

Session 3A:

mHealth

Strengths

*Bad drives out Good
Simplifying your life*

L4 Positive psychology
Steve Draper

28 Jan 2016

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mHealth talks plan

- Sebastian: Headtorch and other organisations are about mental health, and mass rollout; and the attitudes they promote are similar to PosPsy in that they see mental health as a continuum, not as finite on/off diseases.
- Claire: her experience of the area
- Steve: an alternative summary of the area

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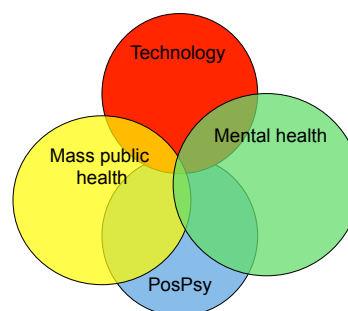
mHealth

This segment is:

- a) A summary of the area
- b) An argument about why, and what-for, this area is important for its potential outcomes, and needs all of its 4 elements

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Four pillars of mHealth



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A. Technology (mobileHealth)

CompSci keywords for the area:

personal / mobile / distributed / ubiquitous computing

Many new sensors can measure things about a person's body and record them, from heart rate to expressed emotion; and can collect them continuously. These can have medical relevance; and/or PosPsy relevance.

Can deliver apps to almost any context for personal use.

Additionally: data mining techniques are beginning to show possible application e.g. predict mental health state by keyword statistics on what a person posts on their blog.

[search my mHealth page for "data analytics"]

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B. Public physical health (massHealth)

The heart of public health is prevention before disease occurs, as opposed to costly and only partly effective cures after disease. This has saved and is saving far more lives than curative medicine e.g. through clean water, sanitation, vaccines.

Current campaign innovations relevant to mHealth might concern persuading people about diet, exercise,

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C. Public mental health (mentalHealth)

Knox et al. (2003) showed that public mental health interventions could reduce suicide by a third in a large organisation. This demonstrated how public health may be successful in mental as well as physical health.

Since mental health is experiencing an epidemic, with no hope of servicing it by curative interventions based on 1:1 highly trained specialists, this requires a mass approach, not an individualised one.

Several apps have been approved by the NHS for mental health.

A recent paper Gilbody et al. (2015) in BMJ concluded that such apps work less well than early trials thought, BUT in fact only looked at whether cCBT in addition to GP care added value: but the strategic question is not that but whether it can replace normal treatment.

D. Positive Psychology (mindfulHealth)

PosPsy relates to mHealth because:

- PosPsy interventions may usefully be delivered by mobile technology
- PosPsy interventions such as Mindfulness training already have demonstrated medical applications.
- PosPsy is fundamentally about interventions that improve well-being beyond the criteria for clinical need. In exploring what might be rolled out to a mass audience, this is important. Aspects of this include:
 - Vulnerability vs. Protective factors that tend to promote or prevent mental illness.
 - A continuum of health and well-being, with better going far above and beyond merely not meeting a diagnostic threshold.
 - Use of cCBT apps for increasing well-being in the well.

Cara Wilson's project

An MSc project that showed that an app delivering CBT (Cognitive Behavioural Therapy) ("*Living Life to the Full*") with proven effectiveness for patients, also significantly increased well-being in non-clinical users.

19 of 20 in the intervention group had increased well-being (p < 0.0005, Cohen's d = 1.47)
(Comparison group showed fluctuating, not increased, well-being.)

All 20 completed the 8 unit course: 100% compliance by unpaid participants over ≈ 8 weeks.

It was clear from both their behaviour and their collected comments that, although they had some strong comments about changes which would make it better for them, it was experienced as highly engaging and rewarding by all.

Cara Wilson's project (2)

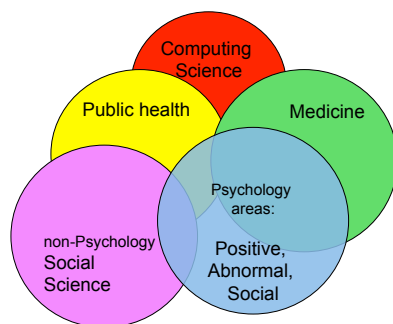
It would therefore seem to be both safe and definitely beneficial to offer this course to everyone; regardless of (and so before any) diagnosis.

The biggest potential limitation to the study is that participants were self-selected.

It is unknown what the uptake would be in general i.e. without self-selection as the driving force.

On the other hand, it could now be recommended more confidently, and with evidence to support that, than when recruiting for this study.

Discipline areas in mHealth



The disciplines interacting in mHealth

- Medicine
- Public Health
- Computing science
- non-Psychology Social Science
- Psychology areas: Positive, Abnormal, Social

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Session 3B:

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Strengths

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Strengths

Starter ref. if you're keen:

Mitchell, J., Stanimirovic, R., Klein, B. and Vella-Brodrick, D. (2009). A randomised controlled trial of a self-guided internet intervention promoting well-being. *Computers in Human Behaviour* 25, no.3 749-760.

