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Staff Education to Improve Mental Health Staff Knowledge on Mobile Health Applications for Medication Adherence

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Walden University
2026

Executive Summary: Staff Education Project
Staff Education to Improve Mental Health Staff Knowledge on Mobile Health
Applications for Medication Adherence

by

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MS, Walden University, 2022

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Executive Summary Submitted in Partial Fulfillment
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Summary

Despite rising evidence supporting the efficacy of mobile health (mHealth) applications to enhance medication adherence among individuals with mental health conditions, there is little utilization of these applications within mental health facilities. This project aimed to address the issue of implementing an interactive education program to enhance the knowledge of mental health staff and skills in the application of mHealth apps to enhance medication adherence. The main objective of this project was to fill the gap between conducting research and implementing its outcomes by providing staff with the knowledge and skills to incorporate mHealth applications into their daily practice. The education session was delivered using a PowerPoint presentation to five participants in an outpatient psychiatric facility. It began with a brief overview of the importance of adherence for patient outcomes, safety, and healthcare cost. An mHealth app was then introduced, highlighting key features such as medication reminders. The study utilized pretest–posttest analysis, and the knowledge gained was calculated using normalized learning gain (NLG) formula. A mean score of 68% in the pretest showed an increase to 86%, with an absolute increase of 18%, and 75% of staff noted the mHealth potential as a self-management support tool for patients. This project enables evidence-based practice (EBP) integration in other ways, such as increasing attention to digital literacy skills, enhancing consistency in medication adherence support, and facilitating patient engagement. The implications for practice and social change include enhancing staff competence, facilitating universal access, enhancing diversity, equity, and inclusion in health care through technology, and the possibility of a reduction in medication nonadherence or preventable hospital readmissions for psychiatric populations.

Background

Medication adherence has long been recognized as a crucial issue within mental health care, which has profound implications for treatment outcomes, utilization of health care, and the overall quality of care (Deng et al., 2022). Patients with mental illness need long-term management with pharmacotherapy for the control of mental illness, management of symptoms, prevention of relapse, or promotion of psychosocial functioning (Deng et al., 2022). Nevertheless, the adherence to psychotropic drugs continues to be unacceptably poor. Estimates from current literature indicate that patients with serious mental illness are largely or partially nonadherent to their prescribed treatment at a rate of around 40% to 60% (Lieslehto et al., 2022). Nonadherence to treatment can lead to worsening of mental illness, increased psychiatric admissions, suicidal risk, and additional preventable expenditures within the healthcare setting (Tadesse et al., 2025).

Adherence to medication among people with psychiatric conditions is a complex issue that can be attributed to several factors related to patients, healthcare practitioners, and the system itself (Deng et al., 2022). However, on the patient side, factors such as cognitive impairments, lack of insight into the disease process, medication side effects, stigma attached to treatment, forgetfulness, costs, and low-level motivation are all involved (Tadesse et al., 2025). Also on the healthcare practitioner side, time constraints, irregular follow-ups, and shortages of training on how to enhance medication adherence are all factors that affect medication nonadherence (Zewdu et al., 2025).

Mobile health technologies, commonly referred to as mHealth, have recently gained attention as a potentially optimal solution for dealing with a lack of adherence to

medication regimens, especially for those living with mental health disorders (Chan & Honey, 2022). MHealth applications are capable of offering reminders for taking medications, monitoring of symptoms, educating users regarding their conditions, reminders for follow-up with a healthcare practitioner, and reminders for medication refills (Chan & Honey, 2022). It has been observed that mHealth applications are successful for enhancing a user's compliance with medication regimens and providing user satisfaction when executed along with a licensed healthcare practitioner's support (Tran et al., 2024).

Despite the increasing body of evidence supporting the efficacy of mHealth interventions, their utilization within the domain of routine psychiatric care remains inconsistent. Healthcare providers often reflect a limited awareness of the available apps and a lack of confidence regarding the quality and privacy of these applications, as well as a subsequent inability to instruct clients on the usage of these tools (Alzghaibi, 2025). Moreover, there remains a limited amount of training or instruction regarding digital health technology tools within the domain of clinical training programs and a subsequent discontinuity between the body of available evidence and current clinical practices (Alzghaibi, 2025).

