

Technology Use and Mental Health Disorders: Dueling Aspects of Technology as a Problem and a Solution for Mental Health

Grace White, Ph.D.^{1,*}

¹Department of Psychology, University of Central Florida, Orlando, FL 32816-1390, USA

*Correspondence should be addressed to Grace White, grace.white@ucf.edu

Received date: February 23, 2023, **Accepted date:** February 23, 2023

Citation: White G. Technology Use and Mental Health Disorders: Dueling Aspects of Technology as a Problem and a Solution for Mental Health. J Ment Health Disord. 2023;3(1):1-3.

Copyright: © 2023 White G. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial

With artificial intelligence (AI) at the forefront of social and cultural discourse [1], it is important to recognize the scope and scale of the impact of technology use on human behavior. Technology presents as both a potential source of psychological dysfunction [2,3] and can also be used for psychological benefits [4,5]. Advancements in technology continue despite our inadequate understanding of what these innovations may mean for human functioning and well-being. Within the context of mental health, longitudinal explorations of the potential ramifications posed by technology usage are essential to developing treatment approaches and broad recommendations to guard against its pitfalls.

A growing body of contradictory research on the effects of technology use on adolescents [6-8] may be an indication that a nuanced approach to our understanding of different technologies and the humans who use them is necessary. Our aims should be to overcome any deficits associated with technology use and create opportunities to use technology to support mental health services. In this vein, we must consider technology's dueling paths as they relate to psychological well-being, this includes: a) technology-use addictions that harm mental health outcomes and b) technology-enabled mental health assessments and treatments that provide much-needed services. Through rigorous and lasting examinations of these issues, we can better navigate the road ahead which presents ever-changing technologies.

Technology Use Addictions

As it relates to psychological harm, technology-use addictions

have been the focus of scholarly works in the past two decades [9,10]. Although several of the addictions of interest do not have specific designations or recognition by the American Psychological Association (APA) and other international mental health organizations, the behaviors associated with them, including tolerance, withdrawal, and mood disruptions, are of psychological concern [3]. The continued debate that technology itself is not a root cause of psychological harm has merit and should be explored and tested empirically. While some scholars argue that technology is only relevant as a medium by which users are able to act upon their addictions, this argument seems irrelevant to the larger problem at hand. Technology use and its affective consequences as a facilitator, or enabler, of experiences that may lead to psychological harm, has been reliably replicated across a variety of technologies in a broad spectrum of ages, genders, and cultures [e.g., 11-16]. Thus, the question is not if technology use can be harmful, but rather *when* is it harmful and to whom?

Just as enduring or innate vulnerabilities exist for certain disorders or diseases to express themselves in real-world environments [17], it logically follows that digital environments might activate or enhance disordered functioning for certain individuals engaged in these spaces. Consequently, rather than dismissing technology use as irrelevant to mental health or avoiding technology use as *always* detrimental to psychological well-being, our scholarly duty is to better understand the mitigating factors that may play a role. It is in this manner that a path forward to better support those who experience technology-mediated distress and engage with those whose technology use is in a "healthy" range may be found. Thus, realizing goals to use technology in ways that sustain beneficial psychological outcomes is achievable.

Technology-Enabled Mental Health Treatment

Mental health disparities have been an area of concern for a variety of stakeholders. This includes clinicians, practitioners, and researchers, as well as community residents and policymakers [18]. A persistent issue related to the effects of inequality is access to mental health services. Among marginalized racial, ethnic, and socioeconomic groups, structural barriers to treatment providers have led these communities to bear an unequal burden in the social and cultural costs of mental illness [4, 5,19]. Technology has been presented as a solution to breaking down barriers and expanding access to treatment options in communities with the greatest need.

At its best technology-enabled mental health services affords the opportunity for its engagement as a widely accessible, low-cost resource. The practicality of utilizing technology to implement psychological services is gaining scholarly and community support [20]. Although the potential for positive impact remains, deploying and developing the infrastructure necessary to get the right technology to the people has made slow progress. As with the creation of any new technology, challenges to how, when, and who will use these tools exist [21]. While the coronavirus pandemic increased the urgency with which these difficulties require redress, organizing and executing the remedies seems to be lagging behind new uncertainties created by evolving technologies [22,23]. The complexities faced by mental health services providers in the "real world," such as privacy, ethics, and human error, also exist in the digital environment. Hence, advancements in how digital services are provided are not without their own set of consequences or complications.

Even if technology-enabled mental health services face some problems, there can be no doubt that these online assessment and treatment options are here to stay. The exact nature of what technology-based mental health care may look like in the future cannot fully be known. Nonetheless, the efforts we make now in researching the impact and effectiveness of these methods may be key to shaping that future [21,22]. A dedication to evidence-based practices and consistent evaluation and re-evaluation of methods as technologies change may be effortful but essential. In this respect, we may better ensure that technology use works for us, rather than against us.

Conclusion

As society pushes toward greater technological innovations, there should be very little debate that technology use is situated as both a medium of psychological harm and a potentiator of psychological health. Given these dueling aspects, it is important that key stakeholders take the lead in engaging and encouraging continued research and investigation of

the impact of technology use on mental health. Identifying the user characteristics or vulnerabilities that facilitate psychological dysfunction in digital environments through research may be vital to tailoring treatment plans and broad recommendations for indicators of psychological well-being.

