

News and Perspectives

At Your Fingertips and on Your Mind? Digital Health Engagement and Psychological Distress

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Abstract

The digitization of health care means that our health information is increasingly at our fingertips—is that always a good thing? In this *News and Perspectives* article, JMIR Correspondent Jenna Congdon reports on how and when digital health engagement may be problematic, and how potential negative effects could be mitigated.

Key Takeaways:

- Higher digital health engagement may be a useful behavioral indicator of greater patient psychological distress, although the relationship is likely nuanced.
- Patient-centered digital health design should account for users' psychological states and provide clear interpretation and access to human support rather than simply delivering more information.

Digital health platforms provide ready access to health information and insights. That can be incredibly useful and empowering, but for many patients, increased digital health tool use may correlate with heightened health anxiety—think endless checking for lab results, obsessively wondering if your health is “good enough,” or sending excessive messages to your doctor.

Dean Cooper is an IT strategic leader whose own mental health journey led him to found a personal transformation and wellness framework. He shares how health technology has been both a valuable tool for managing his own health and a driver of further anxiety. He explains that he uses an at-home electrocardiogram machine to monitor a heart condition. “On days when it’s clear and gives consistent readings...that can actually reassure me,” he says. “But sometimes you get something like [an] unknown [reading]...a terrible message for someone in crisis. Average people don’t understand that and shouldn’t need to. It doesn’t necessarily tell you what the next step is...that can escalate the anxiety very quickly.”

Jenny Martin, PsyD, a clinical psychologist and founder of [Gemstone Wellness](#), shares that, “health anxiety is maintained by the behaviors these tools make easy: checking, monitoring, and seeking reassurance. Each refresh of a lab result or portal message offers a small hit of relief, which is what keeps the behavior going...uncertainty around a symptom or a pending result is uncomfortable, and constant access to more information feels like control, but in practice it usually narrows a person’s focus onto their body and their numbers rather than easing the worry underneath it.”

As clinicians, health care systems, and health tech developers continue to offer more avenues for digital health engagement, distinguishing productive engagement from potentially anxiety-driven use may be increasingly important.

A Paradox of Monitoring, and an Opportunity

Recent research highlights the nuanced relationship between digital health engagement and distress, underscoring this need.

A [large cross-sectional study](#) published in *JAMA Open Network* in 2026, for example, found that higher digital health engagement with clinical care systems was, overall, associated with higher psychological distress. According to the study, distress may be more likely depending on *how* patients engage with digital health. More active digital health engagement, like communicating electronically with care providers, was more strongly associated with distress than more passive engagement, like accessing an online portal.

Which patients are engaging and why also seems to matter. In a [2026 report published in Healthcare](#), researchers emphasized this “paradox of monitoring,” in which the continuous monitoring that digital health tools allow—meant to reduce uncertainty and provide reassurance—can ultimately backfire for some. Pregnant patients with preexisting psychological vulnerabilities were more likely to engage more frequently with digital health monitoring and to experience higher distress. Another 2026 [study](#) in *Journal of Medical Internet Research* established that patients who were previously diagnosed with obsessive-compulsive disorder were more likely to experience compulsive checking and reassurance-seeking with the use of digital health tools. These behaviors were particularly reinforced by the constant notification and instant information provision that health apps provided.



...Digital engagement may provide an additional behavioral signal about a patient's psychological context.

Caglar Onal, PhD, and Sezen O Onal, PhD

Caglar Onal, PhD, [Senior Research Data Analyst](#) at Northwestern University and Sezen O Onal, PhD, [Assistant Professor](#) in the department of health policy and management at the State University of New York Downstate Health Sciences University, coauthors of the 2026 *JAMA Open Network* study, shared a joint statement over email on the results. “Psychological distress may lead some patients to engage more with digital health tools, but it is also possible that certain forms of engagement contribute to distress, or that the relationship operates in both directions.” They went on to add, “Our findings suggest that digital engagement may provide an additional behavioral signal about a patient’s psychological context.”

While a causal relationship between digital health engagement and psychological distress hasn’t been established, the research does suggest that distressed patients may engage more heavily with digital tools because they are seeking information or reassurance. This information may present a useful clinical opportunity: by flagging the patients who engage most frequently with their digital health care, clinicians could implement early monitoring systems to identify patients most at risk for anxiety and other mental health concerns.

Designing Digital Health Tools With Psychological Burden in Mind

It may also present a fruitful design opportunity. The issue isn’t that patients should have less access to their health information; rather, designers and clinicians need to consider how that information is likely to be viewed by the patient and how to distinguish, account for, and design for productive engagement.

For example, productive engagement might include checking a result when prompted or using a monitoring device as clinically recommended, while potentially concerning patterns could include repeated checking or excessive messaging for reassurance or difficulty disengaging from health information. Beyond frequency, patient context,

motivation, behavior patterns, and psychological state must be interpreted in context.



Design for state of mind...How does [the app] work in stress, in anxiety, in panic, in a happy day. Is it simple, is it clear, is it too much? The important question is: what life is this person living when they open the app?

Dean Cooper

Cooper points out the distinction between access to information and the ability to interpret it and suggests key changes to the design and function of health apps. “Design for state of mind, [meaning] don’t assume everyone using this is balanced, able, or in a ‘normal state,’” he says. “How does [the app] work in stress, in anxiety, in panic, in a happy day. Is it simple, is it clear, is it too much? The important question is: what life is this person living when they open the app?...Think about their life and their situation.” He suggests different interfaces for patients versus clinicians or simplified readouts that offer explanations of readouts that laypeople may not understand. Modifications such as these support patient-centered design and may help to mitigate digitally induced health distress.

Toward Digital Health That Informs Without Amplifying Distress

Information-seeking can become a cycle between reassurance and certainty, and increased digital health engagement is not inherently a positive outcome. Unusually high engagement could prompt clinicians to screen patients for mental health conditions and consider whether a patient needs a clearer explanation, reassurance, or additional education about when and how often to monitor.

In the interim, Martin recommends that patients adjust how and when they check their digital health tools, for example “...setting specific windows to look at a portal or send a message, rather than checking or messaging on impulse.” While pulling back on repeated checks can be challenging for a patient in distress or one who may not have the clinical knowledge to interpret their health data, creating boundaries rather than endlessly refreshing a screen may help to establish a more controlled baseline.

The same tool can increase patient autonomy while also creating uncertainty. Patterns of digital engagement may

provide another window into patient well-being, and effective information means and how they and their health care team digital health should not only deliver more information can best respond. and access; it should help patients understand what that

Keywords: digital health; psychological distress; patient portals; patient generated health data; patient-centered care; health communication; wearable electronic devices; medical informatics; information-seeking behavior; anxiety

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