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INCREASING MENTAL HEALTH SUPPORT FOR RURAL YOUNG ADULTS VIA TELE-HEALTH PLATFORMS

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ABSTRACT

Mental health challenges among young adults is an increasing public health problem at the global level. Young adults living in rural settings are a group at a higher risk as there are multiple barriers to seeking psychological services. There is a deficiency in the number of professionals available, a shortage of proper healthcare infrastructure, geographic barriers, and the socio-cultural stigma that is present among rural youth. The combination of these factors has led to a significant rural-urban difference in mental healthcare accessibility and in the level of unmet mental health needs, resulting in a long-term negative outcome.

Tele-health service is believed to fill the service gap as it enables remote provision of psychological counselling, psychiatric consultations, and other forms of digital therapeutic intervention. The current conceptual review addresses issues pertaining to why Tele-health is expected to be a potential solution to the existing gap in delivering mental health service to the rural young adult. It relies on two theoretical models- Technology Acceptance Model (Davis, 1989) and Diffusion of Innovations Theory (Rogers, 2003)- that try to predict the adoption and usage of these digital mental health applications by rural dwellers.

In this review, three major concepts were investigated; Mental health among young adults, access to rural health care, and Tele-health service provision. Potential benefits of Tele-health services were assessed based on factors such as improved access, cost reduction, enhancement in privacy, and high adoption among young adults. Conversely, the barriers such as the digital divide, data privacy concerns and limitations of virtual face-to-face interaction in therapeutic provision are discussed. The review concludes that tele-health may significantly bridge mental health disparity for the rural young adult population; however, the success of these services depends on substantial investment in digital infrastructures, creation of favorable policy environments and ongoing interdisciplinary research on accessibility and efficacy.

Keywords: Tele-health; Mental health; Rural young adults; Mental healthcare access; Digital mental health interventions.

1 INTRODUCTION

Young adult mental health issues represent a substantial and growing global public health concern; psychiatric illnesses are often found to have their onset during the young adult phase (Kessler et al., 2005). It can be argued that young adulthood is characterized as a transition period across social, economic and psychological areas of life which renders it vulnerable to depression, anxiety, etc. This problem is severely aggravated for young adults in rural settings, where structural and sociocultural factors can present immense barriers to accessing appropriate mental healthcare. Lack of adequately trained professional personnel, insufficient resources, poor transportation, and strong stigma can leave rural populations feeling unsupported when it comes to their mental health and can prevent individuals seeking appropriate psychological help (Penchansky & Thomas, 1981). Geography and a lack of professional support contribute to a considerable treatment gap among rural youth who would benefit from intervention and support to foster healthy development through adulthood.

Recent technological advances in communication have presented innovative ways of reaching and assisting isolated populations, and tele-health-the practice of remotely delivering health care services using various information and communication technologies-is one of these approaches that can address the lack of adequate services (Hilty et al., 2013). Tele-health uses services such as tele-psychiatry, tele-counselling, mobile mental health applications, phone-based services, and internet delivered treatments such as cognitive behavioral therapy programs. This modality can address limitations in rural services. Because young adults have greater use of technology and have access to the devices, this age group is a prime target for the utilization of tele-mental health services. Recent global and technological advances have begun the process of integrating tele-health services into traditional health systems and into mental healthcare, making these services accessible to previously unreached populations (WHO, 2022). The purpose of this concept paper will be to explore the ways in which tele-health can improve mental healthcare for rural youth through the synthesis of concepts, perspectives, and arguments about the integration of digital services in rural mental health services.

2 CONCEPTUAL CLARIFICATION

2.1 Young Adult mental health

Young adulthood, generally defined as being between the ages of 18 and 29, is a time of complex psychosocial development where individuals navigate higher education, career progression, establishing intimate relationships and financial independence (Arnett, 2000). Each of these tasks require a large degree of psychological effort and increase the young adult population at risk for anxiety, depression, and stress related psychopathology (Kessler et al., 2005). Young adult mental health extends beyond clinical health and impacts on the health of young adults in social, occupational, and economical aspects in the long term. This can result in chronic conditions, decreased functioning, relation difficulties, and increased cost burden to the healthcare system (WHO, 2022). Many of these outcomes are preventable with proper interventions should young adults pursue treatment and therefore represent a cost- effective means of ensuring population health.

