Assignment Two

The Team:
Gustavo C.
Ian M.
Sonia V.

Studio Theme:
Health

Problem Domain:
We aimed to understand how individuals viewed mental health, what were their practices and what were underlying feelings and conflicts. Our assumptions is that people have mental health goals that are not being met by their practices resulting in suboptimal mental health status. The feedback that we received from our first week was to 1) explore why non-users are not as engaged with mental health practices 2) explore tension of wanting to seek mental health help but being discouraged. We aimed to explore those topics this week, as well as develop HMW from our first week interviews.

Initial POV:

We met a student, Kimiko who had non-urgent medical needs who wanted to participate in therapy to understand her mental health condition, but she became discouraged at finding out that there were no options available. We were amazed to realize that since she viewed herself as

low priority she decided to forego therapy. It would be game changing to have an alternative option for people not in critical need, but would benefit from mental health resources.

Additional Needfinding:

Based on the feedback received during our first week, we decided to focus our second week interviews on non-users and users with experience of needed therapy.

We talked to Paloma, a researcher at Stanford Medical school who has needed therapy and psychiatry visits for her mental health condition. She has been going to therapy for the last year, which started as once every two weeks, but is now currently once a month. She describes her experience in therapy positively, saying "It has helped me work out some of my social relationships and understand what is going in my world". "I have been able to re-focus my life and work on things I am most interested in". When asked about seeking mental health resources and having any discouragement, she replied, "Well, I felt that my friends and family all wanted me to go see someone. If I wasn't doing it for myself, I was going to do it for them". We noticed that her family and friends were a motivating factor for seeking mental health attention.

We talked to Paolo, Ian's brother, and a person outside of the Stanford community. He has not been to therapy and does not engage in discussions about mental health often. He is unsure about his perceptions of "mental health" and answered that his major source of stress is "his job" but even then, he feels fine. He thinks his work and life balance are pretty consistent, and he mentioned feeling like he needs more ambition and that has led to feelings of stress. When asked about what he does when he feels stressed, he mentions he tends to just sleep or play video games. He mentions feeling lonelier as he's grown busy with his work schedule, and so he utilizes family and friend time as a way to counteract those feelings. Overall, he mentions that he's "still trying to figure out and learn about what mental health means."

Revised POVs and HMWs:

POV 1: We previously met a psychiatrist and a psychologist, who treats patients with psychotherapy, and Paloma a researcher who participants in therapy. We were amazed to realize that feedback to therapy and action plans can occur only after subsequent appointments. It would be game-changing to keep track of symptoms, stories and status during inter-visit times.
Sample HMWs:
- HMW have a check in email/message for how people are doing between visits?
- HMW have a secure way to keep track of stories, maybe through video recording?
- HMW reach out and incentivize an participant to record their symptoms, adherence and other mental health data points?

POV 2: We met a health educator, who teaches skills and mindset about mental health and emotional health, and a student with non-urgent mental health need. We were amazed to realize that people facing non-high need situations affecting their mental health do not have access to practices for them. It would be game changing to have personalized recommendations plans for mental health.
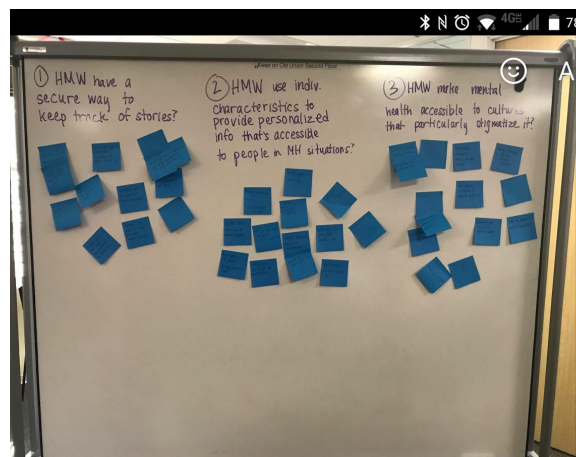
- HMW limit the amount of information that is on a mental health subject (treatment for depression/anxiety)?
- HMW use their individual characteristics to provide personalized information that is accessible to people in mental health situations?

POV 3: We met a stranger in downtown Palo Alto. We were amazed to realize the misunderstandings of what mental health encompasses. It would be game-changing to place an intervention to provide comprehensive exposure on mental health earlier.