Linley & Harrington (2006) [The Psychologist](#) vol.19 no.2 p.86

The idea

The basic idea is to focus NOT on remedying your weaknesses;
(i.e. focus on the positive, not negative, in your psychology)

BUT to align your activities with aspects of your character that are good: "strengths".

This will both make you more effective, and make you enjoy life more.

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OU intervention

One example was trialled by the Open University by phoning up students before they started their programme, and discussing with them what they felt their strengths were that would help them as a student.

Reduced dropouts by 5% with that one scripted phone call.

This then tacitly addressed their fears of inadequacy, not by changing them or giving them false reassurance, but by shifting their focus to positive true things about themselves.

The questionnaire

Did you take the test?
(URL on last week's handout)

My supposed top character strengths were:

- Judgment, critical thinking, open-mindedness
- Fairness, equity, justice
- Humour and playfulness
- Curiosity and interest in the world
- Love of learning

(And my worst: spirituality, and diligence)

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One list of strengths

- Curiosity, Interest in the world
- Love of Learning
- Judgement, Critical Thinking, Open Mindedness
- Ingenuity, Originality, Practical Intelligence
- Social and Emotional Intelligence
- Perspective
- Valour, Bravery
- Perseverance, Diligence, Industry
- Integrity, Honesty
- Kindness, Generosity
- Loving, Being Loved
- Citizenship, Loyalty, Teamwork
- Fairness, Equity
- Leadership
- Self-Control
- Discretion, Caution, Prudence
- Modesty, Humility
- Appreciation of beauty and excellence
- Gratitude
- Hope, Optimism
- Spirituality, Faith, Sense of purpose
- Forgiveness, Mercy
- Playfulness, Humour
- Passion, Enthusiasm

Discuss

Does this make any sense?

Do you have any relevant experiences?

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Strengths (2)

But is there any good evidence?

Skimming journals gives me the impression that the published studies are often correlational: suggesting explanations in terms of strengths, but not showing that active interventions are effective.

Mitchell et al. 2009 is an RCT, and showed a sigDiff (but very small effect size) in only one measure of well-being.

ALSO it had a very large dropout rate, so even that may only apply to a small part of the sample.

Yet Dweck claims that US schools have in effect implemented a policy based on it [this is not exactly correct]

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What do I myself think?

Thinking about one's strengths is a different kind of mindset than thinking about one's defects. It has different effects, and different kinds of benefits.

Negative focus: leads to quick improvement; is necessary especially for social discipline, and for getting better at any skill.

You feel depressed, lack energy and motivation, and lack creative ideas for solving problems.

Positive focus: Good for generating ideas and solutions. Cheers you up. Is widely implicitly supported in the whole idea of specialisation at school and at work: all of which is about doing what you are good at. Cf. the grandmother effect / role

Solo vs. social. Learning speed.

A focus on one's strengths vs. weaknesses also perhaps is largely about whether the context is group or solo performance. Many work contexts are about multi-skilled teams, where focussing on strengths optimises overall group capability. If you are thinking about solo capacity, then

The argument about whether the biggest potential learning gains are in:

- Remediating our weakest abilities
- Further strengthening our strongest ability

xxx

Hope and optimism in holocaust survivors.

In some accident survivors (Manchester air crash fire)

BUT: optimism leads to not having insurance, not making contingency plans,

In other words, rationally if not psychologically, one would expect that both positive and negative perspectives, optimism and pessimism, to be valuable; and that a balance, employing both not only one, would be best.

Psychologically, perhaps the phenomenon is that we find it hard to do both at once, so might be best to deliberately consult each in turn.

Positive vs. negative

- There is a theme here.
- PosPsy defined itself in contrast or opposition to standard academic psychology, by focussing on healthy mental functioning, not on abnormal function.
- Strengths get a person to focus on what they are good at, not on what needs to be remediated in their abilities and behaviour.
- Fredrickson argues that positive emotions play a different and contrasting function from negative emotions. (see earlier years' wiki on positive emotions)
- Seligman's learned optimism (ABCDE) is to counteract a predisposition to pessimism rather than optimism.
- My next topic is on whether we focus on bad rather than good things and events. Bad drives out good

Bad vs. Good

Any references are in the Baumeister et al. 2001 review:

Baumeister, R.F., Bratslavsky, E., Finkenauer, C., & Vohs, K.D. (2001)
"Bad Is Stronger than Good"
Review of General Psychology vol.5 no.4 pp.323-370

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A place to stop

<http://www.psy.gla.ac.uk/~steve/courses/posl4.html>

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