2.2 Rural access to mental health care

The access to rural health care has been described as the "extent to which medically underserved populations have access to appropriate services" (Penchansky & Thomas, 1981, p.134). On mental health in the rural communities, the obstacles include an undersupply of adequately trained mental health professionals and a shortage of mental health service facilities as well as lack of adequate transportation. Barriers that stem from cultural and socioeconomic influences on the need and provision of mental health services in the rural community can also prevent access to care due to the stigma associated with mental health issues, limited health literacy, lack of funding, and cost. Ultimately, rural young adults fall through the cracks in many of these cases and are unable to get adequate mental healthcare.

2.3 Tele-Health Platforms

Tele-health encompasses a few technologies used to provide medical services over geographic distance (Hilty et al., 2013). Mental healthcare tele-health programs include tele-psychiatry, tele-counseling, mobile mental health applications, telephone-based services and internet-delivered cognitive behavioral therapy (CBT) programs. Mental healthcare professionals use these modalities to diagnose, treat and assess mental health conditions remotely to overcome structural and geographic barriers that prevent service delivery. Tele-health also encompasses tools that facilitate synchronous and asynchronous communication and self-directed digital programs, broadening the array of available services to clients in rural settings. This type of digital delivery of services is an accessible, scalable and potentially viable tool for modern mental healthcare systems that recognize the service limitations for rural populations.

