This is a writing sample of an ongoing project I am undertaking for my user research class as part of my master's program. Product prototype will be uploaded to my portfolio upon completion. To see my other projects please visit my portfolio:
https://ian1202.github.io/ianyen.github.io/

Product Concept and Statement

"Mantal Help" (MH) is an encrypted mobile application, designed for middle-aged men who do not feel comfortable seeking mental health services in person to track their symptoms and open up about their struggles with a supportive community and providers without having to disclose their identity. With today's stigma around mental health that stops many men from seeking help, suicide has become one of the leading causes of injury death among men in the USA. MH will help men break through these obstacles by providing a safe and trusted platform, on which the user can simply ask questions and get advice. Combined with the biometric data (I.e. heart rate) collected from the user's wearable devices, MH uses natural language processing to perform sentimental analysis of the user's interactions and will alert the user if there are any potential symptoms. The experience is fun and can fight the stigma that real men don't talk about their troubles.

Research Methodology

The main goal of the user research is to understand the users and their experience in relation to mental health struggles in general. Therefore, I will conduct a semi-structured interview for my product ("Mantal Help"). The main reasons for choosing semi-structured interviews over contextual inquiry is because mental health struggles are not a concrete one-time event in a predictable setting, but instead is a long-lived experience should have come across. There is no specific thing to be observed; nor is there a need to question the participants while they work in a particular environment. Hence, detailed questions about user practices, thoughts and experiences with mental health management, through a one-on-one format, would be sufficient to elicit relevant responses from the participants. Notes will be taken during and after each interview. Audio recordings will be used to assist data collection with the permission of the participants.

Results

I conducted semi-structured interviews with 3 participants from different industries and of different socioeconomic status, over the phone and in-person. Two of the participants considered their mental health status to be normal, while one stated he had poor mental health. All of the participants have had a depression/ anxiety or anger episode in the past 6 months. Only one participant has ever reached out to mental health services; the other two would share their struggles with their friend(s). The major perceived barriers to MH services include insurance reimbursement and stigma. Though surprisingly, even all these barriers aside, most of the participants did not think MH providers could help or understand their circumstances mainly due to the impression that a treatment solely involved medications. All participants agreed that a supporting network that only consists of men to would be allow them to share their

MH burden. In addition to anonymity, time was also highlighted as another important factor when it comes to figuring out an approach to their MH issues.

Data Analysis

Affinity Diagram

Summary of Findings

I analyzed the data by, firstly, annotating the interview notes with codes in the margins. Secondly, I created a card for each of the code using post-its (yellow). With these self-standing cards, I then put them into corresponding clusters, and identified 6 common themes labelled as "Anonymity", "Mental Health Services", "Emotion Management", "Communication", "Friends and Family" and "Support Network" respectively (white). Finally, I combined these 6 themes and created 3 high-level categories labelled "Barriers & Stigma", "Methods" and "Network" (lined paper), which summarize all of the collected data declaratively.

Barriers and Stigma categorizes the participants' perceived barriers to reaching out to mental health providers, such as insurance reimbursement and intricately confusing process, and the importance of staying anonymous when using these services. Methods categorizes the methods used by the participants to manage their emotions, including texting with friends, binge eating

and exercising. And Network condenses the formal and informal social support networks that the participants rely on for stress management, such as the fellowship at church.

It was surprising to find out the importance of a single-sex platform for the users when it comes to a mental health support network. To quote one participant, "I cannot share my deepest struggles relating to my family or marriage with anyone at church because my wife is part of it too". Another participant also states, "there are some issues that only men understand like sexual problems".

One of the challenges I faced was arranging face-to-face interviews with the participants. Most of the participants were reluctant to be interviewed in-person or be audio recorded. While the reasons were not explored, it may imply the stigma and sensitivity around the topic of mental health that should be addressed when designing the app.

