

INTERVIEW STUDY: DERIVING DESIGN IMPLICATIONS FOR SERIOUS VIDEOGAME FOR PEOPLE WITH PSYCHOSIS

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BACKGROUND

Research suggests serious videogames can be an affective medium to deliver self-management content and engage people with psychosis in their current treatment.

Self-management includes:

Psychoeducation
Medication adherence
Day to day tasks like brushing teeth

Going for a walk
Have a diary to monitor symptoms and more

There is currently a gap in research surrounding the acceptance and readiness of serious games as e-mental health applications, as well as understanding what end-users need. Therefore we conducted a series of interviews.

AIM

To conduct semi-structured interviews with community patients who experience psychosis and clinical professionals We wanted to address the following objectives:

- 1 To learn what aspects of self-management do patients struggle with.
- 2 How these aspects can be integrated in a serious videogame.
- 3 To learn about patient's experience with playing computer and video games.
- 4 Acceptability of the use of a serious videogame as a self-management tool by clinicians and service users
- 5 What attributes of the game would mental health professionals and service users would like to see/not to see in a serious videogame

METHODS

Set up

Interviewed 7 service users and 10 clinicians

Duration

35 mins interview

Analysis

NVivo12 to carry out TA analysis

CONCLUSION

Both clinicians and service users were enthusiastic about the game and accepting of the idea of using it as a part of the self-management routine. Most of the clinicians expressed desire to participate in a game (mainly young clinicians).

Some game elements like chatting and multiplayer mode were met with great enthusiasm from some and concern from the others, especially free form chatting. Young people with psychosis expressed a strong desire to know more people with psychosis and want to exchange tips/ideas/experience within the game.

Overall, impression of the future serious videogame is strongly driven by current available commercial games. Therefore standards are quite high and end users expect a serious videogame to be of a similar quality.

RESULTS

Theme 1: Self-management struggles:



Theme 2: Implementation (persona of the potential player):



Age: 16-25

Gender: Male

Diagnosis: wouldn't recommend a game if service user has lack of insight and/or technology related delusions.

Mode of delivery: smartphone/console

How often to play a game: everyday

Length of the game play: for 20-30mins

Theme 3: Why service users enjoy playing videogames?



Theme 4: Positive attitude towards serious videogame among clinicians and service users.



SVG as a safe, engaging environment to learn and practise new skills

Theme 5: Game elements and scenarios that clinicians and service users **DON'T** want to see in the videogame.



Theme 6: Game elements and scenarios that clinicians and service users **DO** want to see in the videogame.

