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Background

The Text4Mood program began in January 2016 to be a support to individual’s overall care plan by aiming to provide a positive boost during the day. Participants sign up via text message to receive a supportive daily text message. This report summarizes the findings from a survey regarding the Text 4 Mood program.

Methods
An online survey was sent to 4111 individuals via text message. The survey was available for six weeks, from March 1, 2016 to April 12, 2016. Individuals who had participated in the program for at least six weeks received a text message with the survey link as well as a reminder text message in the final week of the survey. Participants who had been in the program for less than six weeks only received a text with the survey link once due to the short timeframe of the survey.

Limitations
Survey questions were subject to interpretation by participants and all data was self-reported. The online and anonymous nature of the survey also meant that participants may have filled out the survey more than once.
Results
A total of 894 individuals completed the survey giving an overall response rate of 21.7%. The ‘n’ for each individual question is reported alongside the results.

How Respondents Heard about Text4Mood, n=893

The top three ways respondents heard about the Text4Mood program were through a friend (22%, n=198), on the news (19%, n=168), and other (18%, n=161). The least common means of hearing about the program were from a clinic (3%, n=30), the participant’s doctor or nurse (3%, n=31), and Twitter (2%, n=20).

Zone of Medical Care, n=893

The majority of respondents received medical care in Edmonton Zone (42%, n=375), followed by North Zone (34%, n=301).
Of the respondents from North Zone who specified the sites where they received medical care, the most common sites were Fort McMurray (48%, n=100) and Grande Prairie (31%, n=66). Only 8% (n=16) of participants received medical care from High Level and surrounding areas, and no participants (0%, n=0) received medical care from St John and surrounding areas.

Of the respondents from Central Zone who specified the sites where they received medical care, the majority received medical in Red Deer and surrounding community (51%, n=20), followed by Lloydminster and surrounding areas (26%, n=10). Rocky Mountain House and surrounding communities was the least common site of medical care (5%, n=2).
Of the respondents from South Zone who specified the sites where they received medical care, the majority of participants received medical care in Lethbridge and surrounding communities (82%, n=11), while the remaining respondents received medical care in Medicine Hat and surrounding communities (8%, n=1).

Half of the respondents were 26-45 years old (51%, n=410), while almost one-third were 45-65 years old (31%, n=253).
Most respondents were female (83%, n=668).

The majority of respondents were Caucasian (83%, n=679). First Nations, Métis, or Inuit was the second most reported ethnicity (5%, n=42).
Many respondents identified university degree or diploma (Bachelor's) as their highest level of education (32%, n=260), followed by college diploma (23%, n=189) and high school (20%, n=161).

Almost half of respondents identified as being employed full-time (49%, n=441), followed by employed part-time (17%, n=151), and employed as a student (10%, n=89). The least common employment statuses include those participants who identified as unemployed on government social benefits (3%, n=28), retired (2%, n=15), while others preferred not to disclose (2%, n=19).
The majority of respondents stated that they did not have a chronic mental health condition (56%, n=454), while 38% (n=307) of participants were diagnosed with a chronic mental health condition.

*Participants were able to select more than one answer; percentages may be greater than 100%.* A quarter of respondents identified as having depression (n=227). The next most common mental health conditions among participants included anxiety (20%, n=177) and trauma or stress-related disorder (7%, n=58).
The majority of respondents identified as not having a chronic medical diagnosis (66%, n=478), whereas just over a quarter of respondents stated that they have chronic medical condition (27%, n=192).

* Participants were able to select more than one answer; percentages may be greater than 100%. Of the respondents who had chronic medical condition and who provided details, 37% (n=70) had a nervous, musculoskeletal or sensory conditions. Other common conditions included metabolic disorders (16%, n=30), endocrine disorders (14%, n=26), gastrointestinal disorders (14%, n=26), respiratory disorders (13%, n=25), and cardiovascular disorders (9%, n=18).
Participants were able to select more than one answer; percentages may be greater than 100%. Approximately half of respondents (52%, n=461) signed up for text for mood to help elevate their mood, while 49% signed up to help them feel better.

Of those respondents who selected the ‘other’ category, the majority of the respondents signed up for this program to get support, motivation, inspiration and encouragement and to exercise positive thinking. They use the program to remind themselves to practice mindfulness and view life from a different perspective. In addition, a few respondents signed up to address specific concerns such as, “ground my anxiety,” help with “potential postpartum depression,” and “to help fight an addiction.”

“To switch my focus to positive thoughts.”

“Provides hope.”

“Start my day with something positive.”

