Young people’s views on mHealth interventions

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HABITS – Health Advances through Behavioural Intervention Technologies

Background

mHealth interventions are a promising way to deliver evidence based treatment to hard to reach populations (Fleming et al 2017). They have been shown to be acceptable and appealing, although few are designed for adolescents and less have evidence of efficacy. HABITS is a large New Zealand project developing modular behavioural intervention technologies (BITs) for New Zealand youth with emotional health concerns, especially those of Māori and Pacific descent. We carried out preliminary scoping to inform a co-design process for the creation of a youth mental health digital intervention, including exploration of adolescents’ online behaviour when emotionally distressed and their opinions about existing models and approaches.

Methods

Scoping entailed a variety of methods including family sessions, individual interviews, focus groups, interactive workshops and an online survey. Current use of online mental health tools, pathways to finding the tools, modality, gamification and feedback were explored. Raw data including transcriptions were processed, analysed and coded in nVIVO software. Thematic analysis using a general inductive approach was conducted and survey data were analysed using descriptive statistics.

Results

The 133 participants included youth of Maori (n = 28) and Pacific (24) ethnicity. They reported a range of strategies to manage distress however few used online interventions or apps except for posting on social media accounts. They were receptive the idea of online mental health support, although their preferences diverged. Generally, older adolescents and those experiencing emotional distress wanted a clear interface, direct information “… I’d go straight to the point kind of stuff. Like I’d want to know bullet point, then another bullet point…” and connections to support networks. Gamification and more playful approaches “And yeah, try and make it as a game. …’cos it’s fun” that didn’t emphasize mental health problems, diagnostic labels or being different from others were more appealing to younger participants.

Conclusions

Young people expressed a preference for quite different digital interfaces depending on their age and this result led the project team to plan the development of two separate apps; a gamified app for younger teenagers (<15yrs) and a chatbot for an older age range. Our study demonstrates the importance of scoping prior to co-design and highlights the risks associated with a ‘one-sized fits all’ approach.

References


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