- HMW introduce practices and experiences(eg meditation, mindfulness practices, therapy etc) to individuals that widened their viewpoint of mental health?
- HMW create a mental health education platform for middle, high school and college?
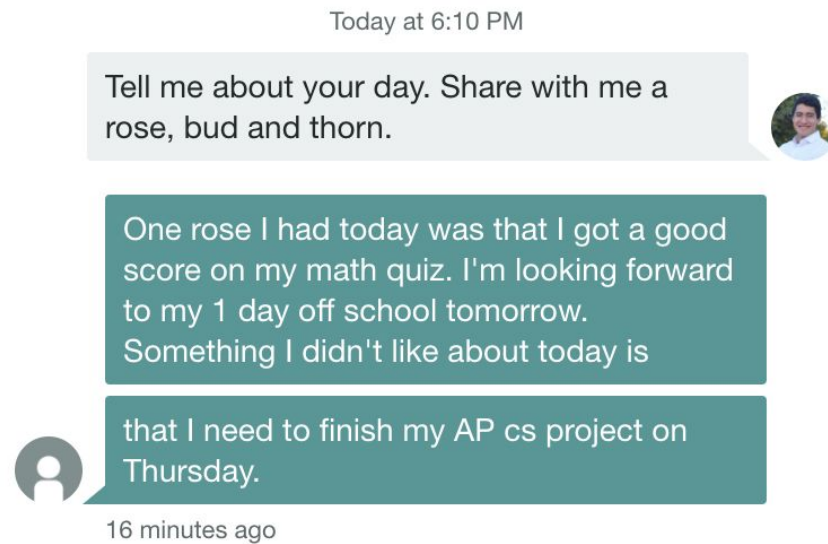- HMW make mental health accessible to cultures that particularly stigmatize it?

From these POV we decided to focus on the following for prototyping:

- HMW secure way to keep and track stories? (Prototype #1)
- HMW use individual characteristics to provide personalized info that's accessible to people in MH situations? (Prototype #2)
- HMW make mental health accessible to cultures that particularly stigmatize it? (Prototype #3)

Experience Prototypes:

Prototype 1: Automated Check Ins

Today at 6:10 PM

Tell me about your day. Share with me a rose, bud and thorn.

One rose I had today was that I got a good score on my math quiz. I'm looking forward to my 1 day off school tomorrow. Something I didn't like about today is

that I need to finish my AP cs project on Thursday.

16 minutes ago

One prototype conducted pre-determined check-ins over text, to encourage reflection about participants day. We arranged with 3 people (Mehr, Areli and Erick) to text them about their day, specifically to reply with "A rose, a bud and a thorn", which is an experience they enjoyed, they are looking for, and something that could have gone better, respectively. We texted Erick, a 15 yo high school student (text above). When asked about receiving the text he said, "I kinda forgot that you were going to text me, and it was a pleasant surprise. I was doing homework at the time and had to stop doing my homework to reply...". Mehr thought, "it was positive", and asked me if I did this often because it was nice to be asked about their day. Paloma was also asked to participate and after sharing, she texted back, "You?" to incite Gustavo to reply back with his own rose, bud, and thorn. When asked about her experience and why she asked, she replied, "It was a good experience, and I wanted to share that with you as well".

From these, we noticed a few areas of interest. Concerning Erik's experience, he had a pleasant experience, but indicated that he was focused on his homework; the text interrupted him. Although not communicated explicitly, we interpreted that the interruption was a negative experience, and texting him at a more appropriate time would have improved the experience. This made us realize that any product that engages with users should be convenient with minimal interruption. Our prototype experience with Paloma was especially enlightening because she incited a response. By establishing a reciprocal relationship between herself and Gustavo, she made us wonder if reciprocity could be an important component of automated check-ins. Could an automatic agent have a reciprocal relationship with users, sharing experiences and thoughts? Overall, this automatic reply system seems promising;however, the challenges include convenience and reciprocity.

Prototype 2: Feeling/Action Map
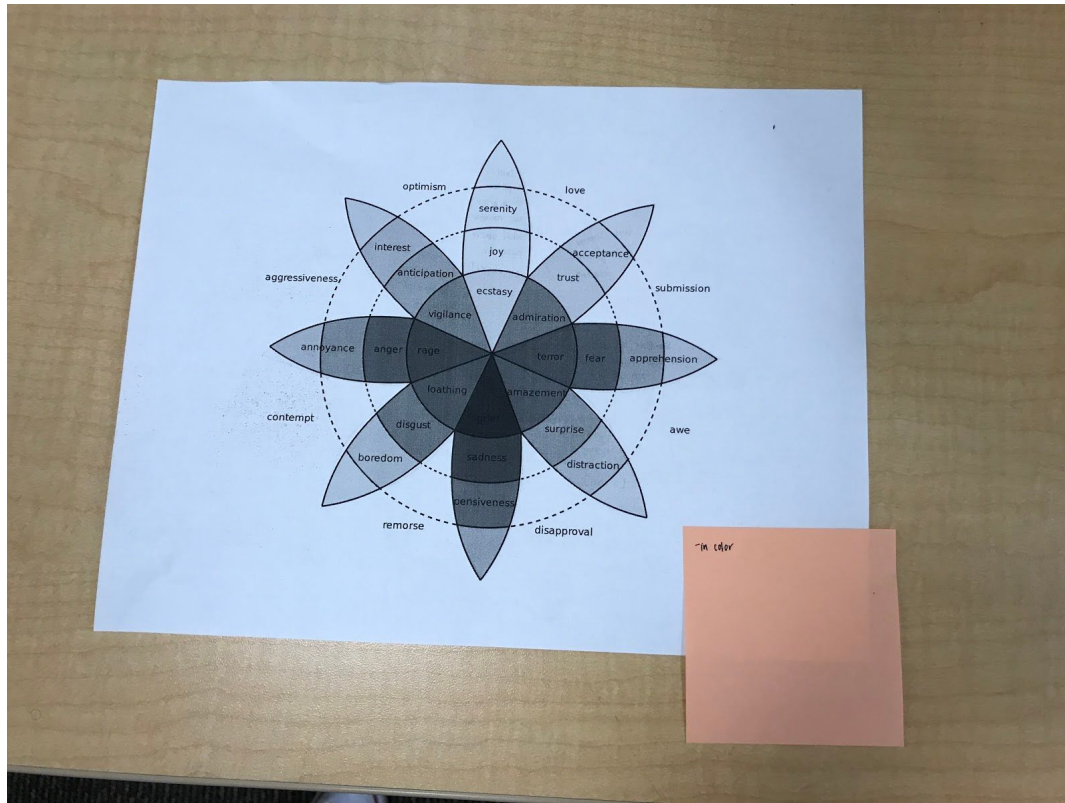
The prototype was an image of an 'emotion map' from the Plutchik's emotion wheel which showcases 32 different emotions in a circular manner that aids in the idea of emotion as a spectrum. On the other side of the paper, we wrote an activity that corresponds to a range of 3 feelings; for example, if a user chose 'grief', 'sadness' or 'pensiveness', then the corresponding activity would be to 'journal about what is happening your life right now'. Three users were shown the emotion map. They were asked "What are you feeling most right now?"

