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## Is there an app for that? Introducing Self-Guided Therapy-Based Mental Health Apps in a Primary Care Setting

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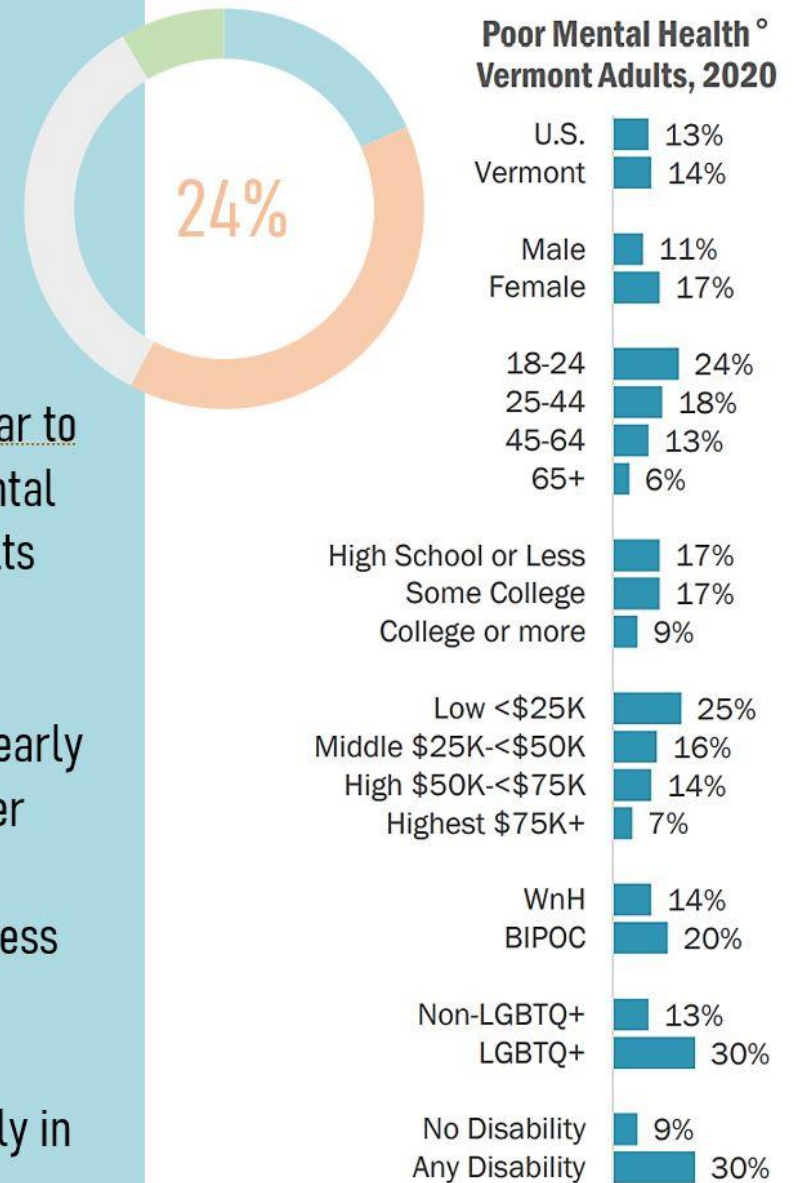
Althea Jem Tapales  
Family Medicine Clerkship  
Primary Care – Vergennes, VT  
January 2023  
Dr. Catherine Ayers, MD

