

Incorporating digital self-services into integrated mental healthcare: a physician's perspective

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There is a common sense appeal about a therapeutic approach that can be accessed at all hours without leaving your home, especially where social anxiety, phobia, physical limitations or caring responsibilities limit participation in traditional forms of therapy. But health professionals have concerns, and it is appealing that the authors suggest that digital interaction could be an enhancement rather than a replacement. This is certainly attractive for two reasons, first that some mental health practitioners are concerned about patient dependency and that they themselves are perceived as the “active ingredient” in the patient’s recovery rather than the patient recognising their agency. Second, patients need to be able to apply the cognitive and behavioural changes they achieve in therapy into their day-to-day life. It is intriguing to consider how that embedding process could be more likely when treatment is something that is itself embedded into their daily routines, i.e. through digital sessions in their own home.

Taking a hands-off approach may challenge a physician about patients: How will they cope? Will they be motivated? What if they get worse and from a physician’s own perspective? Is there input devalued? Does this threaten my role/contract? Will I be replaced by a digital interaction in the future? The concept of physician as a *value self-creation supervisor* is helpful here, as it can help mitigate against resistance about a hands off approach by instead suggesting a new facilitative role. Some physicians may already have begun to shift to this mindset, for example, through recommending a self-help group that they may trust but that is outside their direct control.

In order to build both physician confidence and competence in this role, post-qualification training needs to be developed. It could be argued that incorporating awareness of cCBT into basic training would help build an early appreciation of integrated healthcare provision. This raises the potential for an early consideration of not *if* I will consider cCBT as a treatment option but instead questions like: When would I introduce it? How would I introduce it? What would be my role in monitoring? Additional questions could be: To what extent would I engage the patient as an active consumer with autonomy over treatment options? At what points in the process would I use face-to-face contact? What would the function of this contact with me? Would I be most effective as a risk assessor, motivator and ambassador of cCBT, or extra support during a relapse or crises?

This shift in thinking could lead physicians to seek out informed advice on these questions and present valuable questions for future research and maximising the voice of the pioneers already working with integrating cCBT. For example, many of the respondents’ questions could be answered by peers who have already wrestled with these issues, doubts could be addressed and there could be a knowledge bank of best practice in operationalising cCBT within the therapeutic consultation. In essence the next step is taking this paper’s idea a step further, i.e. how can I be the most effective *value self-creation supervisor* for my patients.



Rachel Davies
Independent Researcher, Doncaster, UK