Under watchful eyes: clinicians’ perceptions of the use of online mental health resources in the rural context

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Introduction
Recent developments in online technology, and improved internet access in rural areas, have opened the possibility for mental health services to be delivered over the internet in rural areas.¹ Research has established the efficacy,²,³ and acceptability⁴ of online mental health resources to consumers, however less is known about the attitudes of clinicians towards their use. This qualitative study employed a descriptive, exploratory approach, to understand rural clinicians’ perceptions of online mental health resources, and the factors influencing referral to online mental health resources, in the rural and remote context.

Methods
The theoretical framework of symbolic interactionism guided the study design, which took part in two phases. A discussion guide was developed by the research team, in consultation with existing literature. Twenty one rural clinicians (psychologists, psychiatrists, clinical social workers and general practitioners [GPs]) who delivered mental health services in the Great Southern or Goldfields regions of Western Australia (WA), participated in in-depth interviews (N=17) and one focus group (N=4). Phase one recruited participants practicing in regional centres and rural settings. In Phase two the discussion guide was refined to focus on issues specific to the rural and remote context, and purposeful sampling recruited participants with experience delivering mental health services in more remote settings. Data analysis was conducted concurrently with data collection, using a constant comparative method.

Results
The key sub-themes relating to decisions about referral to online mental health resources were ‘perceptions of resources’, ‘clinician factors’, ‘client factors’ and the ‘rural and remote context’. An overarching theme of ‘integration with existing services’ characterised participant responses.

Perceptions of resources
Clinicians expressed positive views towards online mental health resources, and perceived that their use was increasing. They saw online mental health resources as fulfilling an educational role, which could be useful in early intervention, helping clients to normalise symptoms and encourage further help-seeking. Clinicians emphasised that resources providing clear, quickly accessible information, would be most appropriate for clients experiencing mental illness, and also would be most suitable for clinicians to integrate into their everyday practice.

Clinician factors
Clinicians preferred to be familiar with online mental health resources prior to recommending them, but experienced difficulties finding time to explore the resources. In general younger clinicians, and those trained more recently, showed more acceptance for the integration of online approaches in their everyday practice. Rural clinicians experienced difficulties accessing ongoing professional development relating to online mental health resources. Mental health specialists (psychologists, psychiatrists, clinical social workers) particularly emphasised the psycho-educational and early intervention benefits of online mental health resources, and also stressed the importance of an ongoing therapeutic relationship and supervised use of the resources. Both mental health specialists and GPs endorsed the greater access enabled by the resources, but were concerned by the lack of ability to follow up clients.
Client factors
Clinicians reported that younger clients tended to have more computer literacy and more willingness to seek information online. Those with common mental disorders (e.g. anxiety or depression), with symptoms in the mild to moderate range, were also considered to be more suitable than clients with complex diagnoses or severe and persistent symptoms. Clients who were prone to excessive rumination, or who lacked the motivation or attention to read information online, were considered less suitable.

Rural and remote context
Clinicians identified the rural and remote context as having less access to mental health services, and fewer choices between service providers. They identified client concerns about anonymity, and emphasised that online mental health resources played an important role in providing access to information in a confidential way. Clinicians reported that many of their clients lacked reliable internet access, and that access was less consistent in outlying and more remote areas.

Integration with existing services
Clinicians’ decisions to refer to online mental health resources balanced resource, clinician and client factors, within the rural and remote context. Clinicians identified the risk of adverse responses as a reason for their preference to see online mental health resources used as an adjunct to ongoing contact with the client. They showed a preference for integrating the resources into their everyday practice, typically in an educational, rather than a therapeutic role.

Discussion
The present research suggests that rural clinicians are optimistic about the role of online mental health resources in the rural context, but favour a conservative approach, which augments traditional face-to-face services.

Recommendation
Providing access to professional development would assist rural clinicians to integrate online mental health resources into their everyday practice.

References