



Use of Mental Health Apps by Essential Workers and Unemployed due to COVID-19

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Project Overview

Access to mental health care by essential workers and the unemployed during the COVID19 pandemic has been challenging. Usual access to mental health care is limited by social distancing, and for many now unemployed due to closures of businesses, insurance is insufficient to cover the costs of mental health care. The aim of this project is to understand the use of mental health apps by these populations, and how well their needs are being met by what is on the market. Through our research we have been able determine the acceptability, feasibility, usability and effectiveness of mobile mental health apps for addressing risk factors associated with suicide risk in essential workers and unemployed individuals.

Almost 2,000 participants had their mental health assessed and were surveyed about which apps and online tools they have used to manage mental health issues during COVID-19, and what usability challenges they have faced. They were also asked to rank the most important components of mental health apps (from 9 pre-selected features e.g., mood tracking, meditation, etc.) with the option to write-in their own desired feature.

For phase 2 a random sample of approximately 1,000 participants were asked to engage in a randomized trial of the top-rated free apps for 4 weeks. After which the tested apps were rated on usability, acceptability, feasibility and effectiveness.

Key Findings

- Only 14% of our entire sample reported using an app to help cope with stress associated with COVID-19, with no difference shown between essential workers or those unemployed due to the pandemic.
- When we asked the other 86% of our sample why they chose not to use an app to cope with COVID-19 stress, the majority (69%) answered “I didn’t think to look for an app”, followed by “I don’t think apps would help me” (35%), and “I have other ways of coping” (25%).
- The two most popular apps were Calm and Headspace, both self-guided apps designed to teach mindfulness and mediation in order to improve the quality of sleep and reduce stress and anxiety.
- When asked to look at a list of features and rate how important they felt they were in a mental health app, both groups listed their top four features as:
 - Information or Education
 - Mindfulness/meditation tools
 - Tools to focus on the positive events and influences in life
 - Link to resources, counseling, or crisis support

- Reported burden of the mental health apps that participants had used:



To access to the initial data set for your own analyses, contact us at alacrity@uw.edu

Measures Used

- We assessed the participants' mental health status using clinically validated measures for depression ([PHQ-2](#)), anxiety ([GAD-2](#)), emotion dysregulation ([DERS-18](#)), substance use ([CAGE-AID](#)), and risk factors for suicidal behaviors ([SBQ-R](#)).
- Participants who reported using a mental health app were asked to complete [the Intervention Usability Scale \(IUS\)](#), [System Usability Scale \(SUS\)](#) and [User Burden Scale \(UBS\)](#).

Next Steps

- We recently completed an RCT of four apps with a sample of about 1000 participants and we are in the process of analyzing the data.

Recommended Readings

Mata-Greve, F., Johnson, M., Pullmann, M.D., Giffith Fillipo, I., Comtois, K.A., & Arean, P. (2021) [Mental Health and Perceived Usability of Digital Mental Health Tools among Essential Workers and Unemployed during COVID-19: A Remote Survey Study.](#)

Friedman, E.C. 2021, [How mental health apps do \(or don't\) support some of COVID-19's most vulnerable populations](#), UX Magazine. Under review.