Other respondents signed up to be able to share positive thoughts or to support their families or friends that are dealing with mental health issues. A few respondents were curious about the service and wanted to try it. Finally, some respondents are mental health service providers, such as psychologists, who signed up to test if the service is appropriate to recommend to their clients or managers who signed up as a trial prior to referring their staff to the service.

“I work in mental health and wanted to see what the service was like prior to recommending to my clients.”

“To see if my patients would benefit from it”
The majority of respondents did not need assistance signing up for the program (96%, n=694).

The majority of respondents (90%, n=648) said that they ‘always’ read the text messages. Only 8.1% (n=58) read the text messages ‘often’.
What Happened when Respondents Received the Text Messages, n=893*

* Participants were able to select more than one answer; percentages may be greater than 100%. Two-thirds of respondents (65%, n=584) said that they read the text and reflected on the message. One-third of respondents (33%, n=295) read the text more than once, 29% (n=258) read the text and took a positive action and 18% (n=160) read the text and took no action.

How Often Did the Respondents Understand the Text Messages, n=720

Three-quarters of respondents (76%, n=545) said that they ‘always’ understood the text messages that they received.
Seventy-five percent of respondents (n=545) said that the messages made them feel ‘supported’. The majority of the respondents who chose ‘other’ (18%, n=127) stated that receiving the daily text message made them feel good. They found the text messages set a positive tone for their morning, making them feel “motivated,” “happy,” and “inspired.” Some mentioned that they share them with friends and families to spread the inspiration and thought.

“...they are so positive and uplifting everyone should be having access to this wonderful tool.”

“When everything is going bad, that message brightens my day. I look forward to it every day.”

“They just help me to get or stay more positive when I am struggling.”

Some respondents highlighted that they had mixed feelings about the text messages. They found some messages to be inspiring and supportive, while other messages were ineffective and frustrating. Some respondents found that the text messages did not alter their mood or feelings in any way. A few participants found messages that had a religious tone (e.g. talked about God) to be inappropriate. Others felt that the messages reminded them of their personal challenges leaving them discouraged.

“I am grateful for them, and basically after reading it, I tucked it away in my notes. Sometimes they made a LOT of sense for that particular day/moment, but I do not really feel like they, in and of themselves saved me. They are like a treat each day, and some days I share them, some days they really hit home and other days they made me feel upset, anxious and guilty. But I DO NOT want to stop getting them!!”

“Some are good. Others don’t seem to be appropriate for what I thought the service is.”
Overall, respondents always found the Text4Mood messages to be positive (69%, n=501) and on-topic (45%, n=325). Respondents identified messages as always supportive 62% (n=448) of the time and always to the point 48% of the time (n=347).

For this question the response categories of ‘strongly agree’ and ‘agree’ were combined into ‘agreement’. The response categories of ‘strongly disagree’ and ‘disagree’ were combined into the category ‘disagreement’. Survey respondents agreed or strongly agreed that participating in the program helped them to remember goals (78%, n=562), monitor mood (74%, n=531), and cope with stress (67%, n=556). Respondents neither agreed nor disagreed (65%, n=474) when it came to Text4Mood’s ability to manage suicidal thoughts.
For this question, the response categories of ‘strongly agree’ and ‘agree’ were combined into ‘agreement’. The response categories of ‘strongly disagree’ and ‘disagree’ were combined into the category ‘disagreement’. In each category, the majority of respondents were in agreement with each statement. Most respondents felt hopeful in managing issues in their lives (82%, n=587), followed by feeling on track with life or when everyday stressors come up (73%, n=522).
For this question, the response categories of ‘strongly agree’ and ‘agree’ were combined into ‘agreement’. The response categories of ‘strongly disagree’ and ‘disagree’ were combined into the category ‘disagreement’. The majority of respondents felt Text4Mood improved overall mental well-being (83%, n=598) and made respondents feel like they could bounce back if they made a mistake (77%, n=554).

Overall, the majority of respondents were very satisfied or satisfied with the frequency of text messages received (95%, n=681). Only 1% (n=8) of respondents were dissatisfied.
Overall, the majority of respondents preferred to receive supportive text messages once per day (68%, n=491).

