

VCH Community Engagement



VCH/PHC Regional Mental Health & Addiction Program e-Mental Health Strategy

User Engagement Survey Report

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Introduction

The VCH/PHC Regional Mental Health and Addiction Program is embarking on the development of a new online resource for people with depression and/or anxiety. The purpose of this “e-Mental Health Hub” resource is to facilitate easier access to information and supports for people both online and in their home communities.

To inform the design and development of this new resource, the project has sought the support of VCH Community Engagement team to bring the voice of users of this website into project planning. At this early stage in development of the e-Mental Health Hub, user engagement is planned to include the following:

- Two public advisors situated on the steering committee for the project.
- An online survey of people who have experienced depression and/or anxiety and family members or loved ones of people with depression and/or anxiety.

This report presents the findings of this initial online survey.

Overview

In order to inform the design, content and eventual promotion of the e-Mental Health Hub website, the online survey was focused on answering the following overarching questions:

1. How do people use the Internet to find information and support for depression and anxiety?
2. What do people need and want in this new website?
Are people interested in the components of the e-Mental Health Hub site as envisioned by the project steering committee?
3. What is the experience of people with depression and/or anxiety when seeking care?*

* The intent behind this question was to help build the web developer’s empathy for the end user.

The survey launched on August 5th and closed on September 5th, 2014. It was available exclusively online and was promoted by email, on the VCH Twitter feed, on the VCH and PHC website main page and via the VCH News (online newsletter for staff). Community partner organizations such as Anxiety BC, Mood Disorders Association of BC, the Canadian Mental Health Association, and CHEOS also promoted the survey. Users who may not be connected to health services were also reached out to via Craigslist. As an incentive to participate, respondents could enter a draw to win one of two \$50 Visa gift cards.

A note about limitations:

This survey is not intended to be a scientific poll. Online surveys do not achieve a representative sample and often miss significant portions of the population, e.g. those who do not regularly access the Internet because of age or income, those with limited English skills or low literacy, etc.

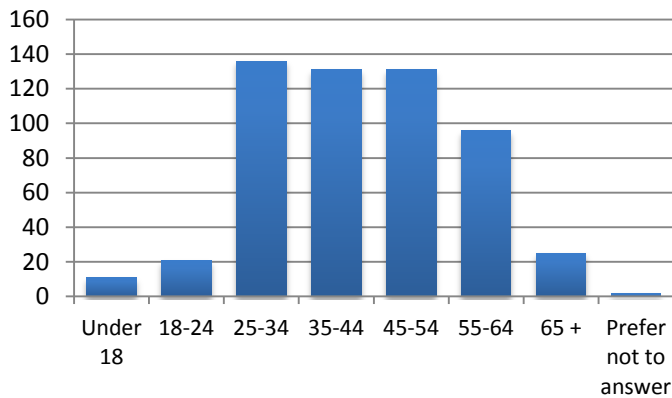
Key Themes

- The large response and time invested in responding (avg. 10:22 mins) could be an indication of the interest in this resource.
- People are generally supportive of the e-Mental Health Hub project as it is currently envisioned.
- A physician’s recommendation would likely increase uptake of online CBT.
- There is significant interest in connecting with a “real person”/clinician.
- Trustworthiness, reliability, ease of access, up to date and comprehensive information are the primary reasons consumers report frequently returning to a website.
- Vancouver Coastal Health’s website is commonly visited by people looking for information on depression and/or anxiety, but it ranked lowest in terms of helpfulness.

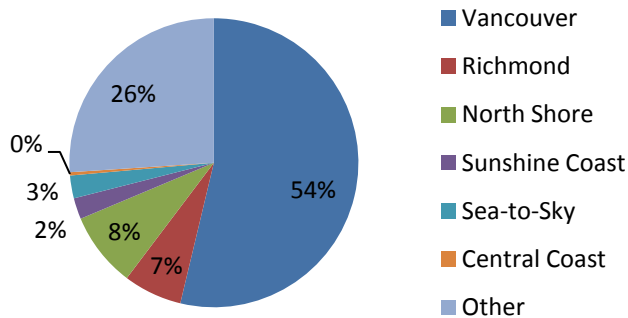
Who did we hear from?

