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Issues regarding the Person-Activity Fit of Youth Mental Health Apps

Smartphone apps are being used as **delivery mechanisms** for interventions **promoting mental health and wellbeing in young people**. One factor which may impact engagement of and adherence with these apps is their **Person-Activity Fit**. Despite this fact, there has not yet been any inquiry into how well these technologies line up with the requirements and preferences of young people.



Person-Activity Fit (PAF): The better an activity fits to a person, the more likely the person is to engage with it, and adhere to it, which in turn also impacts the effectiveness of the activity [1]. Intervention activities require effort from a young person to engage with preventive digital MH services, namely, to initiate use and maintain it [2]. PAF may facilitate this effort.

What are young people's preferences in media use?



We conducted a review of recent studies into youth media preferences, to establish a basis of young peoples habits when using digital media [3,4,5,6,7,8].

Young people prefer content being delivered through mobile devices, that it is highly interactive and driven by dynamic visual media. Social media plays an important role for young people as well.

What types of technology do mental health experts consider suitable for young people?



We conducted a co-design workshop on youth mental health technology with members of the British Psychological Association (n=60).

The expert concepts made extensive use of video, explicitly including YouTube. Mechanisms facilitating social connections were common. High emphasis was given to choice and customisation, as well as enabling rich interactions.

How are mental health promotion apps delivering interventions to young people?



We conducted a review of publicly available youth mental health promotion apps (n=29) using the General Inductive Approach and focus on Multimodality.

Interaction was largely based on single-tap touch. Some exceptions to this included written text and taking pictures. Output was primarily static text and static images. Some apps used audio, specifically guided meditation.

Youth mental health promotion apps should become **more dynamic**, with a **more sophisticated use of modalities**, and also offer young people **more choice and customization**. This will likely increase the engagement and adherence of young people with these technologies and contribute to closing the prevention gap.

References

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