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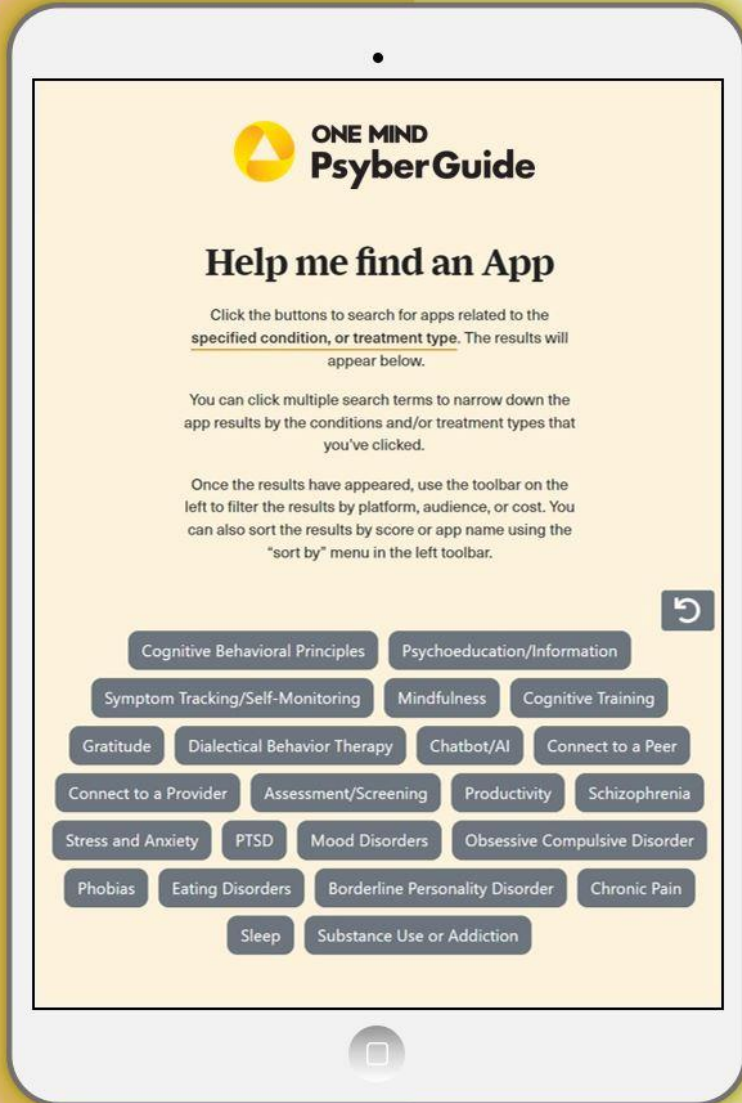
# Problem Identification & Needs Assessment

## Behavioral Health Integration

- The prevalence of mental health disorders in Vermont continues to be an economic burden.
- In 2020, 1 in 7 Vermont adults reported poor mental health<sup>o</sup> (14%), statistically similar to the 13% of U.S. adults. Adults 18-64 were statistically more likely to report poor mental health than adults 65 and older. Those at risk included women, younger adults, adults with less education and lower household income, LGBTQ+ adults, and adults with a disability.<sup>1</sup>
- Depression appears to be the most prevalent mental health condition in Vermont. Nearly one quarter of Vermont adults report ever being told they have a depressive disorder (23%), statistically higher than the 18% of U.S. adults.<sup>1</sup>
- The Addison County Community Health Improvement Plan 2022-2025 identified “Access to Mental Health Services” as the top priority with a general concern regarding the affordability of such services. Participants also expressed a need for more mental health clinicians to address the demand for services and provider waitlist, especially in schools, the healthcare system, and in the general community.<sup>2</sup> One participant reportedly had been waiting on 5 different wait lists over the last 5 months to find her son a new therapist after his current one moved away.<sup>3</sup>



**Figure 1.** Vermont Behavioral Risk Factor Surveillance System 2019/2020 Report on Mental Health in Vermont Adults<sup>1</sup>



## Problem Identification & Needs Assessment Cont.

### Medical Practice Transformation

- Consequently, the shortage of mental health services along with the coronavirus pandemic resulted in a mental illness epidemic which led to an accelerated growth of self-guided therapy-based mental health apps.<sup>4</sup>
- Health organizations and clinical expert panels, including the American Psychiatric Association (APA), have now created mobile health app evaluation frameworks to aid in identifying and evaluating potential apps for patient use.<sup>4,5</sup>
- Current literature suggests mental health apps show great promise in promoting mental wellbeing and resilience in patients. However, such apps continue to be underutilized potentially due to provider and patient uncertainty in the effectiveness or credibility of such methods.<sup>6</sup>
- Hence, providers, especially in-house psychologists and/or psychiatrists within primary care settings, require further advance training on the APA framework as a screening tool to further guide the decision-making process around current evidence-based mental health apps and their potential use for low-risk psychiatric patients who are on their waiting list.

