A Second Opinion on First Contact: Meta-Synthesis of User-Reported Motives for Initial Engagement with Online Peer Support for Mood Disorders

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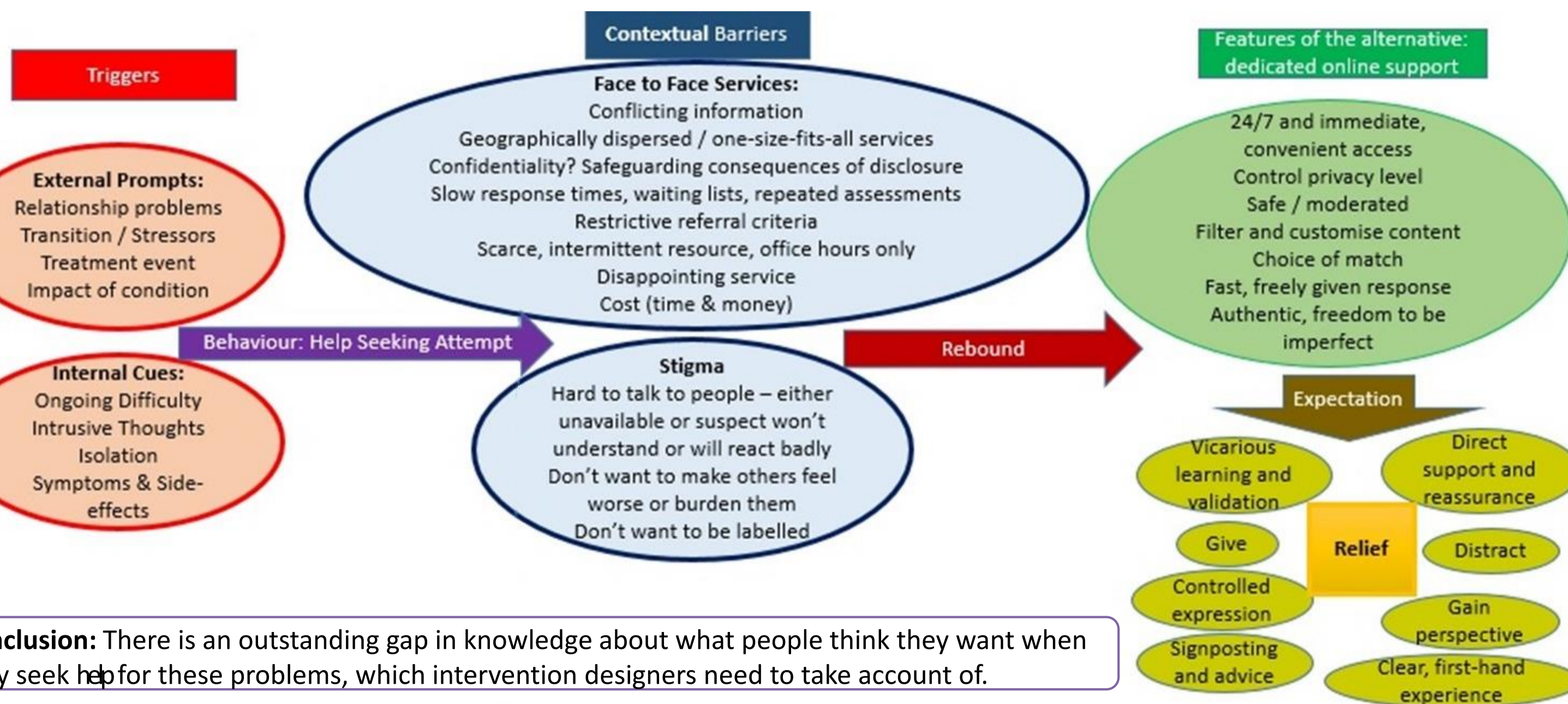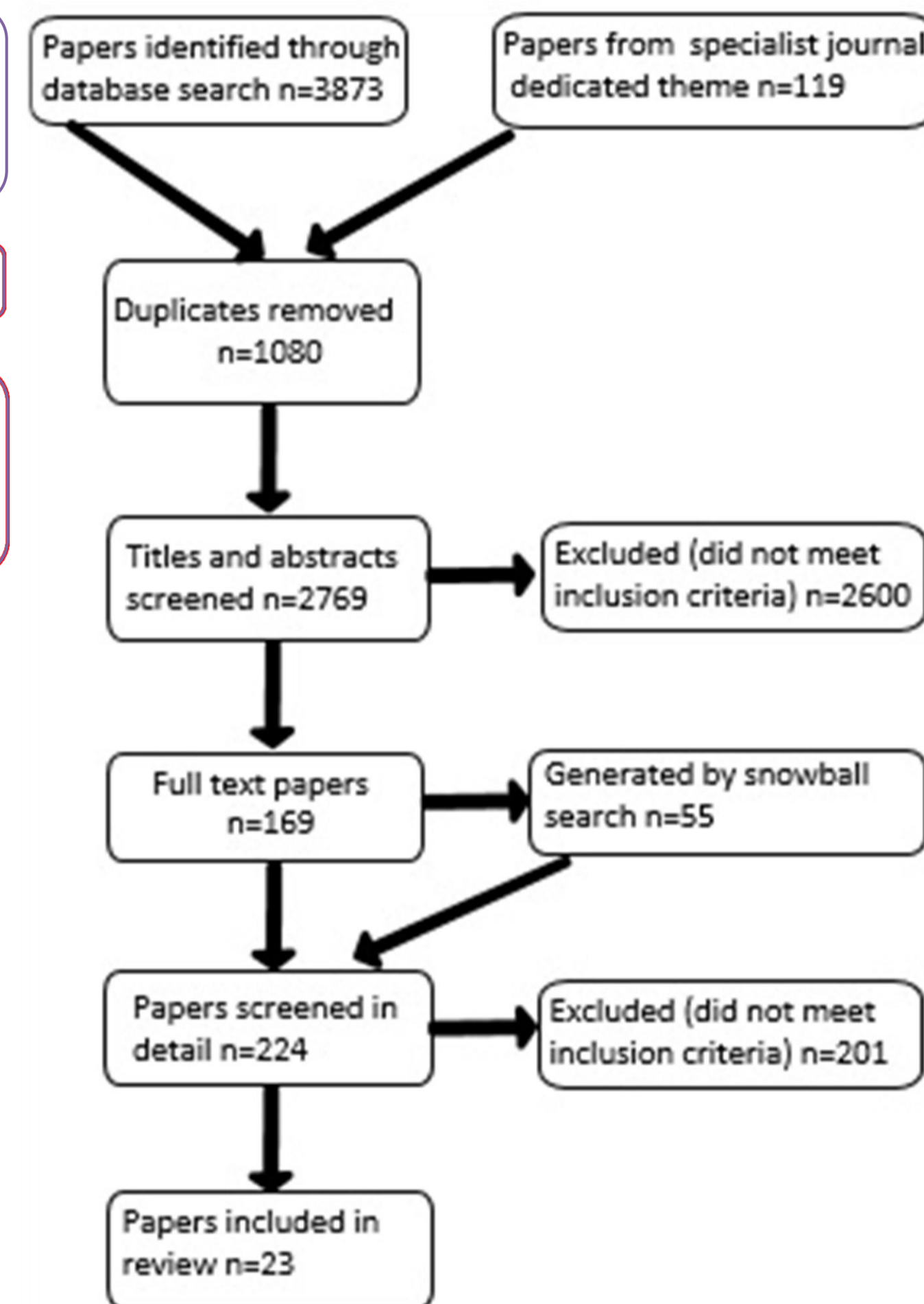
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Background
- Mood disorders such as depression (2nd) and anxiety (7th) are leading causes of years lived with disability in the world (WHO).
- Web technology to connect help seekers with "experts by experience" could play a role in filling the unmet need.
- However, many e-Mental Health initiatives, including those with elements of peer support, have high attrition and low adherence.

