The iBobbly app
Suicide Prevention Kimberley Trial
2013 – 2015 Community report

Final feedback on findings to research participants, stakeholders and communities from the Kimberley region of Western Australia

Background

The iBobbly mobile app trial took place in the Kimberley region of Western Australia between September 2013 and March 2015 and involved the use of a new app by 61 people in the region. This pilot study was established by the Black Dog Institute in Sydney and coordinated locally by Men’s Outreach Service Inc and the Alive and Kicking Goals Suicide Prevention Program.

The full results of the trial were published in the British Medical Journal (Open) in March 2017 and can be accessed freely by visiting http://bmjopen.bmj.com/content/bmjopen/7/1/e013518.full.pdf. This report aims to give community members in the Kimberley region additional details of the trial.

Authors:
Joe Tighe, Black Dog Institute, Randwick, Sydney, NSW, Australia
Dr Fiona Shand, Black Dog Institute, Randwick, Sydney, NSW, Australia
Prof Helen Christensen: Black Dog Institute, Randwick, Sydney, NSW,
App development

As the first of its kind, the trial tested whether the iBobbly app helped people to manage their thoughts, feelings and behaviours. Most of the therapy was based on Acceptance and Commitment Therapy and Cognitive Behavioural Therapy.

The app was designed for Aboriginal and Torres Strait Islander youth who continue to have alarmingly high rates of suicide. We wanted to know if the app would actually be used. Could it be created to be culturally safe and acceptable? Would it help to reduce symptoms of distress and suicidal thinking? This report attempts to answer these questions.

The work of local artists

New artwork for the iBobbly app was created by local artists in Broome. Ms Martha Lee, Ms Danica Manado (pictured below) and Ms Esah Coffin created new imagery to represent different ideas within the app. Some examples of these images are presented below.

Figure 1: Distract yourself

Figure 2: Take 10 breaths
App development

The language used on the app was checked by local youth before being approved, and other suggestions on the type of language that youth would respond to were incorporated into the app. In addition, local voiceover talent was produced by Goolarri Media in Broome. There are two versions of the app, one featuring a young male voice, and the other a young female voice, who guide users through the activities of the app.

Figure 3: Anchor/ground yourself

Figure 4: Get help/talk to somebody

Everything that is seen, heard and experienced in the app was shaped by Aboriginal and Torres Strait Islander community members to ensure that iBobbly is culturally safe.

Main findings

The iBobbly app was well received by participants who tried it and by community members who promoted it to their family members and friends.

The 61 participants were divided into two groups. One group of 31 participants received the iBobbly app immediately (iBobbly group), and the other group of 30 participants waited six weeks before receiving the app (waitlist group). Only two people dropped out of the trial.

At the one week and at the six week point both groups were compared on four mental health measures:
There was a 30% reduction in the scores for suicidal thinking for the iBobbly group compared to 17% for the group that waited to get the app.

There was a 42% reduction in the scores for depression for the iBobbly group compared to a 15% reduction for the group that waited to get the app.

There was a 28% reduction in the scores for distress for the iBobbly group compared to a 12% reduction for the group that waited to get the app.

There was very little change in both groups in impulsivity (doing things without really thinking).

In summary significant differences were found between the groups on depression and distress. Although the scores for suicidal ideation reduced after use of the app the difference between the two groups was not statistically significant. In addition no significant difference was found for impulsivity.

Average scores for depression, distress and suicidal thinking all reduced considerably after use of the app. For example, the next image shows depression scores for the iBobbly group before and after their use of the app.

Figure 5: Depression ranges before iBobbly app use

Figure 6: Depression ranges after six weeks of iBobbly app use
Feedback from participants

Thirteen participants were interviewed after they had completed their use of the ibobbly app. The following are their responses to just the first question of the interview: “What are your thoughts in general on the iBobbly app?”

1. I think the apps good, I’m confident so I don’t use it as much. Young Aboriginal people have shame factor, so [they] don’t have to talk to people, just use the app. [Might not want to talk to someone because of] privacy and confidence or feeling horrible about something.

2. Very good, needs to be longer, have more content. Really like the voice overs and stories sharing.

3. A good idea, thing that someone else can see – waterfall – memes – good way to distract yourself. Educates you on where you are at.

4. Great for people who wouldn’t normally access a normal mental health service, as well as those who couldn’t physically access services (remoteness/lack of services). App might be more attractive than a mood & thought table. Its non-judgemental.

5. Its good.

6. It’s very good, very good approach. Words and videos helpful.

7. Fantastic, accessibility needs more [free and available to download]. Great set-up. Sharing stories only one voice – need more voices, male and female.

8. Initially it really helped, then you finished circles, got repetitive. Changing voices would be good, after a couple of months.

9. It’s good, great, very fun.

10. Good makes you think of different things. Different questions they ask you.

11. Accessible when you feel like shit and you need to find a way to de-stress. It’s very helpful. You can pick and choose how you feel. Its private, without people judging. Should be more options, good to look back in diary. Always a good thing to see that feelings change in their strength over time. Helps you to recognize how you dealt with it.

12. Was helping me a bit. Did help me get stuff off my mind. Where you sort the “fruit” out (thoughts, feelings, behaviours).

13. Good concept, required for demographic and audience, a good way to approach mental health is by using the technology, accessibility and private (no-one identifies you using a service). Don’t have to go to a service. Definitely overcomes the stigma of being known as a client – opting in to a service provider. No pressure to see services (for young people), even to recognise that you are not quite right. Indirect [doesn't claim] - “you have depression”. Encourages you to have a conversation with yourself. Activities to improve behaviour and interactions with other people. Not everyone is interested in seeing service providers. This provides an opportunity to take down barriers.
So what did we find?

1. 75% of app users were recruited through word of mouth, friends, family, Aboriginal and Torres Strait Islander staff, and 25% were recruited through health organisations. Participants were based in Broome, Djarindjin, Lombadina, Derby, Mowanjum, Fitzroy Crossing, Wangkatjungka and Ringers Soak.

2. Participants may have felt more responsible or obliged to follow instructions and stay in the trial as a result of the relationships mentioned in the first point.

3. Aboriginal and Torres Strait Islander staff who referred participants played a huge role in supporting follow-up (2 of 61 lost to follow up).

4. “Easier to do some questions then tell you my whole life-story” - for participants perhaps this was an easier exercise than telling their life-story in therapy.

5. Community consultation, co-design, cultural relevance/language were vital.

6. A structured trial in Aboriginal and Torres Strait Islander communities is possible and may have advantages over mainstream trials (as above).

7. Touch screen technology was embraced in these regional and remote communities with large Aboriginal and Torres Strait Islander populations.

To conclude...
As a pilot trial we were happy with the results. The trial demonstrated that Aboriginal and Torres Strait Islander youth in the Kimberley region were interested in and used app technology for their mental health and wellbeing. Although we would have liked to see significant results in the reduction of all measures, including suicidal thinking, we were pleased that depression and psychological distress reduced significantly. In summary the pilot trial proved the feasibility of this type of intervention and has paved the way for a larger national trial that we hope will improve the wellbeing of participants.
Acknowledgements

With thanks to our partners, funders and collaborators...

This trial was made possible with Department of Health and Ageing funding, Black Dog Institute direction and the support of Men’s Outreach and the Alive and Kicking Goals staff and Steering Group. There were numerous other funders and collaborators.

“We will give it a go. If it works, great. If it doesn’t, we will go back and try something else.”