Evaluation Report

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Evaluation of iPrevail Los Angeles County

An Initiative to Provide a Free Mental Health App to Los Angeles County Residents

In 2023, an estimated 23 percent of U.S. adults experienced *any mental illness* (AMI), such as stress, anxiety, and major depressive disorder in the past year, and 6 percent experienced a *serious mental illness* (SMI), defined as "any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2024, p. 34). In addition, 17 percent of U.S. adults met past-year criteria for a substance use disorder (SUD), and estimates indicate that one-third to one-half of adults experienced both AMI and SUD (SAMHSA, 2024).

Despite the fact that one in three U.S. adults meet criteria for AMI or SUD, only one in four of those with SUD, and just more than one in two of those with AMI, received formal treatment in the past year through inpatient, outpatient, prescription medication, or telehealth services (SAMHSA, 2024). This treatment gap is driven by multiple barriers—including lack of awareness and access to appropriate treatment—that are often compounded for low-income, rural, and underserved communities; racial and ethnic minority individu-

KEY FINDINGS

- Five percent of Los Angeles County youth ages 14–25 and 2 percent of adults ages 26 and older have heard of iPrevail and correctly identified it as a mental health app.
- From March 2023 through June 2024, there were 9,066 new users who followed structured app activities and 56,125 users who only chatted with a peer coach. The number of new users peaked in March 2023 and then declined throughout 2023–2024.
- Compared with 2021–2022 data, there was a greater proportion of Hispanic/Latino and non-Hispanic Black users, users who primarily spoke Spanish or another non-English language at home, users with a disability, and veterans.
- There was no evidence of an increase in Chinese-language users following the release of a Chinese version of iPrevail.
- Most users (75 percent) were active in the app for only one day.
- Most users (77 percent) had moderate or severe mental health symptoms on health assessments at baseline.
- There was no evidence of symptom change for those who used the app for a longer period.

als; and those who do not speak English as a first language (Mongelli, Georgakopoulos, and Pato, 2020; Morales, Barksdale, and Beckel-Mitchener, 2020).

One solution to address this treatment gap and increase access to evidence-based care is with the use of *mental health apps*, which are software applications installed on smartphones, tablets, personal computers, and other devices that allow users to self-manage and track symptoms, get social support, and fulfill a variety of other functions and purposes (Chandrashekar, 2018). Mental health apps are widely used, with some estimates indicating that up to one-fifth of smartphone owners with AMI use them (Guracho, Thomas, and Win, 2023).

Mental health apps have great potential to complement traditional behavioral health treatment or serve as a stand-alone mental health intervention. Meta-analyses indicate that mental health apps can be effective in reducing symptoms of anxiety, depression, stress, and quality of life, with results that are comparable to traditional in-person treatments (Bae et al., 2023; Firth et al., 2017; Linardon et al., 2019; Linardon et al., 2024). In terms of SUD outcomes, there is some evidence that mental health apps can reduce cannabis use frequency among young adults (Côté et al., 2024), but effects on alcohol use have been mixed (Colbert, Thornton, and Richmond, 2020). Mental health apps that use cognitive behavioral therapy (CBT) may be particularly effective (Linardon et al., 2019). Besides addressing symptoms, benefits of mental health apps include providing timely and increased access to mental health care, addressing stigma as a barrier to treatment, and supplementing traditional in-person treatment (Koh, Tng, and Hartanto, 2022; Satre et al., 2021).

Abbreviations

AMI	any mental illness
AUDIT	Alcohol Use Disorders Identification Test
CBT	cognitive behavioral therapy
COVID-19	coronavirus disease 2019
EPDS	Edinburgh Postnatal Depression Scale
GAD-7	Generalized Anxiety Disorder 7-Item scale
ISMI-9	Internalized Stigma of Mental Illness Scale–9 Item
LACDMH	Los Angeles County Department of Mental Health
LGBQ+	lesbian, gay, bisexual, queer/questioning, plus (others)
PCL-5	PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders, 5th edition
PHQ-8	Patient Health Questionnaire–8 Item
PSS	Perceived Stress Scale
PTSD	posttraumatic stress disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SMI	serious mental illness
SSI-SA	Simple Screening Instrument for Substance Abuse
SUD	substance use disorder
TFEQ-18	Three Factor Eating Questionnaire–18 Item

iPrevail, a Free Mental Health App for Los Angeles County Residents

While many mental health apps are on the market, most require a paid monthly subscription. This can present a significant barrier for low-income and budget-conscious individuals. In June 2021, the Los Angeles County Department of Mental Health (LACDMH) made iPrevail freely available to Los Angeles County residents (LACDMH, 2021). iPrevail is a multicomponent mental health app developed by Prevail Health (Prevail Health Inc., undated). iPrevail app functions give users the opportunity to complete mental health assessments, chat with a peer coach, engage in online community support groups for specific mental health topics, and complete interactive lessons on specific mental health topics. Interactive lessons include didactic content that uses CBT-based principles, interactive content, and homework to complete before the next lesson or chat with a peer.

Users can complete either (1) a structured path that offers clinical self-assessments, mental health lessons based on users' self-identified most important topic areas (e.g., anxiety, depression, unhealthy eating), community support groups, and chats with a peer coach (*Path A*) or (2) an unstructured path in

which they can chat with a peer coach only (*Path B*). Users earn points for completing activities in the app, which can be redeemed for rewards (gift cards).

A previous evaluation of iPrevail use in Los Angeles County conducted by the University of California, Irvine, used data from May 2021 through February 2023 and found that iPrevail users were more diverse than the Los Angeles County population in terms of gender identity, sexual orientation, and race and ethnicity; were generally satisfied with the app; and reported significant symptom reductions in some areas (e.g., depression, anxiety, and posttraumatic stress disorder [PTSD]) (Sorkin et al., 2023).

