

Ethical Considerations for Digital Peer Support Specialists

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Agenda

1

Key aspects of digital peer support

2

Current state research and practices in delivering digital peer support

3

Ethical considerations comparing face-to-face and digital peer support

4

Future ethical practices

5

Questions and answers

Learning objectives

Upon completion of this activity, participants should be able to:

1. Explain current developments about technology-enabled peer support.
2. Explain ethical similarities and differences between face-to-face and tech-enabled peer support.
3. Describe future implications of technology and virtual peer support services in context of emerging ethical considerations.



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Ethical Considerations for Digital Peer Support Specialists

September 30, 2020

Karen L. Fortuna, PhD, LICSW



Dartmouth Medical School

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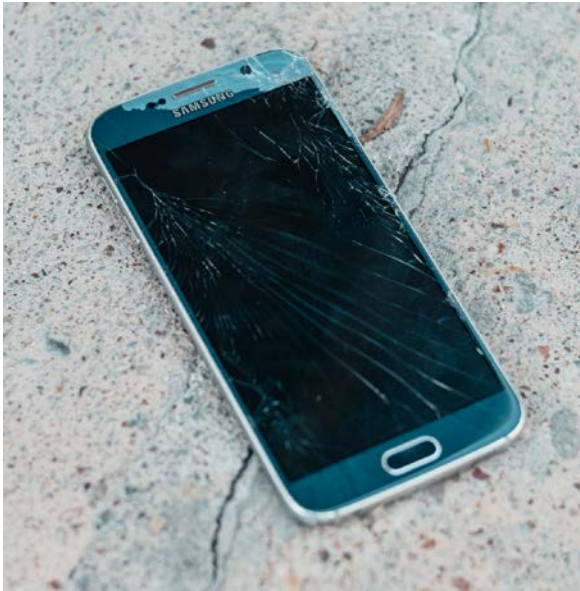
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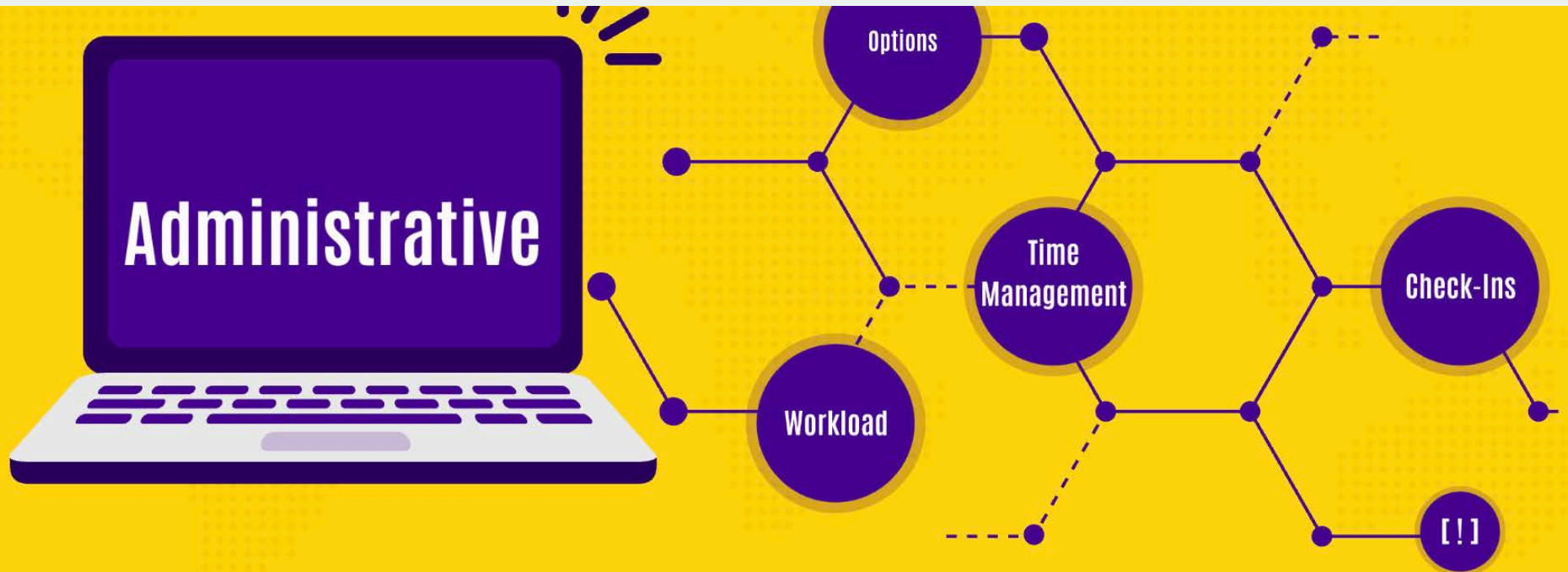
Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.



