Introduction

Smartphone apps may help people with bipolar disorder (BD) to access information and support with their self-management. However, the potential of app-based interventions is limited by low levels of engagement, seen in both clinical trials [1] and real-world contexts [2]. A large proportion of reviews of publicly available BD apps contain unfavourable feedback regarding unmet needs [3], suggesting that user preferences are not currently met. To support sustained use of apps, the views of people with BD need to be considered.

Methods

An international, web-based survey was used to explore attitudes towards mental health apps in people with BD. Respondents were asked to rate the importance of 22 app features (expanded from a 2015 survey [4]). An optional free-text item asked which features would support sustained use. The 9-item Mobile User’s Privacy Concerns scale (MUPCS; [5]) was used to evaluate concerns about data privacy and security. Data collection occurred Feb-Jun 2020.

Results

919 people with self-reported BD (52% BD-II) completed the survey. The sample was 78% female, mean age 37 years old, and 61% were White. 97.5% used smartphone apps.

The features most commonly rated as important were content quality/accuracy, ease and flexibility of use, cost, and data security.

Results (cont).

Less commonly endorsed features (ranked as ‘important’ by less than 50% of respondents) included sharing data with healthcare providers/family, rewards for use, inter-app connectivity, and peer support.

57% of participants responded to a free-text item. Qualitative analysis suggested that long-term engagement with a mental health app could be supported by new content or features, a positive and encouraging tone, customisation (e.g., frequency of reminders and data entry), tailored notifications or content (e.g., information relevant to current symptoms or early warning signs), simple ways of reviewing data (e.g., graphs), gamification and peer support.

Participants described high levels of privacy concerns across the MUPCS subscales (scoring: 1-7) of surveillance (M = 5.3), intrusion (M = 4.8), and secondary use of data (M = 5.3).

Conclusion

Some app features which have been previously suggested as clinically beneficial or likely to support engagement were perceived ambivalently. User consultation is essential when developing mental health apps for BD.

References