Life & Times

Yonder



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

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Health passports, online communities, sick leave, and emojis

Health passports. If you're like me, the words 'health' and 'passport' together will make you think about the UK Government's frustratingly short-sighted plans about healthcare workers policing patients to stop the 'health tourism' problem that we are endlessly being told about. Thankfully, this paper is about something different. It is about a communication tool that seeks to improve the coordination of health care for people with intellectual disabilities, with a particular focus on psychiatric and emergency care. In three regions in Canada, passports were locally tailored and implemented, and key stakeholders (including families and clinicians) were interviewed.1 They felt the tools provided useful information, improved communication, and were user friendly. Similar initiatives in the UK have also proven successful and this seems a useful step on the journey to improving health care for these individuals.

Online communities. Whether we know about it or not as clinicians, people with mental health problems often discuss their care and personal experiences online through a variety of different platforms. A health informatics team from the US recently analysed three Reddit health communities (anxiety, depression, and PTSD) using a text-mining and visualisation approach.2 The three communities shared four common themes: sharing of positive emotion, gratitude for receiving emotional support, and sleep- and work-related issues. Depression clusters tended to focus on self-expressed contextual aspects of depression, whereas the anxiety and PTSD clusters addressed more treatment- and medication-related issues. The authors suggest these insights could be used to design future communities and patient education programmes. As their data were from just a single platform, it would be worth exploring how these findings compare across alternative discussion and social media sites.

Sick leave. As a healthcare worker, I find it easy to relate to public sector colleagues from the education sector. Like us, they

have to put up with underfunding, political meddling, and regular, often damaging, reforms. We may not be alone in facing these problems in the UK though, as demonstrated by a new German paper looking at long-term sickness in teachers.3 Although the sampling strategy and analysis methods used were problematic, the authors highlight some important issues. Unsurprisingly, they found that teachers on long-term sick leave had worse physical and mental health than their colleagues in work, but, more worryingly, even working teachers had a number of markers of adverse mental and cardiometabolic health. Their suggestion of 'periodic and holistic monitoring' and greater focus on health promotion is perfectly reasonable. I do wonder, though, whether it may be a similar issue to the resilience debate in the UK healthcare workforce — rather than trying to 'fix' the workers, focus on improving the system so that it does not harm them quite so much.

Emojis. Depending on your viewpoint, emojis may be an exciting and fun global language or an annoying and incomprehensible new form of slang. As with any new popular lifestyle trend, it is only a matter of time before it finds its way into the medical literature. This came in the shape of an experimental test of narrative and emojis in a health text message intervention led by researchers from Washington State University.4 Their findings, measured by a 7-point Likert scale questionnaire following the intervention, were mixed. Although participants who received more emojis reported higher levels of attention, they were less likely to find the material credible, and just as likely to engage with the content as those in the nonemoji group. The authors suggest, rather troublingly, that this is just the beginning when it comes to health research on emojis. *Confused face*.

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