The majority of respondents have not accessed emergency or crisis services for mental health related problems since signing up for and receiving Text4Mood text messages (94%, n=677).
The majority of respondents said they never used an emergency or crisis line for mental health problems (71%, n=514). While 5% (n=38) said they used crisis services less frequently since signing up for Text4Mood. Only 2% (n=11) of respondents reported more frequent access of emergency or crisis services.
Opinions About Use of Technology-based Services as part of Healthcare, n=720

<table>
<thead>
<tr>
<th>Service</th>
<th>Most Certainly</th>
<th>Probably</th>
<th>Not Sure</th>
<th>Probably Not</th>
<th>Certainly Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text support for follow-up care</td>
<td>52.2%</td>
<td>28.9%</td>
<td>12.9%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Emails for managing medical appointments</td>
<td>49.3%</td>
<td>27.5%</td>
<td>11.9%</td>
<td>9.4%</td>
<td>0%</td>
</tr>
<tr>
<td>Text messaging for managing medical appointments</td>
<td>56.8%</td>
<td>26.8%</td>
<td>9.4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Consultation by video conferencing</td>
<td>25.1%</td>
<td>24.2%</td>
<td>24.2%</td>
<td>22.2%</td>
<td>0%</td>
</tr>
<tr>
<td>Telephone counselling</td>
<td>31.2%</td>
<td>29.4%</td>
<td>18.5%</td>
<td>17.5%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Web-based counselling</td>
<td>42.1%</td>
<td>27.5%</td>
<td>16.4%</td>
<td>11.1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

The majority of respondents identified with most certainty in favor of text support for follow-up care (52%, n=376), followed by text messaging for managing medical appointments (57%, n=409). Use of technology-based services as part of healthcare was also identified as most certain for Emails for managing medical appointments (49%, n=355) and web-based counselling (42%, n=376).

Other Comments to Improve Service

In addition to answering the survey, some respondents provided other comments or emailed Evaluation Services to add in extra information. Respondents stated that they wished that the text messages came from the same number each day. Comments included:

“A new number every day that is not in my contacts created worry and a rush of anxiety”

“I would like to get a text from one phone number only so that I can assign a distinctive text tone sound”
Overall Survey Highlights about the Text4Mood Program

The majority of respondents signed up to use the Text4Mood program to elevate their mood, help them feel better, or to support or motivate themselves and others.

Most respondents always read and understood the text messages and many read the text and reflected or returned to the text for support. Generally, the texts left people feeling supported and uplifted.

The text messages helped people to remember their goals, cope with stress, and feel hopeful. Over two-thirds of respondents said that the text messages enhanced their quality of life, improved their overall mental well-being, and made them feel like they could bounce back from mistakes.

Respondents felt that generally, the text messages were on-topic, to the point, supportive and positive. However, some participants noted that some topics, especially those around religion, seemed inappropriate.

Most respondents preferred daily text messages. Some mentioned that the early morning text messages were not ideal. Others also mentioned that receiving the text messages from multiple numbers was confusing or stressful.

When asked about future use of technology-based services for healthcare, respondents seemed open to using text for follow-up care and text or email for managing medical appointments. There were mixed opinions about consultation by video, telephone, or the internet.
Evaluation Guiding Principles

Through evaluation excellence, healthcare practitioners are guided to do their best work to improve practice and the delivery of healthcare services. Evaluation Services (ES) provides an internal model of evaluation to Alberta Health Services (AHS). While there are organizational benefits to having an internal evaluation service, this process can be compromised unless clearly defined guiding principles are understood. Those principles include a commitment to integrity, collaboration and ethical oversight.

**Integrity**

To reduce the risk of conflict of interest, Evaluation Services restricts evaluation services to health-related programs or projects that are governed by operations outside of their own Research portfolio. Doing so neutralizes potential power dynamics between the evaluator and primary stakeholders of the evaluation. While the interpretation of evaluation results by stakeholders is critical to providing context and a deeper understanding, ES will only report on what the data presents and will not entertain requests to exclude or adjust findings unless there is evidence that the request is valid. This helps to safeguard the integrity of the evaluation results.

The evaluation practice is governed by a professional code set by the Canadian Evaluation Society (2012), our own Survey and Evaluation Services Standards of Practice (2011), AHS’s Code of Conduct (2013) and provincial legislations1. Evaluation Services will not engage in inappropriate requests that may violate those standards and the integrity and reputation of the evaluator and the evaluation.

**Collaboration**

We recognize that active stakeholder involvement in evaluation planning and decision-making is essential to success. Collaboration helps to ensure that: evaluation results are useful; decision-making is evidence informed; there is good stewardship of resources; and through stakeholder engagement, a culture of evaluation evolves within AHS.

**Ethical Oversight**

Evaluation Services is committed to employing a systematic approach to ensuring the highest ethical standard for this evaluation. Evaluation Services is committed to providing sound methodology and ethical values and behavior at all stages of the evaluation. Ethical issues will be identified and addressed as they arise. Ethical oversight is essential to reducing risk to human participants and by protecting the personal and health information collected and stored for evaluation purposes.

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1 Governing provincial legislations include: Health Information Act (HIA), Freedom of Information and Protection of Privacy (FOIP) and the Alberta Evidence Act (AEA)