# Introduction

**Prepared by:**

**Prepared for:**

**Purpose:** This document provides a synthesis of existing evidence. This synthesis is designed with an intent to:

1. be useful to you, because it represents the evidence base the intervention is grounded in and helps give a language to that;
2. be something you can share to demonstrate the evidence base to external stakeholders;
3. guide future development and evaluation within the tool and its use

**Using this resource:** To do that, these documents are designed to:

1. provide a summary of the key evidence;
2. highlight key implications in tool design and implementation;
3. point towards lessons for future evaluation work.

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## Desktop Research – Overview

The following sample of desktop research approach aims to provide an indicative document for discussion, feedback and dialogue to inform the further research. It focuses on one of the key questions identified through the mapping of key drivers and outlined below and presented previously. A list of the key questions and themes for the desktop research are also outlined below.

**MODEL questions inserted here**

*Figure 1: primary and secondary drivers research mapping*

## Desktop Research/Literature Review

## **Topic:** How do …[key question from feature:outcome model]?

***Key questions:*** *key subquestions*

### Background assumptions and context

There are some key provisos in this review:

* The majority of evidence-based studies (particularly Random Controlled Trial – RCT’s) focus on intervening in or improving mental health for students rather than focusing on building general resilience and wellbeing.
* Many of the findings referenced below are from research with technology x not y…
* Many studies are primarily run with cohort x not y
* Relatedly, many studies focus on interventions with characteristic x not y

### Subsection 1 addressing a question?

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### Subsection 2 addressing a question?

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## What are the UX/design implications for ….?

The literature has a number of potential implications. *However* it is important to remember that any recommendations from literature are based on the specific aims and theories of change being evaluated and investigated in that literature. The intervention adopts a different model to much of this literature, and therefore the recommendations are not directly transferable.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Design Implication** | **status** | **Comment** |
| \* | | Hourglass | Less suitable in your context. |
|  | | Checkmark | Core function, |
|  | | Hourglass | Unclear status |
|  | | No sign | Priority area |
|  | | No sign | Priority area |
|  | | No sign | (will be part of above responses) |
|  | | Hourglass | Explicitly in the model. |
|  | | Checkmark | Largely present, may need some framing |
|  | | No sign |  |
|  | | Hourglass | See below |

*DRAW ON KEY LITERATURE WITH DESIGN IMPLICATIONS, E.G.:*

*\*Mental Health Smartphone Apps: Review and Evidence-Based Recommendations for Future Development,* (Bakker et al., 2016), specifically targeted at MHapp development;   
+ Noting also the provisos, and limitations in systematic evidence syntheses thus far noted above, and in Punukollu and Marques (2019), who specifically reviewed evidence around apps for young people.

## What are potential implications of these findings?

This table is intended to provide an overview summary of the evidence synthesis, mapping the key takeaways to the driving questions.

|  |
| --- |
| **Explanatory note.**  Magnifying glass = strength of evidence, with 3\*Magnifying glass indicating very strong evidence (e.g. from systematic reviews, meta-analyses, and multiple robust randomised control trials); 2\* indicating multiple experimental or quasi experimental designs; and 1 \* other studies such as observational or correlational work.  Zoom in is used to indicate a positive effect found, or supportive evidence.  is used to indicate a negative effect found, or non-supportive evidence.  Hourglassis used to indicate the evidence is unclear or/and underexplored or/and cannot be addressed using quantitative research.  This approach is informed by van der Bles et al.’s discussion (2019) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Driver | **Evidence** | **Comment** |
| Are x a valid measure? | | Zoom inZoom inZoom out |  |
| Do x support behaviour change? | | Zoom inZoom inZoom inZoom out |  |
| Do x support belief change? | | Zoom inZoom inZoom inZoom out |  |
| Do x contribute to positive measure y? | | Zoom inZoom inZoom inZoom out | Positive small effects, stronger for outcome x than y, with provisos in evidence as below |
| Does tool x support stakeholders y in practice? | | Zoom inHourglass |  |
| What are the key concerns and preferences for young people in using y? | | Hourglass |  |

## Area of exploration and future evaluation:

|  |  |
| --- | --- |
| Issue | **Implication** |
| **There is a gap in the research in the area of …** | consider establishing an ongoing research evaluation, investigating…. This should include use of validated instruments regarding … |
| **Stakeholders may not feel prepared to implement…** | The priority UX area around… provides a useful step forward here, these resources must consider how x will interact with them. |
| **A key recommendation in the literature is evaluation** of any tool against its intended outcomes |  |

## Bibliography

Bakker, D., Kazantzis, N., Rickwood, D., & Rickard, N. (2016). Mental Health Smartphone Apps: Review and Evidence-Based Recommendations for Future Developments. *JMIR Mental Health*, *3*(1), e4984. https://doi.org/10.2196/mental.4984

Punukollu, M., & Marques, M. (2019). Use of mobile apps and technologies in child and adolescent mental health: A systematic review. *Evidence-Based Mental Health*, *22*(4), 161–166. https://doi.org/10.1136/ebmental-2019-300093

van der Bles, A. M., van der Linden, S., Freeman, A. L. J., Mitchell, J., Galvao, A. B., Zaval, L., & Spiegelhalter, D. J. (2019). Communicating uncertainty about facts, numbers and science. *Royal Society Open Science*, *6*(5), 181870. https://doi.org/10.1098/rsos.181870