-Johnson, M., Sherbourne, C., Liao, D., & Wells, K. (2000). Treatment preferences among depressed primary care patients. *Journal of General Internal Medicine*, 15, 527-534. doi: 10.1046/j.1525-1497.2000.08035.x
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RATIONALE

The effectiveness of imparting knowledge in the form of a poster is well recognised. Within most situations a poster is an approachable way of accessing information, helping increase the versatility of health education and promotion in a range of settings (Tones & Tilford, 2001).

The basis of information within this poster came from a primary health care setting. An average of 80.2% of respondents noticed posters in waiting rooms in primary health care facilities, with posters often being distinguished as attention grabbing and visually appealing (Nishtar, Zoka, Khan, Jehan, & Mirza, 2004). Due to this I felt it was appropriate to transfer information from the literature review into a poster display. In doing so it provides the viewer with only the necessary information, and allows for individual utilisation and interpretation of key messages. A clear, precise formatting of information has been used to help ensure that messages and ideas are not lost behind an excess of images and colours, while still being visually appealing.

The tone of the poster aims to connect with health care practitioners as well as the general public in regards to identifying the most effective method of counselling for depression, and how technology has influence on the evolution of methods.

PECOT category	Information relating to question	Explanation
Population	Male and/ or female aged over 18 years who suffer from depression.	At this age people are more responsible for their own health care needs, meaning they will seek counselling services that they themselves perceive to be beneficial. Being aged 18 years and above means that people will have also been exposed to significant life factors.
Exposure (intervention)	Those who have accessed group-counselling services within a primary health care setting as a treatment option for depression.	Articles that describe the rate, use and health outcomes amongst individuals who attend face-to-face group-counselling. Counselling services within a primary health care setting, as a majority of patients are diagnosed and treated within primary care.
Comparison/ control	Those who have accessed internet based therapy as a form of counselling service within a primary health care setting as a treatment for depression.	With the knowledge that isolation amongst members of society is a current issue resulting in depression; I am interested to note if there is any difference in the health outcomes between people who access computerised and group-counselling.
Outcome	Identification of the benefits and disadvantages of group and computerised counselling.	I would like to discover if group-counselling provides a greater feeling of connectedness and resolution to depression. I want to identify the perceived benefits and barriers associated with each method of counselling and what health outcomes are produced.
Time	NA	NA

References

- Nishtar, S., Zoka, N., Khan, S., Jehan, S., & Mirza, Y. (2004). Posters as a tool for disseminating health related information: A pilot experience. *Journal of the Pakistan Medical Association*, 54, 456-460. Retrieved from PubMed: <https://www.ncbi.nlm.nih.gov>
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- Whitehead, D. (2013). Searching and reviewing the research literature. In Z. Schneider., D. Whitehead., G. L. Biondo-Wood., & J. Haber. (Eds.), *Nursing and midwifery research: Methods and appraisal for evidence-based practice* (4th ed., pp. 35-56). Chatswood, Australia. Elsevier Australia