- 688 respondents, 554 completed responses (81% completion rate)
- 81% of respondents were women
- The highest level of education completed for 32% was a university undergraduate degree, 29% a post-graduate degree, 28% college or technical school and 12% high school.

What is your age?



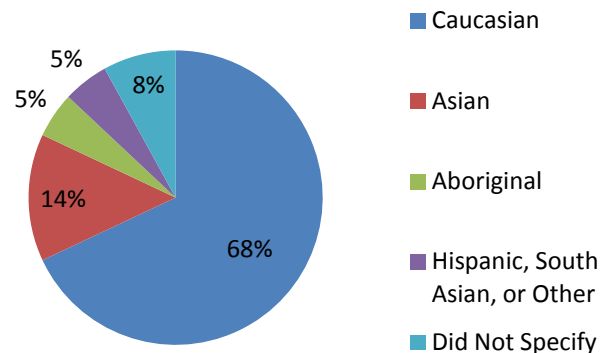
Where do you live?



Despite efforts to promote the survey in the other Communities of Care (COCs), Vancouver is over-represented in the data.

26% of respondents come from outside of the VCH region. The majority of these are from the Fraser Health region. 22 respondents were from outside of BC and 15 were from outside of Canada, representing 5% of our total respondents.

What is your ethnicity?



Have you ever struggled with symptoms of depression or anxiety, such as: persistent low mood, loss of interest or pleasure, excessive worry or fear, panic attacks, or obsessive thoughts/compulsive behaviours?

Experience with depression and/or anxiety

Yes, I have been diagnosed with depression and/or anxiety	57%
Yes, I experience symptoms but have never been diagnosed	17%
No, but I am a support person for a close family member or friend with depression and/or anxiety	20%
None of the above	3%
I prefer not to answer	3%

Question 1: How do people use the Internet to find information and support for depression and anxiety?

85% reported using the Internet to find information about depression and/or anxiety. This is not surprising, given the online format of this survey.

This high-rate of online information seeking was consistent across genders and age categories with the exception of those who are under 18 (73%) and over 65 (60%).

1.1 What concerns do you have about using the Internet to find information about depression and/or anxiety?

Top 5 Responses	
I don't know what online information I can trust.	45%
I don't have any concerns about using the Internet to find information on depression or anxiety.	35%
There's too much information online.	31%
I prefer information that's tailored to me	30%
I can't find information about the area I live in	13%

Responses were fairly consistent across gender and age.

Respondents 24 and under and those who were over 65 were much more likely to report wanting information that was tailored to them.

"There isn't any help, basically only definitions of depression or other peoples stories of recovery. I internally scream, "help me!" and find no answers."

1.2 What websites about depression and anxiety have you visited?

Most of the websites included in the response set for questions 1.2 and 1.3 were specific to BC or VCH. As such, only data from residents of the Vancouver Coastal Health region is included for these questions.

Top 5 Responses	
Web MD	71%
Canadian Mental Health Association	67%
Vancouver Coastal Health	66%
Anxiety BC	49%
Mood Disorders Association of BC	47%

Use of other local websites was fairly low, with only 30% previously accessing "Here to Help" and "MindCheck", and 25% for "BC Mental Health and Substance Use Services".

"I think knowledge of these sites needs to be addressed stronger. I knew of Depression Hurts because of advertisements but was surprised to know there were many others."

1.3 Of the websites you've visited, how helpful were they?

Site	Very Helpful	Quite Helpful	Somewhat Helpful	Not at all Helpful
HeretoHelp	25%	40%	27%	8%
AnxietyBC	25%	35%	30%	10%
CMHA	15%	43%	33%	9%
MDABC	19%	31%	41%	9%
MindCheck	21%	37%	24%	9%
DepressionHurts	10%	43%	35%	13%
BC MHSUS	16%	21%	44%	19%
WebMD	13%	29%	37%	21%
WalkAlong	12%	35%	25%	18%
VCH	8%	26%	40%	26%

The sites rated as most helpful were “HeretoHelp” and “AnxietyBC”. These sites were also rated as the most helpful for support persons.

