Internet Interventions 9 (2017) 65–73

Contents lists available at ScienceDirect

Internet Interventions

journal homepage: www.elsevier.com/locate/invent

A next-generation social media-based relapse prevention intervention for youth depression: Qualitative data on user experience outcomes for social networking, safety, and clinical benefit

Olga Santesteban-Echarri[a,b,c,*], Simon Rice[a,b], Greg Wadley[d], Reeva Lederman[d], Simon D'Alfonso[a,b,d], Penni Russon[a,b], Richard Chambers[e], Christopher J. Miles[a,b], Tamsyn Gilbertson[a,b], John F. Gleeson[f], Patrick D. McGorry[a,b], Mario Álvarez-Jiménez[a,b]

[a] Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia
[b] Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia
[c] Department of Psychology, Universitat Rovira i Virgili, Tarragona, Spain
[d] School of Computing and Information Systems, The University of Melbourne, Melbourne, Australia
[e] Campus Community Division, Monash University, Melbourne, Victoria, Australia
[f] School of Psychology, Australian Catholic University, Melbourne, Australia

ARTICLE INFO

Keywords:
Depression
Internet
Qualitative analyses
Social networking
Safety
Young people

ABSTRACT

Major depressive disorder (MDD) has a high prevalence and relapse rate among young people. For many individuals depression exhibits a severe course, and it is therefore critical to invest in innovative online interventions for depression that are cost-effective, acceptable and feasible. At present, there is a scarcity of research reporting on qualitative data regarding the subjective user experience of young people using social networking-based interventions for depression. This study provides in-depth qualitative insights generated from 38 semi-structured interviews, and a follow-up focus group, with young people (15–25 years) after the implementation of a moderated online social therapy intervention for depression relapse prevention ("Rebound"). Exploratory analysis identified patterns of content from interview data related to three main themes: 1) preferred content compared to perceived helpfulness of the online platform, 2) interest in social networking, and 3) protective environment. Two clear groups emerged; those who perceived the social networking component of the intervention as the most helpful component; and those who preferred to engage in therapy content, receiving individualized content suggested by moderators. The Rebound intervention was shown to be acceptable for young people with major depression. Integration of social networking features appears to enhance intervention engagement for some young people recovering from depression.

1. Introduction

Major depressive disorder (MDD) occurs within youth populations at comparable rates to adult populations (Kessler et al., 2010). By age 19 nearly 25% of young people will have experienced an episode of MDD (Rohde et al., 2013), with younger adults (18–25 years old) having the highest incidence and cumulative prevalence of depression (Kessler and Walters, 1998). Relapse rates in populations of young people are also high, ranging between 34% and 75% within the first five years after the index episode (Kennard et al., 2006). Complications of depression include major psychiatric comorbidity, impaired functioning, and suicidality (Zisook et al., 2007).

Young people's interest in and use of Internet-based communications positions this technology well for mental health help-seeking with over 97% of young people using the Internet daily (Pew Research Center, 2014). Specifically, social networking sites (SNS) have been extraordinarily pervasive, becoming the new framework for communication and social support among young people (ACMA, 2015). Attractive features of Internet-based interventions include anonymity (Lederman et al., 2014), lack of hierarchy among users (Schrank et al.,

* Corresponding author at: Orygen, The National Centre of Excellence in Youth Mental Health, Centre for Youth Mental Health, The University of Melbourne, Locked Bag 10, Parkville, VIC 3052, Australia.
E-mail addresses: olga.santesteban@gmail.com (O. Santesteban-Echarri), simon.rice@orygen.org.au (S. Rice), greg.wadley@unimelb.edu.au (G. Wadley), reeva.lederman@unimelb.edu.au (R. Lederman), dalfonso@unimelb.edu.au (S. D'Alfonso), russonp@unimelb.edu.au (P. Russon), hello@drrichardchambers.com (R. Chambers), christopher.miles@unimelb.edu.au (C.J. Miles), tamsyng@student.unimelb.edu.au (T. Gilbertson), John.Gleeson@acu.edu.au (J.F. Gleeson), pat.mcgorry@orygen.org.au (P.D. McGorry), Mario.Alvarez@orygen.org.au (M. Álvarez-Jiménez).

http://dx.doi.org/10.1016/j.invent.2017.06.002
Received 16 February 2017; Received in revised form 19 June 2017; Accepted 20 June 2017
Available online 29 June 2017
2214-7829/ © 2017 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/BY-NC-ND/4.0/).

2010), ease of communication due to the removal of the face-to-face component (Houston et al., 2002; Pierce, 2009) and an increased sense of belonging (Newman et al., 2011). These characteristics may lead to increased emotional disclosure (Weisband and Kiesler, 1996), decreased inhibition and isolation (Dennis, 2003), development of supportive relationships and enhanced self-esteem (Collin et al., 2011; O'Keeffe and Clarke-Pearson, 2011), and a potentially reduced fear of stigma (Houston et al., 2002).

Integrating social networking within online relapse prevention interventions may be a cost-effective alternative to maintain intervention gains from specialized early intervention services, and may also bridge the gap between specialized intervention and standard treatment improving longer-term engagement with standard mental health services (Álvarez-Jiménez et al., 2012, 2016; Andersson and Titov, 2014). Therefore, innovative psychosocial Internet-based treatment specifically designed for young people may present new opportunities to deliver psychological treatments and improve intervention acceptability and engagement among young people experiencing depression (McDermott et al., 2010).