Nurses are the backbone of any medication regimen and educational programs in psychiatric care. Some psychiatric nurses identify and work on barriers to adherence on a frequent basis. They perform other tasks, and their therapeutic relationship with the clients plays an important role in encouraging them. According to the American Nurses Association (2021), nurses are essential for the promotion of EBPs and the implementation of innovative care models. However, if the nurses are not properly

trained on mHealth technologies and practices within the mHealth domain, they are less likely to encourage the use of mHealth or are unable to effectively work with clients.

Educational programs among staff members remain effective in improving levels of staff knowledge and practices (Moore et al., 2024). Staff educational programs need to be interactive, evidence-oriented, and specific to effect proper practices among staff (Moore et al., 2024). Improving practices among staff members remains achievable with educational programs centered on staff (Moore et al., 2024). Moreover, staff educational programs related to mental healthcare settings remain associated with increased staff expertise in managing medications, staff engagement, and staff adherence to treatment guidelines (Wand et al., 2022).

The mHealth app integration within mental health care practices, therefore, fits within overall healthcare agendas in terms of digital transformation, patient empowerment, or achieving health equity. Mobile technology has great potential in improving accessibility through the delivery of cost-effective mHealth apps for supporting patient adherence, especially among those who have previously had little access (Wand et al., 2022). As stated by Giebel (2022), for patients who may have lacked transportation, suffered from stigma, or lacked access to specialty care, mHealth apps provide private methods of maintaining their continued support.

From a healthcare organizational point of view, better patient adherence to medicine can be seen to be directly associated with quality performance, patient safety, and cost control. Poor adherence to prescribed medications can be a significant source of psychiatric readmissions and lengths of stay in psychiatric facilities, putting additional strain on scarce psychiatric resources (Chan & Honey, 2022). Healthcare facilities today

are held more accountable than ever for performance with respect to the continuity of care and patient engagement processes in their facilities.

To address the gap that exists between the support for mHealth interventions and the lack of implementation, the staff education project was implemented. Staff members in the mental health clinic were the target audience, specifically four psychiatric nurse practitioners and a licensed professional counselor. They received training and skills as well as evidence-based knowledge, which paved the way for these professionals to adopt practice changes and offer more supportive care services.

In summary, medication nonadherence is still a challenge in mental health treatment with serious consequences for patients as well as the health care system (Chan & Honey, 2022). Enhancing health care professionals' knowledge and skills by providing education can close this gap between health care practice and evidence.

Staff Education Project Development

The staff education project took place within the mental health care setting, involving psychiatric nurses and mental health professionals working directly with treating patients with medicines. A total of five staff members were eligible to participate, all of whom were approached through formal communication. Participation remained voluntary, with anonymity observed throughout the project. More than a diverse range of staff, with varying experience, took part, which offered a complete staff outlook on the project of adopting mHealth apps.

The educational program used as an intervention tool for this study was established based on guidelines and literature surrounding medication adherence and the use of mobile technology related to mental health treatment. The program involved an

educational component that incorporated a guided educational program that addressed a review of medication adherence, a review of literature that supports the use of mobile technology programs, a review of some of the more successful programs that are utilized for patient adherence, and a method for patient guidance.

Data gathering in evidence collection was conducted using a pretest and posttest design for assessing improvements in knowledge among staff members. An anonymous questionnaire was conducted among participants immediately before and after conducting staff education (see Appendix A). The questionnaire was designed to measure knowledge about app selection, functionality, patient suitability, and confidence in patient education regarding mobile adherence apps. The pretest and posttest scores among staff members in knowledge measurement were assessed using descriptive statistics.

Assessment was conducted in relation to the immediate outcomes of learning and perceived preparedness for implementation. Although the posttest evaluation suggested an improvement in knowledge and intention to practice the usage of mHealth apps in care planning, it remains evident that quality improvement strategies have continued to be integral within educational programs.

Results

Findings from the postimplementation outcome revealed the positive effect of the interactive staff education intervention on the mental health knowledge and intention of mental health staff to utilize mHealth applications in medication compliance. A total of five mental health staff ($N = 5$) completed both pretest and posttest. The study was conducted using the pretest and posttest analysis, and the knowledge gained was calculated using the NLG formula, as specified by the Brigham and Women's Hospital

Center for Nursing Excellence (n.d.). The NLG formula is as follows: $[(\text{Postscore} - \text{Prescore}) / (100 - \text{Prescore})] \times 100$.

$$\frac{86-68}{100-68} = \frac{18}{32} \approx 0.5625$$

According to the calculation above, the results showed roughly 0.56, equating to a 56% normalized learning gain (when multiplied by 100) in knowledge representing a moderate to high learning gain. This depicts a significant positive change in the mental health staff's level of knowledge and intention to employ mHealth applications for medication adherence. For the open-ended questions, the responses were summarized.

