**Australian Centre for**
**Posttraumatic Mental Health**

# Self help website evaluation: reach and effectiveness of an open access resource

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# Acknowledgements

ACPMH team: Andrea Phelps, John O'Connor, Naomi Stevens

Department of Veterans' Affairs: Chris Clarke, Stuart Bagnall and Kym Connolly

Web developer: SMS Management Technology

Participants: veterans and their families who contributed to the evaluation

# Aims of this presentation

Background / method / results / lessons learned

- Challenges methodological and technological
- Solutions, successes, tips for this type of evaluation
- Findings: What we now know about the site after 12 month trial
- Critical reflection on the evaluation methodology

# Background

- The Wellbeing Toolbox for veterans and other former serving members and their families

  www.wellbeingtoolbox.net.au


- Adding to the range of mental health and support services available

- Target hard-to-reach / hard-to-engage younger age groups and those disinclined to use existing services

# The Wellbeing Toolbox

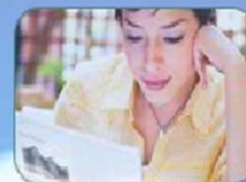A resource for veterans and former serving members and their families

*Please select one of the topics on the right to learn more.*

**Solving Problems**

**Building Support**

**Helpful Thinking**

**Getting Active**

**Keeping Calm**

**Sleeping Better**

Use the **Self-Management Plan** to access your Interactive Worksheets ▶

Not sure where to start? Click the **Star** for assistance ▶

# Background

- *Open access* self-help website

- *Wellbeing* (resilience model) Skills for Psychological Recovery: sub-clinical in focus and aims to promote healthy coping, adjustment, and adaptation to civilian life

- *Self Help*: flexible, users choose level of engagement and most relevant topics for them

- Target audience sensitive to information requests and government involvement in personal health

- 12 month trial

# Website features

Menu based:

- 6 topic modules (any order; any number)
- Log in (optional)
- Self assessment questionnaire (optional)
- Self management plan (optional)
- Helpful resources and links

➢ Priority given to accessibility
➢ Low impact non intrusive evaluation

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# Aims of the evaluation

- Accessibility and Acceptability
- Reach and effectiveness of the on-line approach

  - ➢ Is it reaching the target audience?
  - ➢ Is it well received?
  - ➢ Is this modality an acceptable intervention for sub-clinical mental health problems?
  - ➢ Other benefits or opportunities arising?

Evaluation must not to present a barrier to use of the site

# Planning & early stages

- Literature review – what can we learn from others
  Genuine open access self-help website evaluations
    - Not done?
    - Not reported?
- Data availability:
    - What can/could the website do?
    - What evaluation tools can be built in?
    - What can Google Analytics do?
    - Ethics? What is it okay to know?
    - What we *won't/can't* know?

# User testing for acceptability

Look and feel

- Animations adjusted e.g. Raining bullets
- Images range of people (age, gender)

Usability & navigation

- Help/ guide me function
- Interactive, engaging activities and feedback
- Minimal text per page

