

Mega Swag
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Studio: Equalizing Society

Domain

For our domain, we chose to explore how equality relates to mental health because many members of our team are passionate about helping those with mental health issues. We can envision a few people we know who would really benefit from additional work in this space, and we hope our project will help us to understand their struggles.

Initial POV's

1. Jennifer and Lourdes feel troubled by their inability to reach more people but aren't sure how. It would be game-changing if they knew all students were being helped, or were able to help those who were not being helped.
2. It's surprising that being "seen" emotionally by another person is validating and healing in its own right. It would be game-changing to connect people with similar experiences to facilitate vulnerable conversations in other contexts.
3. It was surprising that even after working with his brother for so long, the student still feels anger and frustration when his brother cannot rationalize his actions. It would be game-changing to enable him to experience and understand what his brothers are going through.

Additional Interviews

We created a new list of interview questions targeted towards these POV's, and interviewed 5 people, using pseudonyms below.

John suffers from Bipolar Disorder. He exhibited symptoms of bipolar disorder for months before he actually got help, and he expressed frustration that no one had realized he was behaving in an abnormal way. Finding psychiatrists has proved difficult, and he only found his current psychiatrist through pure luck. Sometimes John and his psychiatrist are forced to hold sessions over call or text due to scheduling difficulties. Now that he is switching insurance providers, he needs an entirely new psychiatrist, and he is afraid of the prospect of losing psychiatric care for a few weeks while he finds another provider.

Justin recently had a girlfriend who suffers from depression. Justin doesn't have any mental health issues but is stressed from school and supporting his girlfriend through a current crisis. Mystified, he said of his girlfriend, "she cuts herself but I don't know exactly why. I think it's that she feels like she's in so much pain emotionally that the physical pain will not compare." When asked how he knows this, he explained that he infers this based on past conversations and "she's told me that she feels a lot better after."

Fran struggles with anxiety, but has a counselor she sees weekly. She described, "if it's an emergency and I am having a mental crisis, the therapist will try to accommodate or give me the contact info of another substitute." Fran also provides support to friends with mental illness. Her friends felt comfortable going to her because she is very open about her anxiety. She can

relate well to others who struggle because “the feeling that you can’t control yourself or your mind is common throughout all mental illness”.

Rosemary is a first-generation, low-income student who suffers from depression. During the interview, she recounted a story of issues scheduling therapy sessions, which reaffirmed our intuition that scheduling is fraught with difficulties.

Christy has depression and anxiety. Everyone in her family uses the same therapist, which is helpful because he knows their family’s situation very well. In high school her boyfriend suffered from depression. She is a very empathetic person and aimed to “listen and ask a lot of questions.”

Revising our Ideas

Our interviews reinforced our decision to explore the few solutions outlined above because we had many interviewees mention trouble with diagnosing mental illness, trouble finding adequate care providers, or voicing how they tried to understand what loved ones were going through. We revised our solutions after this information to include a more personal level of connection, for example, instead of creating a simulation for a generic person with a challenge, looking toward ways for people to share their stories with loved ones.

Revised POV 1: It would be game-changing if... people who don’t normally have access to care would be able to find help.

- **HMW...remove barriers to students accessing these resources**
- HMW...enable more people to make personal relationships with people like Jen and Lourdes who they can go to in a time of crisis

Revised POV 2: It would be game-changing to... enable people to learn about mental health on a personal level.

- **HMW...bring together groups of people around common interests, values, or purposes**
- HMW...make people *want* to share their different experiences with friends who aren’t going through the same thing

Revised POV 3: It would be game-changing to... provide validation for friends and family who are noticing unusual behaviours in a loved one.

- HMW...make mental illness something people *want* to learn more about and “experience”
- **HMW...educate friends/colleagues/other community members about an individual’s struggles and how others can help them**

Solutions

After thinking about our top 3 HMWs (in bold above), we brainstormed many solutions and picked out the following as the ones we wanted to continue exploring.