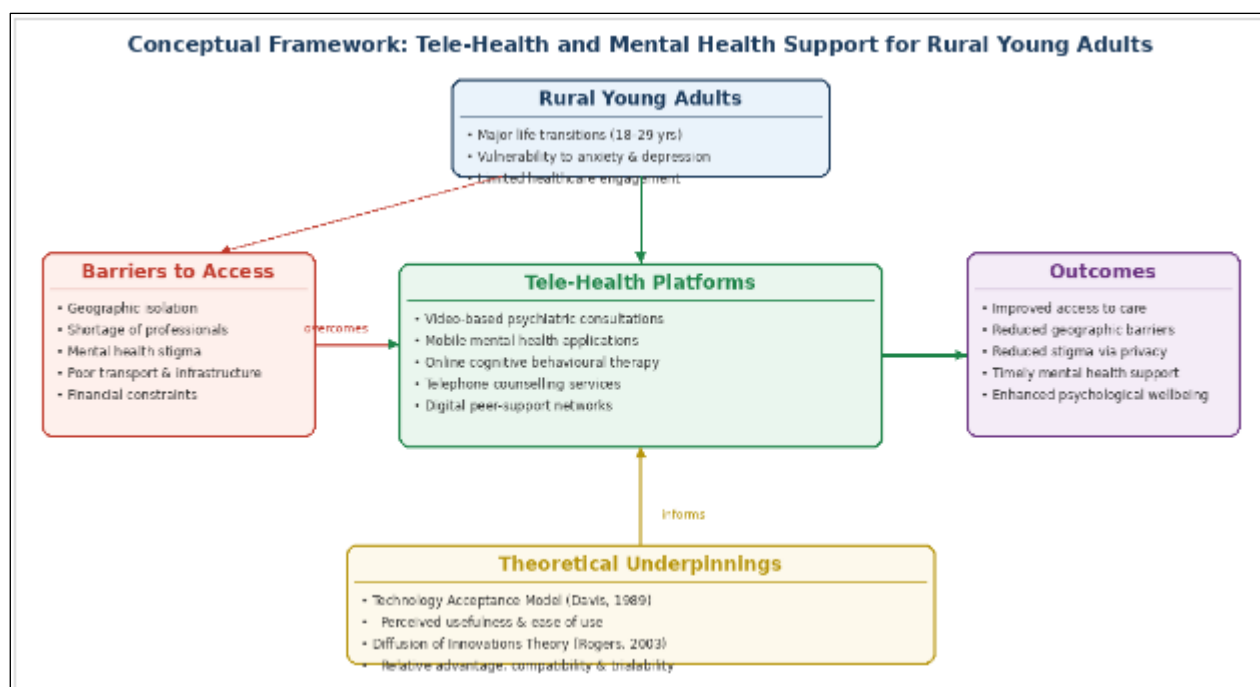


Figure 1: Conceptual framework illustrates the role of tele-health platforms in bridging barriers to mental healthcare for rural young adults, informed by the Technology Acceptance Model (Davis, 1989) and Diffusion of Innovations Theory (Rogers, 2003).

3 THEORETICAL PERSPECTIVES ON TELE-HEALTH ADOPTION

Two prominent yet complementary theoretical frameworks, namely Technology Acceptance Model (TAM) and Diffusion of Innovations theory, inform the conceptual understanding of tele-health adoption among young people in rural settings.

Based on Davis (1989), the Technology Acceptance Model is derived from the premise that individual acceptance of a new technology is largely dependent upon two perceptions, those of perceived usefulness and perceived ease of use. The perception of usefulness refers to the extent an individual believes that the use of a particular technology will enhance his or her performance or outcomes, while the perception of ease of use refers to the extent an individual believes that the use of the technology can be achieved without substantial effort or technical complexity. In terms of tele-health, rural young people are more apt to engage with digital mental health services, the more they perceive it to be an effective vehicle for the delivery of quality services and the easier it will be to use without any technological hurdles (Davis, 1989). Agreement with respected healthcare providers and demonstration of its efficacy as an intervention also positively influences a user's perception of its usefulness.

The Diffusion of Innovations theory, which builds on Rogers' work (2003), serves to augment the TAM model by explaining how new innovations spread through a social system over time. The five attributes determining the rate of adoption of any given innovation, according to the Diffusion of Innovations theory are: relative advantage, compatibility, complexity, trialability and observability. Given its ability to overcome geographic barriers and drastically reduce time and costs associated with travel for conventional health care services, tele-health carries significant relative advantage over them in rural areas (Rogers, 2003). The integration of such innovations into youth's technology culture and practices combined with increasingly accessible internet and digital devices in the rural setting are conducive to its adoption. Its trialability within mental health care would possibly reduce users' concerns about initial investment required in service use.

Put together, the above two theories serve as an appropriate conceptual framework in understanding the circumstances under which tele-health would be accepted among young people in rural areas as well as their mental health providers, and how to make user-centered, easy-to-use, and clinically effective digital interventions accessible.

4 TELE-HEALTH AS A STRATEGY FOR EXPANDING MENTAL HEALTH SUPPORT

Tele-health is identified as a strategic intervention for increasing the availability of mental health services to young rural people. The provision of psychological counseling, psychiatric consultation, and structured therapeutic interventions to young adults via digital technology allows professionals to overcome geographic barriers that limit the availability of conventional services to those in rural areas (Hilty et al., 2013). In addition, young rural adults can receive professional mental health services without traveling to an urban center.

Additionally, tele-health offers rural young people with more privacy and anonymity than they could find in their small communities. Mental illness often is seen as a highly stigmatized issue, discouraging some to seek face-to-face psychiatric help, where their efforts to seek professional help cannot remain discreet (Perle et al., 2011). Tele-health may increase engagement by offering those seeking help privacy and anonymity within the digital environment.

Lastly, it could bring together various types of service on a digital platform: e.g., peer support groups, evidence-based psychoeducation self-help tools, and regularly scheduled appointments with professionals. This could lead to increased efficiency of service delivery and an integration of several support mechanisms (Mohr et al., 2013).