The participants expressed positive opinions regarding the medication adherence mobile app, primarily citing its potential to serve as a supportive tool for self-management (75% of respondents). The mental health staff found the app's automated reminder and notification systems to be highly valuable, especially for individuals with complex regimen. One of them found that the automated refill reminders and dosage schedules can significantly reduce the manual tracking currently required, which is a huge benefit for both providers and the patients. The ability to track vital signs and generate adherence reports was also frequently mentioned as a positive feature that could foster better patient engagement and self-management. Some participants (30%) expressed concerns about checking patient data from yet another platform would add to the existing burden unless it syncs automatically with the electronic health record (EHR). Despite this, most staff expressed a willingness to incorporate the app, often planning to introduce it during patient consultations or as part of a structured treatment plan. The preparedness level of the mental health staff to implement mHealth application strategies

in their daily work environment also showed a substantial increase: the ability to suggest apps to patients boosted to 85% from the previous 42%, patient instruction in application boosted to 80% from 38%, and the intent to apply apps in patient care plans increased to 88% from the initial 45% (see Table 2 and Figure 1).

As shown in Table 1, the mean pretest score on knowledge was 68%, but this elevated to 86% postintervention, indicating an absolute improvement of 18% in the knowledge of the staff about mobile adherence tools.

Apart from the improvement in knowledge, there was an improvement in readiness among the staff regarding the incorporation of MyTherapy into practice, as indicated in Table 2. The percentages of respondents who felt capable of recommending valid apps increased from 42% to 85%, those who were confident in instructing patients on app use increased from 38% to 80% and plans to incorporate apps into patient care improved from 45% to 88%. These are indicated in Figure 1.

The effects of the intervention on the organization are multidimensional. Improved staff capabilities enable more formalized and evidence-based support for patients to take their medications as recommended and are in line with the goals of the organization to integrate digital health resources into the regular patient education processes of the organization. The feedback from the leadership showed more interest in providing digital health educational programs in the organization, while preliminary observations indicated patients' better engagement with mobile support resources for adherence.

Limitations include that the single-group pretest–posttest design, which does not allow for causal statements, is a short formative evaluation, wherein long-term

knowledge retention cannot be assessed, and a pretest–posttest design with self-reported data, wherein issues of response bias arise (Dignath et al., 2023). Notwithstanding the above limitations, the degree of similarity and magnitudes of improvement across knowledge and readiness domains indicate an effective educational intervention.

Significance is more than local relevance. Medication adherence is quite an important concern in mental health practice, and staff training is one such cost-effective strategy that could improve the implementation rate of mHealth interventions that are evidence-based (Giebel, 2022). The intervention approach is also applicable in psychiatric and behavioral healthcare practice and could positively on EBP and digital equity.

Table 1

Pre- and Postintervention Knowledge Scores (N = 5)

Measure	Pretest mean (%)	Posttest mean (%)
Knowledge of mobile health applications	68	86

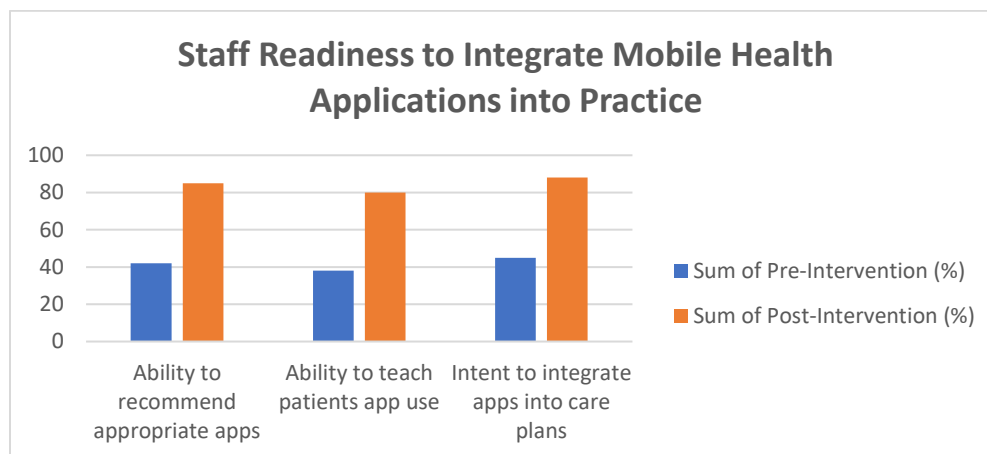
Table 2

Staff Readiness to Integrate Mobile Health Applications into Practice (N = 5)