# Public Health Cost Considerations

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## U.S. MENTAL HEALTH COST

Mental disorders account for at least 18% of the global disease burden, and the associated annual global costs in the U.S. are projected to be over \$6 trillion by 2030.<sup>7</sup>

10.3%

## ADDISON COUNTY CENSUS

According to the 2021 census, the median income for Addison County residents in VT is \$67,674, which is higher than both Vermont and the U.S. as a whole and there is a 10.3% level of poverty in the county.<sup>8</sup>

25%

## LOW INCOME & POOR MENTAL HEALTH

36% of VT adults with less education and lower household income (<\$25K) are statistically more likely to report poor mental health, especially depressive disorder.<sup>1</sup>

\$

## MENTAL HEALTH APPS COST

Most mental health apps range in cost from free to a few dollars and is primarily affordable.<sup>9</sup>

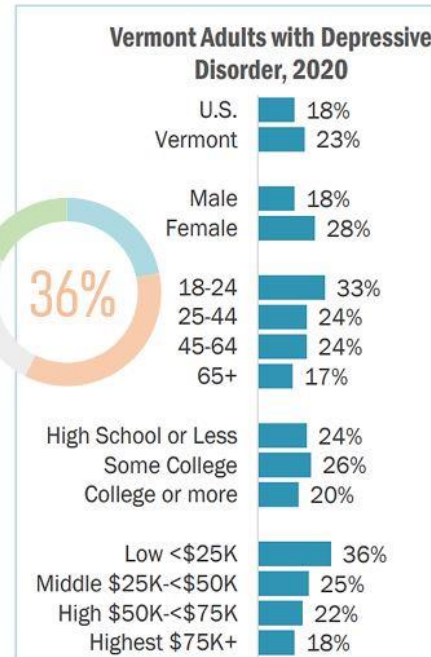
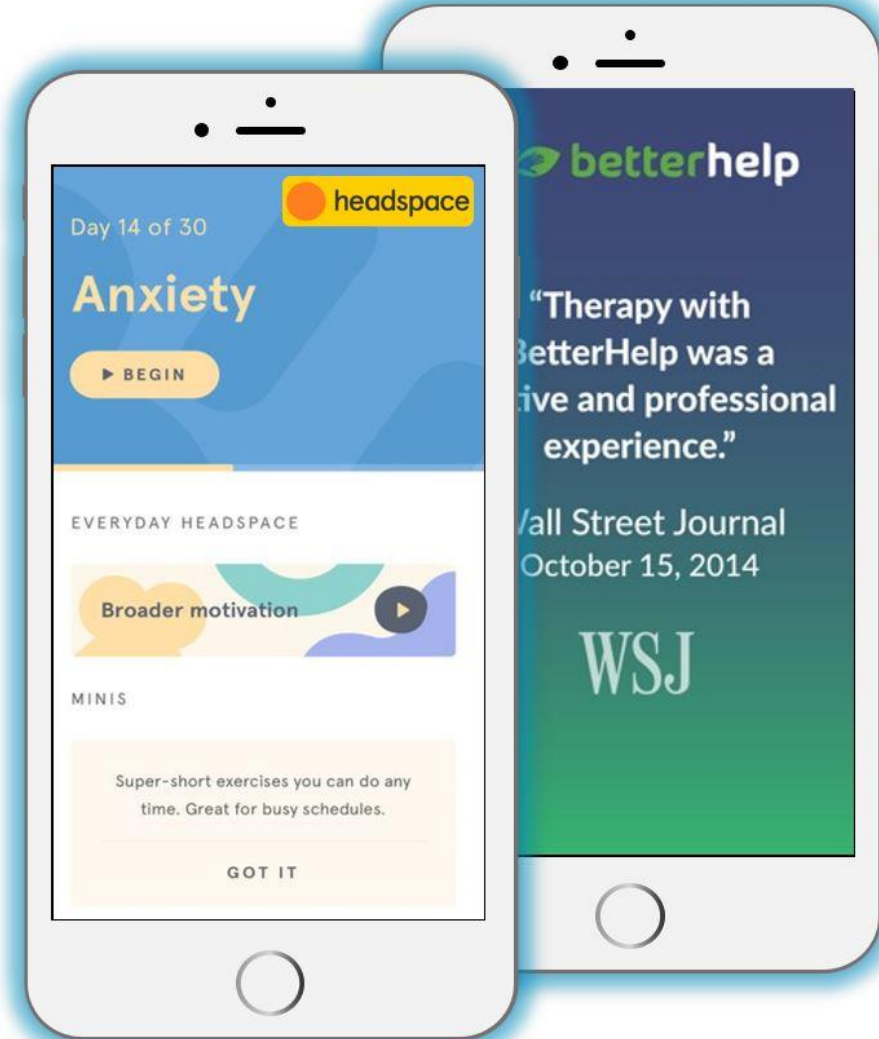


