

Brave new world of mood boosters

Technology and the internet's information highway are leading a quiet revolution in the way that mood disorders are being treated – and SA is at the forefront of the changes, writes Mandy Collins

HERE IS no escaping technology in today's world. Even those of us who grumble about it, are likely to use it in various forms every day, whether it's texting on increasingly smart phones, working on a computer or iPad, or spending time in cyberspace, and crusing the information highway.

As Andrew Grove, Intel Corporation chair has said: "You have no choice but to operate in a world shaped by globalisation and the information revolution. There are two options: adapt or die."

The technology has fitted relatively seamlessly into the hectic, stressful pace of the modern living and working, especially in the business world. It has made lives easier, and more convenient, even as there are murmurings about its dark sides, and the health risks of being "tethered" to it, 24/7.

Technology is so prevalent these days, that the word "google" is now recognised as an English verb. And many, if not most of us turn to the internet first, for specialised medical information.

Granted, there's a lot of bad information on the internet, but there is also reliable, helpful information. The technology is creating new paths on the road to improved mental health.

Johannesburg IT analyst and psychologist Gary Wise, from Lundbeck SA, says technology, the internet and its worldwide web are leading a revolution in the way patients with mental illness are treated, and SA is at the forefront of the changes.

"There's a clear shift, a slow progression, in how we can use various interventions and infor-

mation online as part of patients' treatment plans," Wise says.

Never was that more needed as the stresses and strains of 21st century living are showing up in an increasing incidence of mood disorders, especially in corporate corridors. And the higher up the ladder people tend to be, the more their risk of these disorders appears to be rising.

Traditionally, when people see a doctor for depression, they come away with a prescription for some antidepressants, and a referral to a psychologist for on-going therapy, says Wise.

In recent years, specialists have begun to think this is not enough, he says, and that there must be a way for technology to link these processes together.

The aim is "to take the perfect outcome and try to replicate it", Wise says.

Instead of patients just seeing their psychiatrist or psychologist every three months, and getting a repeat prescription, in the interim for example, they can have online access to information about their illness, and contact with others.

This thinking, says Wise, has led to websites such as www.my-support.co.za and www.patients-likeme.com, where people with the same disease can analyse their experience, learn more, and benefit from support communities.

There are ethical issues, of course, and it's not about replacing orthodox treatment and not seeing a specialist face to face.

It's about better integration, Wise says. Patients still see their specialist regularly, and stay on medication, but they join an extension of the practice in cy-

berspace.

"It's like a perfectly written story, where they have access to everything they need to know about their disease. It's simply an extra resource," Wise says.

He cites depression as an example of where this has worked well around the world: in the UK, Beating the Blues is a programme run as part of the National Health Service for depression. It's an eight-module cognitive behaviour therapy programme, says Wise, with exercises for patients to work through. New Zealand also uses Beating the Blues; in Australia it is called Beyond Blue, and is a national intervention.

A similar programme in the Netherlands is called Interapy.

These are forms of online therapy – a clinician does session work with you via e-mail, subsidised by the government, says Wise.

Where SA is ahead, he says, is the involvement of mental health practitioners, taking it a step further, to make it more integrated.

"Patients join a programme, their participation is analysed and feedback is given to the physician involved. It's disease-oriented, not product-related, and it helps patients to feel they have some control," Wise says.

Social media also have a role to play, although Wise says they are not yet a good tool for proper disease management. However, there are other ways in which social media may be beneficial.

Earlier this year, for example, the South African Depression and Anxiety Support Group (SADAG), partnered with social networking giant Facebook, and became this country's official suicide prevention agency.

SADAG founder, Zane Wilson says social media today are the way millions of people connect and reach out to each other, often seeking help and advice. This makes Facebook a powerful medium, she says.

"If any suicidal content is posted on Facebook by someone in SA, concerned loved ones or even strangers can report this content via Facebook," Wilson says.

SADAG can then be made aware of the posting, and send contact details to the person.

"We have had a positive response to this suicide prevention tool, and regularly contact South Africans who may be in danger of killing themselves," says Wilson.

Initiatives like this could also prove a lifeline for people with conditions like bipolar disorder, say specialists.

Johannesburg psychiatrist Dr Frans Korb says people with bipolar disorder experience unusually intense emotional states and swings that may occur in distinct, identifiable time frames. They are often hamstrung by the fact that others believe they are not really ill, or are using the illness as an excuse for their behaviour.

"This makes it difficult for them to seek help at times, even from their loved ones. This emotional isolation heavily contributes to poor recovery and, for some, suicidal thoughts," says Korb.

