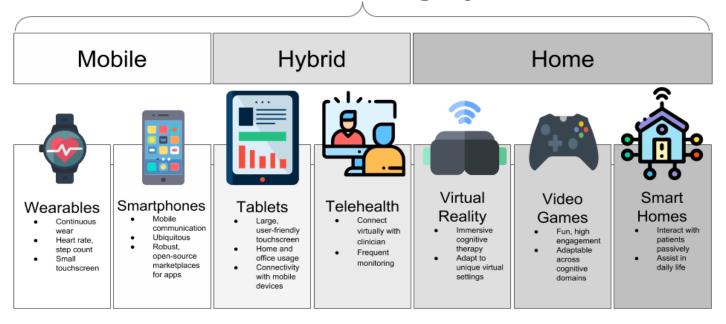
## Beyond Telehealth:

Use, Evidence, and Informed
Decision Making around
Smartphone Apps for College
Mental Health



### Finding Focus in Digital Mental Health

### **Device Category**



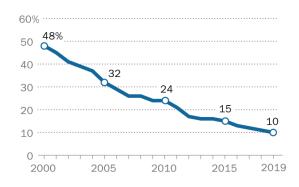




### Access, Disparities, and Technology

### Offline population has declined substantially since 2000

% of U.S. adults who say they do not use the internet

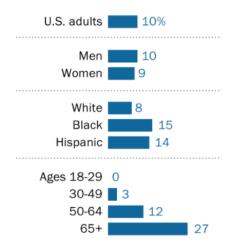


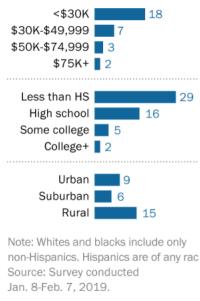
Source: Survey conducted Jan. 8-Feb. 7, 2019. Trend data from previous Pew Research Center surveys.

PEW RESEARCH CENTER

### Who's not online in 2019?

% of U.S. adults who say they do not use the internet





PEW RESEARCH CENTER

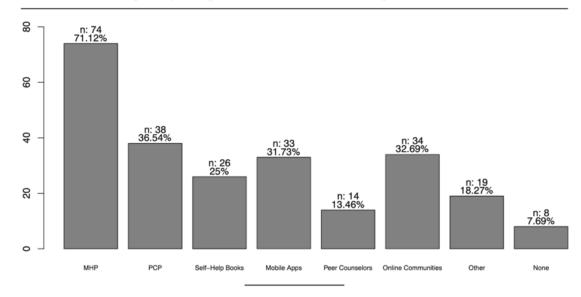




## Just Before COVID-19 (Dec 2019)

Figure 1

Methods used within the last 6 months to treat and/or manage mental health conditions. PCP primary care providers, MHP mental health professionals



### Apps for Mental Health

- There are currently an estimated 10,000 mental health apps on app marketplaces.
- Given the dynamic nature of the digital health app space, it is difficult for service users, peer support specialists, and clinical providers alike to stay updated and ensure that apps are safe, evidence based, usable, and clinically meaningful.
  - For example: A clinically relevant app for depression becomes unavailable and deleted from the app stores every 2.9 days



### Potential of mental health apps for college students

- College campus mental health services are overwhelmed.
  - The percentage of students with diagnosed mental health conditions increased from 22% to 36% between 2007 to 2017, although there has not been a concomitant increase in services offered.
  - O Between the beginning of the 2009 academic year and the end of the 2015 academic year, counseling center utilization by college students increased on average by 30% 40% per school while the enrollment for these schools increased by only 5%.
- Mobile applications show potential to improve student mental health through teaching mental health interventions or providing skill-building instructions for struggling students and may be cheaper than traditional face-to-face counseling.
- 96% of US adults aged 18-29 own a smartphone.