Figure 2. Vermont Behavioral Risk Factor Surveillance System 2019/2020 Report on Depression in Vermont Adults<sup>1</sup>



## Interview Questions

1. From your experience, what do you feel are the main patient barriers to accessing proper non-pharmacologic mental healthcare services (such as therapy/counseling) in Vermont?
2. What are your thoughts on mental healthcare apps as a potential adjunctive resource/substitute for low-risk mental health patients who seek therapy/counseling but are unable to for various accessibility reasons (i.e. short-staff on therapists, not enough time in schedule, financial constraints, transportation etc.)?
3. What are the main limitations or concerns you have about utilizing mental healthcare apps?
4. Are there specific mental healthcare apps that you personally would recommend or feel is a safe alternative?
5. What are other alternative mental healthcare options or community health resources that you feel comfortable offering your patients who are on a waitlist for therapy/counseling?
6. How long is your current waitlist?
7. What are the top 3 most common/prevalent psychiatric illnesses you encounter in your practice?

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## Community Perspective

PsyD

Dr. Mark Frayne, PsyD

Psychologist at Primary Care Vergennes, VT

Q1: "There is a scarcity of providers in the region. Attracting and retaining providers. Increase advertising with the message that utilizing behavioral health services should be viewed as reasonable and appropriate."

Q2: "The key issue here, as you mention, is ensuring the patient/client is matched appropriately with the App in question. Low-risk and not severe pathology, character disordered patients are not a good match for such interventions."

Q3: "Ensuring confidentiality; HIPPA complaint; assuming all disorders can be treated under these interventions. There is NO substitute for in-person psychotherapy. I get Telehealth, and even that can have its limitations, as there is significant information lost - online."

Q4: "No, not a big fan either way."  
Q5: "I'd go with the App or an ER, if indicated."

Q6: "A month and ½."

Q7: Adjustment Disorders; Anxiety/Depression and Relational/Family Problems.



# Community Perspective Cont.



MSW

**Deborah McGlothlin, MSW**  
Social Worker at Primary Care  
Middlebury, VT

Q1: "From what I have seen so far in VT, there are a lot of barriers. Transportation is one, however, with the start of the pandemic, Video and Phone sessions can occur which have helped to bridge that gap. Lack of experience. According to what patients have reported to me so far, there seems to be limitations in experience in the field. I am fortunate to have experience in all areas of mental health, many clinicians are not, therefore, if the patient has a multitude of issues often times only some are able to be worked on."



Q2 "I would have to have a better understanding of exactly how the site would be monitored, what the approval process would be to make sure that the patient meets this low level of risk and how it would be monitored ongoing. I think if this process was set up correctly, the best option would be for it to be used in conjunction with therapy..."

Q3: "Monitoring and follow through."

Q4: "I am actually not sure of the apps that are available for mental health as an alternative. I have never used any."

Q5: "I would most likely recommend a crisis line prior to a session for emergencies unless I knew how the app was being monitored."

Q6: "4-6 weeks"

Q7: "Depression, Anxiety, and Trauma"



**Anonymous | Patient at Primary Care Clinic Vergennes, VT**

"Like myself, my teenage daughter suffers from mental health issues, and it has been extremely difficult trying to find a therapist within the area"

"I think mental health apps can definitely serve as an alternative while on the waitlist for a therapist. My only concern is that I suffer from depression, and it can be a struggle trying to find that self-motivation to use the app."



