BD/Finhealth: Findings from our pre-registered survey

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Agenda

1. Introduce survey design
2. Describe preregistration
3. Review main findings
4. Discuss exploratory analysis possibilities
5. Discuss venues for publication

Research Questions & Survey Design

1. For individuals living with bipolar disorder, what factors contribute to level of comfort in financial data sharing for third-party financial interventions?
2. How do data sharing attitudes change with variations in a) who initiates an intervention, b) intervention context, and c) mood state?
3. How do prior illness-related experiences contribute to data sharing attitudes for third-party financial interventions?

Survey Design - Factorial Vignette Experiment

We performed a factorial vignette experiment that varied **3 total factors** to explore comfort with financial interventions. Participants rated each scenario on a scale of 0-10.

Factor	Levels
Actors	Clinicians
	Care partners
	Banks
Intervention Context	Share spending details
	Planning & budgeting
	48-hour spending restriction
Mood State	During a mood episode
	During stable mood

An example vignette: "The app uses your financial data so that it can share your spending behavior patterns with your **clinicians** during a mood episode. How comfortable are you with this scenario?"

Survey Design - Additional Variables

Topic	Variable
Clinical history	Bipolar subtype
	Age at diagnosis
	Prior hospitalizations (yes/no)
	Psychiatric advance directive in place (yes/no)
	Big Five (BFI-10)
Financial history	If they have considered or declared bankruptcy
	If they have asked care partners for help with money issues
	Primary financial goal
	Use of Pay Later services (yes/no)
	Consumer Financial Protection Score
Third-party trust	How easy it is to trust banks, care partners, and clinicians (5-item Likert)

Main Findings

Preregistered Hypotheses

- ❌ H1.1: Comfort ratings will be lower during stable periods vs. symptomatic periods
- ❌ H1.2: Among intervention levels, comfort ratings will be highest for shared spending behaviors during mood episodes
- ✅ H1.3: Among intervention levels, comfort ratings for spending restrictions will be higher during mood episodes vs. during stable periods
- ✅ H2.1: Among intervention levels, comfort ratings will be lowest for spending restrictions
- ✅ H2.2: Evidence of advanced planning behaviors (operationalized as the prior creation of a psychiatric advanced directive) will lead to higher comfort ratings when sharing spending behaviors
- ✅ H2.3: Evidence of adverse financial events (operationalized as prior bankruptcy) will lead to higher comfort ratings of spending restrictions
- ✅ H3.1: Comfort will be highest for care partners
- ✅ H3.2: Higher levels of trust in third parties will be associated with higher comfort ratings for those respective third parties
- ✅ H3.3: Prior requests for third-party aid in managing impulsive spending behaviors will be associated with higher comfort ratings across all third-party actors (versus those who have not requested help)
- ✅ H4.1: Agreeableness will have a significant (non-directional) effect on level of comfort.

- Predictors of trust in third parties
- Predictors of openness to care partner help with finances
- Impact of late diagnosis on CFPB score (including diagnostic subtype, hospitalization, bankruptcy)
- impact of pay later services use on CFPB score

Thoughts on any other potential analysis?

We have been considering NPJ Mental Health. Would you have any alternative suggestions?