Despite the fact that Vancouver Coastal Health and WebMD were among the most commonly visited sites, both sites were rated the lowest in terms of helpfulness. In fact, Vancouver Coastal Health’s website was most commonly rated, “Not helpful at all.”

When asked why people found some websites particularly helpful, the most common answers fell into the categories of: “the information is legitimate and trustworthy,” “comprehensive” or “up to date.”

Being easy-to-find, e.g. easy-to-remember name or URL, or “comes up first on Google searches” was often mentioned as a reason why some people frequently visit some sites.

1.4 Are there other sites about depression or anxiety that you have found to be very helpful?

Key qualitative themes:

- Wikipedia
- Australia/UK online CBT sites
- Psych Central
- Helpguide.org
- Kelty Mental Health
- Centre for Addiction and Mental Health (CAMH)
- Mayo Clinic
- Social media, e.g. Facebook, Reddit

On HeretoHelp.BC.ca :

- *“Evidence based information I can trust”*
- *“Cites credible sources and provides a spectrum of topics”*
- *“I find it to be the most comprehensive and practical”*
- *“Materials can be printed and shared”*
- *“I like the modules you can do and all the information”*

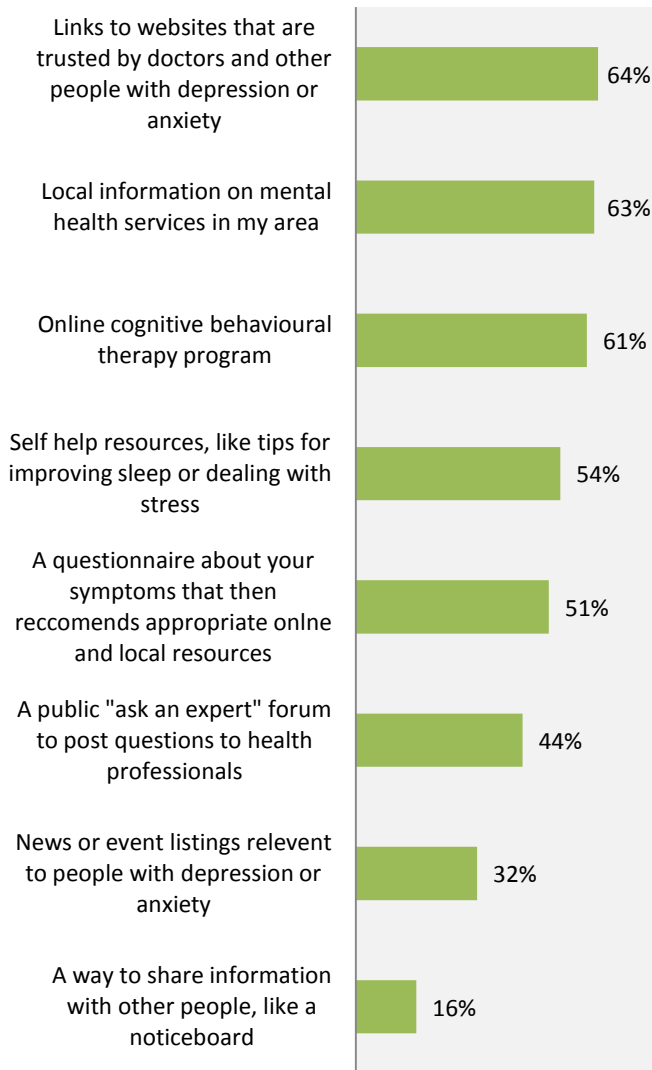
On AnxietyBC.com :

- *“I find it has a lot of relevant information, and clarifying facts...”*
- *“Good design and easy to understand. It’s a great resource”*
- *“Local organization with lots of information”*
- *“It caters to what I am dealing with and is very easy to access information”*
- *“They really have it all from an app to step by step guides... What I really like about it is the reassurance that they give you that you are not alone”*

Question 2: What do people need and want in this new website?

Are people interested in the components of the e-Mental Health Hub site as envisioned by the project steering committee?

2.1 What elements would be most useful to include in this new website?



Among support people, the most commonly selected feature was "Local information on mental health services in my area." 73% of support people selected this option, as compared to 62% who had been diagnosed with depression or anxiety, and 54% of people who have not been diagnosed.