Evaluation Goals

The purpose of this evaluation is to continue and expand on the previous evaluation of the LACDMH initiative to make iPrevail freely available to Los Angeles County residents. We continue where the last evaluation left off by analyzing Los Angeles County iPrevail data from March 2023 through June 2024. While we do not make direct comparisons between the demographics of iPrevail users and the Los Angeles County population in this report, one of the most notable changes to iPrevail during this time was the addition of a Chinese-language version in January 2024 (in addition to English and Spanish). This presented an opportunity to examine whether engagement of Chinese-language users may have increased since that time. In addition, there was further opportunity to expand the analysis of iPrevail data to examine the user characteristics associated with app engagement and the factors associated with changes in mental health symptoms over time.

The present evaluation had the following two goals:

- Examine user characteristics and app engagement over time, with an emphasis on understanding the demographic factors (e.g., age, gender, language) and mental health factors (e.g., having moderate or severe symptoms) that are associated with app engagement.
- Examine symptom changes over time and the extent to which app engagement was associated with these changes.

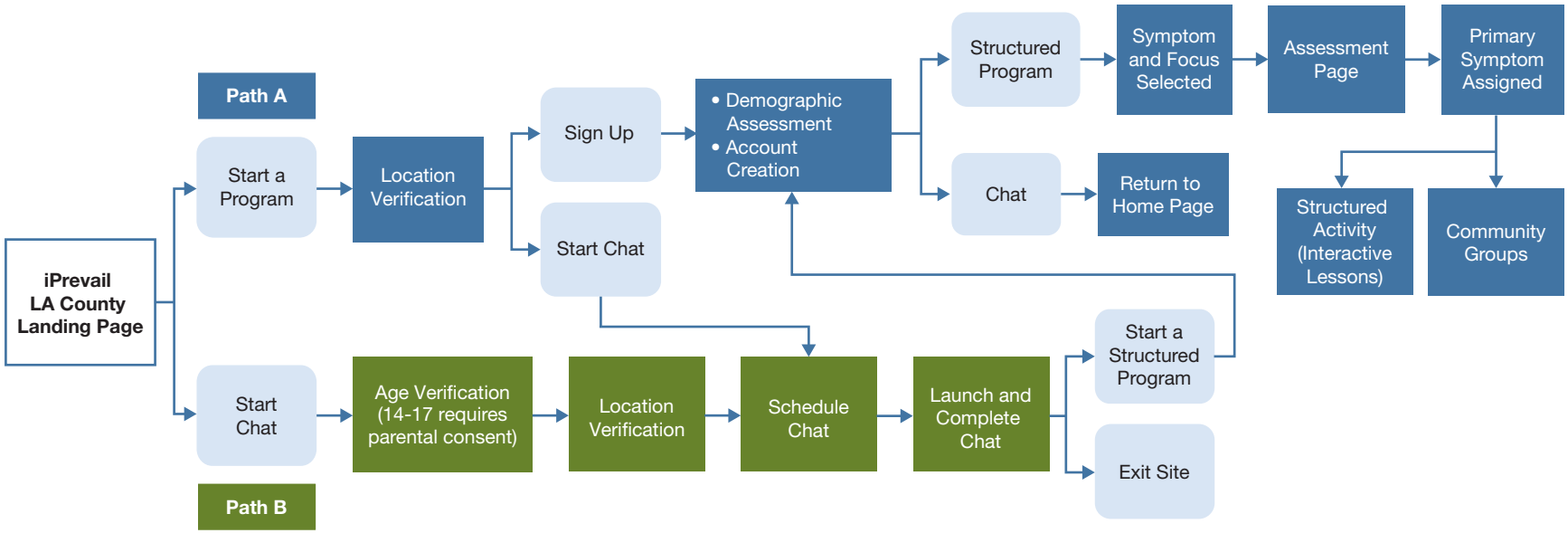
Methods

We securely obtained de-identified Los Angeles County iPrevail user data from March 1, 2023, through June 30, 2024, from Prevail Health. The present evaluation focused on Path A (structured path) users only, as data for Path B users were limited to date and time of account creation. A diagram detailing user navigation through Paths A and B is shown in Figure 1. Users can first access iPrevail through the mental health resources page on the LACDMH website. From there, users can either select *Start a Program* or *Start Chat* (these buttons lead to Path A or Path B, respectively). For users to access the free version of iPrevail, Prevail Health performs a brief check of the user's device to verify that it is located in Los Angeles County. Path A users proceed to create an account, and clinical assessments are suggested based on users' self-identified main symptom areas. Users can also engage in interactive lessons (called *Structured Activities* in iPrevail), participate in online support groups (called *communities* in iPrevail), or chat with a peer coach. Path B users can start a chat more expediently by briefly verifying their age and location and setting up an account. As indicated by the diagram, it is possible for Path B users to become Path A users, but these data are not routinely collected by Prevail Health.

Another source of data was a recently completed population-based survey of Los Angeles County residents conducted by RAND researchers for a separate evaluation of the LACDMH campaign titled Take Action for Mental Health. The survey was fielded from June 11 to July 8, 2024, in English and Spanish using Ipsos' KnowledgePanel. The survey included two items assessing awareness of iPrevail: (1) "Have you heard of iPrevail?" (yes or no), and (2) "Which of the following describes iPrevail?" (four response options were presented, with only one correct option). We used those results to estimate the percentages of Los Angeles County youth (ages 14–25) and adults (ages 26 and older) who are aware of and can correctly identify iPrevail. All study procedures were reviewed and approved by the RAND Human Subjects Protection Committee, RAND's institutional review board.

FIGURE 1

User Flow Through Path A or Path B in iPrevail



NOTE: Adapted from a figure provided by Jason Henderson, Prevail Health, to the authors, June 2024.