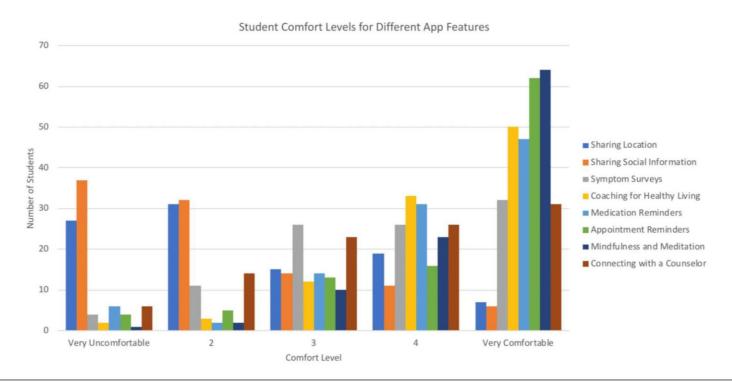


### Now during COVID...

- The need for mental health resources has only increased
- Survey of 2,031 college students in spring 2020
  - $\circ$  48.14% (n = 960) showed a moderate-to-severe level of depression.
  - $\circ$  38.48% (n = 775) showed a moderate-to-severe level of anxiety.
  - $\circ$  18.04% (n = 366) had suicidal thoughts.
  - 71.26% (n = 1443) indicated that their stress/anxiety levels had increased during the pandemic.



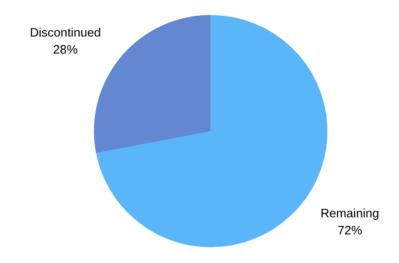
### Would students feel comfortable using mental health apps?





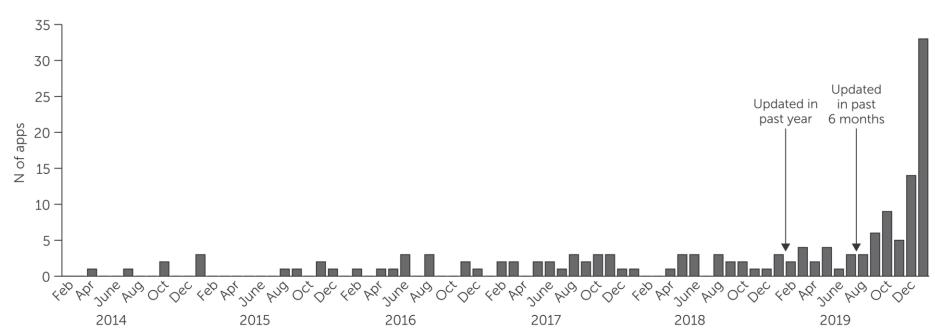
### What are colleges currently offering to students?

• An analysis of the mental health apps advertised to students by 60 college counseling centers revealed that a total of 218 unique apps were suggested to students. Of these, many apps were out of date, unsafe, or even discontinued.



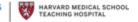


### What are colleges currently offering to students?

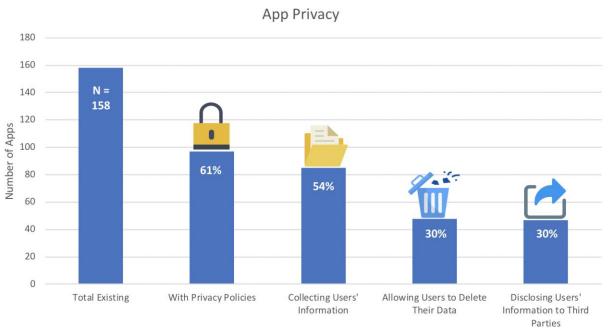


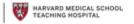
<sup>&</sup>lt;sup>a</sup> Four apps were not included because their last update occurred before March 2014.





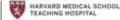
### What are colleges currently offering to students?





### What do students want in a mental health app?

- A series of 100 interviews with college students explored why students are not using mental health apps and their suggestions for features that would improve their engagement.
- Students' desires for more engaging apps fell into a few categories:
  - data privacy
  - modern user interfaces
  - o credible and useful information
  - o customizable functionality.



### How can colleges suggest apps that work for students?

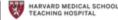
• Many good apps exist and can augment care.