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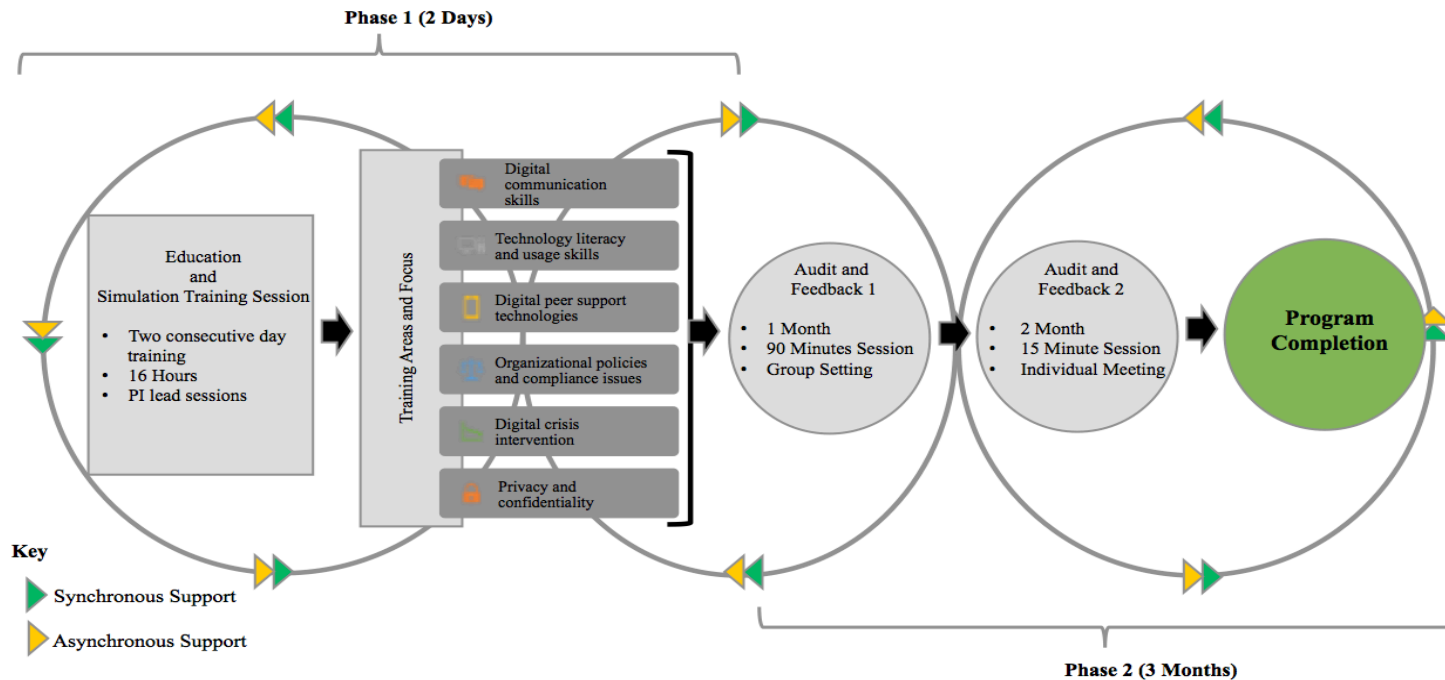


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Education

Figure 1. Digital Peer Support Certification Process



Fortuna KL, Myers AL, Walsh D, Walker R, Mois G, Brooks JM. (2020). Strategies to increase peer support specialists' capacity to use digital technology in the era of COVID-19: Pre-Post Study. *JMIR Mental Health*, 7(7):e20429

