

Identity-Based Dimensions of Mental Health and Technology Use

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1 Introduction

Through work done in clinical psychology and medical anthropology, it has been well demonstrated in past research that our experience of mental health is shaped by identity-based attributes, such as our cultural background or social class. However, just as our technology usage practices change over time, the ways that we conceptualize “mental health” and “mental illness” are not static. New information that impacts how we understand our distress also impacts the symptoms we experience, and the language we use to describe it [6]. In the context of global efforts to better serve the needs of a growing (and often low-income) population suffering from mental health issues [1], I am interested in understanding how identity-based attributes influence how marginalized populations look for help when in distress. In particular, I am interested in the role that technology-mediated information gathering plays in how individuals understand their experience of mental distress, and the implications of those shifting explanatory models for interventions.

2 Background and Relevant Research

I am currently a Research Fellow at Microsoft Research India working within this research area, with a more specific focus on using mixed-methods approaches to better understand how individuals in India experiencing a common mental disorder search for help, both via online and offline mediums. At Microsoft Research India, I work with Amit Sharma. Starting in August, I will begin doctoral studies in Human-Centered Computing, advised by Munmun De Choudhury and Neha Kumar.

At Microsoft Research India, I work on three main projects to better understand the cultural nuances in how individuals in India express and understand mental illness. As part of a forthcoming paper in CHI [4], done in collaboration with Yada Pruksachatkun and Amit Sharma, we found it possible to predict when an individual on an online mental health forum would say that they felt better, and also found significant cultural differences in how people expressed that they felt better. To get a more nuanced picture of what these expressions look like, I am currently working with the All India Institute Of Medical Science (AIIMS) to interview people

with anxiety and depressive disorders about their technology use, and working with the National Institute of Mental Health and Neurosciences (NIMHANS) to design a mobile application to make clinical support more accessible. Additionally, to better understand mental health helpline usage practices in India, I am conducting interviews with helpline counselors in India.

Before coming to Microsoft, I did research in clinical psychology, medical informatics, and social computing at Brown University. This included an analysis tool to gather and analyze emotion data from private messaging applications [2], some work on mobile interventions for depression in rural and other underserved areas [3, 5], and a review (in preparation) of how machine learning has been used with electronic health records to predict suicidal ideation and attempts.

3 Conclusion

As someone who wants to continue to do mental health research, I hope to attend this symposium to be able to meet other researchers doing similar work in the field, and add to the discussion on how we can together do work that supports those in particular who have historically been prevented from access to quality care for mental illness.

References

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