TechCare: Mobile-assessment and therapy for psychosis: An intervention for clients within the early intervention service

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Introduction   In the UK, mental illness is a major source of disease burden costing in the region of £105 billion pounds. mHealth is a novel and emerging field in psychiatric and psychological care for the treatment of mental health difficulties such as psychosis.
Objective   To develop an intelligent real-time therapy (iRTT) mobile intervention (TechCare) which assesses participant's symptoms in real-time and responds with a personalised self-help based psychological intervention, with the aim of reducing participant's symptoms. The system will utilise intelligence at two levels:
– intelligently increasing the frequency of assessment notifications if low mood/paranoia is detected;
– an intelligent machine learning algorithm which provides interventions in real-time and also provides recommendations on the most popular selected interventions.
Aim   The aim of the current project is to develop a mobile phone intervention for people with psychosis, and to conduct a feasibility study of the TechCare App.
Methods   The study consists of both qualitative and quantitative components. The study will be run across three strands:
– qualitative work;
– test run and intervention refinement;
– feasibility trial.
Results   Preliminary analysis of qualitative data from Strand 2 (test run and intervention refinement) in-depth interviews with service users ($n = 2$) and focus group with health professionals ($n = 1$), highlighted main themes around security of the device, multimedia and the acceptability of psychological interventions being delivered via the TechCare App.
Conclusions   Research in this area can be potentially helpful in addressing the demand on mental health services globally, particularly improving access to psychological interventions.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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ApTiC: A feasibility trial of a communication method using mobile technology to improve assessment within an early intervention service

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Introduction   The early intervention service (EIS) approach is based on therapeutic interactions, which promote service user recovery from first episode psychosis. Collaborative therapeutic work between the service user and case manager depends on good communication. This can be a challenge for people with psychosis as the process of thought can be disrupted or stimulus misinterpreted leading to communication errors.
Objective   The objective is to develop an interactive tool that can assist service user's communication of distress, whilst employing a psychoeducational approach to the use of an informal therapeutic measurement scale; subjective units of distress (SUDs) and early warning signs (EWS). The ApTiC mobile intervention will include ten numerically graded emoticons from low to extreme distress. Each emoticon is associated with specific individualised service user descriptors and linked to an individually agreed action plan and level of response to be offered by a staff member.
Aim   The aim of the present study will be to examine the feasibility and acceptability of the ApTic mobile intervention in preparation for a larger randomised controlled trial.
Methods   Phase one: qualitative research to inform the development of the complimentary tool and mobile app (qualitative). Phase two: a 12-week rater-blinded randomized control trial of ApTiC compared to routine EIS case management (quantitative).
Results   The qualitative data will be presented.
Conclusions   It is expected that once validated, the SUDs based ApTiC will enhance rapport and understanding thus improving the recovery approach to well-being and hopefully preventing relapse or the involvement of the crisis team or hospital admissions.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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Development and assessment of a mobile phone-based intervention to reduce maternal depression and improve child health

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Introduction Postnatal depression is known to cause disability and suffering in women and negative consequences both for their infants and their families, with huge costs globally. Several studies from low and middle income countries (LAMIC) have demonstrated that effectively delivered psychological interventions are cost effective for improving maternal and child health, but access to these interventions is limited in both the low and high income countries.
Objective The objective of the study is to develop and test a mobile phone-based intervention (TechMotherCare), which will include components of cognitive behavioural therapy (CBT) and child development related psychoeducation.
Aim The aim of the study is to examine the feasibility and acceptability of the TechMotherCare intervention.
Methods A total of 36 participants will be recruited from health centers in Karachi, Pakistan for this 2-arm randomized pilot study. The TechMotherCare App intervention will be based on principles of CBT and learning-through-play (LTP) a parenting intervention and will assess the real-time depressive symptoms of participants and respond, using intelligent real time therapy (iRTT) dependent on symptoms reported by participants.
Results Outcome assessments will be completed after 3 months (end of intervention). In-depth qualitative interviews will also be conducted with participants pre- and post-intervention. The trial is ongoing and we will present both the qualitative and quantitative results.
Conclusions The results of this pilot trial will inform the design of a larger randomised controlled trial using a mobile based technology platform to address the huge treatment gap in LAMICs.
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E-mental health: Updates on recent achievements and pitfalls

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The patient-centered care features quality, affordable, and timely care in a variety of settings – technology is a key part of that – particularly among younger generations and child and adolescent patients. The consumer movement related to new technologies is nearly passing clinicians by, as new ways of communicating with others (text, e-mail, Twitter, Facebook) revolutionizes how we experience life and access healthcare. This paper explores a continuum with healthy, innovative behavior on one end (e.g., social media) and pathological Internet use on the other end – and the range of self-help and e-mental healthcare options being used. Specifically, it focuses on how social media adds to, yet may complicate healthcare delivery, such that clinicians may need to adjust our approach to maintain therapeutic relationships, interpersonal/clinical boundaries, and privacy/confidentiality. We suggest planning ahead to discuss expectations about online communication between doctors and patients as part of the informed consent process, offer other do's and dont's for patients and clinicians, and review applicable guidelines. More research is needed on consumer and patient use of technology related to healthcare, as is an approach to basic and advanced measurement of outcomes.
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Telepsychiatry in the opinion of Polish patients and psychiatrists

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Background Telepsychiatry takes advantage of modern communication technologies and new forms of patient–doctor and doctor–patient contact.
Objective This research focuses on the knowledge of telepsychiatry and the attitude to it among patients and psychiatrists in Poland.
Subject and methods An anonymous survey was conducted among 105 psychiatrists aged 26–74, including 74 women and 31 men and 102 patients aged 21–79, including 61 women and 41 men.
Results Research reveals that the majority of patients never met with the concept of "epsychiatry" and do not know what it means. However, more than 50% of respondents answered positively to every question considering the utility of telepsychiatry. Furthermore according to 18%, it is possible to replace an eye-to-eye conversation by videoconferencing. Only 15% of doctors claim to have an extensive knowledge on telepsychiatry, and 10% do not know what it means. The vast majority of physicians perceive positive aspects of this method of medical care, but 63% would not want any general insertion of telepsychiatry. Doctors are apprehensive of losing personal data and medical confidentiality, and of the necessity of legal changes.
Conclusions The obtained results allow us to conclude that Polish patients and doctors, regardless of their knowledge, age, gender or disease, perceive advantages of telepsychiatry. In connection with this, implementing this method into the Polish medical market makes sense and is in accordance with both patients' and doctors' opinion. Based on our research, we confirmed that there is a necessity of wider popularisation of telepsychiatry among Polish therapists.
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MindfulSpot: A mindfulness mobile app for people dealing with infertility

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