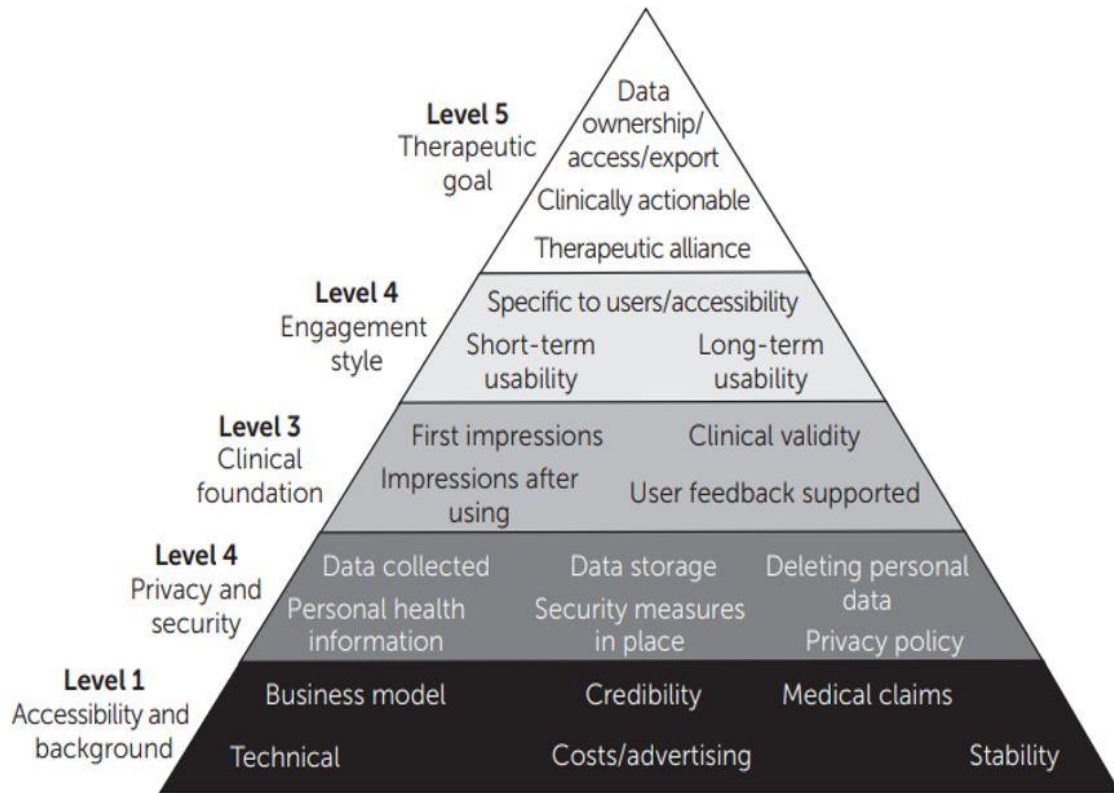
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## Interview Questions

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# Intervention & Methodology



**Figure 3.** Updated 2021 American Psychiatric Association mental health app evaluation framework by hierarchical level with a focus on 1) accessibility, 2) privacy & security, 3) clinical foundation, 4) "ease of use", and 5) data integration toward therapeutic goal.<sup>5</sup>

## Background

Most apps are affordable, can be downloaded by anyone with a smartphone device, and can be used privately and "on the go," overcoming barriers to traditional mental health treatments such as cost, access, and stigma.<sup>9</sup> Thus the utilization of mental health apps not only offer a cost-efficient method for delivering empirically supported mental health interventions, but also serve as a potential solution in alleviating the mental health burden due to staff shortages across Vermont.<sup>6</sup>

## Target population

low-risk psychiatric patients who require psychotherapy as an adjunct to their current treatment regimen.

## Intervention

Given most mental health apps are currently underutilized, the primary goal of this project is to generate a handout listing and briefly describing evidence-based and peer-reviewed therapy-based mental health apps that target various psychiatric conditions commonly encountered in a primary care setting in Addison County using the OneMind PsyberGuide database and the updated APA evaluation framework criteria (Figure 4 *next slide*). This handout can then serve as an accessible resource for both providers and patients seeking quality therapy-based mental health apps.