Data Analysis

Our analysis plan focused on examining (1) general trends in app engagement (including demographic characteristics of users and their association with app engagement), (2) rates of moderate or severe mental health symptoms on clinical assessments, and (3) whether mental health symptoms changed over time among users overall and for users who completed specific app activities (versus users who did not complete specific app activities). A logic model of our data analysis plan is displayed in Figure 2.

User Characteristics and App Engagement

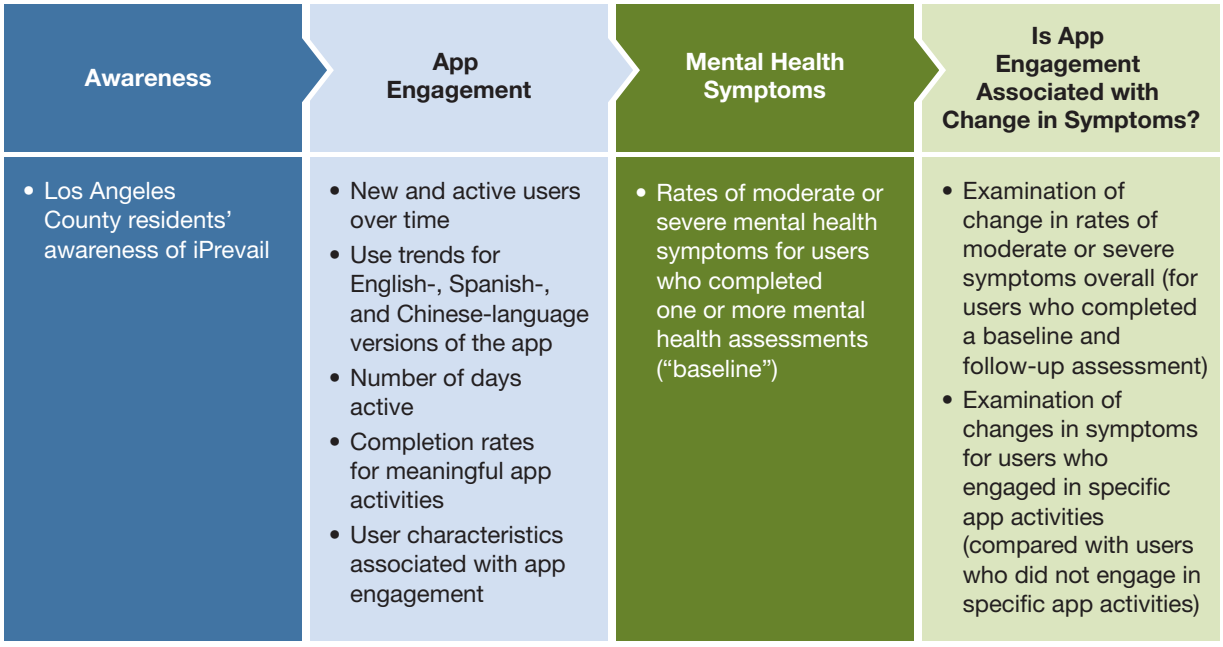
We present descriptive statistics to describe iPrevail Path A user demographic characteristics and engagement with the app over time. We present the number of new Path A users and the number of active Path A users per month during the reporting period. *Monthly active users* are defined as users who have completed one or more activities in the app in a given month. To examine whether app engagement differed among key ethnic groups of Los Angeles County residents, we stratified new and active users over time by language most spoken at home: English, Spanish, and Chinese languages (Cantonese, Mandarin, or other Chinese).

We also characterize app engagement in terms of the number of days active (defined as the number of days with any activity recorded) and the number of activities completed in the app. There are two main types of user activities in iPrevail. *System activities* include account creation, assignment of primary symptoms based on health assessments, self-selection of symptoms, and selection of a primary mental health topic area to focus on. *Meaningful activities* include (1) completion of demographic or health assessments, (2) chats with a peer coach, (3) engaging in community support groups, and (4) completing structured activities, such as guided learning, homework, and interactive lessons on specific mental health topics.

To examine whether specific groups of users were more likely to engage in meaningful activities, we calculated rates of meaningful activity completion (i.e., engaged in a meaningful activity versus did not engage) by demographic subgroup and performed chi-square tests to examine whether there were sig-

FIGURE 2

Depiction of Data Analysis Plan



NOTE: Analysis includes Path A users only.

nificant differences within demographic groups or for users with or without moderate or severe mental health symptoms. We then ran logistic regression models to determine which user characteristics were significantly associated with app engagement, compared with specific reference groups. For example, *non-Hispanic White* was used as a reference group when examining the association of race and ethnicity with app engagement.

Mental Health Symptoms

iPrevail includes several validated assessments to help users understand their symptoms in a variety of mental health topic areas (see Table 1). These assessments serve to guide users' structured activities, and users can monitor their symptoms by completing follow-up assessments over time.

We report on overall assessment completion as an indicator of engagement. To describe iPrevail users, we report the frequency and percentage of users who met moderate or severe criteria on their first (baseline) assessment for each mental health condition. To examine the change in mental health symptoms over time, we limited analyses to a subset of users who completed baseline and follow-up assessments for each mental health condition and compared the number of users who met the criteria for moderate or severe mental health symptoms with those with mild symptoms at baseline and their last follow-up. We used McNemar's chi-square test for paired dichotomous outcomes to examine whether there were statistically significant changes in scores.