Although several Internet-based interventions have been proven to be as effective as face-to-face psychotherapy (Andersson et al., 2013; Andersson and Hedman, 2013), it is difficult to establish the unique effects of specific therapeutic components of these interventions. Moreover, personal preferences in treatment delivery may be an important factor to take into account when assessing the effectiveness of online-based interventions. Self-help treatment approaches (e.g., written, visual, audio and recorded treatment material self-administered by a patient with or without the therapist direction (Botella et al., 2007)) have been found effective for problems such as anxiety, depression, sleep difficulties and somatic problems (Gould and Clum, 1993). Among these, cognitive behavioural-oriented online interventions seem a promising self-help therapeutic option for depression (Rice et al., 2014). However, there is a lack of evidence on which are the most effective specific therapeutic techniques of online-based interventions (e.g., problem-solving strategies, psychoeducation, wellbeing strategies) (Rice et al., 2014). For example, initial results from an online Problem Solving Therapy intervention showed this technique was effective for improving young people's problem-solving skills and reducing depression (Hoek et al., 2012). Several reviews show that the peer support component of some online interventions (Pfeiffer et al., 2011) and the use of social networking in online-based interventions among young people also seem to improve depression (Rice et al., 2014) and suicide risk (Robinson et al., 2016).

Preliminary quantitative data from the implementation of a moderated online social therapy (MOST) (Lederman et al., 2014; Wadley et al., 2013) for first-episode psychosis (the Horyzons study) (Alvarez-Jimenez et al., 2013; Gleeson et al., 2014) and for relapse prevention in depression (the Rebound study) (Rice et al., 2016) demonstrated that this model is acceptable, feasible and safe for young people. MOST follows a theory-driven model of online human support (i.e., supportive accountability (Mohr et al., 2011)) and the positive psychotherapy model (i.e., strengths-based models (Seligman et al., 2006)) and comprises a) self-help therapy modules; b) active moderation by clinical experts; c) a social networking component; and d) peer support (from *Super Users*: users who receive peer support training and supervision). However, a detailed understanding of user experience is required to discover key therapeutic mechanisms, factors associated with treatment engagement, and the subjective importance of key features of the intervention (i.e., social networking). For example, one of the software features in trials of the MOST platform uses an evidence-based problem-solving space (referred to as *Talk it Out*), where young people can propose a difficulty they would like assistance in solving (D'Zurilla and Nezu, 2007). Within the Rebound pilot study, problems were nominated by a third of young people (Rice et al., 2016), indicating the value of this function. Due to the social and flexible nature of the *Talk It Out* component of the MOST model, some young people contribute by nominating a problem, others by suggesting solutions, while others may benefit by reading problems and solutions without directly contributing information. In-depth qualitative interviews are necessary to understand user experiences of the system as well as its subjective perceived helpfulness and perceptions of clinical benefit.

Qualitative methods have been used to investigate particular aspects of online interventions for depression in different populations. However, to our knowledge there is only one qualitative report from an online-based intervention for youth depression based on the Supportive Accountability model which also included online peer support (Ho et al., 2016). This 10-week CBT-based pilot study had a small sample-size (N = 13) and included at-risk young people (i.e., those meeting criteria for depression were excluded). Moderators only ensured safety and did not directly participate in the site. Findings showed an initial use of the peer-networking feature of the site with a progressive decrease of participation due to disengagement of other participants. Finally, results provided general qualitative information without conducting a structured thematic analysis.

We seek to fill the current research gap by reporting detailed qualitative data on young peoples' experiences using a novel social networking-based intervention for depression relapse prevention. We report data from a clinical population in the critical developmental period of developing depression. Because the impact of social networking-based interventions is contingent on interactions between users, type of intervention content, and the safety of the online environment (Rice et al., 2014), the aim of the present study was to meaningfully understand young people's experiences of participating in the Rebound pilot study using semi-structured interviews and focus group data regarding a) their preferred content and the perceived helpfulness of the online platform, b) interest in social networking, and c) a protective environment online. Given the nature of the research question, an exploratory (i.e., non-hypothesis driven) approach was chosen in order to report comprehensively the subjective experiences of young people.

2. Material and methods

2.1. Participants

One hundred and three young people were approached following referral by youth mental health clinicians from three early intervention clinics in Melbourne, Australia (the Youth Mood Clinic at Orygen Youth Health, and two headspace centres in the Western Suburbs of Melbourne) between June and December 2014. Of these, 27 did not meet the study criteria, 18 refused to participate and 11 were unable to be contacted. During assessment a further 5 participants were found ineligible. Therefore, recruited participants were 42 young people who completed an online intervention for relapse prevention in depression over a 12-week period. Four participants were lost to follow-up, with 90.5% of the original sample completing the follow-up assessment (50% males, mean age 18.5 years, SD = 2.1). Nearly all of the participants (97%) reported daily Internet use. Further details of the sample and demographics are reported elsewhere (Rice et al., 2016).

2.2. Procedure

Ethical approval for the study was granted by the Melbourne Health Human Research Ethics Committee (approval: 2013.276). All participants provided informed consent to participate in the study. The study intervention platform, referred to as Rebound, was based on the moderated online social therapy (MOST) model (Alvarez-Jimenez and Gleeson, 2012; Gleeson et al., 2012; Lederman et al., 2014). Detailed information about the intervention methodology is provided elsewhere (Rice et al., 2016), but in brief, Rebound is a strengths-based intervention based on positive psychology principles enhancing well-being and social connectedness (Cruwys et al., 2015) including the use of mindfulness techniques and cognitive-behavioural therapy specifically

Download English Version:

https://daneshyari.com/en/article/4972733

Download Persian Version:

https://daneshyari.com/article/4972733

Daneshyari.com