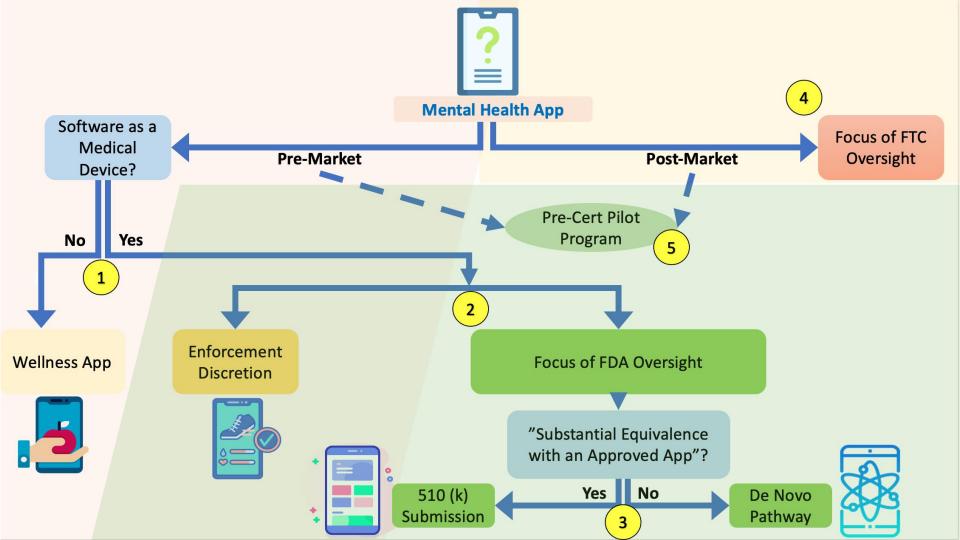
• But there are also many dangerous apps, including those that expose or sell personal health data.

• Most are not tightly regulated (categorized as "Health & Fitness," not as medical devices) and many make false claims about effectiveness.

### Who is keeping track of all these apps?

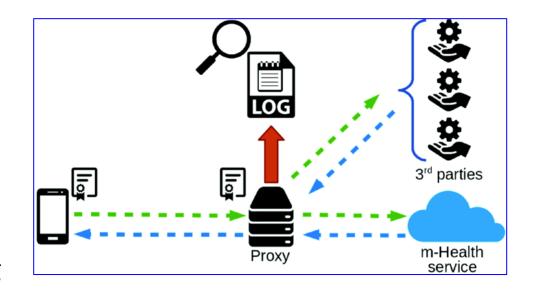
- The US Food and Drug Administration (FDA) released a set of guidelines for regulating mobile medical apps in 2015. The guidelines impose a thorough set of standards, including those for labeling, medical claims, safety, and effectiveness.
- However, most apps are categorized as "health and wellness" apps, so they fall outside the purview of these FDA guidelines.



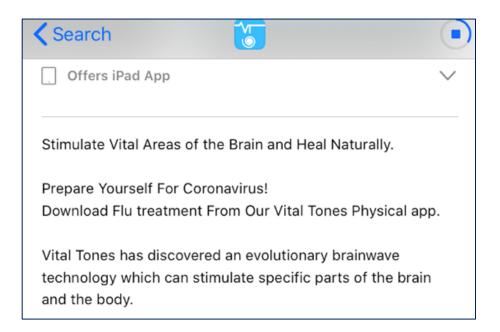


### Privacy Concerns

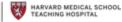
- Most apps do **NOT** claim to be HIPAA compliant
- In one study, only 50% of apps shared data securely.
- 80% shared health-related data to third parties, with the remaining 20% storing data on the phones.



### Exaggerated Claims of Effectiveness



- This app purports to provide treatment for Depression, Bipolar Disorder, and Schizophrenia
- It provides no content or links related to COVID-19, despite its app store claim.

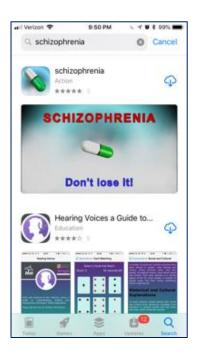


### The Perils of Misinformation



- "Nonexistent or inaccurate suicide crisis helpline phone numbers were provided by mental health apps downloaded more than 2 million times."
- Only 5 of 69 apps offered all 6 evidence-based strategies for suicide prevention.
- Few consequences for releasing health apps containing inaccurate or non-evidenced based information.