Selections were fairly consistent across age and gender. However, respondents under 18 and over 65 were more likely to select "Links to websites that are trusted by doctors and other people with depression or anxiety."

2.2 What else should this website include?

Key qualitative themes:

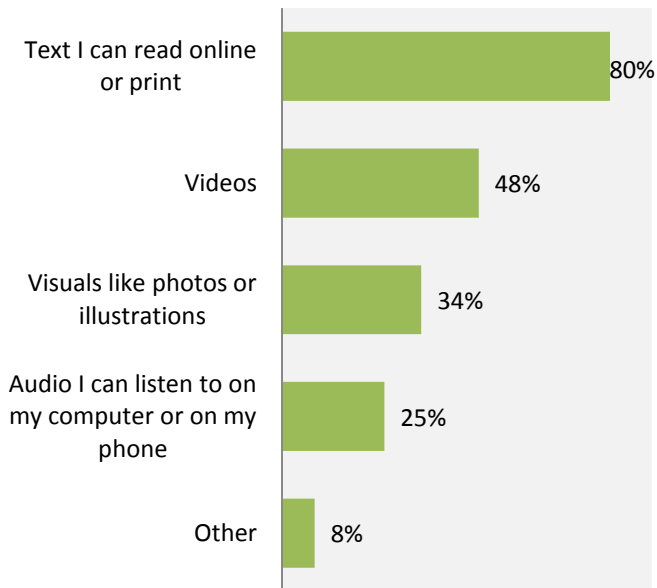
- Information for family and friends
- Mood/anxiety tracker
- Access to crisis worker/ counsellor via chat or video
- Support groups
- Information about local involvement opportunities
- Information on holistic areas of health and alternatives/compliments to medication, e.g. exercise and diet.
- Personal stories
- Access to research
- *Some mention by participants that another website is not necessary*

"To be honest, as a family member supporting people with depression/anxiety, I find most websites don't do much..."

"I'd like to find a site that encompasses all organizations and the services they offer. I find one type of service then later find through word-of-mouth another more relevant. It's all a big hodge-podge"

"Please don't make another of the many websites that simply repeat the same old stuff. It would be a waste of everyone's time and funds."

2.3 If you were going to learn about depression and anxiety online, how would you want the information to be presented?



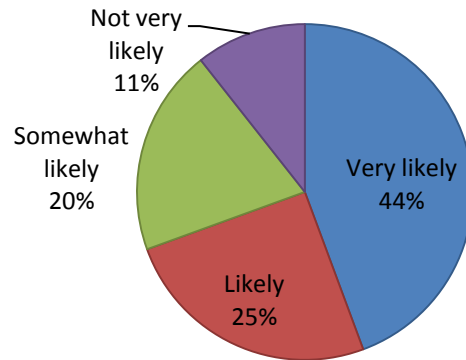
“Text that I can read online or print” was the most commonly selected option across all age ranges.

Respondents under age 35 showed greater interest in visuals like photos or illustrations than all other age categories, but interestingly, were less likely to choose “Videos” than all other age categories.

In qualitative responses, respondents most commonly suggested that a combination of presentation formats would be most effective.

“Make sure that it is visually appealing, along with functional... first impressions mean A LOT.”

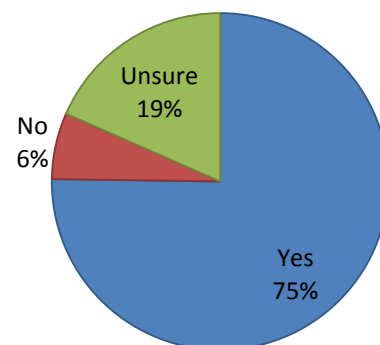
2.4 If a website offered a free online cognitive behavioral therapy program, how likely would you be to use it?



Respondents in the 25-34 and 35-44 age ranges showed the greatest interest in online cognitive behavioral therapy. 72% of respondents in those age ranges reported that they would be “Very likely” or “Likely” to use it.