Not suitable for severe PTSD – help on every page

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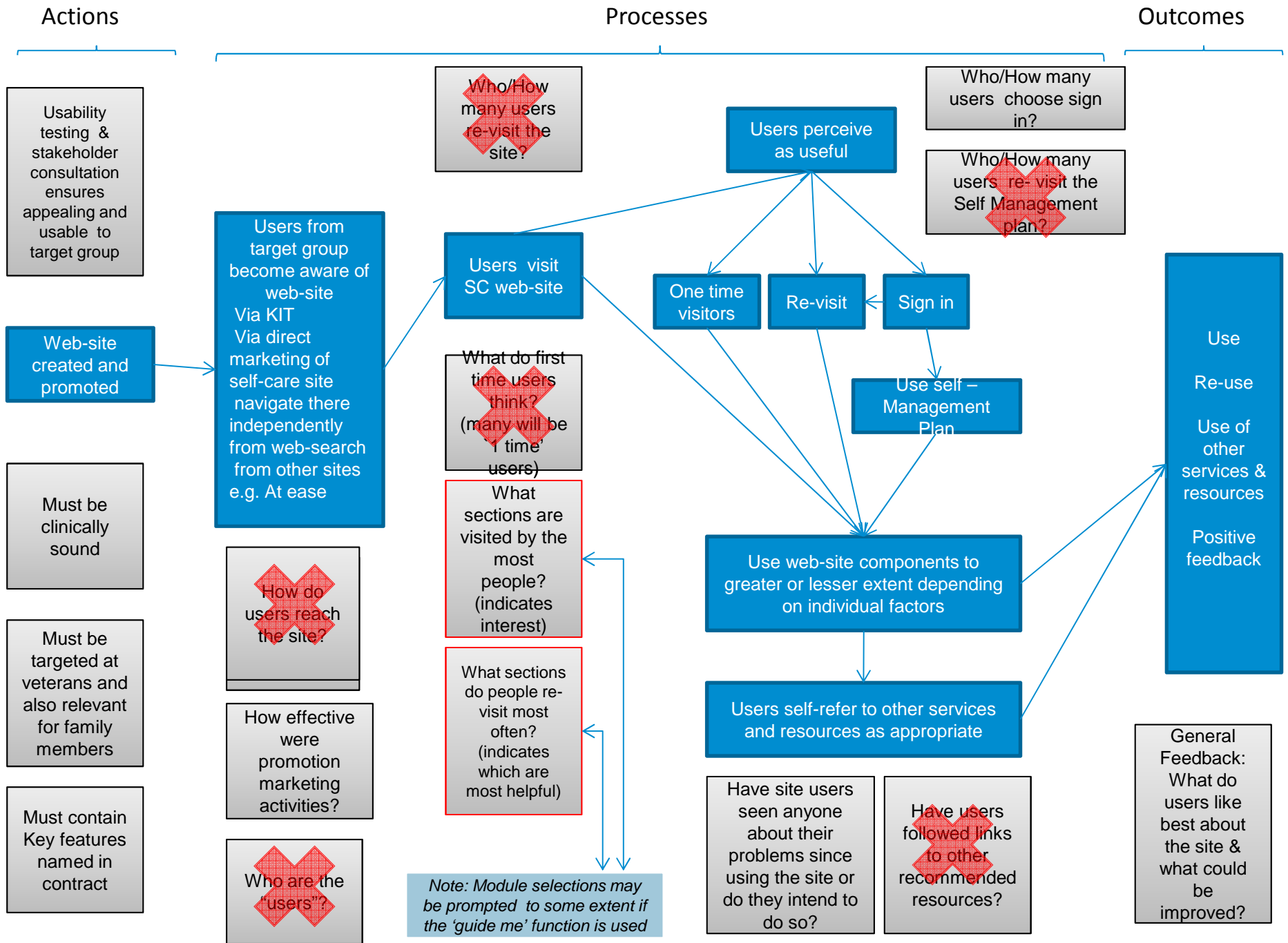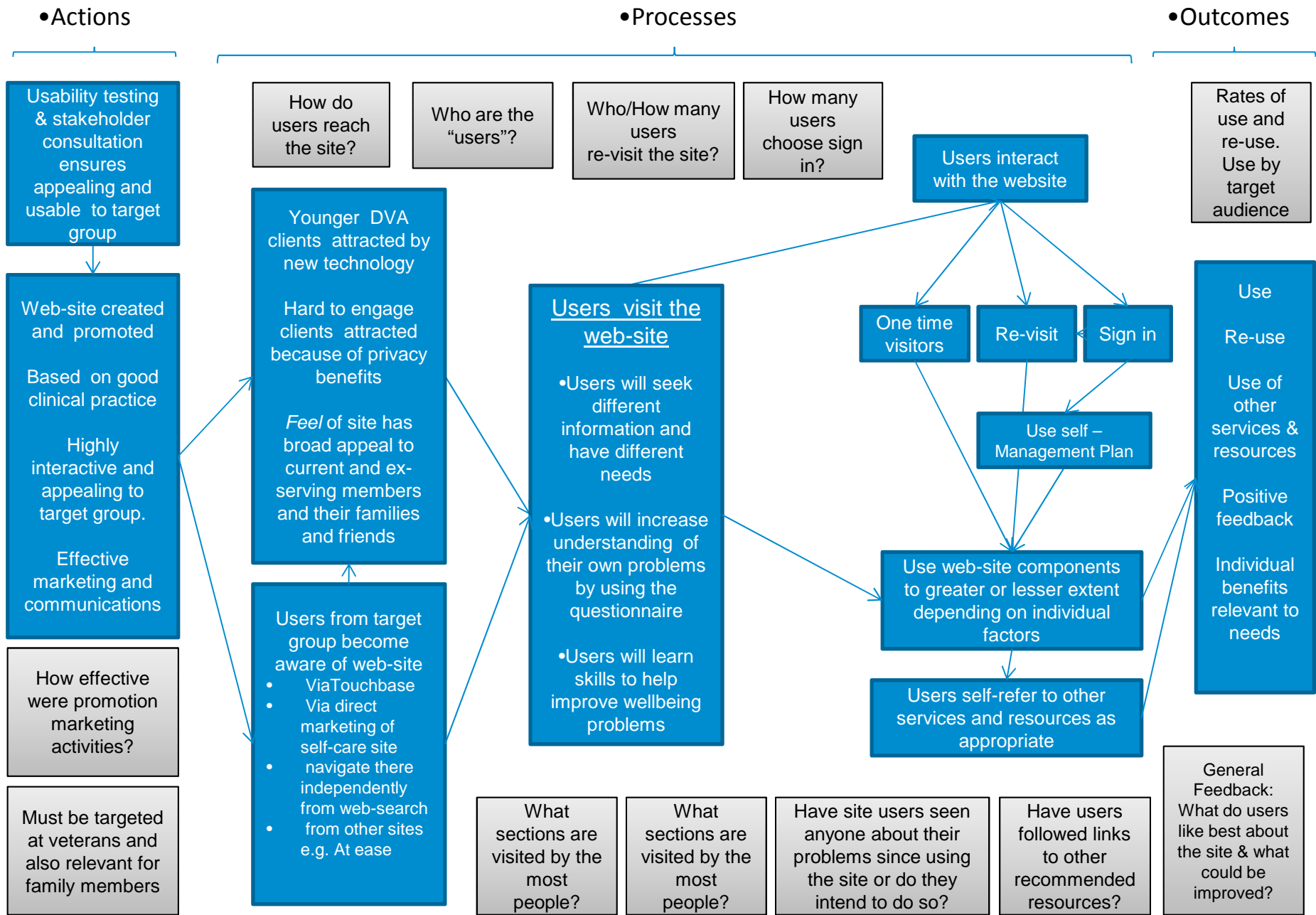# Evaluation Approach

