

**PRESENTING AUTHOR'S NAME & RESEARCH TITLE**

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Mental Illness and Health Information Technology Use in the United States

**PURPOSE/BACKGROUND**

The prevalence of serious mental illnesses (SMIs) in the U.S. is significantly higher in young adults, females, and multiracial groups, and the mental healthcare service usage is significantly lower for males, young adults, Hispanics, and African-Americans. While these disparities are fairly well explored, little is known about health information technology (HIT) use for seeking health information and healthcare services. The objectives of this project were to determine the nature and extent of HIT use in individuals with SMIs.

**MATERIALS & METHODS**

We employed multiple waves of data from the National Health Interview Survey (NHIS), a nationally representative survey of American adults (from years 2011-2018). This data characterizes adult Americans on more than 100 sociodemographic characteristics, lifestyle behaviors, and health-related outcomes (e.g., SMIs, chronic disease burden, healthcare services use, etc.). HIT use is assessed in the NHIS by asking participants about their usage of the internet to look up health information, scheduling appointments with providers, getting treatment for behavioral health issues, or refill prescriptions. All data were analyzed using complex sample survey analysis procedures.

**RESULTS**

Data was available for more than 30,000 adults in the U.S. who reported on HIT use and SMI symptoms. In the total study population, more than 7,000 adults reported having symptoms of SMIs. Over the study period, the prevalence of HIT use increased statistically significantly in the total study population, and those with and without SMI. More than a tenth of the individuals with SMIs used HIT. In contrast, more than a third of those without SMIs used HIT. In multiple regression analyses, several health and sociodemographic factors were associated with HIT use in those with and without SMIs. People with SMIs who are males, older, live in the South or Midwest, or have lower education were the least likely to use HIT resulting in disparities in online health information usage.

**DISCUSSION/CONCLUSION**

This multiyear, comprehensive, national analysis found differences in usage of HIT based on presence of SMIs despite the increasing usage of HIT in individuals with and without SMI. Additional studies are needed to explore usage of HIT among various marginalized populations including those with SMIs. Also, interventions and investments to increase HIT use among those with SMI are urgently needed to ensure that these groups receive high quality and affordable health information at their convenience.