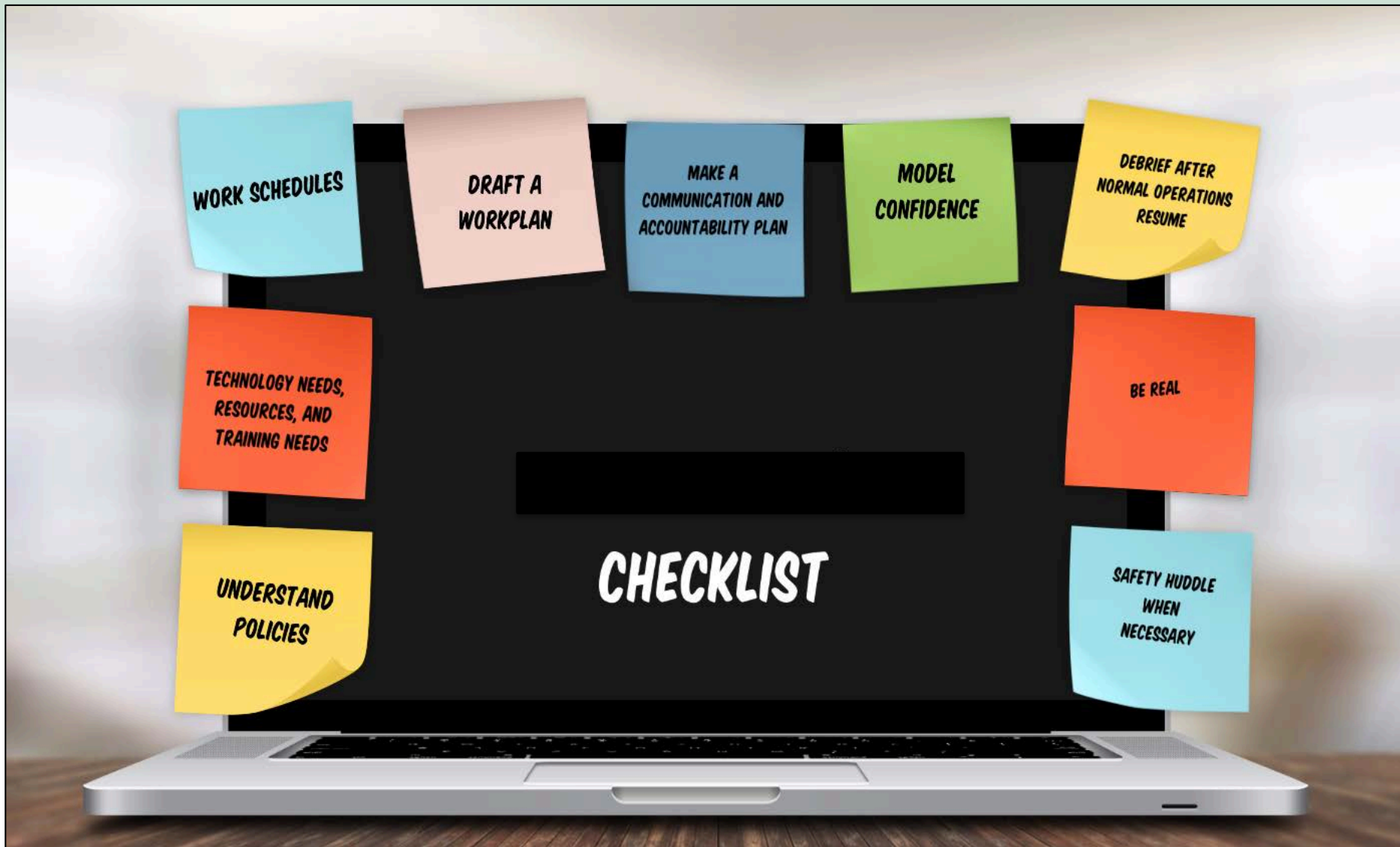


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Opportunities to Expand Digital Peer Support Skills





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10/9/2020

#Trauma-Informed Supervision



Transparency

**Explore
Body
language &
Tone**

**Use
Code
words**

**Minimize
Noise**

Acceptance



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Team Building Digitally

Social

Shared Purpose

Wellness

“team”