Outcome Measure	Preintervention (%)	Postintervention (%)
Ability to recommend appropriate apps	42	85
Ability to teach patients app use	38	80
Intent to integrate apps into care plans	45	88

Figure 1

Staff Readiness to Integrate Mobile Health Applications into Practice (N = 5)



Conclusions

The delivery of the interactive staff education program improved mental health staff members' knowledge and willingness to incorporate mHealth technology applications. The project showed improved staff members' digital health skills, as there was an increase in mean scores of staff members' knowledge from 68% to 86%. This improved staff members' skills, which contributed to an organization having a greater capacity to deliver EBPs on medication adherence, aiming to promote a culture of technology-driven, patient-centered approaches. The organization's administrators showed a higher interest in integrating technology within the organization, possibly implying that this project not only achieved an education strategy but also created a sense of organizational readiness on a technological innovation level.

Other recommendations are conducting refresher training courses for the retention of knowledge and promoting confidence in the application of mobile adherence devices.

The incorporation of mHealth training into the initiation of new employees would ensure standardized digital skills among all employees (Wand et al., 2022). Also, the development of a monitoring mechanism to track the usage of the mobile application in the delivery of patient care would yield valuable information for continuous improvement initiatives. Extending the project to other behavioral health units would improve care consistency and provide equal access to the intervention of digital innovation.

The implications for practice in nursing are enormous. Empowering staff members with the ability to effectively implement mHealth technologies promotes EBP, patient engagement, and safe, efficient, and reliable medication adherence strategies. On social change, it closes the digital divide for consideration of access to health resources, allowing more patients to take advantage of technology-assisted self-management. Furthermore, it promotes concepts of diversity, equity, and inclusion by ensuring that all patients, from different settings, have access to equivalent and evidence-based care. Generally, this project describes how staff education can foster improvement in mental health care.

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Appendix A

Staff Knowledge and Questionnaire: Mobile Health Applications for Medication Adherence Questionnaire

Instructions: Please answer all questions as honestly as possible. All of your responses will be anonymous and will be used solely for the educational project evaluation.

Section 1: Demographics

Age: _____

Gender: Male Female Other

Professional Role: APN QMHP Other: _____

Years of Experience in Mental Health Practice <1 year 1–5 years 6–10 years
11–20 years >20 years

Section 2: Knowledge Check

(Select the correct answer for each multiple-choice question. Each question is worth 1 point.)

1. All of the following are factors associated with medication non-adherence **Except?**
 - a) Cost of medication
 - b) Side effects
 - c) Understanding the purpose of medication
 - d) Complex treatment plans and several medications

2. What is the significance of the mobile application MyTherapy?
 - a) social networking
 - b) Improve medication adherence
 - c) Telehealth visits
 - d) Fitness tracking

3. What function allows patients to export information to providers?
 - a) Reminder alerts
 - b) Health report
 - c) Privacy and Security
 - d) Pill counter

4. What feature of MyTherapy is useful for a patient being forgetful regarding medication daily use.
 - a) Social media integration
 - b) Medication reminder alert
 - c) Video tutorials
 - d) Food monitoring

5. According to research, how do mobile health apps impact patient outcomes when it comes to medication adherence?
- a) No impact
 - b) 50% increase in medication adherence
 - c) 20-30% increase in medication adherence
 - d) Disease progression
6. What should a nurse do when introducing a medication adherence app like MyTherapy to a patient who is non-compliant?
- a) Disregard concerns
 - b) Prescribe more medications
 - c) Suggest removing apps
 - d) Explain the benefits and help with set-up
7. What is one of the limitations of most medication adherence mobile Apps?
- a) Technology illiteracy
 - b) No degree in IT
 - c) Not enough evidence
 - d) Android incompatible