## Givens:

- 12 month monitoring period
- Website statistics available
- Trial to involve real users of the service

## Program Logic & explicit theory of change used to:

- Determine data which would be needed to test the theory
- Explore options with stakeholders and web designers to obtain data or build in data collection tools
- Revise and construct a testable program model

## Actions

## Processes

## Outcomes

**Usability testing & stakeholder consultation ensures appealing and usable to target group**

**Web-site created and promoted**

**Users from target group become aware of web-site Via KIT Via direct marketing of self-care site navigate there independently from web-search from other sites e.g. At ease**

Must be clinically sound

Must be targeted at veterans and also relevant for family members

Must contain Key features named in contract

~~Who/How many users re-visit the site?~~

**Users visit SC web-site**

~~What do first time users think? (many will be '1 time' users)~~

~~How do users reach the site?~~

How effective were promotion marketing activities?

~~Who are the "users"?~~

What sections are visited by the most people? (indicates interest)

What sections do people re-visit most often? (indicates which are most helpful)

*Note: Module selections may be prompted to some extent if the 'guide me' function is used*

**Users perceive as useful**

~~Who/How many users choose sign in?~~

~~Who/How many users re- visit the Self Management plan?~~

**One time visitors**     **Re-visit**     **Sign in**

**Use self – Management Plan**

**Use web-site components to greater or lesser extent depending on individual factors**

**Users self-refer to other services and resources as appropriate**

Have site users seen anyone about their problems since using the site or do they intend to do so?