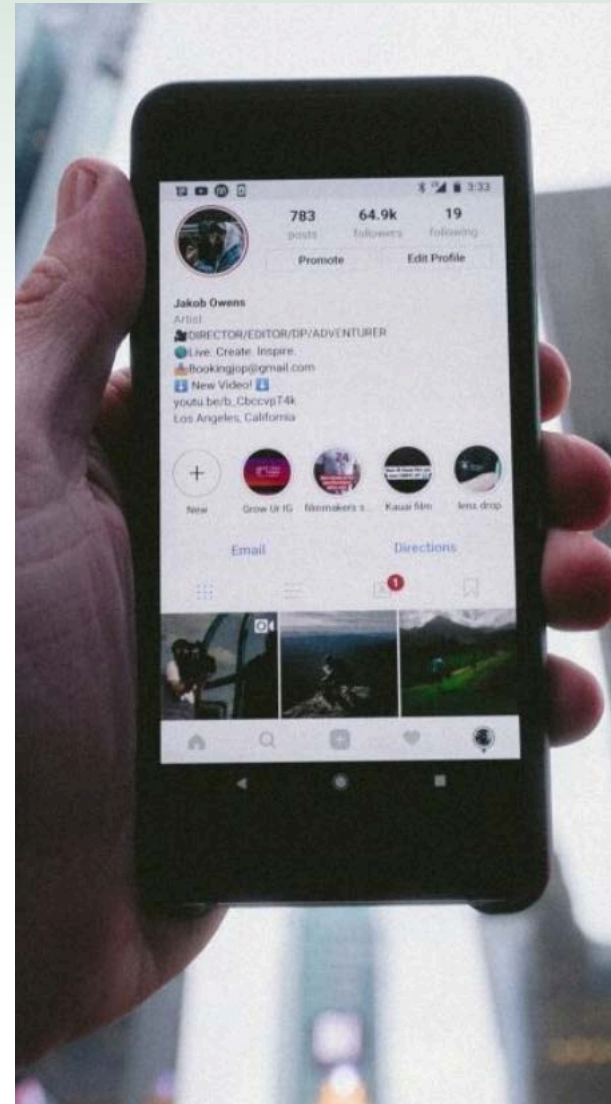


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10/9/2020

Using data to inform your practice



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Peer Support Specialists and Service Users' Perspectives of Digital Mental Health Privacy and Ethics

Methods

The ethics and security section of the interview guide included three questions:

1. Do you have any ethical concerns about digital health interventions?
2. What are your thoughts on researchers monitoring your technology use?
3. What are your thoughts on replacing clinicians with technology?



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Methods

Participants and Recruitment

- We recruited service user participants (N=17) and peer support specialists (N=15) from a community mental health center in an urban area of the United States.

Data Collection and Analysis

- Interviews lasted approximately 30-60 minutes. Qualitative data was collected via recording.
- All qualitative data was transcribed and coded.
- After the data was coded and trends were identified, member checking via group discussion was employed with four participants to validate qualitative results and resolve any incongruent findings.



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Characteristic	Peer Support Specialists		Service Users	
	<i>n</i>	%	<i>n</i>	%
Gender				
Male	5	33.3	12	70.6
Female	10	66.7	5	29.4
Age				
20-29	4	26.7	1	5.9
30-39	2	13.3	1	5.9
40-49	3	20	9	52.9
50-59	1	6.7	5	29.4
60-69	2	13.3	1	5.9
70-79	0	0	0	0
Race/ Ethnicity				
White	13	86.7	14	82.4
Black/ African American	1	6.7	1	5.9
American Indian/ Alaskan Native	0	0	0	0
Asian	0	0	0	0
Native Hawaiian/ Pacific Islander	0	0	0	0
More than 1 Race	1	6.7	2	11.8
Psychiatric Diagnoses				
Bipolar Disorder			4	23.5
Schizophrenia			4	23.5
Schizoaffective Disorder			3	17.6
Major Depressive Disorder			5	29.4
Smartphone ownership	15	100	8	47.1



Results

We identified a final set of eight codes relating to general knowledge of technology/digital tools; perceptions of technology use safety and privacy; personal preferences; challenges using technology; technology ownership; technology literacy; perception and/or experience with tech-based mental health care.

The following overarching themes were identified in our qualitative iterative analysis:

1. Technology ownership and use;
2. Awareness and knowledge of ethics, security, and confidentiality in technology; and
3. Social media diagnostics, sensors, and monitoring of data.



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Technology Ownership

- 100% of peer support specialists reported owning a smartphone device, compared to service users who reported 47% smartphone ownership.
- When it came to smartphone use, 100% of peer support specialists reported using their smartphones every day, whereas 41% of service users reported daily smartphone use.
- The primary use of smartphones reported by both groups was to communicate with family (87%).
- Although service users overall face physical and financial barriers, and are less familiar with smartphone capabilities, 59% of the service users expressed interest in learning about and using technology, specifically apps designed to network for similar goals and experiences.



