Consumer Adoption of M-Interventions in Mental Health

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Introduction

• Young Adults (16-25 years) and Mental Wellbeing
  – Highest prevalence of mental ill health (ABS, 2007)
  – Least likely to seek help (ABS, 2007)

• Social marketing is a useful social change framework for addressing challenges in the mental health field (Andreasen, 2004)
  – Need to increase participation in early interventions (Andreasen, 2004)
  – How can we ‘market’ inventions to increase participation rates?
Background

Mobile Mental Wellbeing Interventions

– E.g., myCompass
– Benefits of mobile phones (e.g., ubiquitous and continuous access, familiarity, and ease-of-use)
– Young adults most likely to:
  • Own a mobile phone (Mackay & Weidlich, 2007)
  • Incorporate mobile phone use into their daily lives (ACMA, 2007)
  • Use M-Services (Mackay & Weidlich, 2007)

Research Question

What are the motivators and inhibitors of consumer adoption of self-help M-Interventions?

– Critical that social marketers consider both new and traditional channels to engage consumers (Bernhardt et al., 2009)
– Need to investigate factors related to the implementation of new channels (Thackeray et al., 2008)
Literature Review

• Technology-Based Self Services (TBSS)
  – Allow consumers to “do it themselves”
  – Widespread in financial services (e.g., Internet banking), hospitality (e.g., automated checkouts), and retail (e.g., self scanning)
  – Adoption of TBSS in health sector is in its infancy (Schaper & Pervan, 2007)

• Adoption of TBSS
  – Technology Acceptance Model (Davis, Bagozzi, & Warsaw, 1989)
    • Too parsimonious for complex behaviour (Venkatesh & Davis, 2000)
    • Only considers cognitive drivers
  – Model of Goal-Directed Behaviour (Perugini & Bagozzi, 2001)
    • Deliberative (cognitive and affective) and automatic processes of decision making
    • Focuses on the end-state goals of TBSS use
Research Aim

To extend the MGB to explain consumer motivations for the adoption of self-help M-Interventions

Conceptual Framework

Model of Goal Directed Behaviour (Perugini & Bagozzi, 2001)
Model of M-Intervention Adoption

Preliminary Qualitative Results

- **Need for interaction:**
  - “... seek help whilst sort of taking away the element of actually being embarrassed about seeing someone face-to-face or feeling uncomfortable that people know... you’re struggling.”
  - “Because not everybody can talk to somebody that we don’t know. So I’ve got problems and I’m not confident enough to share it with somebody that I don’t know, so yeah, it’s better to, um, share it with my phone ‘cause, yeah, it’s not a human

- **Perceived Risk**
  - “you want something that’s reputable that can be recommended by health professionals... just to build their credibility and with that credibility I think you can be assured that you know, your information will be, yeah, will be protected.”
  - “…That you don’t get the same quality of care and the same help ‘cause it’s delivered by technology.”
Put this in before implications

drennanj, 31/03/2011
Preliminary Qualitative Results

• Perceived Behavioural Control
  • “I personally think that it could be empowering for the individual to take control...”
  • “I’ve still got general skills and find it pretty easy to find my way around so I think I could pick it up fairly easily.”

• Positive/Negative Anticipated Emotions
  • “…Me personally I get scared of really big goals... I’ll go, oh I’m afraid, I’m afraid I’m not going get there so I’m not going to try anyway.”

• Perceived Usefulness:
  • “[You] can go to the doctors surgery and you can wait up to an hour to see the doctor for ten minutes, so ... your mobile phone... could very well still be quicker.”

Implications

• Further Research
  – Empirically test the model

• Contributions
  – Develop and test a model of consumer adoption of M-Interventions
  – Inform design and implementation of M-Interventions and social marketing campaigns
  – Increase early invention participation in high risk target market