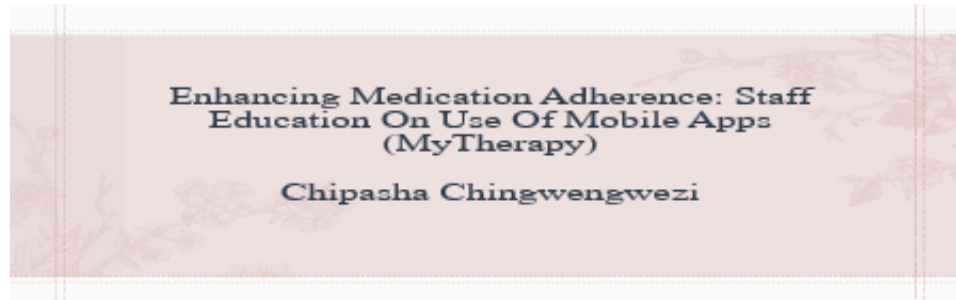
8. What is the primary benefit of refill alert functionality in mobile health apps?
- a) Tracks mood and adherence
 - b) Sends a health report to the provider
 - c) Prevents missed doses due to inadequate supply
 - d) It automatically sends a notification to the provider
9. What is most likely to occur when mobile health apps are integrated into clinical practice?
- a) Increased healthcare costs
 - b) Disease progression
 - c) Fewer hospitalizations
 - d) Increased hospitalizations
10. Why is ongoing training on medication adherence mobile app necessary for mental health staff?
- a) To complete CEUs
 - b) To adapt to changes
 - c) To track progress
 - d) To improve patient outcomes and quality of life

Open-ended Questions

1. What do you think about the medication adherence mobile App?
2. What are your thoughts on how this App will change your workflow?
3. How do you plan to incorporate this into your daily tasks?
4. Would this App be beneficial for your patients? If not please explain

Appendix B

Project Materials



Reminders for your medication and pills

4.8
rated by our users

9:41
Monday, 6 June

Medication due
Take 1 pill

Confirm Postpone

PURPOSE OF THE PRESENTATION

The purpose of this presentation is to enhance your knowledge on the use of medication adherence mobile applications in clinical practice. The goal is to promote medication adherence, ultimately improving patient care and outcomes in a mental health setting.

Pre Test

✓
✗
✗
✓
✓
□

Please Copy the Link below into your browser to take the 10-question pre-test before proceeding with this presentation. Don't forget to hit the submit button at the end to record your results.

https://docs.google.com/forms/d/e/1FAIpQLStufor7jmQBeyTCYTPrMA50WNjczXl9_glwHzDH8PdLdeZSA/viewform?usp=sharing&oid=105103140385708686033

LEARNING OUTCOMES

- ❖ Identify at least 3 factors that contribute to medication non-adherence with 100% accuracy on a post-test.
- ❖ Identify the impact of the medication adherence mobile app (MyTherapy) on patient outcomes with 80% accuracy on a post-test.
- ❖ Identify the significance, limitations, and evidence of the mobile app (MyTherapy) use for medication adherence with at least 80% accuracy on a post-test.
- ❖ Identify the appropriate use of the mobile app (MyTherapy) to improve medication adherence with 90% accuracy on a post-test.
- ❖ Identify at least 3 key features and functions of the mobile app (MyTherapy) with 90% accuracy on a post-test.

WHY MEDICATION ADHERENCE MATTERS

- Medication non-adherence is a major challenge leading to poorer health outcomes, higher healthcare costs, disease progression, and mortality.
- Medication non-adherence affects 30-50% of mental health patients (Khan et al., 2024).
- Patients often struggle with complex medication schedules, forgetting doses, and managing refills.
- Medication non-adherence impacts our ability to effectively manage patients' conditions.



METHODS TO IMPROVE MEDICATION ADHERENCE



DIGITAL HEALTH SOLUTION

- ❖ Mental health staff play a significant role in determining whether patients comply with their medications or not.
- ❖ It is imperative to educate patients about suitable apps that can be used on their smartphones/devices to promote adherence.
- ❖ The growing prevalence of smartphones and their constant, easy accessibility make medication adherence apps appealing to many because they cost little to nothing and can provide personalized information.
- ❖ Research has shown that mobile health (mhealth) Apps can serve as a form of support for patients with chronic mental illnesses and may enhance patient-provider collaboration for self-management (Diaz-Skaete et al., 2021).

MEDICATION ADHERENCE MOBILE APP MYTHERAPY

WHAT IT IS:

- It is a readily available technology that offers many features designed to help patients manage their medications.