### App Store Rank is Not Enough



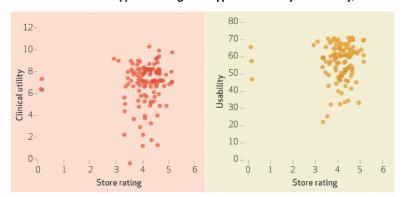
Of the 27 apps that appear in a search on the app store for "schizophrenia"...

- 3 have been updated in the last 180 days.
- The second result on the list describes itself as a "game that will make you lose your mind"
- 26 have fewer than 100 ratings, and 24 have 10 or fewer.

### Stars and Download Metrics are Misleading

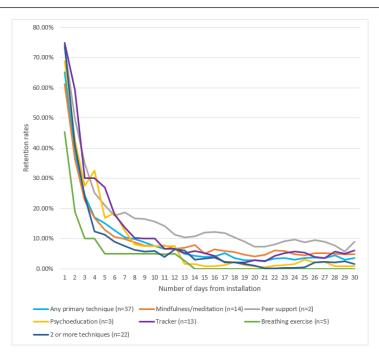
#### EXHIBIT 3

#### Correlations of mHealth app store ratings with apps' clinical utility and usability, 2014-15



**SOURCE** Authors' analysis of study data. **NOTES** The points were slightly randomly shifted horizontally and vertically to minimize overlap. Store ratings (on a scale of 0–5) are explained in the Notes to Exhibit 1. Clinical utility (on a scale of 0–10) refers to whether clinician reviewers (identified in the text) would recommend the app to a friend or colleague, with a rating of 0 meaning they would never recommend it. Usability (on a scale of 0 to 100, with a rating of 0 meaning the poorest usability) refers to nonclinician reviewers' (identified in the text) evaluations of how easy it would be for a consumer to use the app according to the System Usability Scale (see Note 20 in text).

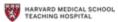
K Singh et al. Many Mobile Health Apps Target High-Need, High-Cost Populations, But Gaps Remain. Health Affairs. 2016



Baumel A, Muench F, Edan S, Kane JM. Objective user engagement with mental health apps: systematic search and panel-based usage analysis. Journal of medical Internet research. 2019;21(9):e14567.







### Numerous App Evaluation Schemes Already Exist!









Author, date	Intended audience	Type of mobile application	Source affiliation <sup>1</sup>	Scoring system in framework	Country of origin 1
Albrecht, Von Jan & Pramann (20), 2013	Patients	MMA	Institute	No	Norway
Anxiety and Depression Association of America (ADAA) (38), 2016	Quality assurance for user protection	MMA	Private organization	Yes	USA
Amhold, Quade & Kirch (57), 2014	Quality assurance for research setting	MMA	University	Yes	Germany
Aungst et al. (32), 2014	Health professionals	MMA	University	No	USA
Basilico et al. (41), 2016	Quality assurance for research setting	MMA	University	Yes	Italy
Beatty, Fukuoka & Whooley (15), 2013	Patients, health professionals	MMA	University	No	USA
BinDhim et al. (58), 2015	Regulators	mHealth	University	Yes	Australia
Brooks et al. (39), 2015	Patients	MMA	University	No	USA
Chan et al. (18), 2015	Patients, health professionals	MMA	University	No	USA
Chomutare et al. (59), 2011	Quality assurance for research setting	MMA	University	No	Norway
Demidowich et al. (60), 2012	Quality assurance for research setting	MMA	Medical school	Yes	USA
Drincic et al. (16), 2016	Patients	MMA	University	No	USA
Fairburn & Rothwell (33), 2015	Quality assurance for research setting	MMA	University	No	UK
Ferrero-Alvarez-Rementeria (36), 2013	All stakeholders in mHealth	mHealth	Governmental organization	No	Spain
Gautham, Iyengar, & Johnson, C. W. (30), 2015	Health professionals	AMM	University	No	UK
Gibbs et al. (25), 2016	Quality assurance for research setting	MMA	University	No	UK
Grundy et al. (26), 2016	Patients, health professionals, and app developers	mHealth	University	Yes	Australia
Hacking Medicine Institute (HMi) (34), 2016	Quality assurance for user protection	MMA	Institute	Yes	USA
Hoppe, Cade & Carter, (61) (2016)	Patients	MMA	University	Yes	UK
Huckvale et al. (27), 2015	Quality assurance for research setting	MMA	University	Yes	UK
IMS Institute for Healthcare Informatics (62), 2013	Quality assurance for user protection	mHealth	Institute	Yes	USA
Jin & Kim (63), 2015	Health professionals	mHealth	University	Yes	Republic of Korea
Kresianas at al. (21) 2015	Quality assurance for research setting	mHoolth	University	No	HK