The first was a sort of “OpenTable for therapy.” We envisioned a website which allows anyone to view the calendars of dozens of therapists in their area and book appointments. Users can view providers within a certain radius from and see their free session times based off your Google Calendar as well as the therapist’s Google Calendar. This solution addresses a need for more information about the availability of therapists/psychiatrists, and therefore an

increased access to care. We assume that increased information saves time and frustration, and that users will respond well to an online scheduling system.

Our second proposed solution was a simulator, or in other words, a way for people without a mental illness to experience some symptoms of an illness or otherwise understand how illness affects the daily life of someone they care about. Features might include people with a mental health struggle sharing personal stories in different media such as audio, video, or text. This solution responds to a need frequently expressed in interviews - a need to better connect with and understand what a loved one is going through. Here we assume both that people want to learn about mental illness and that others want to share their stories, neither of which may actually be the case.

Our third solution provides a way to detect possible mental health illnesses so that individuals, friends, and family can get extra encouragement to get help even if it's not certain someone has an illness. Features might include identifying a list of symptoms someone exhibits which are outside the norm and getting a suggested list of resources after the detection is complete. Our solution responds to a need we saw that people don't know what the abnormal behaviour looks like, and that this can be a barrier to getting initial help for yourself or a loved one. Our main assumption was that people have trouble identifying symptoms and recommending resources, and that given this information, people will take action.

Experience Prototypes

We used Experience Prototypes to help us determine which solution we wanted to move forward with. For each prototype...

Prototype 1: Pick your therapist

This solution offers a way for users to view a list of therapists and sort or filter the list according to their preferences so they can find the best match for them. We tested this solution by placing a grid of "cards" in front of a user where each card had a therapist's face plus some additional information like name and credentials. We then asked the users how they wanted to filter the list. In total, all ways users wanted to filter the list were: degree/credentials, expertise, position, years in practice, location, time availability, gender, and age. Users got confused about where they would view this additional sorting information (for example, how can they tell what expertise someone has). We had assumed that certain factors were more important, however, two of the three users suggested other factors before mentioning availability. Therefore, our assumption that we can determine what people value in their search for care providers is incorrect, and now we believe that we should allow our users to determine what matters to them.

Prototype 2: Learn about mental health experiences and share your own stories

This solution assumes people would be willing to share stories, as well as the people reading them will actually gain something positive from them. To test these ideas, we gave a person who we knew had depression a hypothetical situation that they had a friend who wants to understand depression better, but doesn't know how. I asked her if she'd be willing to share her story and she was, so she wrote it down on a piece of paper (which confirmed the first

assumption.) Upon sharing the story with another friend who wanted to learn about mental illness, they indicated that they enjoyed the experience on a survey we created, which reaffirmed the other solution.

Prototype 3: Suggest resources based on symptoms

This solution assumes that people notice that their friends or family are exhibiting unusual behavior, yet they do not know what to do once they notice these potential symptoms. In response to this assumption, this solution provides a way to validate any concerns people may have about a friend and to provide them with potential actions they could take to intervene or get help.

To test this, we made a paper prototype with multiple “screens.” Each screen had a question at the top which walked users through entering symptoms they watched their friend exhibit. At the end of these screens, the next screen showed a suggested illness or condition the friend might be suffering from, as well as resources they could use to help their friend and example conversations about talking to their friend about these symptoms. The user seemed surprised to see the suggested diagnosis and felt it was a strong or scary statement. We did not expect them to react so negatively. We must rethink our assumption that people want to see this information, or figure out a gentler way to give it to them.

Conclusion

Prototype 2 was the best in terms of achieving the desired solution because the person reading the story was interested, concerned, and even referenced the Stanford Duck syndrome. It's important that this user took a story and identified something in our culture that affects people negatively as a result. The other prototypes, although not as successful in achieving a solution, gave us information about what to change about them in the future.