We tested Jasmine, Stefanie and Arriana, three Stanford students. Jasmine was deciding between feeling 'pensive' and feeling 'sadness', however, she ultimately chose 'pensive' because it resonated more for her. She had difficulty in explaining why; it was an interesting insight- people do not always have explanations for feelings. Stefanie chose 'trust' and the assigned task was to 'give someone a hug, with consent,' so she asked her friend if she could give her a hug and she did. Later, Stefanie said that choosing felt 'kind of awkward' and she 'just wanted to know the task' and not really reflect. Lastly, Arriana had difficulty with choosing a feeling because the specific feeling she had in mind, 'stressed' was not available. She finally chose 'apprehension', but then did not want to do the associated activity, journaling 'what are you looking forward to,' She mentioned she did not have time and was unmotivated to participate in the activity.

Some assumptions we held heading into the activity were that people want something to do when they have feelings and that people will share simple feelings. The goals we wanted to evaluate were whether people would take action and whether they would share their feelings.

Prototype 3: Buddy System
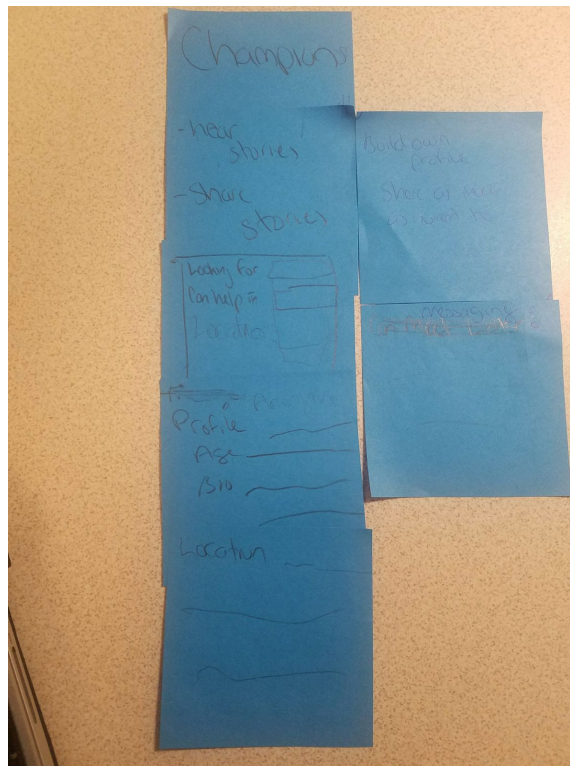
The Buddy System is an attempt to reach communities that lack professional resources. The assumptions coming in was that people would feel more supported and accountable having someone to keep them in check. The application Champions creates a way for users to reach out to others who have gone through similar experiences as well as be a resource for those that are going through things they themselves have gone through. Our prototype was tested with 2 people. They saw an intro to Champions on hearing stories and sharing stories. Then, they were able to create a profile in which they shared as much information as they wanted. One user said she did not want to share anything. We used the terms "looking for" and "can help in" which later refined to "who also experienced" and "can relate to". We also incorporated a way to set location. The main goal was to be able to reach people near you that are also going through or have gone through similar experiences. In places that lack professional resources, we wanted to provide others support. Thus, once location is set, the user then looked at profiles based on what others had "also experienced" in order to reach out. When they chose a person, they were able to message them anonymously. The users mentioned some discomfort. They wondered if there could be predators, or people who took advantage of people's weak mental state. Similarly, they also questioned if the people, who are not trained professionals, could intentionally or unintentionally cause harm to others. The experience with these two people helped shed light on the idea of mental state and strangers interactions.