Aim: Gain further understanding what may trigger what triggers and sustain engagement in online mental health communities [OHMC]

Method: Existing qualitative research in this field was re-examined for evidence of the *initial* motives of OMHC users. 23 papers provided a "thick description" of what prompted people to reach out for non-professional support online. Study participant quotes were extracted, coded to 80 concepts, clustered into six themes and formed into a functional analysis. The findings were examined for coherence with theories of mutual aid and reviewed by the LEAP to see whether it matched and made sense of their experiences.

Triggers

External Prompts:
Relationship problems
Transition / Stressors
Treatment event
Impact of condition

Behaviour: Help Seeking Attempt

Internal Cues:
Ongoing Difficulty
Intrusive Thoughts
Isolation
Symptoms & Side-effects

Contextual Barriers

Face to Face Services:
Conflicting information
Geographically dispersed / one-size-fits-all services
Confidentiality? Safeguarding consequences of disclosure
Slow response times, waiting lists, repeated assessments
Restrictive referral criteria
Scarce, intermittent resource, office hours only
Disappointing service
Cost (time & money)

Stigma
Hard to talk to people – either unavailable or suspect won't understand or will react badly
Don't want to make others feel worse or burden them
Don't want to be labelled

Rebound

Features of the alternative: dedicated online support
24/7 and immediate, convenient access
Control privacy level
Safe / moderated
Filter and customise content
Choice of match
Fast, freely given response
Authentic, freedom to be imperfect

Expectation

Vicarious learning and validation
Direct support and reassurance
Give
Relief
Distract
Controlled expression
Gain perspective
Signposting and advice
Clear, first-hand experience

Conclusion: There is an outstanding gap in knowledge about what people think they want when they seek help for these problems, which intervention designers need to take account of.

Papers identified through database search n=3873
Papers from specialist journal dedicated theme n=119
Duplicates removed n=1080
Titles and abstracts screened n=2769
Excluded (did not meet inclusion criteria) n=2600
Full text papers n=169
Generated by snowball search n=55
Papers screened in detail n=224
Excluded (did not meet inclusion criteria) n=201
Papers included in review n=23

"Healthier living for longer"