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For over a decade, the psychological treatment of mental health issues has been undergoing a fundamental change. This change has been largely driven by the continued significant unmet need for mental health services and the availability of digital technology such as the internet and mobile devices. Individuals around the world are becoming increasingly dependent on the internet to obtain information and interact with services, due to flexibility, convenience, choice, cost and time savings. This dependence is becoming more evident as individuals seeking mental health information and support report preferring to access services online rather than face-to-face services. The field of mobile mental health (m-Health) is evolving rapidly with an unprecedented growth of psychological tools on the market including preventive and therapeutic interventions. m-Health applications offer the opportunity for mental healthcare delivery anytime and anywhere overcoming geographical, time based organizational barriers with low and affordable costs. m-Health applications can be used as a bridge between face-to-face therapy sessions, improve adherence to out of therapy activities while promoting patient autonomy. Given the ever increasing demands and limited supply of mental health services, coupled with barriers to care including a patient's desire for anonymity, indirect financial costs and impaired access to mental health services, the use of apps could promote mental health service efficiency as well as supporting the mental health system to achieve the promise of providing equal access for equal need. The challenge that psychology faces with the rapid increase of m-health applications is the availability of low-quality applications with a lack of an underlying evidence base, a lack of scientific credibility and limited clinical effectiveness. m-health application designers are rarely clinical or counseling psychologists and if they were, there would be better accuracy of the content with evidence to support the efficacy of the application. The barriers for psychologists designing m-health applications are typically a lack of technical skills and time. This paper will discuss the growing need for clinical and counseling psychologists to shift their philosophy from seeing what happens to a prioritization of designing and evaluating m-health applications in the provision of high quality clinical services to patients.

Biography

Aileen M Pidgeon is an Assistant Professor of Psychology and Co-Chair of 4th year Psychology Program at Bond University and a board registered Clinical Psychologist. Her widely published research identifies innovative ways to reveal the full transformative potential of mindfulness training. She explores how much a person can change under ideal circumstances by leading evidence-based mindfulness training initiatives and evaluating their effectiveness on improving cognitive resilience, psychological well-being and social connectedness. Another focus of her work is determining the optimal ways to integrate mindfulness into universities. At Bond University, she has led the development of the evidence-based Mindfulness Awareness Resilience Skills Training (MARST) program and App. She also designs and teaches research-based mindfulness retreats and the science and practice of mindfulness. She has also led training, workshops and retreats on mindfulness and resilience skills training to promote the psychological health and wellbeing in the community.

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