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Technology Ownership

- Some of the most widely used apps among peer support specialists peers included: Happy Color, Weight Watchers, Breathe to Relax, CVS, Calm, and Google maps.
- Peer support specialists also reported experience with smartphone apps specifically designed to help people in managing mental health, substance use, and physical conditions.
- 100% of peer support specialists reported using social media every day.
- Approximately 53% of service users used social media, with Facebook being a platform most was commonly used or known by both groups (80%).



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Awareness and Knowledge of Ethics, Security, and Confidentiality

- Security of sensitive data was reported broadly as imperative in mHealth and Telehealth tools that support the management of mental health conditions.
- Peer support specialists reported high awareness and knowledge of ethics, security, and confidentiality in technology tools.
- Some peer support specialists reported not being concerned with mental health interventions as long as interventions follow protocols for confidentiality and the Health Insurance Portability and Accountability Act (HIPAA).
- Some peer support specialists identified an ethical dilemma of privacy versus safety, “let's say people were sharing how they were feeling...if people were in an emergency situation and feeling not safe...somebody on a message thread said, “I feel suicidal right now,” what’s the response to that?



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Passive Data Monitoring

- Some service users reported this passive monitoring as an invasion of privacy while some reported to be fine with monitoring as long as there is a consent and informed form for the users.
- Most peer support specialists in this study were more inclined to accept and reflect on the end goal for passive monitoring through digital phenotyping, social media diagnostics, and Bluetooth-enabled motion sensor data.
- One peer support specialist detailed their views on data monitoring, stating “It depends on how they’re monitoring technology use; if it’s monitoring being done by companies like Facebook or Amazon it’s not great, but if it’s being done by clinicians or peers for tracking clients in order to help people with recoveries then thinks it’s good. For instance, an app that would allow a peer to have access to a homeless client’s location would be extremely helpful in helping to track down the person to meet with them.”



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Conclusion

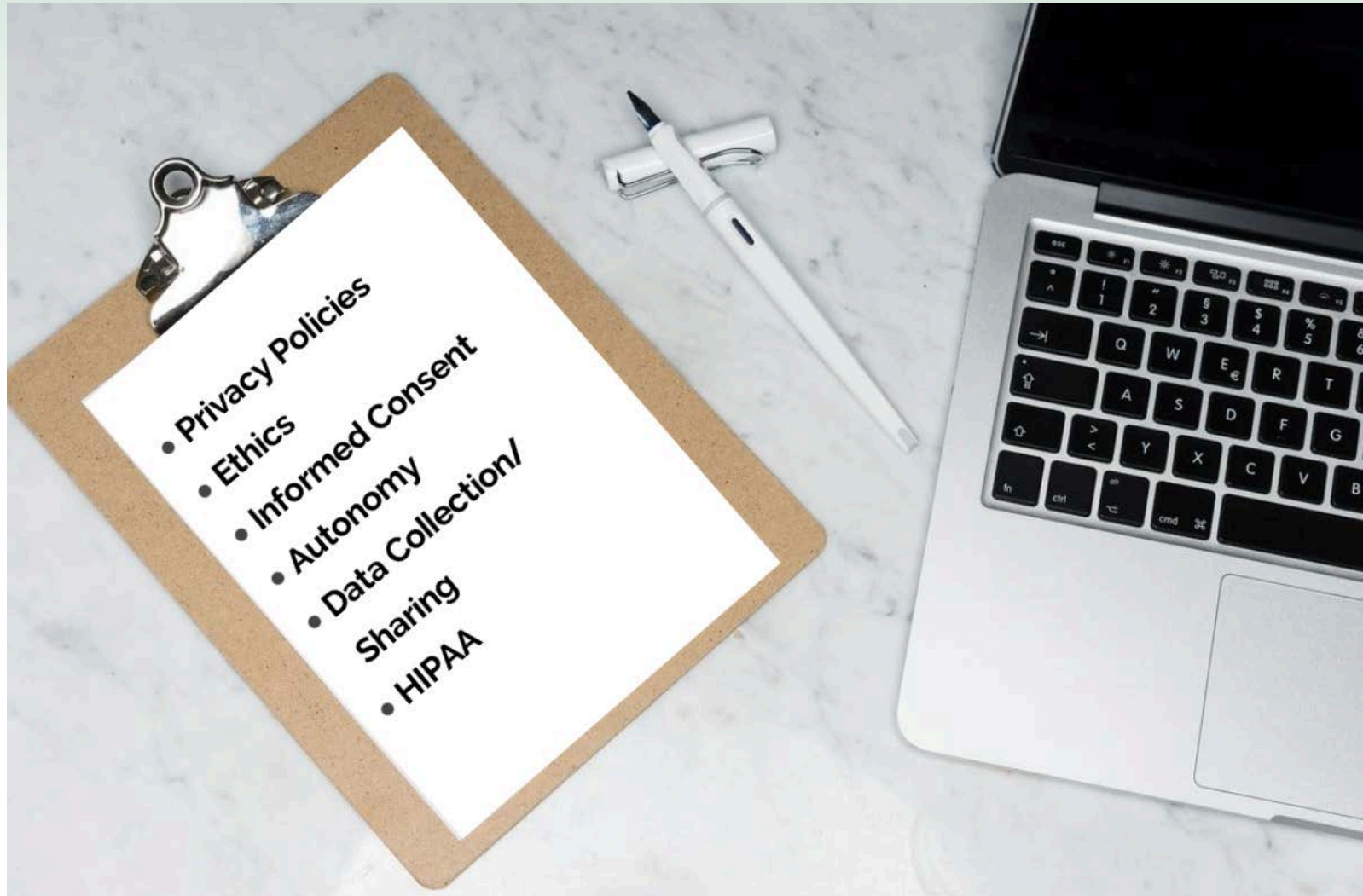
- We found that although digital health technologies, including mobile phones, were commonly owned by participants, ownership was far from ubiquitous among service users.
- Among both groups, privacy and security are real concerns, in particular the notion of monitoring data tech use.
- Technology-based mental health education, supports, and interventions should utilize peer support specialists to engage service users with less technology skills and technology literacy.
- Peer support specialists reported high awareness and knowledge of ethics, security, and confidentiality in technology tools while service users reported confusion around security features on smartphone apps.
- Increased utilization of mental health applications accentuates the need for increased privacy regulations in digital mental health tools.



