« EQUME »
research project

E-mental health : what do French mental health users and professionals think ?

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EQUME

Analysis of the representations and uses of e-mental health technologies in France

Objectives

1. Identify representations, uses and usability of e-health services and tools among different stakeholders
2. Establish group profiles of these representations and uses
1. **Qualitative component**
   - 10 Focus groups, 70 participants
   - Semi-directive interviews
   - Audio and video recordings for the analysis

2. **Quantitative component** – ongoing
   - Questionnaire on the use of new technologies for health (physical health, well-being, mental health)
   - Distribution: GP’s and mental health centers waiting rooms
   - 1550 questionnaires collected – analysis ongoing

E-mental health: "fashionable gimmick" or "serious stuff you use"? Analysis of the re-composition of norms and representations in the field of psychiatry/mental health - JMIR Preprints. 23/07/2018:11665*
Results & discussion

• build and develop a fortified village
• train troops
• attack other players' villages
• winning clan wars against other clans
The clans and their troops (n=70)

Psychiatrists
- 44 (25-62)
- 3,2 (0-8,5)
- 5 (X5)

GPs
- 48 (40-59)
- 4,5 (3-5)
- 7 (X5)

Psychologists
- 36 (25-59)
- 1,7 (0-5)
- 1 (X7)

Nurses
- 37 (25-48)
- 2,6 (0-6)
- 3 (X9)

Occupational Therapists
- 38 (24-56)
- 1,1 (0-4)
- 3 (X9)

Social workers
- 43 (29-57)
- 1,6 (0-5)
- 5 (X5)

Users representatives
- 54 (29-77)
- 3,3 (1-6)
- 3 (X3)

Users
- 42 (30-59)
- 3,7 (0-9)
- 1 (X12)

Caregivers
- 62 (48-74)
- 1,8 (0-4)
- 3 (X9)

General Public
- 38 (29-53)
- 3,2 (1-7)
- 3 (X5)
1: Relationship patterns & tensions between psychiatry and mental health

2: Distribution of competences/
   Modalities of cooperation

3: Impact of e-health on health provider-user relationship

4: Empowerment process/
   injunction to autonomy

5: Regulation of the socio-technological ecosystem
Relationship patterns & tensions between psychiatry and mental health

2) Strong borders between distinct fields

A. Severity of disorders

Mental health is not only the domain of psychiatrists

Psychiatry
Severe mental disorders

Mental health
Light mental disorders

Psychiatrists
GPs
Psychologists
Nurses
Occupational Therapists

Social workers
Users representatives
Users
Caregivers
General Public
2) Strong borders between distinct fields

A. Severity of disorders

B. Object

Psychiatry

Social subject

Mental health

Natural and individual subject

Social workers

Users representatives

Users

Caregivers

General Public
1: Relationship patterns & tensions between psychiatry and mental health

2: Distribution of competences/
  Modalities of cooperation

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5: Regulation of the socio-technological ecosystem
4) Impossibility of replacing human actors by technological actors

Defence of the field of competence

e-Health disqualification approach

When I hear e-health, I think about a fashionable gimmick, marketing and commercial stuff. I don't have the impression that we're talking about medicine or health care...medicine, it's a serious stuff with serious tools to be used in this frame.
4) Impossibility of replacing human actors by technological actors

Disqualification arguments: "e-health..."

- make people believe that it is possible to recover otherwise than by listening and communicating
- make people believe that you can take care of yourself with your mobile phone
- healthcare at discounted prices

=> Technology placed at the service and under the medical authority
1: Relationship patterns & tensions between psychiatry and mental health

2: Distribution of competences/
Modalities of cooperation

3: Impact of e-health on health provider-user relationship

4: Empowerment process/
injunction to autonomy

5: Regulation of the socio-technological ecosystem
3) Technology: an agent of relational densification

- A vector of connection and network
- Redefine relationships hierarchy
- Location of care in the private sphere

A patient can now consult his psychiatrist in his living room
1: Relationship patterns & tensions between psychiatry and mental health

2: Distribution of competences/
   Modalities of cooperation

3: Impact of e-health on health provider-user relationship

4: Empowerment process/
   injunction to autonomy

5: Regulation of the socio-technological ecosystem
1) Technology participates in the user’s empowerment processes

Horizontalize the power of care & the power to decide

Accessing information makes us independent from doctors. It leads us to recovery.
1) Technology participates in expertise and empowerment processes

Empowerment is also being able as a patient to create its treatment. We will not synthesize penicillin in our kitchen but patients, through new technologies, are able to invent and use tools for their recovery.
1: Relationship patterns & tensions between psychiatry and mental health

2: Distribution of competences/
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5: Regulation of the socio-technological ecosystem
Legitimate actors to regulate the field of e-health:

- Ministry of Health
- Researchers
- Health professionals
- Users representatives
- Family carers
- Peer carers
- Ministry of Justice

New technologies enter in a health system: a health system has its rules.
In conclusion

- Heterogeneity
- Shared interests
- Complementary approach to new technologies in a care framework
- Future steps: quantitative results to come, new study to measure the evolution of the uses of new technologies

E-mental health: **accelerator of the "gender retroactive loop in mental health"
Technology influences human beings, who themselves influence the technological tools.

« looping effet »
(I. Hacking)
Thank you for your attention from the WHO CC Lille clan
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