Deducing Design Requirements

With the available data, I selected 6 interesting and representative cards from my qualitative analysis in the previous section and deduced an interaction design requirements for each card.
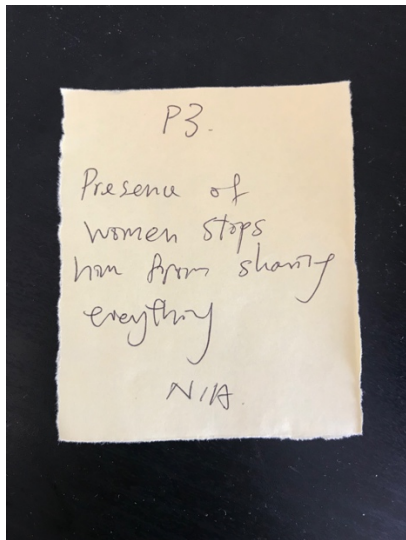
1.
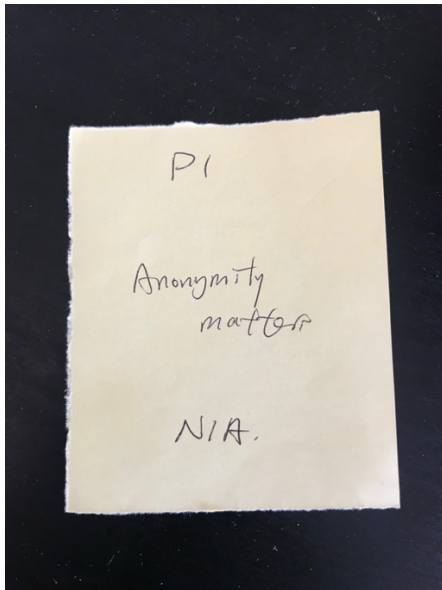
Higher category: **Barriers and stigma**
Secondary level category: **Anonymity**
Requirement statement: **User's identity should be unidentifiable on the app**
Rationale: **All participants emphasized on the importance of anonymity**
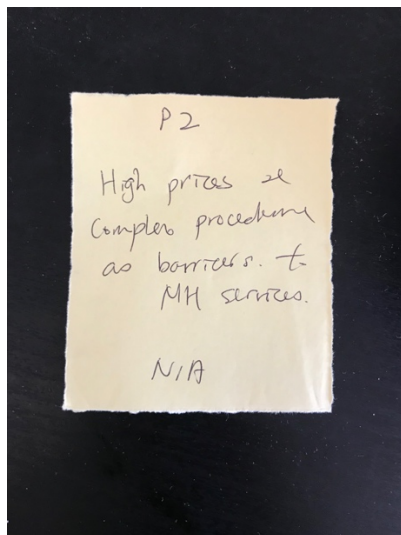Note: **n/a**

2.

Higher category: **Network**
Secondary level category: **Support Network**
Requirement statement: **App should be a men-only platform that provides a trusted support network**
Rationale: **Participants felt more comfortable talking about issues relating to marriage, family with other men**
Note: **n/a**

3.
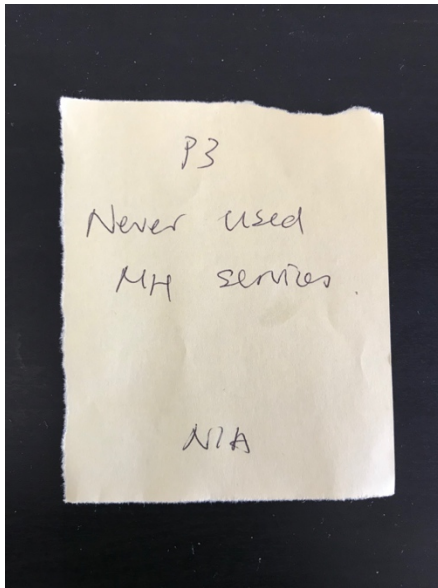

Higher category: **Barriers and stigma**
Secondary level category: **MH Services**
Requirement statement: **app should provide users with free and simple access to mental health services**
Rationale: **MH services were thought to be expensive and complex**
Note: **n/a**

4.

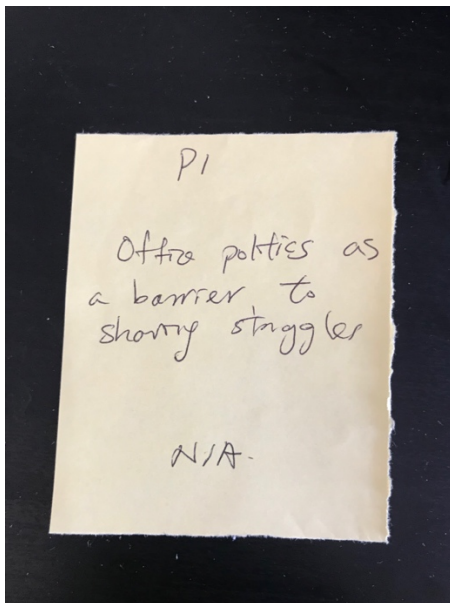Higher category: **Barriers and stigma**
Secondary level category: **MH Services**
Requirement statement: **App should contain relevant information about mental health services and a call to action**
Rationale: **Some participants had no experience with mental health services before**
Note: **n/a**