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Moving Forward



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Thank you!

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Questions and discussion

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FOR GENERAL QUESTIONS – TLane@magellanhealth.com

About the presenters



Lisa Goodale, MSW

Lisa Goodale is a social worker and healthcare consultant with special expertise in mental health, peer support services, and healthcare integration. She currently consults with Westat and serves as Training Maven/Senior Director with Humannovations, Inc. Goodale was a long-time senior staff member for the Depression and Bipolar Support Alliance (DBSA) national headquarters where her experience included spearheading a nationally-recognized peer specialist training program, preparing people living successfully with mental health conditions to support the recovery of their peers. She played a lead role in securing and managing a groundbreaking national peer specialist training and certification contract with the Department of Veterans Affairs.

Goodale's research experience includes:

- Co-Investigator, Pilot Trial of Peer Support for Bipolar Disorder; Group Health Cooperative/Center for Health Studies/Center for Intervention and Services Research; Gregory Simon, Ph.D., Principal Investigator; National Institute of Mental Health (Grant R34 MH073605)
- Expert Panel Member, Peer Specialist Services in the VA: Fidelity of Implementation; VISN 4 MIRECC; Matthew Chinman, Ph.D., Investigator

She holds an MSW degree from the University of Illinois at Urbana-Champaign and a BA degree from Augustana College (IL).



Karen L. Fortuna, PhD, LICSW

Dr. Fortuna holds a doctorate in social welfare and a master's degree in social work. Dr. Fortuna is an assistant professor of psychiatry in the Geisel School of Medicine at Dartmouth College. Her primary research interest is service delivery strategies for older adults with serious mental illnesses and chronic health conditions. Dr. Fortuna is using community-engaged research methods to develop and implement peer-supported mobile health (mHealth) intervention. Dr. Fortuna was awarded an NIMH K01 award (K01MH117496), a NARSAD Young Investigator Grant from the Brain and Behavior Foundation and the Alvin R. Tarlov & John E. Ware Jr. Award in Patient Reported Outcomes for her work, and the Gerontological Society of America's AGESW Faculty Achievement Award. Dr. Fortuna served on the International Standards Advisory Committee to develop the first-ever international accreditation standards for behavioral health care for older adults.



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