TEXT MESSAGING AS A MEANS TO LOWERING BARRIERS TO HELP-SEEKING IN STUDENTS WITH DEPRESSION

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ABSTRACT

Whilst depression is one of the most common ailments to afflict adolescents and students, there is reluctance amongst sufferers to present for treatment. Student counseling services are widespread throughout the educational environment, however only 20% of sufferers seek help, leaving 80% to suffer unaided and in isolation. Certain barriers to help seeking have been identified in the research literature, and in this paper we examine how text messaging can be harnessed to encourage sufferers to overcome these barriers and seek help, by initiating dialogue and providing timely exhortations (via a student's mobile phone) to avail of counseling services. To prevent students feeling targeted, these messages form part of a once-weekly stream of text messages from college to student, relating to finance, sports, exams etc.

This paper outlines reactions to the service and describes experiments that are currently ongoing to determine the effect of such text messaging, as measured by an increase in the number of students availing of counseling services. It also outlines some of the issues involved in getting the experiments up and running.

1. INTRODUCTION

Currently, Ireland has a growing problem regarding suicide generally, and in particular regarding suicide amongst adolescents. Recent research suggests that in a large proportion of such suicides, depression has played a major role. It would seem that, in the case of young adolescents, there are barriers to help-seeking which prevents young people from initiating contact with service providers, and so depression can go undiagnosed and untreated well into adulthood, with adverse consequences in terms of academic achievement, relationships and general well-being. Research suggests that only a small proportion of adolescents with depression have their illness recognized (20%), with an even smaller proportion receiving treatment (Martin & Cohen, 2000). As a result of a study based in schools in north Dublin, 23 young people were referred on for mental health support who otherwise would not have received any. (Fitzpatrick et al, 2005). The American Journal of Psychiatry has suggested that the infrequency of any interventions may be even more noteworthy than the eventual outcome of interventions that occur.

2. BARRIERS TO HELP SEEKING

Several barriers to help-seeking have been identified, namely:
- Fear
- Privacy
- Shame, guilt

- Embarrassment
- Lack of trust in others
- The feeling that one should be able to cope on one's own
- Not knowing what support is available
- Or how to get to it

The initial delay to seek treatment accounts for a significant proportion of the unmet need for treatment of common psychiatric conditions. The most frequently endorsed reasons for the delay relates to lack of knowledge about mental illness or available treatment. (Thompson & Hunt, 2004). The most salient finding from one study is that even people suffering from high levels of psychiatric symptoms very often do not have contact with professionals who might help them, (Bebbington et al, 2003), with another study suggesting that individuals with more severe psychiatric problems (in this case relating to eating disorders) may be the most reluctant to seek treatment (Bucket & Hodgin, 1993).

3. MOBILE PHONE CULTURE

One major change amongst this adolescent population in the past ten years has been their acceptance of mobile communications. 99% of adolescents own a mobile phone. 89% of calls to Childline, which caters particularly for the under16 year olds, originate from mobile phones. A recently introduced text messaging service to Childline has seen 10,000 messages sent per month, even though the service remains unpublicised.

The mobile phone is an immensely significant social and cultural phenomenon, (Geser, 2004) with adolescents making this technology work as a symbolic tool. (Caron, Caronia, 2003). Observations and teenagers' own accounts show that the ubiquity of mobile phone use is, in general, commonplace for teenagers; and phone-mediated activities are a routine, taken-for-granted part of teenagers' daily encounters. (Taylor & Harper, 2002).

A survey of 1000 Finnish teenagers regarding text messaging, details how text messaging has become a cultural phenomenon that goes beyond simple communication. For example teens assume that all carry their mobile phone alongside them all the time. The sender expects a message back in a reasonable time (15-30 minutes) – and if not in time, a reason why. (Skinner, Biscope, Poland & Goldberg, 2002).

In the UK, the Learning and Skills Authority has recently completed a GBP4 million research study to examine how mobile phones can be used to improve literacy in children with reading difficulties. To quote from the project report: "These findings indicate that mobile devices can be used successfully to involve some of the hardest to reach and most disadvantaged young adults in learning. As a result, and especially as part of a blended learning strategy, mobile learning has the potential to help these young people to improve both their skills and their self-confidence and, therefore, their life chances." (Attewell, 2005). Can mobile phones do for the well-being of hard to reach adolescents what they appear to have done for literacy?

Adolescents are well versed in the use of mobile phones. A survey carried out by the Irish National Teachers Organisation indicates that 96% of Irish 11 to 12 year olds own a mobile phone, with text messaging being the main use and voice calls the secondary use. It is the predominant mode of communications for young people.

Considering the barriers to help-seeking outlined above, we can surmise that the relevant aspects of texting between an adolescent and a mental health service provider are:

- timeliness
- anonymity
- ubiquitous
- initiative can be on service side
- guise of normal practice

- written - retention
- asynchronous
- impersonal - machine conversation

A premise of the research being undertaken is that students will instigate action to seek help, on being prompted via their mobile phones. This has much in common with the new field of mobile marketing being studied in the business world. One paper introduces proposed research in the area of mobile communications and the use of sales promotions to instigate consumer action via mobile phone (Cogus, 2004).

4. TEXT MESSAGING AND HEALTH

Text messaging has already been harnessed in the cause of mental health. A pilot study carried out at a German hospital indicates how text messaging on mobile phones was used in treatment of a particular mental illness, in this case bulimia. The study was designed to test the acceptance, the practicability, and the effectiveness of the mobile device intervention. Preliminary results indicate that the programme is well-accepted and gives support to bulimic patients after finishing inpatient treatment. (Bauer, Percevic, Okon, Meermann & Kordy, 2003).

Two studies have indicated that text messaging can be used to help college students successfully quit smoking, one study based in the United States (Obermayer, Riley, & Asif (2004), and another from New Zealand, (Rodgers et al, 2005)

5. EXPERIMENTAL SETUP

Currently, experiments are taking place at one third level institution regarding lowering barriers to help-seeking via text messaging. Students are communicated with via texts on a weekly basis on items such as finance, academic affairs, sports and other facets of college life. An experimental group receives one message relating to mental health every four weeks whilst a control group receives a message relating to a different topic, eg college sporting activity. In the course of a semester, the experimental group will receive three mental-health messages. The number of students attending the student counsellor from the experimental group will be compared to the number attending from the control group to determine the effect of the mental health text message.

Experiments will be conducted at third level and second level institutions. The experiments will be implemented in three phases:

Phase One will involve sending a simple text containing the phone number for the counselling service
Phase Two will involve a text-back service with the option for the recipient to respond via text
Phase Three will involve a wap-push text message inviting the recipient to undertake a simple diagnostic test on his or her mobile phone, along with an exhortation to contact the counsellor should the test result indicate this is desirable.

6. CONCLUSIONS

Whilst it is still too early to draw definitive conclusions, the initial response to discussions with educational institutions indicate that depression is not well understood by educational management. There is a certain reluctance to become involved in such an innovative and wide-ranging venture. Ethics concerns, particularly in terms of a control group, and diagnostic testing must be addressed. The proposal to initiate contact with students by electronic means raises issues of data protection, particularly in the context of spam.

To overcome these understandable objections to the research, the background, purpose and design of experiments must be carefully and thoroughly explained to the management of institutions to obtain the necessary buy-in to allow the experiments to proceed.

The initial experiments have now commenced and data from these will be available within the coming weeks.

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