And many more here and more since 2018





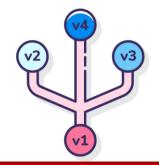


### Potential for Harm with Lists and Static Ratings



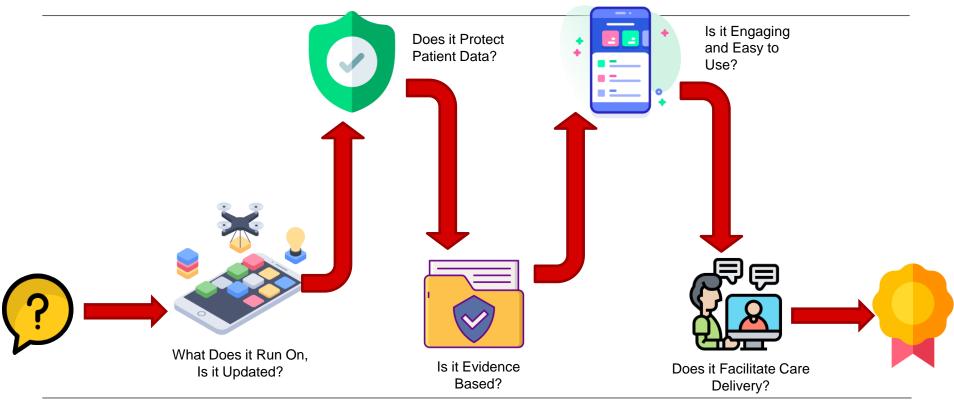






Apps are Constantly Updating. Which Version was Rated?

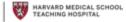
### What is the Solution to Navigating this Journey?



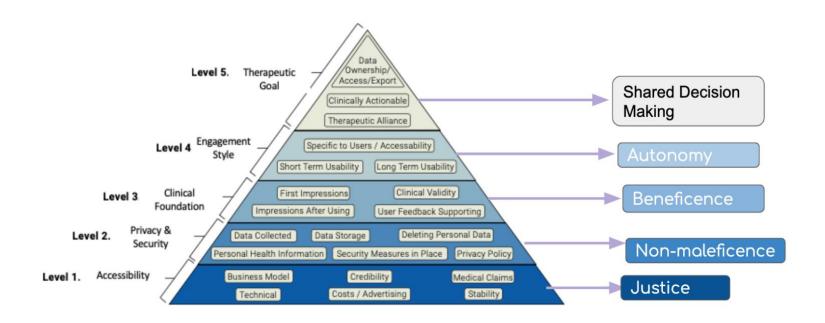
Torous J, Andersson G, Bertagnoli A, Christensen H, Cuijpers P, Firth J, Haim A, Hsin H, Hollis C, Lewis S, Mohr DC. Towards a consensus around standards for smartphone apps and digital mental health. World Psychiatry. 2019 Feb;18(1):97.







### One Framework





### Actionable and Objective App Database

- Individual preferences and value guide app choice, making subjective metrics less standardized.
- What is a set of **objective** and **replicable** questions about an app?
- What does "Ease of Use" even mean? Whose value judgements are being imposed. What cultural assumptions are being made?









