Chapter 5.24
Community–Based Information Technology Interventions for Persons with Mental Illness

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ABSTRACT

The chapter provides the reader with an overview of the problems persons with mental illness experience in their everyday life, and guides readers through how ICT access and usage can be approached in order to empower such a marginalized population in both developed and developing countries. It argues that, since isolation is their main problem, networking those people with reliable sources of medical information, providers of distance training and learning, and online self-help communities can have a profound impact on lifting their marginalization. The author hopes that the role ICT can play for these people will no longer be overlooked or neglected, and that policymakers will be inspired to use ICT worldwide to defeat mental illness by implementing solutions tailored on these people's needs.

INTRODUCTION

In thinking about information and communication technology (ICT) helping people with disability, what generally comes to the minds of the researchers are assistive technology tools, like haptic devices providing tactile representations for visual stimuli on a display to persons with visual impairments (e.g., Colwell, Petrie, Kornbrot, Hardwick, & Furner, 1998), similar to the principle of Braille. However, physical disabilities are not the only disabilities that can benefit from ICT assistance.

When one thinks of ICT for development, the thought goes to the pioneering work of the United Nations Development Program (UNDP) in information technology for development initiated in 1993 (UNDP, 2001). Since the United Nations (UN) Secretary-General's words: "Communica-

tion and information technology have enormous potential, especially for developing countries, and in furthering sustainable development" (Annan, 1997, p. 1), and the annual World Bank report two years later, new perspectives and understandings led to the inclusion of widespread availability of ICTs into the Millennium Development Goals (UN, 2000b). In order for ICT to help generate changes, it needs infrastructures, domestic and external human resources (Mansell & Wehn, 1998). Thus, the UN launched the United Nations Information Technology Service (UNITeS) initiative (UN, 2000a; UNITeS, n.d.), in which external human resources, the United Nations Volunteers (UNV), join domestic people to solve local development problems through ICT (UNV, 2005). Nevertheless, people in developing countries are not the only ones who can benefit from ICT as a means to their daily development, as reported in many studies on ICT interventions. Populations living in rural areas of the developed countries are also in need of ICT interventions for their development (Huggins & Izushi, 2002).

Finally, the thought of ICT and networking for marginalized communities usually leads to thinking of a group of people who share one or more characteristics, values, and goals, and whose members proactively escape marginalization through some technology-mediated interaction with other people and/or through access to some valuable empowering resources (Phipps, 2000).

People with mental illness somehow belong to all of these categories and more. Many of them have a disability, in that they have special needs to be accommodated and fulfilled, mainly pertaining to emotional skills (MacDonald-Wilson, Rogers, Massaro, Lyass, & Crean, 2002). They need resources for a safe, strong, and sustainable development of their own community, in terms of information on illness and benefits, social networks, job opportunities, housing, and so forth. Finally, they are marginalized, not only and not just because mainstream people exclude them, but also due to the illness and its consequences which

generate accessional relational impairment, along with chronic external and internalized stigmas.

In North America, studies on ICT services for persons with mental illness mainly focused on mental health records (Puskar, Aubrecht, Beamer, & Carozza, 2004), telemedicine (Gutierrez, 2001), and e-therapy (International Society for Mental Health Online & Psychiatric Society for Informatics, 2000), while in Europe they focused on delivering community-based mental health services (Draper & Rigby, 2000; Rigby, Lindmark, & Furlan, 1998) and enhancing communication between mental health providers and consumers (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). As far as nonprofit organizations, the most common use of the Internet for activities related to mental health is advocacy (e.g., National Alliance of Mentally Ill in the United States and Mind in the United Kingdom). In developing countries, ICT solutions have been implemented for general health only and with the specific purposes of delivering continuous medical education, telemedicine, and health e-governance (Chandrasekhar & Ghosh, 2001).

It goes beyond the scope of this chapter to examine cultural differences in causative beliefs on mental illness and in its treatment options (for a review of current theories, see Lonner, Dinnel, Hayes, & Sattler, 2004). Because of the cultural appropriateness of community-based treatments and its therapeutic successes in both developing countries (Barrio, 2000) and in developed countries (Simmonds, Coid, Joseph, Marriott, & Tyrer, 2001), and because of the potentiality of ICT to address such interventions worldwide, this chapter will focus on community-based approaches involving ICT in both these settings, highlighting differences whenever encountered. This chapter will try to show how it is possible for people with mental illness to achieve empowerment through community-based ICT interventions, and how ICT can be an appropriate answer as well as a powerful tool in both developed and developing country settings.

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