67% (n=27) of respondents who had not previously been treated with medication or face to face counseling/ therapy and 87% (n=13) who reported they had never treated their depression/ anxiety indicated they would be “Very likely” or “Likely” to use free online CBT.

2.5 If your doctor recommended a website that offered a cognitive behavioral therapy program, would you be more likely to use it?



Women (46%) were slightly more likely than men (42%) to report that they would be “Very Likely” to use online CBT. However, more men (79%) than women (75%) reported that they would be positively influenced by a doctor’s recommendation.

2.6 What do you think would make you more likely to use online cognitive behavioral therapy?

Key qualitative themes:

- Ease of access (location, time is determined by the participant)
- Privacy
- Free of cost
- Short, easy, and interesting/fun
- Tailored/ Personalized
- Incentivized/ reinforcement
- If they felt “it actually helped”; evidence based or user testimonials
- If it was promoted by a GP, mental health professional, or trusted source
- Automated or doctor reminders, and/or follow up appointments
- Connection/support from a real person; a/synchronous, 24/7 support
- Learning in a group setting/ peer forum
- Integrated/ adjunctive to other treatments
- Nothing - CBT does not work, face-to-face treatment is needed

“I'd be more likely to use [online CBT] if it were easy and sensible to use and a trusted professional, like my doctor or counsellor recommended the site/program.”

“Isolation is an issue for me... I would need some type of interaction with people (a supportive coach)”

Question 3: What is the experience of people with depression and/or anxiety when seeking care?

3.1 What treatments have you used for your depression and/or anxiety?

Treatments used	
Medication	74 %
Face-to-face counselling or therapy	74 %
Meditation	45 %
Peer support	42 %
Complimentary therapies like acupuncture, massage, etc.	31%
Artistic expression	29 %
Online therapy	10 %
Telephone therapy, like BounceBack	6 %
I have never treated my depression or anxiety	6 %

Qualitative themes under, “Other” (25%)

- CBT and DBT
- Exercise (e.g., yoga, dance, running).
- Group therapy/support
- Reading (books in general and also psychoeducational literature)
- Pets
- Faith
- Mindfulness

3.2 Has anything stopped you from accessing face-to-face counseling or therapy for your depression or anxiety?

Barriers to face-to-face counseling/treatment	
Cost	64%
I don't know how to find the right counsellor.	29%
I've always been able to access counselling or therapy when I needed to.	20%
Inconvenience	19%
Privacy concerns	14%
Has not been recommended to me	6%
Not available in my community	4%
I'm not interested in counselling or therapy.	2%

Qualitative themes under, “Other” (21%)

- Number of sessions
- Lack of time
- Lack of availability (e.g. long wait-times)
- Anxiety makes going to/participating in sessions uncomfortable or impossible
- Stigma
- Personal feelings (e.g., feeling uncomfortable, trust issues, feeling like a failure, shame)

“While I have therapy and support in now, it took me many years ...to take that step. Cost, anxiety about what would be involved, as well as concerns about stigmatization all led me to avoid therapy until I was very severely affected”

Summary & Recommendations

- Responses indicate a high level of interest and enthusiasm for the project. Many also mentioned a crowded landscape of mental health sites and emphasized that the site should offer something different than the others.
- The Steering Committee appears to be on track with proposed components of the e-Mental Health Strategy, although there are additional resources that may be considered for inclusion in the service, such as a public “ask an expert forum”, or news or event listings that could keep content fresh.
- Respondents also expressed a strong desire to connect with a clinician or other consumers via the e-Mental Health Hub.
- Emphasis should be placed on design that communicates the legitimacy and trustworthiness of the information on the site. Corporate sponsorship should be avoided.
- Promoting the site will be critically important. Although 95% of respondents were from BC and 85% report using the Internet to find information on depression/anxiety, less than half had accessed AnxietyBC and Mood Disorders Association of BC websites, and less than a third had used Here to Help. Having a name and URL that is easy to remember and appears at the top of search engine results would be helpful. Vch.ca is already widely accessed by people seeking information and there should be clear connection between vch.ca and the e-Mental Health Hub.
- Greater consultation may be needed with target groups not represented among the respondents of this survey- particularly men, respondents from rural communities, and other ethno-cultural groups.