

Avoiding institutional bias in digital mental health - timely reminders

An analysis from the Terry Fleming and Fran Kewene, Digital Mental Health Catalyst, building on work from our team and others reported in: Fleming T, Dewhirst M, Haenga-O'Brien A, Chinn V, Ormerod F, Kafatolu D, Andreae H, O'Brien K, Haase A, Pine R, Da Rocha M, Sutcliffe K, Szabo A, Lucassen M, and Aspin C (202). *Digital Tools for Mental Health and Wellbeing: Opportunities & Impact*. Findings from the literature and community research. Wellington: Te Hiringa Hauora | Health Promotion Agency.

Background

Indigenous peoples, ethnic minorities, rainbow communities and people with disabilities face systemic inequities and hence high rates of mental distress. Despite this, they typically face higher barriers to care than majority groups do. For example, lack of appropriate services, experiences of discrimination and barriers such as transport, opening hours and costs.

Baises can be replicated in digital tools. For example, by:

- Failing to consider digital divides, such as inequities in access to devices, to data and to culturally appealing sites.
- Centering western values and concepts. For example, assuming that mental and physical symptoms are separate, and that healing is generally individual.
- Failing to consider Indigenous data sovereignty or data ownership.
- Failing to promote digital tools in the right places, via the right people or failing to demonstrate relevance to diverse users.

In such ways, digital tools which do not actively seek to address inequities, risk adding to them, thereby adding to structural disadvantages and institutional racism.

However, there are digital tools that have been developed by or with Indigenous and minority peoples and digital tools which have been shown to be acceptable and at least as effective for Indigenous and minority groups compared to others [e.g. See 1-10].

Aims and Methods

We developed a team of 16 diverse students and staff with Māori and digital health co-leadership. We completed a literature review; semi-structured interviews and focus groups with a community sample of adults (54% Māori, 19% Pasifika); and an online survey with 168 adults. Results were analyzed using a general inductive approach, simple statistics and joint display and reviews in culturally specific and mixed groups. Key themes from ethnic and community specific analyses were included in our *Digital Tools Report* [11]. For this display, we reviewed overall findings about avoiding institutional bias in digital tools at a high level to provide pointers for those who may be new to this area or would appreciate reminders. These points should be considered and developed in specific projects.

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Timely Reminders

Leadership by and with Indigenous peoples and equity groups. This is critical in developing total population as well as culturally specific interventions.

Address **data storage and ownership**: Māori data sovereignty is critical and this also requires consideration in other communities [12-13].

Embed **culturally relevant values, language & images** in interventions, these steps can be empowering for minorities without detracting for others.

Acknowledge **culturally important processes for healing and include pathways to them**.

Ensure diverse **audiences will find and trust the intervention**. E.g., ensure it is available on appropriate sites, provide appropriate champions and promotion, attend to the digital divide and the divide in access to referring agencies and support services.

Develop **testing and evaluation criteria** with communities.

Report uptake, use and effectiveness for indigenous and minority groups as well as for total populations.

Ensure Indigenous peoples and minority groups are **partners in identifying next steps**.