Confidentiality and Privacy for Smartphone Applications in Child and Adolescent Psychiatry Unmet Needs and Practical Solutions

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KEYWORDS

• Technology • Smartphones • Privacy • Security • Confidently

KEY POINTS

- Confidentiality and privacy are critical in child and adolescent psychiatry and necessary for digital tools like smartphone applications (apps) to maintain if they are to be useful clinical tools in the future.
- Currently little is known about the confidentiality and privacy of digital tools like smartphone apps for clinical care.
- Important issues to consider include disclosure of information sharing, access privilege, privacy and trust, risk and benefit analysis, and the need for standardization.
- Child and adolescent psychiatrists need to stay up to date on privacy, security, and confidentiality of digital technologies in order help patients and parents make informed decisions and shape the next generation of these tools.

INTRODUCTION

As digital technologies like computers and smartphones become increasingly pervasive, their potential to advance health care has been well recognized. Electronic medical records are now ubiquitous in many clinical practices, although their use remains lower in psychiatry than in other medical specialties.¹ This slower adoption

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of technology stands in contrast to how younger individuals today are embracing smartphone technology. The latest national survey 2 years ago indicated that, in 2014, 73% of teenagers in the United States owned a smartphone.² Today smartphone technology is widely adopted by teenagers and children for accessing social media, playing games, and browsing the Internet. Although smartphones are not yet widely used toward promoting mental health, the potential of smartphone applications (apps) to bring new real-time data, responsive monitoring, and even adjunctive therapeutic tools to child and adolescent psychiatry has been increasingly recognized. Today, even social media services like Facebook will flag posts concerning for self-harm³; mood-monitoring apps can track depressive symptoms⁴; and a plethora of apps offer self-help and therapy services from the convenience of the phone.⁵

Recent research suggests numerous potential uses of new smartphone technologies for clinical care in child and adolescent technology. Although beyond the scope of this article, studies have already shown the potential of smartphones to assist in delivering cognitive behavioral therapy in the treatment of anxiety for children⁶ and in helping children better cope with pain.⁷ Other researchers are investigating how smartphones can help adolescent patients report symptoms with less recall bias.^{8,9} However, in order to be useful clinical tools, smartphone apps have to demonstrate not only that they can capture useful information but also that they are safe to use, respect patient privacy, maintain confidentiality, comply with both local and federal guidelines, and meet the field's professional and ethical standards. Yet in many cases, new technologies like smartphone apps have advanced more rapidly than health care regulations and professional society guidelines, creating a need for better education and action by the health care system.¹⁰ Thus, the aim of this article is to offer a summary of current knowledge, practices, and existing gaps regarding confidentiality and privacy for mobile devices when offering child and adolescent psychiatric services and to provide a discussion on how the field can respond to this new challenge by establishing best practices and useful guidelines. Given the nascent nature of this topic and the dynamic pace of technology, the authors do not intend this article to be a comprehensive review but rather a guided discussion highlighting salient topics.

STAKEHOLDERS

Currently, there is a lack of data regarding the level of understanding and consensus on privacy laws and clinical practice approaches on medical technology adoption. A 2012 survey of parents' knowledge and opinions about health care laws regarding technology to facilitate communication between pediatricians and youth revealed that only one-third approved of technology for communication between their children and pediatricians and nearly half were unaware that adolescents could receive confidential sexuality-related information without parental permission.¹¹ Since this study was conducted in 2012, smartphones have become more prevalent and heath information Web sites more common. Parental opinion should again be assessed in a now even more digital and connected world, where youth are using technology not only to contact their clinicians about health information but also to access health information via chat rooms, Internet forums, numerous Web sites, and smartphone apps.

In addition, clinicians must be educated and ensure they are up to date on privacy and confidentiality regulations for child and adolescent patients. Although professional guidelines, such as the American Psychiatric Associations' Principles of Medical Ethics, underscore the importance of safeguarding patient confidences and privacy,¹² such guidelines do not offer concrete advice in an evolving digital health landscape. A recent survey study of 650 clinicians at an academic medical center, Download English Version:

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