

User Needs of Teens with Socially Complex Needs: mHealth Experiences of Teens and Caregivers from the West Side Communities of Chicago

Colleen Stiles-Shields, PhD, Rush University Medical Center

Karen M. Reyes, BA, Rush University Medical Center

Jim Zhang, BA, Rosalind Franklin University of Medicine and Science

Niranjan S. Karnik, MD, PhD, Rush University Medical Center

Objective:

- Mental health disorders are the most common disease of childhood, yet the majority of youth do not receive treatment.¹
- Teens with socially complex needs are most at risk for not receiving mental health treatment. “Socially complex needs” refers to facing multiple adversities, such as being from a traditionally underserved population (e.g., low socioeconomic status, racial/ethnic minority population) and experiencing adverse childhood experiences.²
- Mobile health (mHealth) interventions stand as a possible means to better assess and access such teens. Yet, there is growing evidence to suggest that disparities that leave populations underserved in traditional treatment settings also exist in mHealth (e.g., financial burden of data usage/text messages).
- The purpose of the current study was to assess the user needs of teens with socially complex needs via a multi-method (focus groups, adaptive testing, self-report measures) and multi-informant (teens, caregivers) approach.

Methods:

- Recruitment is ongoing for participants who: 1) are either a teen between 12-17 years or age ($n = 20$) or a parent/guardian of a child 12-17 years of age ($n = 20$); 2) are residents of a West Side Community (e.g., West Garfield Park); 3) have access to and used a smartphone within the previous seven days; and 4) are able to speak and read in English.
- Participants were asked to complete self-report questionnaires and one focus group session.
- Teen and caregiver focus group sessions were conducted separately and with no more than five participants at a time. All groups were asked a standard set of questions about their needs and experiences, with the option to follow-up about specific feedback from participants.
- Given the current COVID-19 pandemic and subsequent shelter-in-place orders and social distancing policies, remote methodologies were employed for all study activities (e.g., recruitment, consent/assent) and a COVID-19 impact and exposure validated questionnaire was included in the assessment battery.³

Results:

- Research activities are ongoing. Data are anticipated to be collected and reported at the time of the symposium.

Conclusion:

- The results of the current study will begin to address a critical gap in knowledge of how teens with socially complex needs use their smartphones, the specific vulnerabilities this technology creates for them, and how to best fit their needs within their real-world environments.

References:

1. Merikangas, K. R. *et al.* Service utilization for lifetime mental disorders in US adolescents: Results of the National Comorbidity Survey-Adolescent Supplement (NSC-A). *J. Am. Acad. Child Adolesc. Psychiatry* **50**, 32–45 (2011).
2. Bounds, D. T., Otwell, C. H., Melendez, A., Karnik, N. S. & Julion, W. A. Adapting a family intervention to reduce risk factors for sexual exploitation. *Child Adolesc. Psychiatry Ment. Health* **14**, 8 (2020).
3. Kazak, A., Canter, K., Phan-Vo, T. L., McDonnell, G., Hildenbrand, A., Alderfer, M., Deatrck, J. (2020). *COVID-19 Exposure and Family Impact Survey (CEFIS)*. https://www.nlm.nih.gov/dr2/CEFIS_COVID_questionnaire_English_42220_final.pdf.