Association of App Engagement with Improved Mental Health Symptoms

To assess whether app engagement is associated with a change in mental health symptoms, we used McNemar's tests to examine whether there was significant change in the number of users with moderate or severe symptoms (versus low symptom scores) at baseline and follow-up for each mental health condition. We did this separately for two groups: those who engaged in a specific app activity and those who did not. The specific app activities we examined were (1) selecting a primary focus, (2) having a primary symptom assigned, (3) chatting with a peer coach,

TABLE 1
Clinical Assessments Used in iPrevail

Mental Health Condition	Assessment	Items, Total Score	Moderate or Severe Cutoff Score
Stress	Perceived Stress Scale (PSS) (Cohen, Kamarck, and Mermelstein, 1983)	10 items, 0–40	>14
PTSD	PTSD Checklist for *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (PCL-5) (Weathers et al., 2013)	20 items, 0–80	>33
Depression	Patient Health Questionnaire–8 (PHQ-8) (Kroenke et al., 2009)	8 items, 0–24	>10
Generalized anxiety disorder	Generalized Anxiety Disorder 7-Item scale (GAD-7) (Spitzer et al., 2006)	7 items, 0–21	>10
Unhealthy or disordered eating	Three-Factor Eating Questionnaire (TFEQ-18) (Karlsson et al., 2000)	18 items, 18–72	>36
Unhealthy alcohol use	Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 2001)	10 items, 0–40	>8
SUD symptoms	Simple Screening Instrument for Substance Abuse (SSI-SA) (Boothroyd et al., 2015)	13 items, 0–14	>5
Mental health stigma	Internalized Stigma of Mental Illness Scale–9 (ISMI-9) (Hammer and Toland, 2017)	9 items, 0–27	>13
Postnatal depression	Edinburgh Postnatal Depression Scale (EPDS) (Cox, Holden, and Sagovsky, 1987)	10 items, 0–30	>9

(4) engaging with a community support group, and (5) participating in a structured engagement activity (e.g., didactic lessons on mental health topics). Comparing whether symptom reductions occurred for users who engaged in specific app activities versus users who did not may provide some support for the app's effectiveness in reducing symptoms. For all statistical tests in this report, statistical significance was determined by test results with $p < 0.05$. We indicate significant results in tables. When statistically significant results are reported in the text, $p < 0.05$ should be assumed.

Results

Awareness of iPrevail

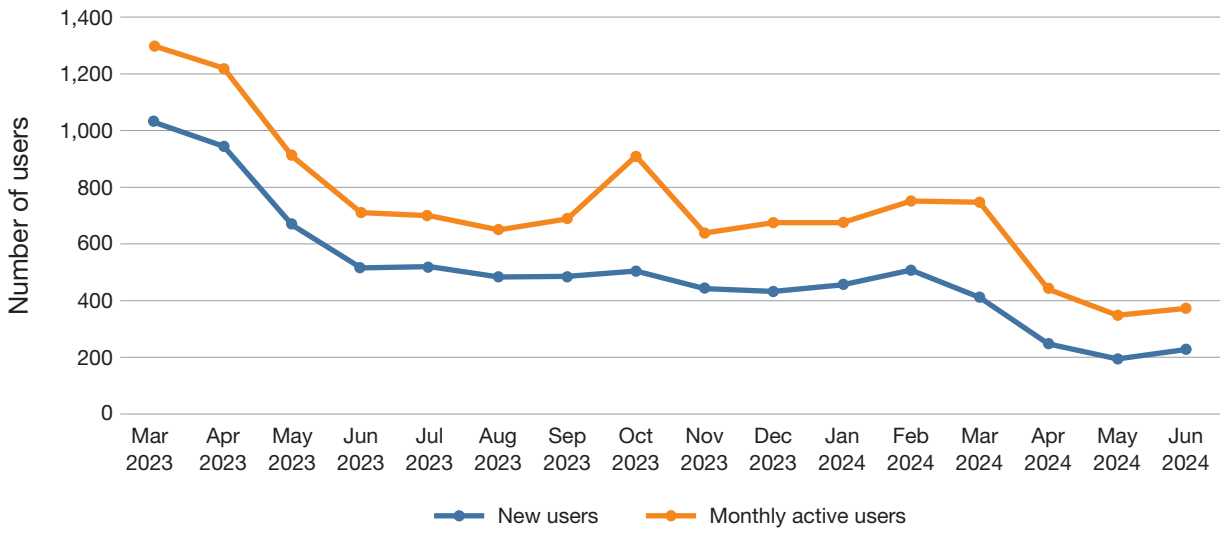
Results from our population-based survey of Los Angeles County residents indicated that from June to July 2024, 10 percent of Los Angeles County youth ages 14–25 reported that they had heard of iPrevail, and 5 percent had heard of it and correctly identified it as an online mental health support program (suggesting that they actually knew what it is). In contrast, 3 percent of adults ages 26 and older had heard of iPrevail, and 2 percent had heard of it and correctly identified it.

Overall App Engagement

In this section, we report on iPrevail use trends among Los Angeles County residents from March 1, 2023, through June 20, 2024, as an indicator of engagement. During this 16-month period, there were 9,066 new Path A users (those who created a user profile and followed structured and unstructured activities) and 56,125 new Path B users (those who completed unstructured activities, i.e., chats with a peer coach). As previously mentioned, our results focus on Path A users, given the limited data available for Path B users. The number of new and active Path A users per month are displayed in Figure 3. **The number of new and active users per month peaked at the beginning of the reporting period in March 2023, with 1,029 new users and 1,298 active users. The number of users declined to 228 new users (–78 percent) and 373 active users (–71 percent) in June 2024.**

FIGURE 3

New and Active iPrevail Users, March 2023–June 2024



NOTE: It is possible for new users to be counted more than once if they created more than one account using a different email address or other unique login information.

The total number of Path A users was 11,016 at the beginning of the reporting period (March 1, 2023) and increased to 19,086 by the end of June 2024 (Figure 4).

Figure 5 displays the number of new users per month grouped by the language most often spoken at home, focusing on the three languages that correspond to the three different language versions of iPrevail (English, Spanish, and Chinese). Although there was an apparent decline in new English-language users during the reporting period, the number of new Spanish- and Chinese-language users remained stable and low throughout the reporting period. **There did not appear to be a significant increase in Chinese-language users following the release of the Chinese version of iPrevail in January 2024.** However, these use rates may not reflect all Chinese-language speakers—only users who primarily speak a Chinese language at home.