~~Have users followed links to other recommended resources?~~

**Use

Re-use

Use of other services & resources

Positive feedback**

General Feedback: What do users like best about the site & what could be improved?

## • Actions

**• Processes**

**• Outcomes**

**Usability testing & stakeholder consultation ensures appealing and usable to target group**

How do users reach the site?

Who are the "users"?

Who/How many users re-visit the site?

How many users choose sign in?

**Users interact with the website**

Rates of use and re-use. Use by target audience

**Web-site created and promoted**

**Based on good clinical practice**

**Highly interactive and appealing to target group.**

**Effective marketing and communications**

**Younger DVA clients attracted by new technology**

**Hard to engage clients attracted because of privacy benefits**

*Feel* of site has broad appeal to current and ex-serving members and their families and friends

**Users visit the web-site**

• Users will seek different information and have different needs

• Users will increase understanding of their own problems by using the questionnaire

• Users will learn skills to help improve wellbeing problems

**One time visitors**

**Re-visit**

**Sign in**

**Use self – Management Plan**

**Use web-site components to greater or lesser extent depending on individual factors**

**Use**

**Re-use**

**Use of other services & resources**

**Positive feedback**

**Individual benefits relevant to needs**

How effective were promotion marketing activities?

Users from target group become aware of web-site
• ViaTouchbase
• Via direct marketing of self-care site
• navigate there independently from web-search
• from other sites e.g. At ease

**Users self-refer to other services and resources as appropriate**

Must be targeted at veterans and also relevant for family members

What sections are visited by the most people?

What sections are visited by the most people?

Have site users seen anyone about their problems since using the site or do they intend to do so?

Have users followed links to other recommended resources?

General Feedback: What do users like best about the site & what could be improved?

**Overarching Context:**
Technological environment, Social trends, other DVA services and products, other innovative service options including those arising outside DVA

# Method

- Engagement from design stage
- Two evaluation time points
    - Mid term (6 months post launch)
    - Final (12 months)
- Ongoing monitoring (web stats, feedback)
- Mix of qual and quant data
- Opportunistic use of available data
- Meaningful questions which are possible to answer

# Final data sources

Google Analytics:
- Visitors
- Unique visitors
- Page views
- Time on site

On-site survey (not *"pop-up"*)
- Demographics,
- Satisfaction q's x4
- Comment

Questionnaire
- *Psychological Distress*

- Feedback (ad hoc) from users and non-users
- Interviews with users recruited via the evaluation register
- Stakeholder interviews

Marketing information
- Activities
- Dates
- Audience

# Findings

From selected evaluation questions, trial period Feb 2011 to Feb 2012

Most useful data sources:

- Optional on-site survey (n=297, 4% of visitors)

- User interviews x 2 time points  (n=14)

- Website analytics (monthly monitoring)

# Who is using the site?

- 7477 visitors (approx 20 visits per day)
- Average age= 60yrs

Why?

- Marketing?
- Selective response to the questionnaire?
- Younger users disguised by broader interest?