### 100+ Objective Questions

The questions are aligned with the levels of the APA pyramid but are designed for you to pick which matter when and where













Origin and Functionality

Privacy and Security

Inputs and Outputs

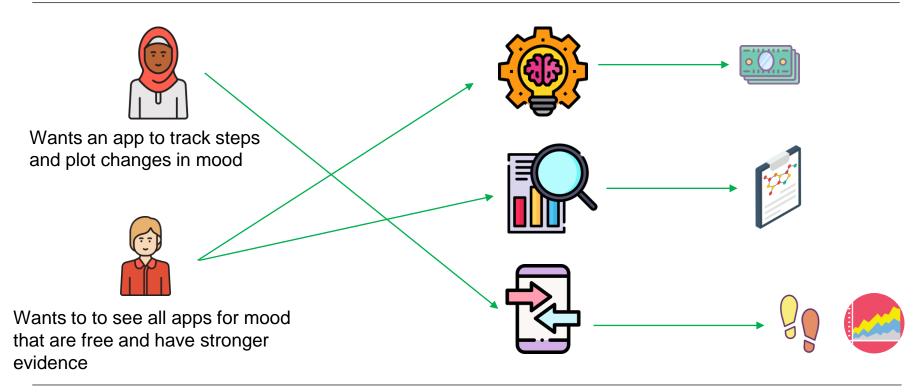
Clinical Foundation

Engagement Style Interoperability and Sharing

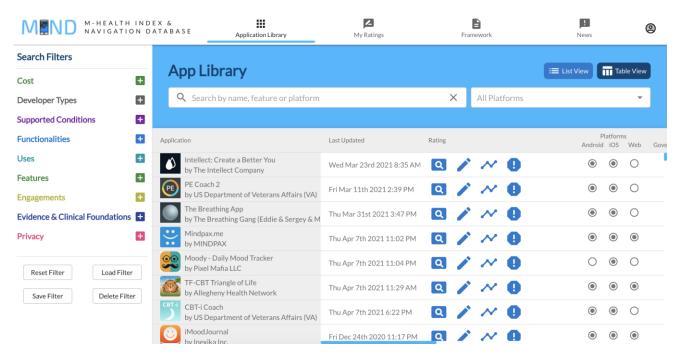




### User Pick What Matters to Them Today



### Apps.digitalpsych.org

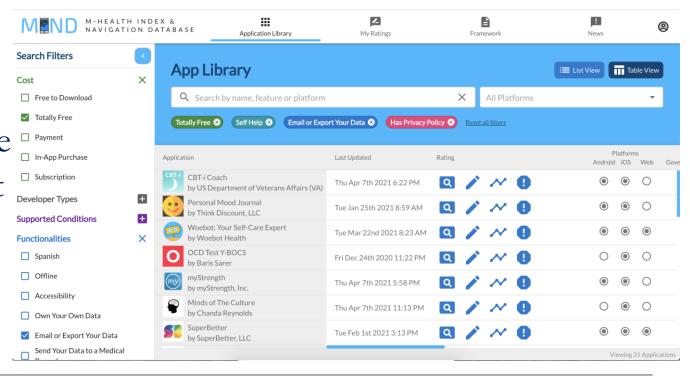


On the homepage of the database, the user can filter mental health apps according to what characteristics matter to them: Cost? Privacy settings? Available features? YOU decide.



## A New Way of QUICKLY Finding a Clinically Relevant App

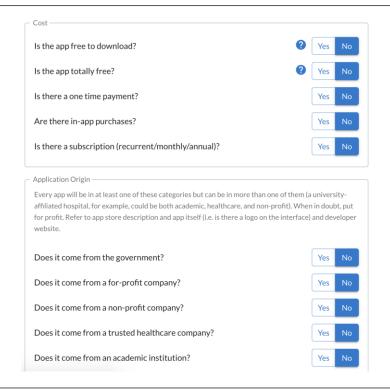
The database then returns the list of apps that meet the user's criteria.



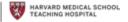




### Crowd-Sourced, Up-to-Date App Ratings



By answering the 100 questions, a trained rater can submit app metrics, allowing the app's entry in the database to be regularly updated and responsive to changes in the app overtime.