Days Active

Typical engagement with the app was just one day of use. Of the 9,066 new Path A users since March 1, 2023, 75 percent were active in the app for just one day, and the remaining 25 percent were active for two or more days (see Figure 6). **In total, 2,230 Path A users were active in the app for more than one day.**

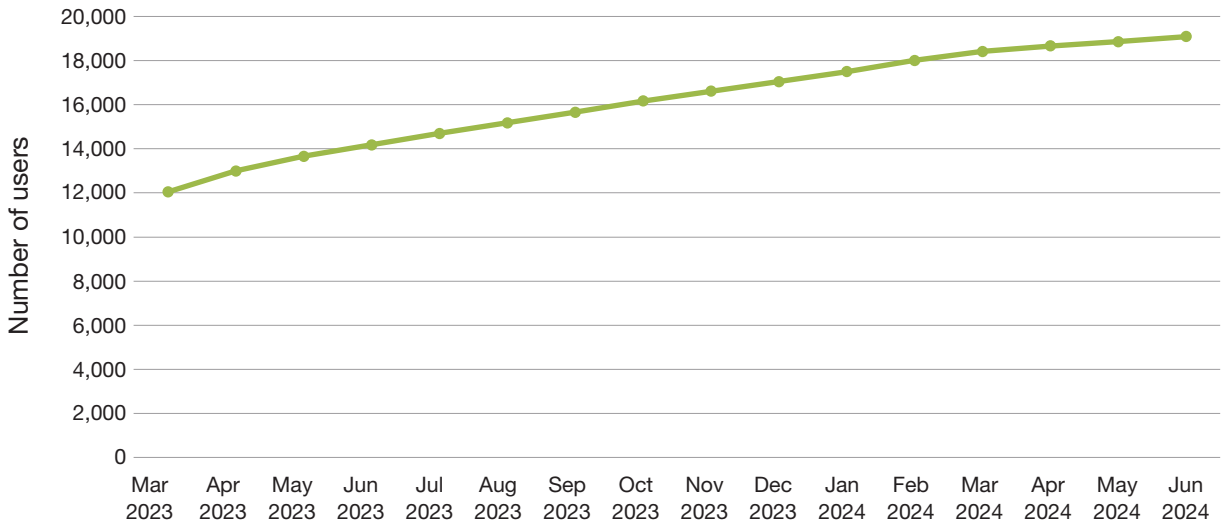
More details on the number of days active in the app and the number of activities completed are displayed in Table 2. Although typical use was one day, the average number of active days among Path A users was two and a half days, and the average number of days between initial sign-up and last app use was slightly less than a month (27 days.) However, these averages are skewed, because they are driven by a small number of users who completed activities in the app over a longer period of time. We also display the number of activities completed for users who were active in the app for 1 day, 2 days, 3–6 days, or 7 or more days. Again, most users completed a relatively small number of activities (as indicated by the median), but a small number of users completed a much larger number of activities in the app, which drove up the average.

Types of Activities

We first present the overall rates of system activities and meaningful activities, and we then describe the meaningful activities in greater detail. System activities are shown in Table 3. As indicated in the table, 30 percent of users had a primary symptom assigned (e.g., stress, anxiety), and 21 percent had self-selected a symptom or mental health topic focus area. Users self-selected five symptoms, on average.

FIGURE 4

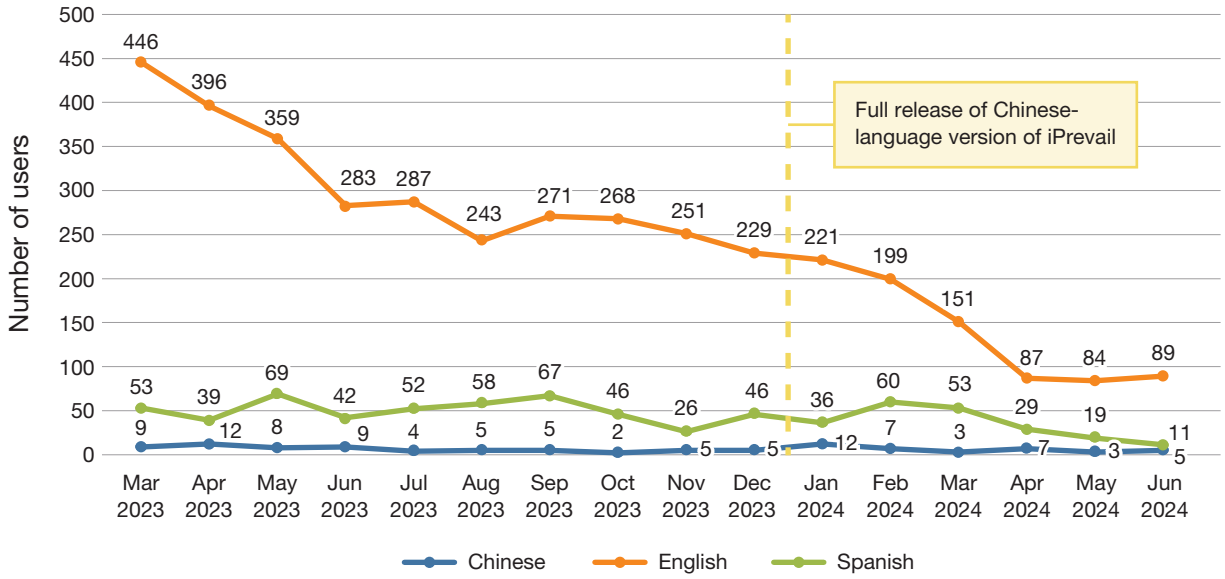
Total Number of iPrevail Users (Path A), March 2023–June 2024



NOTE: The total number of users is aggregated at the end of each month.