Our knowledge of how technology can be used to support mental health outcomes is still emerging. With increasing developments in AI, we appear to be on the precipice of a technological revolution that may radically change all aspects of human life, including psychological services. Technology has unquantified potential to change how we assess, diagnose, and treat mental disorders. An organized approach, supported by empirical data, should allow for more successful navigation of the harms, and hopes, of the technology. Moreover, it is important that our research translate into actionable recommendations or policies. Reducing the disparities in access requires the deployment of technology-enabled mental health services to the people and communities with the greatest need [4,5]. The decisions we make now, as these technologies emerge, may hold the key to the future we seek.

Conflicts of Interest

The author has no conflicts of interest to declare.

References

1. Novet J, Vanian J, Capoot A. Microsoft announces new A.I.-powered Bing homepage that you can chat. Feb 2023. Retrieved from <https://www.cnn.com/2023/02/07/microsoft-open-ai-chatgpt-event-2023-live-updates.html>
2. Hadlington L. Human factors in cybersecurity; examining the link between Internet addiction, impulsivity, attitudes towards cybersecurity, and risky cybersecurity behaviours. *Heliyon*. 2017 Jul 1;3(7):e00346.
3. Andreassen CS. Online social network site addiction: A comprehensive review. *Current Addiction Reports*. 2015 Jun;2(2):175-84.
4. Ramos G, Chavira DA. Use of technology to provide mental health care for racial and ethnic minorities: Evidence, promise, and challenges. *Cognitive and Behavioral Practice*. 2022 Feb 1;29(1):15-40.
5. Schueller SM, Hunter JF, Figueroa C, Aguilera A. Use of digital mental health for marginalized and underserved populations. *Current Treatment Options in Psychiatry*. 2019 Sep 15;6:243-55.
6. George MJ, Russell MA, Piontak JR, Odgers CL. Concurrent and subsequent associations between daily digital technology use and high-risk adolescents' mental health symptoms. *Child development*. 2018 Jan;89(1):78-88.
7. Jensen M, George MJ, Russell MR, Odgers CL. Young adolescents' digital technology use and mental health symptoms: Little evidence of longitudinal or daily linkages. *Clinical Psychological Science*. 2019

Nov;7(6):1416-33.

8. Odgers CL, Jensen MR. Annual research review: Adolescent mental health in the digital age: Facts, fears, and future directions. *Journal of Child Psychology and Psychiatry.* 2020 Mar;61(3):336-48.

9. Griffiths MD, Kuss DJ, Billieux J, Pontes HM. The evolution of Internet addiction: A global perspective. *Addictive behaviors.* 2016 Feb 1;53:193-5.

10. Lozano-Blasco R, Robres AQ, Sánchez AS. Internet addiction in young adults: A meta-analysis and systematic review. *Computers in Human Behavior.* 2022 Jan 19:107201.

11. Almutairi TA, Almutairi KS, Ragab KM, Nourelden AZ, Assar A, Matar S, et al. Prevalence of Internet gaming disorder and its association with psychiatric comorbidities among a sample of adults in three Arab countries. *Middle East Current Psychiatry.* 2023 Jan 24;30(1):8.

12. Brailovskaia J, Margraf J. Addictive social media use during Covid-19 outbreak: Validation of the Bergen Social Media Addiction Scale (BSMAS) and investigation of protective factors in nine countries. *Current Psychology.* 2022 May 21:19.

13. Lin S, Liu D, Niu G, Longobardi C. Active social network sites use and loneliness: The mediating role of social support and self-esteem. *Current Psychology.* 2022 Mar;41(3):1279-86.

14. Scott DA, Valley B, Simecka BA. Mental health concerns in the digital age. *International Journal of Mental Health and Addiction.* 2017 Jun; 15:604-13.

15. White G, Leontyeva A. "Tweet Your Heart Out": The personality correlates and affective consequences of social media use on close relationships and psychological health. *Journal of Mental Health and*

Social Behaviour. (in press).

16. Youssef L, Hallit R, Kheir N, Obeid S, Hallit S. Social media use disorder and loneliness: any association between the two? Results of a cross-sectional study among Lebanese adults. *BMC psychology.* 2020 Dec;8(1):1-7.

17. Tsuang MT, Bar JL, Stone WS, Faraone SV. Gene-environment interactions in mental disorders. *World psychiatry.* 2004 Jun;3(2):73-83.

18. Ralston AL, Andrews III AR, Hope DA. Fulfilling the promise of mental health technology to reduce public health disparities: Review and research agenda. *Clinical Psychology: Science and Practice.* 2019 Mar;26(1):60.

19. Lattie EG, Nicholas J, Knapp AA, Skerl JJ, Kaiser SM, Mohr DC. Opportunities for and tensions surrounding the use of technology-enabled mental health services in community mental health care. *Administration and Policy in Mental Health and Mental Health Services Research.* 2020 Jan;47:138-49.

20. Areán PA, Ly KH, Andersson G. Mobile technology for mental health assessment. *Dialogues in clinical neuroscience.* 2022 Apr 1;18:163-9.

21. Carr S. 'AI gone mental': engagement and ethics in data-driven technology for mental health. *Journal of Mental Health.* 2020 Mar 3;29(2):125-30.

22. Lustgarten SD, Garrison YL, Sinnard MT, Flynn AW. Digital privacy in mental healthcare: current issues and recommendations for technology use. *Current opinion in psychology.* 2020 Dec 1;36:25-31.

23. Wykes T. Racing towards a digital paradise or a digital hell?. *Journal of Mental Health.* 2019 Jan 2;28(1):1-3.