University of Vermont  
MEDICAL CENTER

## SELF-GUIDED THERAPY-BASED MENTAL HEALTH APPS

A user-friendly guide including evidence-based mental health apps for patients seeking therapy



One Mind PsyberGuide is a third-party app rating platform that offers an online database based on an independent expert panel to review mental health apps for use, which providers and patients can utilize.<sup>1</sup>





Specified Condition / Treatment Type	App	Brief Description & Cost	Credibility (0-5.00)	User Rating (1.00-5.00)	Transparency Score	Professional Review
Depression, Anxiety, Sleep disorders, Eating disorders, Trauma, Addiction	BetterHelp 	BetterHelp offers 24/7 professional help from licensed therapist. With over 20,000 trained, experienced, and accredited therapists covering a wide range of areas—from depression and anxiety to couples therapy—it's never been easier to receive personal, professional help when needed. After filling a questionnaire, users can match with an available therapist who best fits their needs, schedule live sessions with their therapist or use secure messenger, and gain access to constructive, educational groups. NOTE: Not included in PsyberGuide  Cost: Payment required (ranges from \$60-\$90/week)	5.00	4.8	Acceptable	Reviewed by: Many! (i.e. Denise Warren, PsyD)
Stress and Anxiety, Mood disorders, PTSD, Sleep, Psychoeducation/Info	Happify: For Stress & Worry 	Happify aims to help users reduce stress, anxiety and negative thinking, and improve emotional well-being. Users create an account and answer a short questionnaire which helps the app suggest a "track" for the user. "Tracks" are groups of activities and games which help the user achieve their goals. Tracks are based on cognitive behavioral principles therapy, mindfulness and positive psychology and are created by professionals to help clients achieve specific goals.  Cost: Free with in-app purchases	5.00	4.59	Acceptable	Reviewed by: Ellen Belluomini, Ph.D. MSW
Mood disorders	Headspace 	Headspace is an app that aims to bring the principles of mindfulness meditation to users' lives, and hopes to improve concentration and mood, reduce anxiety, and increase productivity. Users can complete a 10-session free trial before deciding to purchase a subscription that provides access to a wide variety of sessions and programs. The Headspace library includes single meditations, session packs, meditations for children, and animated meditations. Users can choose programs and progress through Headspace at their own pace.  Cost: Free with in-app purchases	5.00	4.97	Acceptable	Reviewed by: Nancy A. Haug, Ph.D.
Cognitive Behavioral Principles	Woebot 	Woebot is an AI-powered chatbot that uses principles of Cognitive Behavioral Therapy (CBT). Woebot guides users through managing distressing thoughts and feelings. After creating an account, users' message with Woebot in the app. Through check-ins, Woebot prompts users to enter their mood and details explaining their mood and responds by suggesting tools, skills, and strategies to help. In addition to messaging, users can view a chart of their mood entries over time and view psychoeducational media. Users can also access guided exercises such as, "challenge negativity" and, "challenge stress".  Cost: Free	5.00	4.64	Acceptable	Reviewed by: Colleen Stiles-Shields, Ph.D.

Table Summary of pertinent mental health apps from One Mind PsyberGuide<sup>2</sup> (For a more comprehensive list visit PsyberGuide website)

<sup>1</sup>APA PsycNet. psycnet.apa.org. Accessed January 11, 2023. <https://psycnet.apa.org/doiLanding?doi=10.1037%2F0000587>

<sup>2</sup>App Guide | PsyberGuide. One Mind PsyberGuide. <https://onemindpsyberguide.org/apps/?condition=stress-and-anxiety>

For 24 Hour emergency Services: Call Counseling Service of Addison County, Inc. at (802) 388-7641



Figure 4. Sample handout listing a summary of evidence-based mental health apps from One Mind PsyberGuide.<sup>11</sup>



