

Mental Health in Connection: Study of Systematic Mapping

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Introduction

Problems with mental health can have a negative impact on quality of life, raise the likelihood of contracting both communicable and non-communicable diseases, and play a role in both accidental and intentional injuries. They may also contribute to lower educational attainment, substance abuse, and violence, among other problems. One of the "main causes of unhappiness in the world" is mental illness. It is responsible for more misery than physical illness and nearly as much of it as poverty does. Through unemployment, absenteeism, decreased productivity, and increased costs for physical health care, they reduce national income by 5% on average [1].

The mental health care industry is still struggling to overcome various obstacles and reach people in need, despite the fact that mental health issues are a global concern and threat. More than 75% of people who were diagnosed with serious anxiety, problematic mood changes, impulse control, or substance abuse disorders did not receive any treatment in low- and middle-income countries. Cost issues, a shortage of mental health care providers, barriers imposed by health plans, insufficient or no coverage, stigma, and inadequate mental health literacy are among the obstacles and challenges that pose a threat to the mental health care industry. In some instances, cultural orientations may be viewed as a barrier to mental health care access. Delivery of mental health care can also be hindered by complicated circumstances like the recent global outbreak of the coronavirus disease COVID-19. Pandemics like these make people around the world feel fear, worry, sadness, and anger. They also make people feel more stressed and anxious, especially for people who already have mental health issues [15,16], which puts more pressure on health care facilities. They also create new obstacles to the delivery of mental health care because many people are quarantined and several countries are completely locked down, making it even more difficult to get mental health care [2].

Description

Trends in Publication and Word Usage Over the past ten years, there have been a growing interest in CMH publications. This can be explained by the fact that CMH research has always been influenced by new technological interventions and the rise in ICT use, especially when Web 2.0 came out between 2003 and 2004. Architecture of participation, centered on social interactions and collective intelligence, was introduced by Web 2.0. The ownership and use of smartphones and computers, as well as the number of internet users worldwide, both increased significantly in tandem with these shifts. This has also had an effect on how ICT is used in a lot of different areas, like transportation, tourism, education, virtual work teams, and health care [3].

Changes in the general literature may have also contributed to an increase

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in the number of CMH-related publications. Electronic copies have replaced paper copies, making published studies, particularly open access publications, significantly more accessible. As a direct consequence of this, peer research evaluations began to rely on various bibliometrics. Bibliometrics (such as the impact factor of a journal and the researcher's h-index) have primarily been used to measure the productivity of researchers, which has an effect on hiring procedures, academic promotion, and funding decisions. Researchers are put under more pressure as a result to produce more publications in the literature, particularly Scopus-indexed publications [4].

At the end of the 1990s, the term "eHealth" was first used. John Mitchell described it as "the health industry's equivalent of e-commerce" and "a new term needed to describe the combined use of electronic communication and information technology in the health sector" at the 7th International Congress on Telemedicine and Telecare in London at the end of November 1999. Despite the fact that previously used terms were associated with medical professionals, eHealth was found to be driven by patients (or consumers) rather than professionals. Following the introduction of eHealth, numerous journals included it in their titles; For instance, the title of The Telemedicine Journal now includes the words "and eHealth." However, the term "eHealth" was not used in any publications, and researchers preferred to use more specific terms like "medical informatics," "telemedicine," and "electronic patient records" [223] rather than the generic term "eHealth." This could account for its tardy and delayed appearance in the literature [5].

Conclusion

This paper provided an overview of the CMH research literature by mapping 289 Scopus-indexed publications in a systematic manner. By incorporating and utilizing ICT into the process of providing mental health care, CMH has the potential to overcome some of the barriers that exist in the delivery of mental health care. 289 publications were chosen, analyzed, and categorized. The findings demonstrated that CMH is a promising area of research that has attracted more and more researchers' attention over time. The changes in literature evaluation techniques, which primarily relied on bibliometrics, as well as the ongoing advancements in digital media and the utilization of ICT influenced the frequency of the selected publications. Additionally, the findings demonstrated that the majority of the selected CMH literature dealt with mental health in general; According to their global prevalence [6], depression and anxiety received the most attention in studies on specific mental disorders; Because young people are more familiar with digital solutions, they were the most targeted cohort group; The majority of the selected literature was comprised of exploratory research and reviews, indicating that researchers are more concerned with gaining an understanding of the field and examining potential locations for the application of ICT in mental health care; Furthermore, the majority of the chosen studies were not empirically evaluated. In addition, the findings demonstrated that the majority of the empirically evaluated studies were carried out in developed nations. The reviewed studies that were chosen for screening revealed that they focused on specific cohort groups, mental disorders, solutions, or terms. This is, to the best of our knowledge, the first mapping study to cover the entire CMH field, including all relevant terms and specific criteria. We recommend the following to researchers based on our findings.

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