### Let's try it...

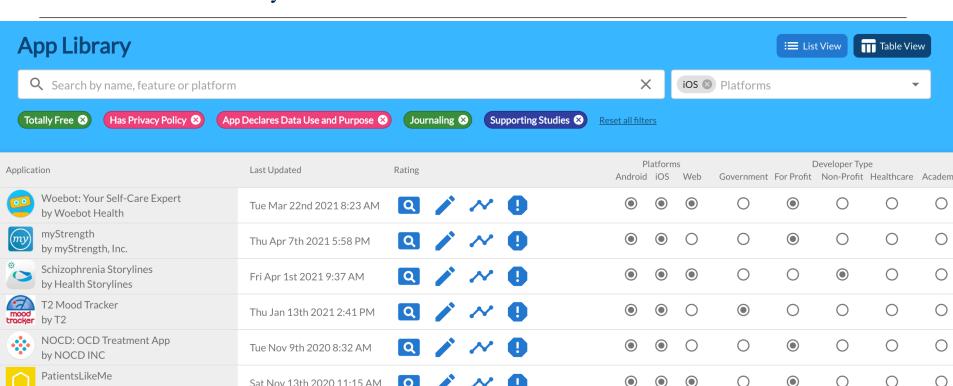
#### Apps.digitalpsych.org

- A college student is looking for an app to help with their mental health. They want to write down their thoughts and feelings in an in-app journal. They do not want to pay at all for the app. They would like the app to have some foundation in research. They are also wary of their data being shared with other companies and would like their app to have some privacy guarantees. Finally, they have an iOS device (an iPhone).
- Can we find a good app for them?
- What options do we have?

### What filters did you choose?

Sat Nov 13th 2020 11:15 AM

by PatientsLikeMe









### Let's try it...

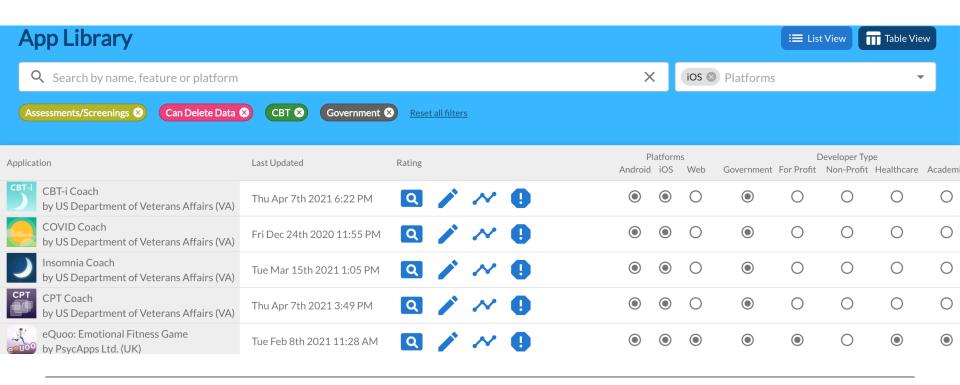
• Another college student doesn't mind paying, but they want to find a good CBT app.

They feel most comfortable with an app from a non-profit company, or the government.

They would like to complete self-assessments within the app, and they insist on being able to delete their data from the app.

- Can we find a good app for them?
- What options do we have?

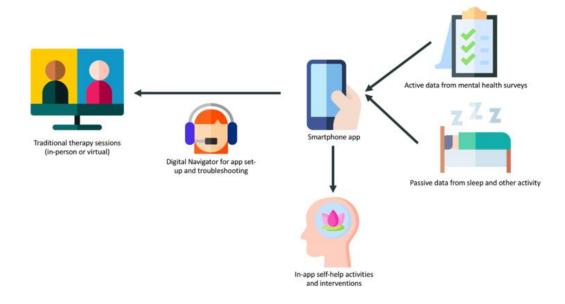
### What filters did you choose?













LIFE & ARTS | JOURNAL REPORTS: RETIREMENT

#### How to Stay on Top of Your Health From Home During Covid-19

You may not want to go to the doctor. There are plenty of proactive steps you can take—without leaving the house.