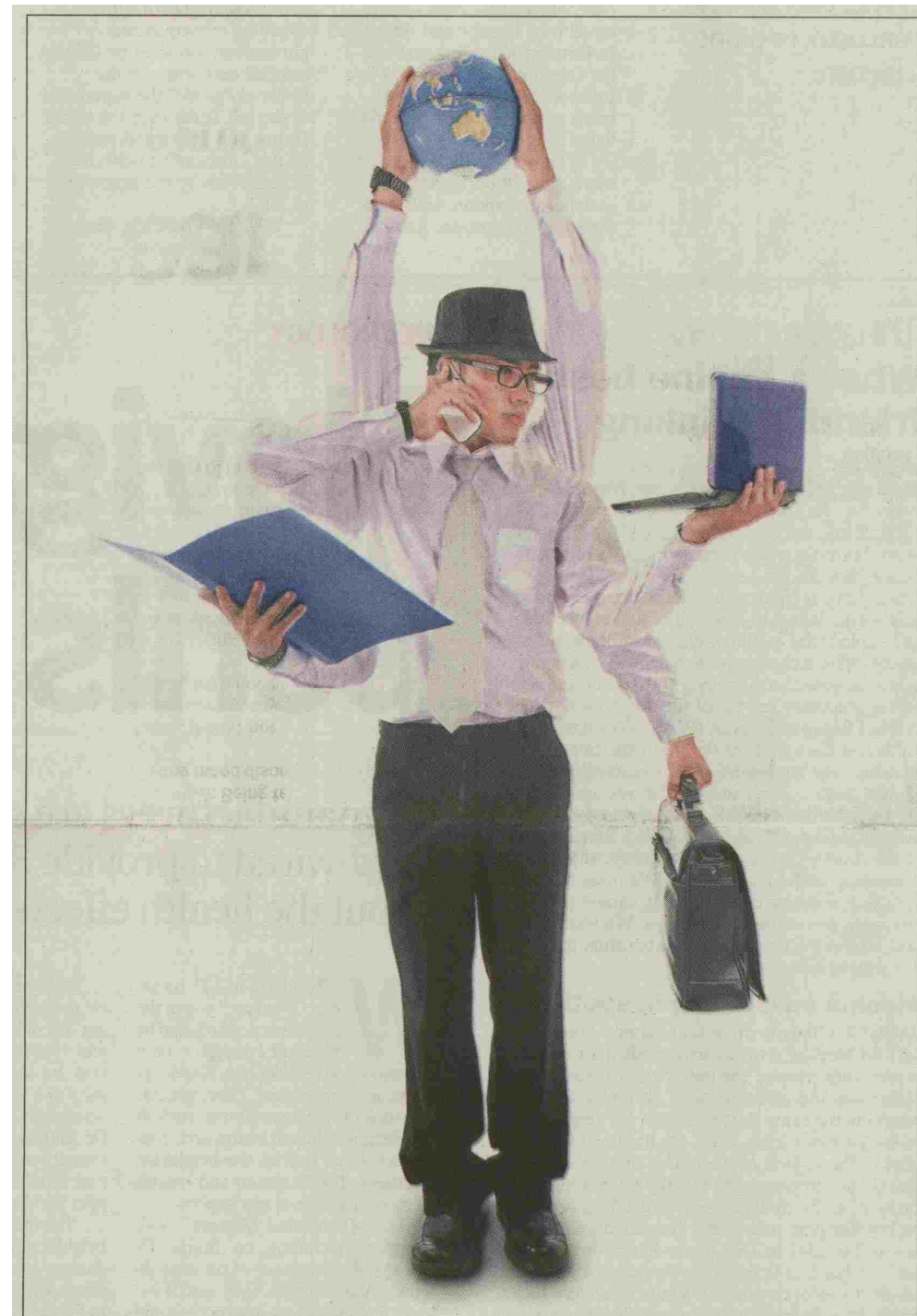
Cassey Chambers, SADAG's operations director, says fear, shame, and even guilt keep many people suffering in silence.

"For some, it is years before they are properly diagnosed and treated," Chambers says.

Having contact with an organisation like SADAG, via Facebook, might well see those with depression and bipolar disorder reaching out and asking for help.

Wilson says a recent study in the journal, *Cyberpsychology, Behaviour and Social Networking*, shows that people visit social networking sites such as Facebook for different reasons, including a positive emotional experience they enjoyed and wished to repeat.

"On the positive side, for a lot of people, it's a way to de-stress and relax. It's also a space where people vent, and get positive reinforcement from friends and family – whether that reinforcement is accurate or not," Wilson says.



A NEW WORLD VIEW: Being tethered to technology 24/7 has its drawbacks, but also its advantages when it comes to treating mood disorders. Picture: THINKSTOCK

Social media should not be used in place of therapy, says Wilson, as feedback may not always be honest.

"Properly exploring your feelings, thoughts or views in therapy is a far more helpful option."

Wise agrees that online resources are not there to replace mental healthcare practitioners. And it's a mistake to blame the technology for unethical behaviour on the part of unqualified,

unmonitored people.

"The technology is pure – it's just maths. It's the people behind it that are the problem. If it's done correctly, intelligently, this could be something really smart."

Well-informed patients are helpful for doctors, but it's not about leaving patients to do haphazard online research on their own.

Instead, patients will be encouraged to enter an online pro-

gramme recommended by their doctor, psychiatrist or psychologist, and follow a carefully designed programme that works with prescribed therapies.

For the technology to be most helpful, dialogue should happen in the right forum, Wise says:

"It's about getting the right information in the right place."

■ For more information, contact SADAG on www.sadag.org.