## Age distribution among veteran DVA Beneficiaries who received the promotional letter



| Age | Value |
|-----|-------|
| under 29 | ~1000 |
| 30-39 | ~2800 |
| 40-49 | ~11500 |
| 50-59 | ~16000 |
| 60-69 | ~43000 |
| 70-79 (no data) | |
| 80-89 (no data) | |
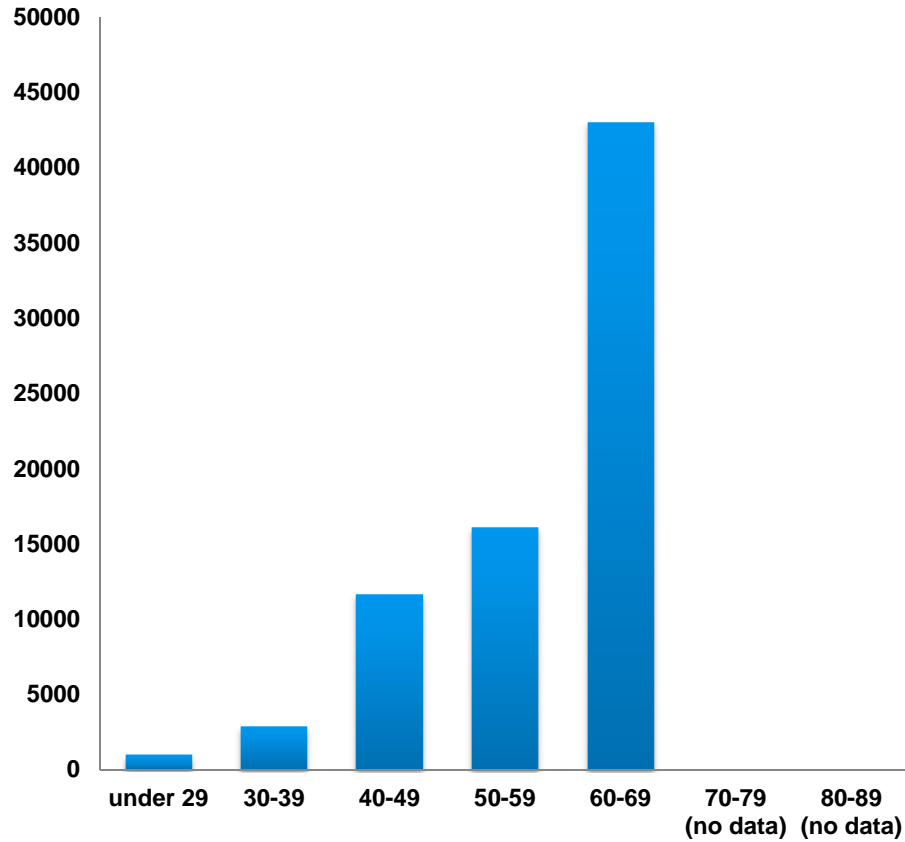
Legend: Age

## Age distribution among on-site survey respondents (excluding health professionals)



| Age | Value |
|-----|-------|
| 20-29 | ~2 |
| 30-39 | ~11 |
| 40-49 | ~20 |
| 50-59 | ~50 |
| 60-69 | ~148 |
| 70-79 | ~7 |
| 80-89 | ~1 |
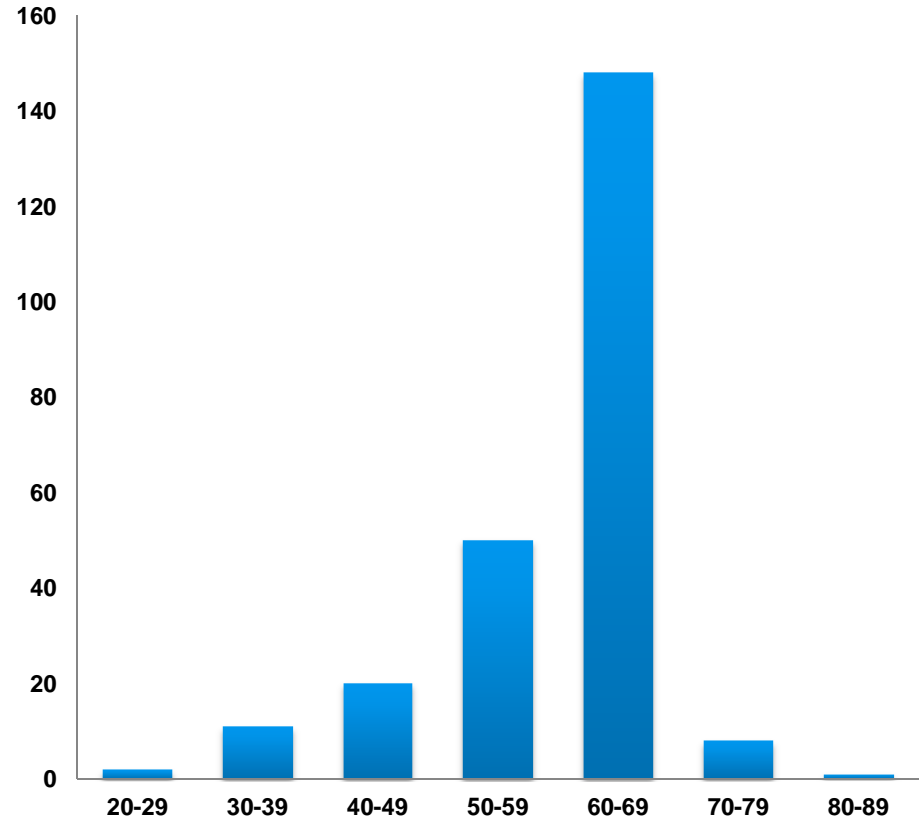
Legend: Age

