Chapter 2

User Experiences and Perceptions of Internet Interventions for Depression

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ABSTRACT

The purpose of this chapter is to review qualitative research on user experiences with internet interventions for depression and present original results from in-depth interviews from a preventive unguided intervention for postpartum depression. The first part reviews the literature on qualitative studies of client experiences and perceptions of internet interventions for depression. The next part describes original data from a study investigating participants’ experiences using semi-structured interviews, following the modified SWOT-format (i.e., strengths, weakness, opportunities, and threats). In total, 10 pregnant and postpartum women aged 28 to 41 were interviewed. Insights from the current review and study are used as a point of departure for discussing future directions in research on internet interventions for depression. This chapter should be valuable for clinicians, researchers, and other health professionals interested in the applicability of internet interventions for their clients, design of future studies, and development of internet interventions.

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INTRODUCTION

Depression is one of the leading causes of years lost due to disability and shortened life expectancy, affecting about 350 million people worldwide every year (Marcus, Yasamy, van Ommeren, Chisholm, & Saxena, 2012; World Health Organization, 2009). The estimated lifetime prevalence rate is about 20% with about 10% affected by depression each year (Mykletun, Knudsen, & Mathiesen, 2009). However, less than half (in some countries, fewer than 10%) have access to or seek professional help (World Health Organization, 2010). Internet interventions are suggested as a supplement to primary and secondary care to help overcome barriers to help-seeking associated with depression such as stigma, reluctance for emotional disclosure, undertreatment, and lack of trained providers and resources (Dennis & Chung-Lee, 2006; Goodman, 2009; Overland, Glozier, Krokstad, & Mykletun, 2007). Systematic reviews show that both unguided and therapist-supported internet interventions can be of benefit for people with depression (Cuijpers et al., 2011; Cuijpers, Donker, van Straten, Li, & Andersson, 2010). Such findings have contributed to the inclusion of guided internet-based cognitive behavior therapy (iCBT) in several national guidelines for treatment of mild-to-moderate depression (e.g., Australian Psychological Society, 2011; Norwegian Directorate of Health, 2009; The National Board of Health and Welfare, 2010).

Despite promising studies of efficacy and the inclusion of iCBT in national guidelines, few studies have asked end-users to reflect on their experiences of internet interventions. Such reflections can provide a deeper and richer understanding of the uptake and use of internet interventions, the therapeutic processes, and generate hypotheses for future research. They can provide us with complementary knowledge to the many randomized trials and inform us about (1) why some users adhere to internet interventions and others do not, (2) how users change by using internet interventions (i.e., the therapeutic process), and (3) help to determine what internet interventions may be appropriate for whom. In addition, it would not be safe to assume that user experiences in face-to-face psychotherapy can be generalized to automated or computer-mediated protocols delivered over the internet. Therefore, this chapter starts by reviewing the literature on qualitative studies on user experiences and perceptions that can either facilitate or impede adherence to internet interventions, how internet interventions can instigate important therapeutic processes, and which interventions may be appropriate for whom. Finally, we present findings from a qualitative study on women’s experiences from an unguided intervention designed to prevent postpartum depression.
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Vinod Gopalan, Erick Chan and Debbie Thao Thanh Ho (2018). Exploring the Pressures of Medical Education From a Mental Health and Wellness Perspective (pp. 122-143).
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