# Results | Responses | Data

One Mind PsyberGuide is a third-party app rating platform that offers an online database based on an independent expert panel to review mental health apps for use, which providers and patients can utilize as a resource.<sup>10,11</sup> In one study, most behavioral health care providers found Psyberguide to be helpful in their practice.<sup>10</sup> (Refer to Fig. 4 for handout)

## PSYBERGUIDE MENTAL HEALTH APPS

**BetterHelp** offers 24/7 professional help from licensed therapist. With over 20,000 trained, experienced, and accredited therapists covering a wide range of areas. NOTE: Not included in PsyberGuide

**Happify** aims to help users reduce stress, anxiety and negative thinking, and improve emotional well-being. The app have "Tracks" which are based on cognitive behavioral principles therapy, mindfulness and positive psychology and are created by professionals to help clients achieve specific goals.

**Headspace** is an app that aims to bring the principles of mindfulness meditation to users' lives, and hopes to improve concentration and mood, reduce anxiety, and increase productivity.

# Evaluation & Effectiveness

## DATA COLLECTION PLAN

01

Generate a pre-survey to obtain baseline quantitative data from participating patients (i.e. psychiatric condition, PHQ-9/GAD-7 scores, Mood Disorder/SCOFF questionnaire, Epworth Sleepiness/PTSD scale, treatment status, symptom severity)

02

Generate a post-survey to distribute to participating patients during follow-up visits to assess the following: 1) which apps were selected from the handout, 2) efficacy and satisfaction from use of selected apps, 3) what made them select & continue to use said app, and 4) follow-up on the previously noted scores/scales above.

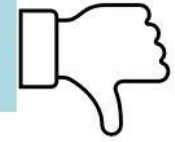
03

Generate post-survey from providers and in-house psychiatrist/psychologist to obtain feedback on satisfaction levels/efficacy of handout and utilization of OneMind PsyberGuide in the decision-making process for specific mental health apps.



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# Limitations



- **Credibility?** Effectiveness of the mental health apps on improving mental health outcomes is strongly influenced by patient motivation & personal inclination to seek self-help via utilization of the app(s). This may be difficult for some patients, especially those who struggle with depression and trauma.
- **User friendly?** There may be a generational gap with the utilization of mental health apps and PsyberGuide, which may favor younger, tech-savvy patients vs older patients.
- **Cost?** Although most apps are free w/ in-app purchases available, for apps that require payment, cost may continue to be a barrier for low-income (high-risk) patients (i.e. BetterHelp)
- **Feasibility?** While most apps are user-friendly, many patients struggle to set aside time to go through the “trial and error” process of trying to find the app that optimally and ideally suits their mental health needs.

# Recommendations for Future Interventions

Before: Obtain baseline data from participating patients (i.e. current psychiatric condition, PHQ-9/GAD-7 scores, treatment status, symptom severity)

After: Generate a survey to distribute during follow-up visits to assess the following: 1) which apps were selected from list, 2) efficacy and satisfaction from use of selected apps, 3) what made them select & continue to use app, and 4) follow-up PHQ-9/GAD-7 scores

01

02

Generate post-survey from providers and in-house psychiatrist/psychologist to obtain feedback on satisfaction and efficacy of handout and the utilization of OneMind PsyberGuide in the decision-making process for specific mental health apps.

Generating an EPIC phrase that includes the list of peer-reviewed mental apps on the flyer so that it can be utilized and implemented during patient mental health visits at other primary care clinics throughout Vermont

03

Have the handout certified by the University of Vermont Health Network so that it can be appropriately utilized and distributed to other clinical sites within the Vermont.

04

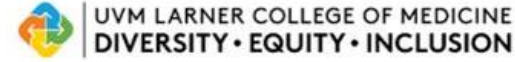
Hosting a workshop for primary care providers and in-house psychologists/psychiatrists serving in primary care clinics to learn about utilization of highly recommended evidence-based mental health apps for their patients who struggle to access therapists due to long waitlist.

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The interviewer, Althea Tapales, affirms that he/she/they has explained the nature and purpose of this project. The interviewee affirms that he/she/they has consented to this interview.

Yes / Quotes may be attributed to me: X

Name (printed): Mark Frayne, PsyD

Name (printed): Deborah McGlothlin, MSW, LICSW

## Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview, and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.