Chapter 13
Augmenting Online Mental Health Support Services

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ABSTRACT

The Internet allows mental health organisations to provide services to more people via new models of care. Amongst these, online support groups are becoming increasingly popular. This model of mental health service provision includes moderators who read posts, recognise those that need attention and provide support via online responses. However, as these groups become more popular they risk becoming more difficult to manage due to the sheer volume of posts. This challenge can be addressed through computational linguistics techniques. This chapter reports on work with a mental health organisation on three components to help scale up the number of people they can support. The design aims to go beyond helping end-users and explores how design can support the wellbeing of the moderators themselves. The design of the three components is discussed: 1) A triage component automatically detects posts that need a prompt response. 2) An intervention generator (IG) generates a draft response for the moderator to use, for example a positive psychology intervention. These two can help in the management of a discussion forum, supporting positive behaviours, not just dealing in situations of distress. 3) A component for synchronous support through an augmented chat system.

INTRODUCTION

Strong evidence supports the idea that technology based mental health interventions can be effective (Griffiths, Farrer, & Christensen, 2010), particularly for young people, the focus of this chapter. For example, 21% of 12–17 year-olds and 34% of 18–25 year-olds reported searching the Internet for information to help themselves, with 78% of them feeling that the internet had helped; 85% would recom-

mend it to a friend or family member; and 94% felt somewhat or very satisfied with the information they received (Burns et al., 2010).

The broad e-health ecosystem includes different services such as psycho-educational websites, inter-active self-guided interventions, online counseling and psychotherapy, online support groups and blogs, mobile apps and new media such as virtual reality (Collin et. al. 2011). Psycho-educational interventions generally deliver generic and static information and resources on websites about mental health without any human interaction from the service provider. Self-guided interventions include web-based Cognitive Behavioral Therapy (CBT) (Van Bilsen, 2013), and positive psychology interventions (e.g. Shuller & Parks, 2012). The online counseling and psychotherapy (e.g. by clinicians) includes the use of technology to move one-to-one human support to the online world, for example, through computer mediated interactions (video conferencing, chat, email, etc.)

In this chapter we report on our development for ReachOut Australia, a mental health organization focused on young people. ReachOut offers resources on wellbeing (e.g. staying healthy, relationships, social skills) and mental health issues (e.g. addiction, bullying, grief, etc.) to 15-25 year olds. The focus of the first two components discussed later was on their discussion forums where help-seekers can meet and discuss their problems (Eysenbach, Powell, Englesakis, Rizo, & Stern, 2004; Webb et al., 2008). The development aimed to explore two problems:

1. How new technologies could be used to improve the quality of moderation in peer-support groups, and
2. How these technologies can be designed to support the moderators' wellbeing.

The first aim is driven by the recognition that the Internet has the potential to help young people with mental illness (e.g. by reducing stigma or providing access to care). It can also be used for health promotion interventions by targeting positive emotions, behaviors and cognitions as proposed by positive psychology. Amongst Internet-based interventions into peer-to-peer communities are considered amongst the most promising forms of e-health support (Eysenbach, Powell, Englesakis, Rizo, & Stern, 2004). For example, the feedback received by peer-supporters on social media can help individuals reflect on their thoughts, which offer a type of mental health intervention through the feedback loop (Grohol, Anthony, Nagel, & Goss, 2010; Hoyt & Pasupathi, 2008). However, these interventions are not without their limitations - as they are also vulnerable to the quality of the feedback being offered. In general the evaluation of the peer-support groups is challenging because they typically include other types of interventions or interaction with health professionals (Eysenbach, Powell, Englesakis, Rizo, & Stern, 2004). There are also different types of online communities: they can be unmoderated (i.e. purely peer-to-peer) or be provided with a more structured support where trained moderators intervene in the conversations. The trained moderators in these forums are responsible for identifying people at risk and responding with resources (e.g. links to mental health related information and motivation). Although the work discussed generalizes to any online moderated support group, this chapter focuses—as a case study—on ReachOut (ReachOut's forums and other online resources can be visited at www.reachout.com), (Collin et.al, 2011) an online mental health service that aims to help young people through health and wellbeing issues, from relationship problems to dealing with stress at school. Their website is focused on Australian young people, and receives about 1.5 million unique visitors every year.

The goal of a peer-support group is to foster an environment in which visitors help each other, and that supports self-efficacy and pro-social behaviors. ReachOut's forum, for example, is carefully curated

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