# Qualitative exploration of user age

- Over 50's seem to appreciate and use the site

- 2/10 said a website is not  good way to engage younger people

- Younger age group are busy

- Younger will only seek help in crisis

- Some interest in apps, and a belief others and younger people would be attracted by these

# Who is using the site? (cont'd)

- Predominantly male

- Reflects DVA client profile

- Reflects promotional activities

- People reporting med-high psychological distress: in need of services

# How much is the site used, and what parts are used?

Website statistics:

- 7477 equivalent to 10% of letter recipients
- A third are return visitors
- Average 4 to 5 minutes per visit  *
- Average 7-8 page views per visit
- Top parts: Solving Problems, Sleeping Better, Questionnaire, Keeping Calm

# Is the site acceptable and accessible?

- 60-70% surveyed find it easy to use, helpful, and would return if further help was needed

- Low bounce rates (27%) compared to other similar websites (60%) and 'reasonable' blogs (80%)[1]

- High log-in rates (6%) compared to other studies (1%)

- Trend (in page view statistics) to complete topics

- Issues around technological compatibility emerging: Flash, new browsers, mobile/tablets

# Is it reaching and benefiting the target audience?

The users not engaged with other services currently (or ever) were represented among interviewees:

- 50% were not connected to other services
- 30% had never sought mental health help

*"I thought there's nothing the matter with me so I never saw anyone.. The sleep module - I had not heard those things before – it's so simple but it has really worked"*

Interviewees report benefiting in meaningful ways: *empowering, confidence & motivation to address problems, new skills, positive changes*

# Other benefits and opportunities

- Proof of concept; notion of online self help as a service option
- Instrumental use to improve user experience on the website
- Timely information for decision making
- Broader insights e.g. web and app use in the veteran population
- Possible future 'app'
- Possible future trial of treatment effects e.g. pre post design may be necessary

# Other changes in the environment

- **Flash versions** (May 2012 0.2% incompatible due to older versions of Flash)
- **Web browsers supported** (IE 10 updates)
- **Increase in iphone/ipad market share** (Apple & Flash)

- Transition from trial with evaluator support to ownership by funder
- Switch from a research initiative to service improvement/quality assurance monitoring (?ethics)

# Conclusions

- The website was an effective strategy to engage veterans and ex-serving members with mental health and wellbeing resources

- Accessed by those disinclined to use other modalities of treatment or help seeking

- Provided an addition to existing services, and other new on-line services

- Users report benefit in a range of ways e.g. Sleeping better, keeping calm, using self management plan as a guide to start discussions with GP  - however it was not a paradigm suited for testing treatment outcomes

# Lessons Learned

- Planning: ways around many information blocks

- IT: access to IT personnel

- Google Analytics: analytics and page tagging options

- Data from site servers: recording and access

- Data from on-site surveys: embed externally to retain control

- Reporting skill: combining data from many sources to build the picture.

- Benchmarking: ambitious and only somewhat useful

- Ethics and privacy: emerging conventions

# Ethics

4 stage ethics approval

- To run focus groups
- On-line informed consent process for being on the evaluation register
- Verbal consent process for evaluation interviews

ESOMAR Guidelines and disclosure statements

- Guideline for conducting research via mobile phone
- Guideline for online research

Convention in Health Websites

- *"We use cookies on this site to..."*

# Final remarks

- It is possible to produce an informative and low impact evaluation of open access websites

- Aim for highest level of evidence as any other program evaluation

- Technology is gaining pace, and it is important that web resources are exposed to the scrutiny they deserve

- Share and report findings

# Discussion, questions, comments?

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