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The Influence of Human Support on the Effectiveness of an Online Mental Wellbeing Intervention

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The influence of human support on the effectiveness of an online mental wellbeing intervention

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Purpose: To compare the influence of three modes of human support on the outcomes of an online, lifestyle-focused mental health promotion intervention.

Background: There is a need for efficacious lifestyle interventions to promote the mental wellbeing of both healthy and clinical cohorts. Evidence regarding the usefulness of adding human support (i.e. guidance) to improve the outcomes of online interventions for clinical populations is mixed,¹⁻³ however little is known about healthy cohorts.

Methods: A total of 458 participants self-selected to participate in a 10-week online, multimodal lifestyle intervention that addressed mental wellbeing. The participants were randomized into three groups, differentiated by support mode: standard - automated emails only (S); standard plus personalised SMS messages (S+pSMS); standard plus videoconference support (S+VCS). At pre- and post-intervention, the participants completed the following measures: the 'mental health' and 'vitality' sub-scales from the Short Form Health Survey (SF-36); Depression Anxiety and Stress Scales (DASS-21); Satisfaction With Life (SWL) scale; and Flourishing scale.

Results: A total of 320 participants (S, n=103; S+pSMS, n=114; S+VCS, n=103) completed the study. Significant within-group changes were recorded from pre- to post-intervention in all groups for every outcome measure ($P < 0.001$). No significant between-group differences were observed for any of the outcome measures: mental health ($P = 0.77$), vitality ($P = 0.65$), depression ($P = 0.93$), anxiety ($P = 0.25$), stress ($P = 0.57$), SWL ($P = 0.65$) or flourishing ($P = 0.99$). Attendance at the weekly videoconference support sessions was poor, but those who attended seven or more of the ten sessions experienced significantly better outcomes in mental health ($P = .006$, $d = 0.71$), vitality ($P = .005$, $d = 0.73$), depression ($P = .04$, $d = 0.54$), and SWL ($P = .046$, $d = 0.50$), than those who attended less than seven.

Conclusions: A lifestyle-focused, online mental health promotion intervention enhanced measures of mental wellbeing among a healthy cohort, irrespective of the human support provided. Supplementing a psychological intervention with videoconference support might improve outcomes, when attendance is optimised.

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