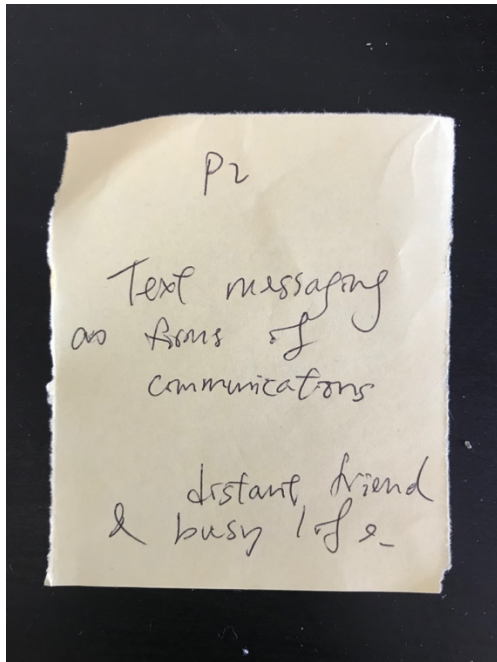5.

Higher category: **Network**
Secondary level category: **Support network**
Requirement statement: **App should provide a politically neutral environment in which users can share about their struggles with coworkers too**
Rationale: **Office politics has stopped the participant from sharing with coworkers**
Note: **n/a**

6.

Higher category: **Methods**
Secondary level category: **Communication**
Requirement statement: **app should allow for asynchronous communication**
Rationale: **It would allow users to communicate with friends/ providers despite of their busy life**
Note: **Text messaging, disguised voice recordings, etc.**

Personas

Drawing from my user data based on my user research, all of the users fall into either one of the below categories:

User Group 1– men who have used mental health services in the past.
Although this group of participants have used mental health services before, they have stopped because they are too busy to attend regular therapy sessions. Furthermore, they did not think the therapist understood them. Therefore, they would rather use the time previously spent with a therapist to spend with the family. Most of them now keep everything to themselves.

User Group 2– men who have never used mental health services.
This group of participants are concerned about the stigma around mental health services. They were afraid that friends would look at them differently if they found out he was seeing a psychiatrist/ psychologist. They have a misunderstanding of mental health services. The

complex procedure and insurance reimbursement for mental health services are some other reasons they do not use them. Hence, they would rather speak with a friend when they have a mental breakdown.

Name and demographic info: Zac is a 42 year-old Consultant who works in the financial industry. He is married and have three kids. Their family live in New York City.
Role: Zac experiences moderate depression symptoms every so often and likes to keep everything to himself. He has used mental health services before but has stopped. He is very busy hence would does not have the time to attend regular therapy session. He also thought did not want to take the prescribed medications.
Goals: To have someone to go to when he is in need of emotional support. He wants to speak about his issues and struggles with a mental health professional anytime anywhere, especially when he is traveling for work on his own.
Tasks: Have a secured and safe virtual platform that allows him to communicate with someone he trusts and understands his struggles.
Environment: He is always out of town traveling alone. He does not have a physical support network.
A quote: "The airport lounge is where my emotions usually kick in. I travel a lot for work, and when I cannot see my wife and kids, all on my own, I am easily consumed by all the negative thoughts and self-doubts…..If there was someone I could speak with at these times that would be great"
An image:

Name and demographic info: Gregory is a 29 year-old Salesman who works in the technology industry. He is single and the only child in his family. Born in Michigan though now lives in New York City.
Role: Gregory experiences serious anxiety sometimes as he is the only source of income for his parents. He has never sought mental health services because of the stigma around it and reimbursement– he uses a basic insurance plan and does not think mental health services are

covered. High price and perception of the complex procedure are what prevent him from seeking mental health services.

Goals: He wants to be able to speak with a mental health professional without having to worry about the costs. He also wants concise information about the steps to seeking mental health services.

