FOCUS, an mHealth App for People with Serious Mental Illness (SMI)

- Working with patients with SMI and clinicians, our team developed the mHealth Intervention, FOCUS.
- FOCUS offers self-management resources including written suggestions and tips, audio content, and videos of clinician and actor demonstrations.
- FOCUS prompts users multiple times a day to engage in self-assessment and receive targeted interventions.
- FOCUS content can be accessed on demand 24/7 as much as needed.
- FOCUS data can help clinicians better understand patients’ symptoms remotely.

**STUDY 1:** Field Trial

FOCUS was tested in a 30-day single arm trial.
- Participants had a diagnosis of schizophrenia or schizoaffective disorder.
- N=33 participated (Avg. age: 46).
- Participants used FOCUS 86.5% of days they had it, averaging 5.2 times a day.
- Participants reported FOCUS easy to use and acceptable:

<table>
<thead>
<tr>
<th>Question</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I thought that FOCUS was easy to use</td>
<td>3 (9.4%)</td>
<td>1 (3.1%)</td>
<td>28 (87.5%)</td>
</tr>
<tr>
<td>I found that the different parts of FOCUS work well together</td>
<td>0</td>
<td>2 (6.3%)</td>
<td>30 (93.7%)</td>
</tr>
<tr>
<td>I would imagine that most people would learn to use FOCUS very quickly</td>
<td>0</td>
<td>1 (3.1%)</td>
<td>31 (96.9%)</td>
</tr>
<tr>
<td>I would recommend FOCUS to a friend</td>
<td>0</td>
<td>4 (12.5%)</td>
<td>28 (87.5%)</td>
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</tbody>
</table>

**STUDY 2:** Long-Term Deployment

FOCUS was deployed as part of a multi-modal relapse prevention program across eight states around the U.S.
- Participants were at high risk for relapse and were enrolled shortly after hospitalization. All had a diagnosis of a psychotic disorder.
- N=342 participated (Avg. age: 35).
- Participants engaged with FOCUS 82% of weeks throughout the 6-month trial.
- FOCUS produces similar clinical outcomes to clinic-based care with superior engagement.

**STUDY 3:** Comparative Effectiveness Trial

FOCUS was compared in a randomized controlled effectiveness trial with a widely adopted evidence-based intervention, WRAP (Wellness Recovery Action Plan).
- Participants had a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, or major depressive disorder.
- Participants were randomized 1:1 and participated in each program for 3 months.
- N= 163 participated (Avg. age: 43).
- Engagement in FOCUS was higher than WRAP throughout the trial.
- FOCUS produces similar clinical outcomes to clinic-based care with superior engagement.

**Symptoms were measured pre / post, suggesting clinical gains:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pretest Mean (SD)</th>
<th>Posttest Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive and Negative Symptoms Scale</td>
<td>14.2 (2.23)</td>
<td>10.3 (1.06)</td>
</tr>
<tr>
<td>Negative scale</td>
<td>17.0 (2.64)</td>
<td>19.22 (3.39)</td>
</tr>
<tr>
<td>General psychopathology</td>
<td>40.08 (6.197)</td>
<td>35.75 (5.382)</td>
</tr>
<tr>
<td>Social function</td>
<td>77.19 (12.645)</td>
<td>74.47 (11.995)</td>
</tr>
</tbody>
</table>


*FOCUS is engaging to high risk patients over extended periods*