FIGURE 5

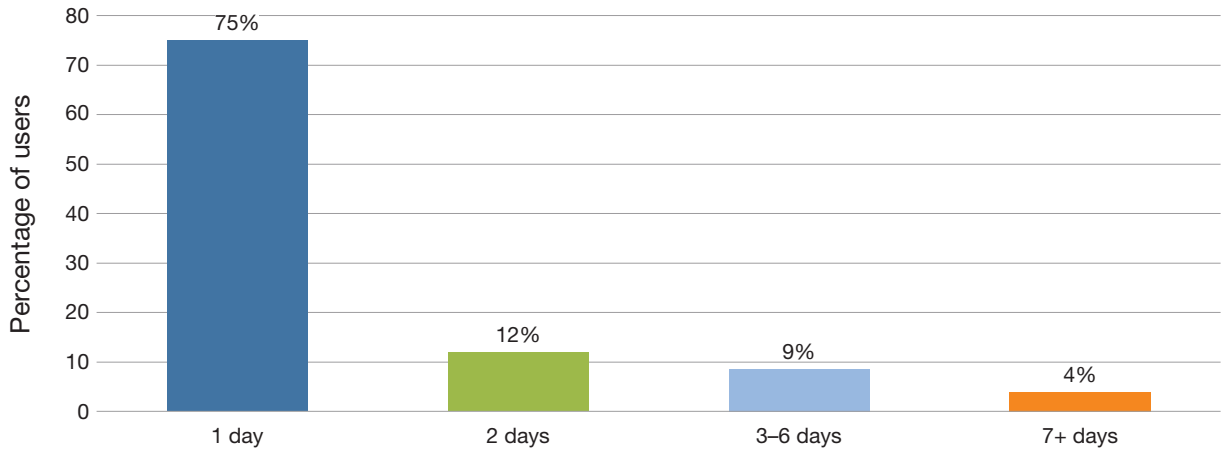
New iPrevail Users, by Language Primarily Spoken at Home



NOTE: Data include users who reported the language most often spoken at home in the demographic assessment and have an activity record. (Totals were 101 Chinese language, 3,864 English language, and 706 Spanish language new users.)

FIGURE 6

Number of Days Active in iPrevail



NOTE: Data are from 9,066 Path A users.

TABLE 2
iPrevail User Activity

Variable	Average	Median	Range
Length of activity			
Number of days active, overall	2.40	1	1–159
Days from sign-up to last day used	27.39	1	1–488
Number of activities per day	9.93	5	1–104
Number of activities completed among those who used the app . . .			
1 day	2.05	1	1–81
2 days	2.76	1	1–75
3–6 days	3.99	2	1–67
7 or more days	10.72	5	1–499

NOTE: Data are from 9,066 Path A users.

TABLE 3
System Activities Completed in iPrevail

System Activity	Number of Users	Percentage of Users	Average	Median	Range
Primary symptom assigned	2,757	30	1.44	1	1–36
Symptom selected	1,882	21	4.99	4	1–20
Focus selected	1,989	22	1	1	1–1

NOTE: Data are from 9,066 Path A users.

As Table 4 indicates, **almost all new Path A users (96 percent) completed at least one meaningful activity during the evaluation period.** Most (78 percent) completed an assessment, and 61 percent chatted with a peer coach. Nearly one-half of the users (49 percent) completed structured activities, and one-third (33 percent) participated in community engagement activities. Table 4 also displays the number of activities (median and range) for users who engaged in each type of meaningful activity. As in Table 2, users who were active on a greater number of days tended to complete a greater number of activities, and there was a small number of users who completed a relatively large number of activities.

iPrevail User Characteristics and Activity Completion

Table 5 displays the demographic characteristics for the 6,201 users (68 percent) who completed the demographic questionnaire. (Note that the demographic questionnaire is included as an assessment in Table 4, but we do not consider it a health assessment going forward.) The majority of users who provided demographic data were middle-aged adults ages 26–59 or young adults ages 19–25. The majority of users were female, heterosexual or straight, and Latino/Latina. English was the most commonly spoken language at home, with a sizable proportion of users who spoke Spanish or another language. Only 2 percent of users reported Chinese as their primary language spoken at home.

Compared with Path A users in the previous evaluation (Sorkin et al., 2023), we found a larger percentage of Hispanic/Latino/Latina users (55 percent versus 39 percent) and non-Hispanic Black users (15 percent versus 9 percent) and a lower percentage of non-Hispanic White users (15 percent versus 20 percent) and multiracial users (7 percent versus 19 percent). There was also a higher percentage of users who spoke Spanish (12 percent versus 9 percent) or another language (19 percent versus 11 percent) and a higher percentage of users with disabilities (30 percent versus 16 percent) and veterans (5 percent versus 2 percent). The percentage of iPrevail users identifying as LGBQ+ (lesbian, gay, bisexual, queer/questioning, plus [others]) or transgender remained relatively high compared with the general Los Angeles County population. In sum, there appears to be a trend toward greater diversity among iPrevail users in the most-recent data that in some ways is more similar to the Los Angeles County population (more Hispanic/Latino/Latina and Spanish-language users) and in other ways diverges from the Los Angeles County population (more users with disabilities).

TABLE 4
Meaningful Activities Completed in iPrevail

Meaningful Activity	Number of Users	Percentage of Users	Median Number of Activities (Range), by Number of Days Engaged			
			1 Day	2 Days	3–6 Days	7 or More Days
Engaged in a meaningful activity	8,720	96				
Completed assessment[a]	7,089	78	1 (1–20)	1 (1–21)	3 (1–32)	7 (1–157)
Chatted with a peer coach	5,519	61	1 (1–9)	2 (1–11)	3 (1–22)	12 (1–499)
Community engagement	2,978	33	3 (1–24)	4 (1–38)	5 (1–60)	7 (1–309)
Structured activity	4,475	49	2 (1–81)	1 (1–75)	3 (1–67)	11 (1–228)

NOTE: Data are from 9,066 Path A users.