Tasks: To have access to a mental health professional as well as the most relevant information about the services at a very low cost/ for free.
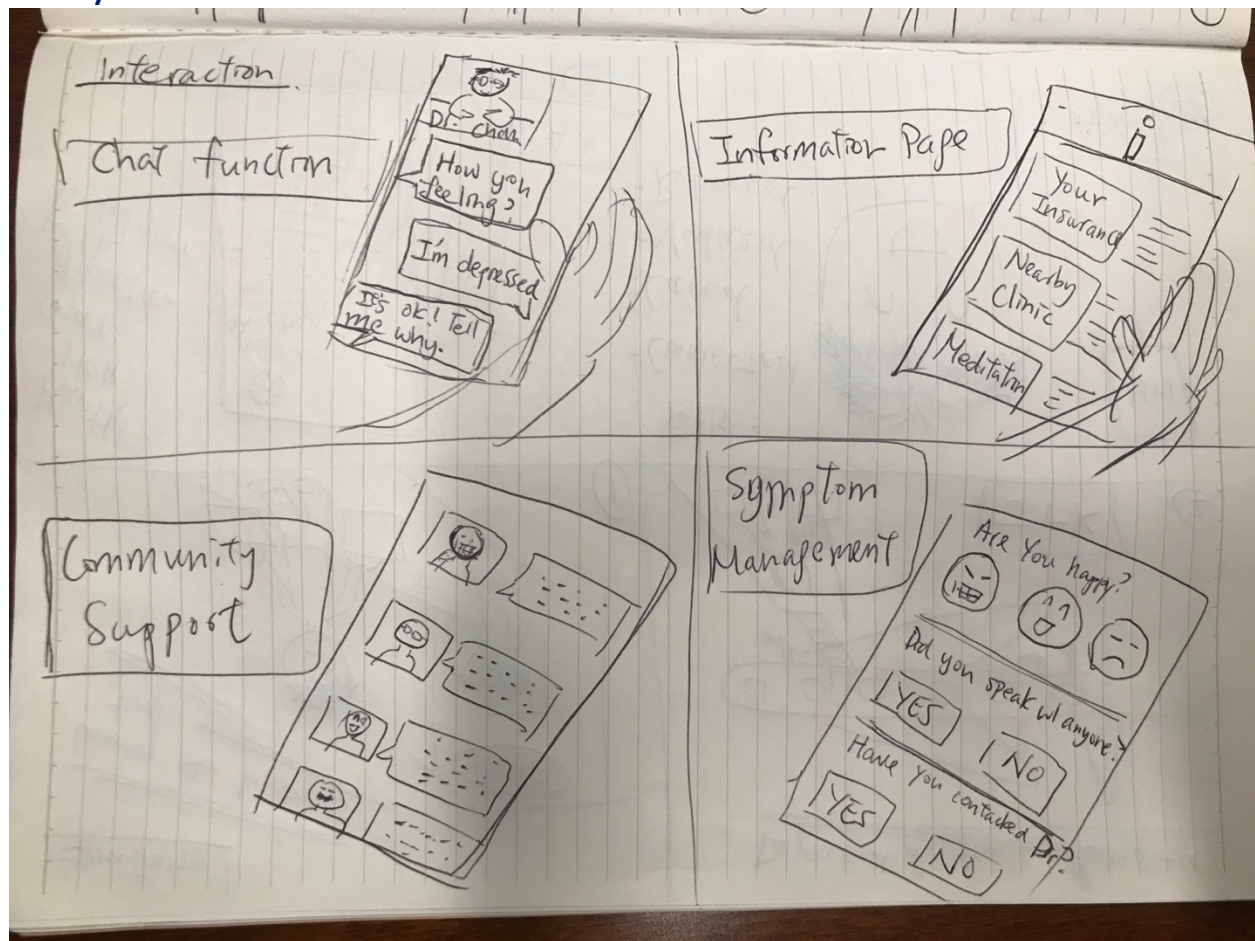
Environment: He does not want anyone to know if he was using any of the services, as it would worry them and be judged.

A quote: "there is so much, too much indeed, information about mental health and I am not sure what is relevant to my circumstances."
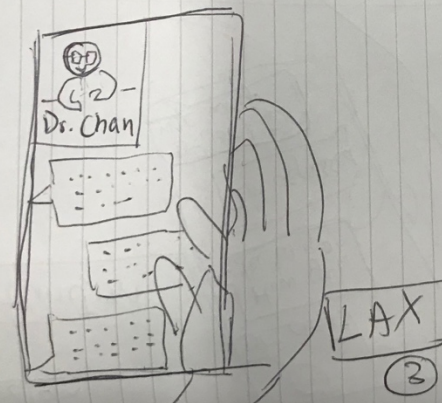
An image:

Storyboards

(Prototyping in progress…to be updated soon)