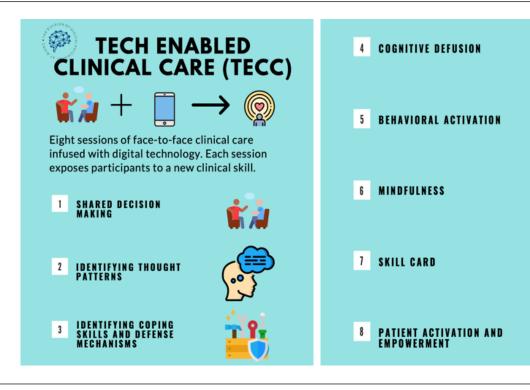
For those struggling with issues such as anxiety, depression and substance abuse, video consults offer an effective way to stay in close contact with mental-health professionals, says John Torous, director of the division of digital psychiatry at Beth Israel Deaconess Medical Center in Boston. Dr. Torous and his team offer face-to-face sessions over a videoconferencing platform and train patients to use a smartphone app called mindLAMP between appointments to take anxiety surveys, monitor their medication regimens and keep a mood journal.

#### Psychiatrists, social workers and other mental-health professionals

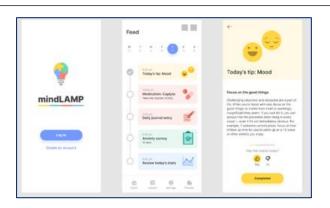
use data collected through the mindLAMP app to gain better insight into the patient experience between sessions and to help customize treatment, such as assigning mindfulness exercises.



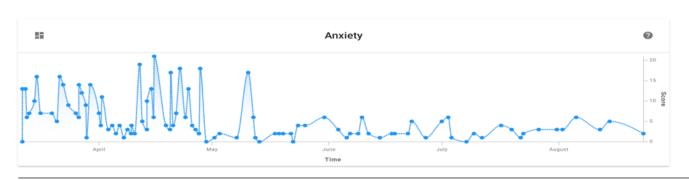








# Learn and Manage

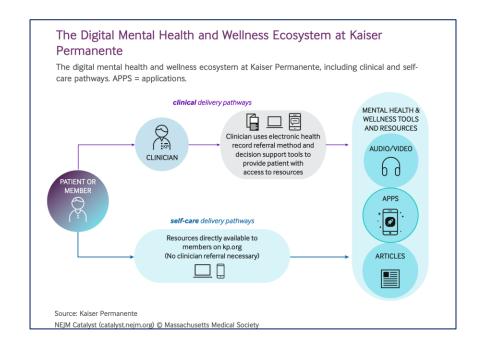


Assess and Prevent

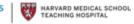




### Clinical Implementation: Kaiser







### Clinical Implementation: Kaiser

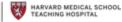
"To support a sustainable approach to broad spread, we also developed a "train the trainer" model for clinicians."

"We used the American Psychiatric Association (APA) app evaluation model and an expert clinical review team ...."

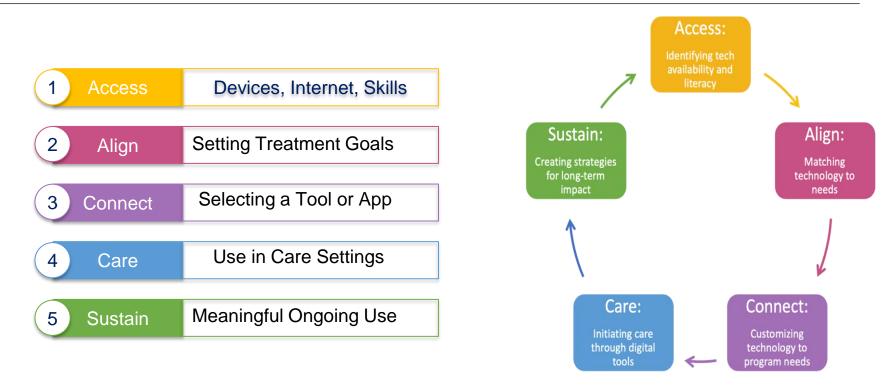
Table 1. Clinician Engagement Before and During Covid-19

	January 2020	May 2020
Trained clinicians	562	1,678
Referrals to apps	20,906	44,277
Trained clinicians referring to apps	72%	60%

apps = applications. Source: Kaiser Permanente.



### Successful Efforts







## **THANK YOU!**

digitalpsych.org