5 BENEFITS AND OPPORTUNITIES OF TELE-HEALTH PLATFORMS

The implementation of tele-health platforms is associated with several beneficial impacts on mental health services for rural young adults. The most prominent impact is the increased accessibility, removing the geographic barrier in seeking professional help from a rural young adult and lessening their burdens with long commutes, and thus their expenses and time costs for getting the much-needed professional service (Ye et al., 2012). This cost-effectiveness and its potential for increasing number of people served by existing human resources, further make it attractive to the providers. The digital savviness of young people allows for the feasibility of widespread use of tele-health among this population due to a higher percentage of ownership of the technology that support this service (Mohr et al., 2013). It provides young adults with greater flexibility regarding when and where they access services as it can fit around school or work schedules. Continuous interaction via tele-health can also be seen as an opportunity to conduct ongoing monitoring and psychoeducation as needed for better outcomes (Mohr et al., 2013).

6 CHALLENGES AND LIMITATIONS

While the benefits of implementing tele-health for rural youth appear to be significant, the widespread and equitable implementation of this service delivery method for this population faces numerous obstacles. The digital divide between urban and rural areas (Hilty et al., 2013), i.e., disparate availability of internet connection and sufficient bandwidth and digital literacy across the rural community would create inequities in access to such services. Additionally, users' privacy concerns, the issue of confidentiality and data security of electronically transferred information would likely act as another barrier to the engagement of some with such technologies. Finally, the quality of interaction for deep therapy and the capacity of such technology to be effective in psychiatric crises may be limitations as some situations require immediate face-to-face intervention by a skilled clinician (Shore et al., 2018).

7 IMPLICATIONS FOR POLICY AND PRACTICE

Policy and practice implications for tele-health interventions are multifaceted. On the policy level, governments and related health agencies need to invest in rural digital infrastructure, such as the provision of robust and reliable Internet connectivity, as it is the basis for any kind of digital service delivery (WHO, 2022). Policies that guide the ethical practices of tele-mental health are necessary including those addressing licenses, quality assurance, data security and service delivery within national health systems. On the practice level, mental health professionals need specialized training to enhance skills required to deliver mental health services through a digital platform including competencies in remote therapeutic interaction and crisis management during tele-mental health service delivery. Integrate tele-health interventions into existing care pathways and referral networks to improve continuity of care, minimize fragmented service delivery, and optimize the availability of mental health services to young adults in rural areas.

8 RECOMMENDATIONS

Given the issues discussed, a few recommendations can be put forward in strengthening mental health delivery to young adults in rural areas. First, the government should prioritize rural internet infrastructure, ensuring accessible and widespread access to this resource as the prerequisite for delivery of any digital services (WHO, 2022). Second, regulatory agencies related to mental health profession should develop and implement clear, evidence-based practice

guidelines and quality assurance standards to govern tele-mental health services. Third, organizations and clinicians who aim to deliver mental health through tele-health should invest in the relevant training that would enhance providers' competencies in clinical interactions as well as the specific digital competencies required to use technology for the enhancement of service delivery. Fourth, technology designers should ensure tele-health interventions are user-friendly, culturally sensitive and capable of reaching individuals with different levels of digital literacy. Fifth, ongoing, interdisciplinary research needs to be prioritized and supported to generate strong evidence about the cost-effectiveness, efficacy, and equity impact of tele-health as interventions for rural youth so future implementation is based on evidence.

9 CONCLUSION

The review discussed the role of tele-health as an intervention to enhance the delivery of mental health services to rural young adults, indicating that access-related issues (geographic barriers and lack of mental health professionals) and socio-cultural barriers (mental health stigma) impede mental health service use and that the digital technologies are likely to be part of the solution to such systemic problems. Drawing upon the Technology Acceptance Model (Davis, 1989) and Diffusion of Innovations theory (Rogers, 2003), the article identifies critical conditions for the successful adoption and continuous use of tele-health for the target population. Tele-health interventions have the potential for transformational impact in rural areas; however, achieving effective and equitable delivery of services will hinge on successfully overcoming obstacles that remain, particularly related to digital infrastructure and data protection, and policies to guide practice. Sustained investment, coherent policymaking, and sustained interdisciplinary research will be crucial to harness tele-health services fully in response to the mental health needs of rural young adults and improve psychological well-being of youth across geographic boundaries.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

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