Assessing the Care Modality Preferences and Predictors for Digital Mental Health Treatment Seekers in a Technology-enabled Stepped Care Delivery System

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Technology has the potential to facilitate patient-centered stepped care by assessing clinical characteristics and patient modality preferences and recommending the appropriate level of care. Additional research is needed to understand patient preferences as additional modalities become increasingly validated as effective treatment options. The purpose of this study was to examine rates and predictors of modality preferences among individuals enrolled in a technology-enabled stepped mental health care platform. This exploratory, cross-sectional study used employee data (n=3,661) from the 2021 Modern Health database, an employer-sponsored mental health benefit that uses a technology-enabled platform to optimize mental health care delivery. Chi-square and one-way ANOVA were used to evaluate associations among clinical and demographic characteristics and preferred care modality. Multinomial logistic regressions were constructed to estimate odds ratios (ORs) of preferring one-on-one care versus self-guided, group, or unsure preference. The most common treatment modality preference was one-on-one care (44.06%). One quarter of respondents (24.06%) preferred self-guided care, and 8.03% preferred group care. Individuals ages 45 and older were significantly more likely to prefer self-guided care compared to individuals between 18 and 24 (OR = 2.47, 95% CI [1.70, 3.59], p < .001). Individuals who screened positive for anxiety (OR = 0.73, 95% CI [0.62, 0.86], p < .001) or depression (OR = 0.79, 95% CI [0.66, 0.95], p = .019) were more likely to prefer one-on-one care. Our findings elucidate that patient preferences for care modality are related to both clinical severity factors and age.