[a] A total of 5,666 users completed a demographic assessment and no other health assessments.

Table 6 displays the rates of engagement in app activities by demographic subgroup. Results of chi-square tests revealed significant differences in app engagement for all demographic subgroups (significant differences at $p < 0.05$ are noted). For example, app engagement tended to differ by age and gender, with older and female users generally being more likely to engage in each type of activity than younger and male users, except chatting with a peer coach, which had higher rates among 16–18-year-olds (compared with 26–59-year-olds) and similar rates for all genders. Heterosexual or straight users completed health assessments at a significantly higher rate than LGBQ+ users (50 percent versus 46 percent), but there were no significant differences for other types of app engagement based on users' sexual orientation.

There were several differences in app engagement based on race and ethnicity. **A significantly smaller percentage of non-Hispanic American Indian, Alaska Native, and Native Hawaiian and Pacific Islander users (15 percent) were active in the app for more than one day relative to non-Hispanic White users (24 percent). This group also had significantly lower rates of structured activity engagement (34 percent) relative to non-Hispanic White users (53 percent).**

There were significant differences in app engagement depending on users' primary language as well. Chinese-language users had significantly higher rates of completing health assessments (26 percent), engaging in community activities (49 percent), and engaging in structured activities (56 percent) relative to English-language users. Additionally, Spanish-language users had lower rates of community and structured activity engagement than English-language users. Interestingly, users who primarily spoke a language other than English, Spanish, or Cantonese, Mandarin, or other Chinese at home tended to engage in chats with a peer coach more than English-language users (64 percent versus 59 percent).

In general, a greater proportion of users with a disability (versus no disability), nonstudents (versus students), and nonveterans (versus veterans) engaged in app activities, relative to their comparison groups. Finally, compared with users with low or no mental health symptoms, **users with moderate or severe mental health symptoms were significantly more likely to be active in the app for greater than one day (55 percent) but significantly less likely to complete community activities (75 percent).**

TABLE 5

Characteristics of iPrevail Users

Characteristic	Number	Percentage[a]
Age		
15 and younger	373	6
16–18	608	10
19–25	1,614	26
26–59	3,308	54
60 and older	143	2
Birth sex		
Male	1,977	32
Female	3,940	64
Gender identity		
Male	1,644	31
Female	3,199	60
Transgender, genderqueer, nonbinary, questioning, or other gender identity	499	9
Sexual orientation		
Heterosexual or straight	3,807	65
LGBQ+	1,644	28
Race and ethnicity		
Hispanic or Latino/Latina	3,307	55
Non-Hispanic American Indian, Alaska Native, or Native Hawaiian and Pacific Islander	137	2
Non-Hispanic Asian	608	10
Non-Hispanic White	924	15
Non-Hispanic Black	577	15
Multiple races or ethnicities	417	7
Language most often spoken at home		
English	3,937	67
Spanish	719	12
Cantonese, Mandarin, or other Chinese	140	2
Other language	1,090	19
Has a disability	1,773	30
Has children[b]	75	39
Current student	1,865	32
Veteran	288	5

NOTE: Data were from 6,201 iPrevail users who completed the demographic assessment. Thirty-four users completed the demographic questionnaire twice; only one record was used per unique user. The number of users who declined to answer or had missing data for each question: age, 155; birth sex, 284; gender identity, 859; sexual orientation, 750; race, 519; ethnicity, 831; language, 315; disability, 320; student status, 508; and veteran status, 413.

[a] Percentages for a category may not sum to 100 percent because of rounding and missing data.

[b] A total of 192 users who answered demographic questions completed the optional parenting assessment.

TABLE 6

Percentage of Path A Users Who Completed Meaningful Activities

Characteristic	Active More Than 1 Day	Completed Health Assessment[a]	Chatted with Peer Coach	Community Engagement	Completed Structured Activity
Age					
15 and younger	19	8[b]	61	21[b]	34[b]
16–18	19	7[b]	64	19[b]	32[b]
19–25	18[b]	11	60	29	39[b]
(26–59)	25	18	58	41	56
60 and older	26	15	54	44[b]	60[b]
Gender identity					
(Male)	21	11	59	28	44
Female	23	16[b]	59	39[b]	53[b]
Transgender, genderqueer, nonbinary, questioning, or other gender identity	21	16	59	35	45
Sexual orientation					
(Heterosexual or straight)	23	14	59	34	50
LGBQ+	22	16[b]	60	37	49
Race and ethnicity					
Hispanic or Latino/Latina	20	14	59	33	46
Non-Hispanic American Indian, Alaska Native, or Native Hawaiian and Pacific Islander	15[b]	12	58	29	34[b]
Non-Hispanic Asian	21	12	59	31	45
(Non-Hispanic White)	24	16	56	39	53
Non-Hispanic Black	25[b]	15	63	34	51[b]
Multiple races or ethnicities	25	13	64	32	48
Language most often spoken at home					
(English)	23	14	59	35	50
Spanish	22	13[b]	57	30[b]	44[b]
Cantonese, Mandarin, or other Chinese	20	26[b]	56	49[b]	56[b]
Other language	18*	13[b]	64[b]	33[b]	42[b]
Disability					
Has a disability	23	21[b]	58	41[b]	54[b]
(No disability)	21	12	60	32	46
Parent/caregiver					
(Has children)	71	100[c]	72	89	97
No children	24[b]	16[c]	61[b]	32[b]	49[b]

Table 6—Continued

Characteristic	Active More Than 1 Day	Completed Health Assessment[a]	Chatted with Peer Coach	Community Engagement	Completed Structured Activity
Student status					
Student	20[b]	11[b]	60	28[b]	42*
(Not a student)	23	16	59	38	52
Veteran status					
Veteran	15[b]	12	37[b]	36	43[b]
(Not a veteran)	23	14	60	34	49
Mental health					
Moderate or severe symptoms	55[b]	100[c]	65	75[b]	91
(No or mild symptoms)	44	100[c]	58	85	96

NOTE: Data are from iPrevail users who completed the demographic assessment and had data for each engagement activity.