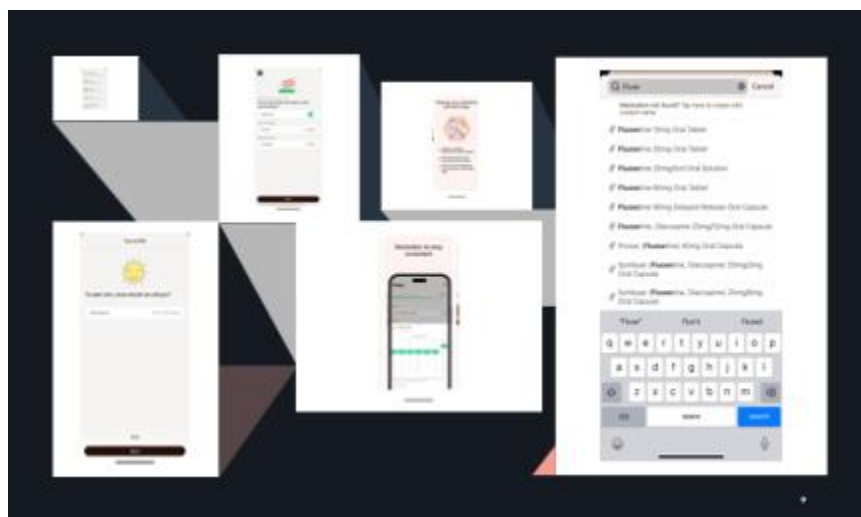
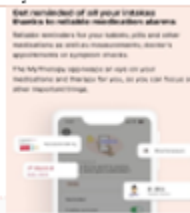


WHY CHOOSE THIS APP?

- It is **free**, all-in-one mobile app for IOS and Android users
- It is **user-friendly** and has 32+ languages
- It has basic medication reminder features coupled with enhanced levels of functionality
- It has good security- users only need few details (nick-name, gender, birthday)
- You do not need to create an account
- Data can **only** be shared with the user's consent

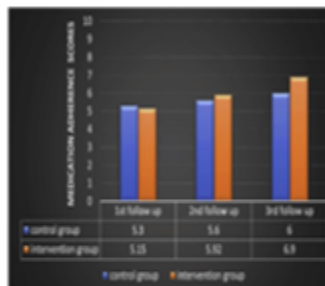
KEY FEATURES OF THE MOBILE APP

Medication Reminder Alerts	Language and Accessibility Options
Dosage Instructions	Intake tracking-log dose taken, skipped, or snoozed
Prescription Refill Alerts	Symptom Tracker-log mood & side effects
Detailed Medication Information	HIPPA Compliance
Medication Tracking and History	Health Report- may be exported to providers



EVIDENCE SUPPORTING MOBILE APPS

- Mobile apps improve adherence by 20-30%.
- Effective in chronic illnesses like schizophrenia and bipolar disorders.
- Reduce relapse and hospitalization rates
- Facilitate patient empowerment and self-management skills.
- Congruent with recovery-oriented models of care.
- Evidence from RCTs and systematic reviews



CHALLENGES

- Technology illiteracy
- Potential for patient resistance to technology
- Patient may not have access to smartphones
- Lack of training
- User engagement challenges

PROMOTING MYTHERAPY IN CLINICAL PRACTICE

- ❖ Download the app to be familiar with the functionality and benefits.
- ❖ Mention the App during appointments for patients with complex regimens and poor adherence.
- ❖ Briefly highlight how the features can simplify a patient's daily routine.
- ❖ Track adherence via shared health reports
- ❖ Collaborate with the IT department for technical problems.

SUMMARY

- Medication adherence is crucial for patient health.
- Integration of mobile applications into patient care holds promise for optimizing medication adherence and ultimately improving patient outcomes.
- MyTherapy assists adherence through reminders, monitoring.
- Evidence shows 20-30% improvement in adherence.
- Staff can monitor adherence through health report via PDF or online view with the patient's consent.
- Overcome technology barriers through education, IT support.

Post-test

- Please complete the post test and hit the submit button.
- <https://forms.gle/nR6eo7aqpADukmJy8>

INTERACTIVE CASE DISCUSSION

Scenario: 59 y/o Depressed patient, non-adherent to SSRIs

1. How would you introduce MyTherapy to this patient?
2. Which app features address their non-adherence?
3. Discuss barriers (e.g., tech illiteracy, motivation).
4. Brainstorm staff strategies to enable app use/offer alternatives (pill organizers/pharmacy alerts)
5. Share ideas in group discussion.

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