[a] A total of 1,179 users completed the demographic assessment and a health assessment.

[b] This indicates a significant association with engagement outcome in the regression model (reference group is in parentheses).

[c] Omnibus tests were not able to be calculated because one or more of the cells have 100 percent.

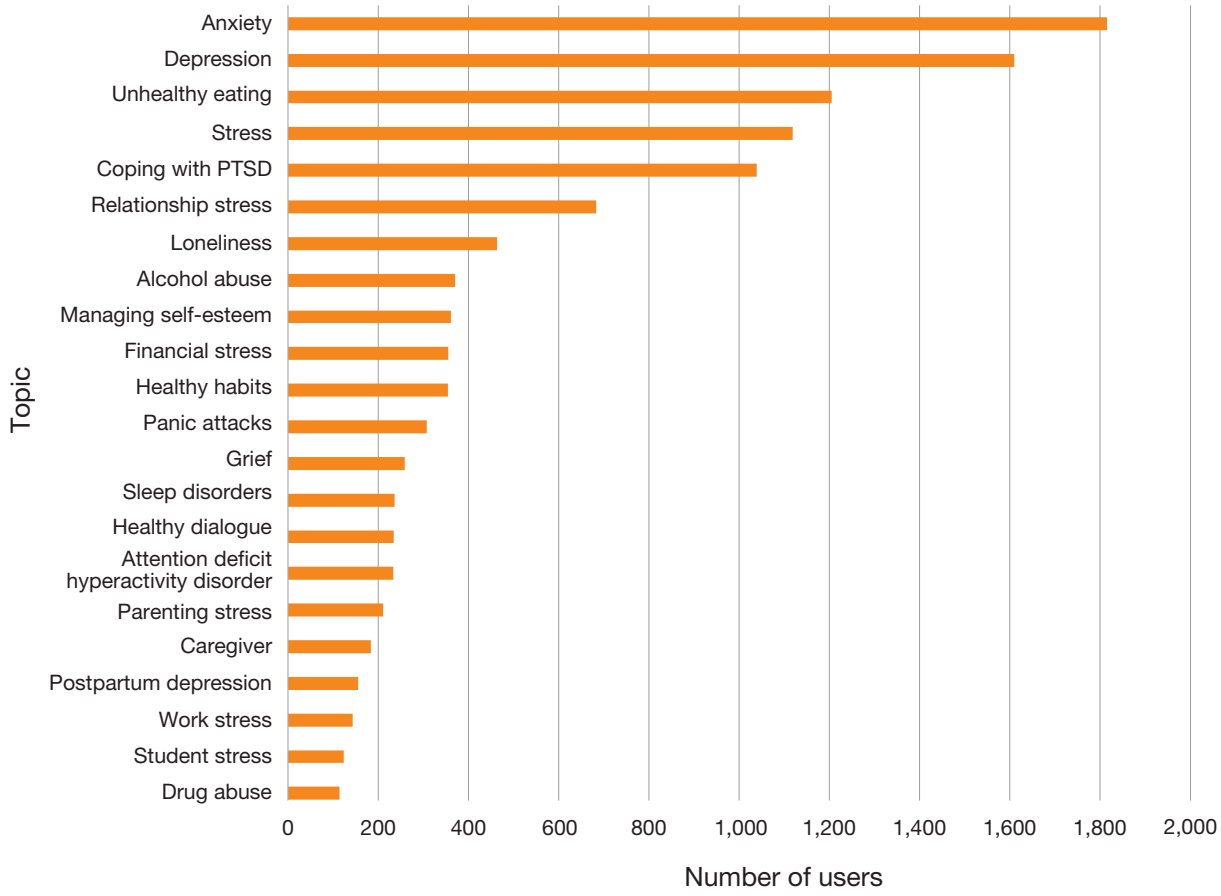
Community Engagement

Nearly 3,000 users (33 percent) participated in community engagement activities (i.e., online support groups) related to specific mental health topics. The most-popular community engagement topics were anxiety, depression, unhealthy eating, stress, and coping with PTSD (Figure 7). On average, each user participated in a total of five community engagement activities, and 50 percent participated in four or more activities. However, the average number of times each user participated in a *specific* community activity was lower, about once per topic. This suggests that most users who engaged in a community activity did so in more than one community group.

Results showed that users who had moderate or severe symptoms for a given mental health condition tended to engage in a community group specifically for that condition (Table 7). This pattern was significant for all conditions except stress, unhealthy eating, and postpartum depression. Therefore, having moderate or severe symptoms for these conditions may not have been an important factor in users' decisions to participate in these groups.

FIGURE 7

Engagement in Community Activities, by Topic



NOTE: Topics listed are those in which at least 100 users engaged.

TABLE 7

Participation in Community Engagement Activities, by Symptom Type

Symptom	Moderate or Severe Symptoms at Baseline	Participated in Community Activity		Did Not Participate in Community Activity	
		Number	Percentage	Number	Percentage
Stress	Yes	463	63	271	37
	No	20	59	14	41
Anxiety***	Yes	275	89	35	11
	No	58	67	28	33
Depression**	Yes	286	84	54	16
	No	54	68	25	32
PTSD***	Yes	227	83	48	17
	No	34	59	24	41
Unhealthy eating	Yes	16	84	3	16
	No	104	73	39	27
Substance abuse*	Yes	32	91	3	9
	No	21	72	8	28
Alcohol abuse*	Yes	45	90	5	10
	No	29	71	12	29
Mental health stigma*	Yes	170	86	28	14
	No	118	94	7	6
Postpartum depression	Yes	39	93	3	7
	No	3	100	0	0

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

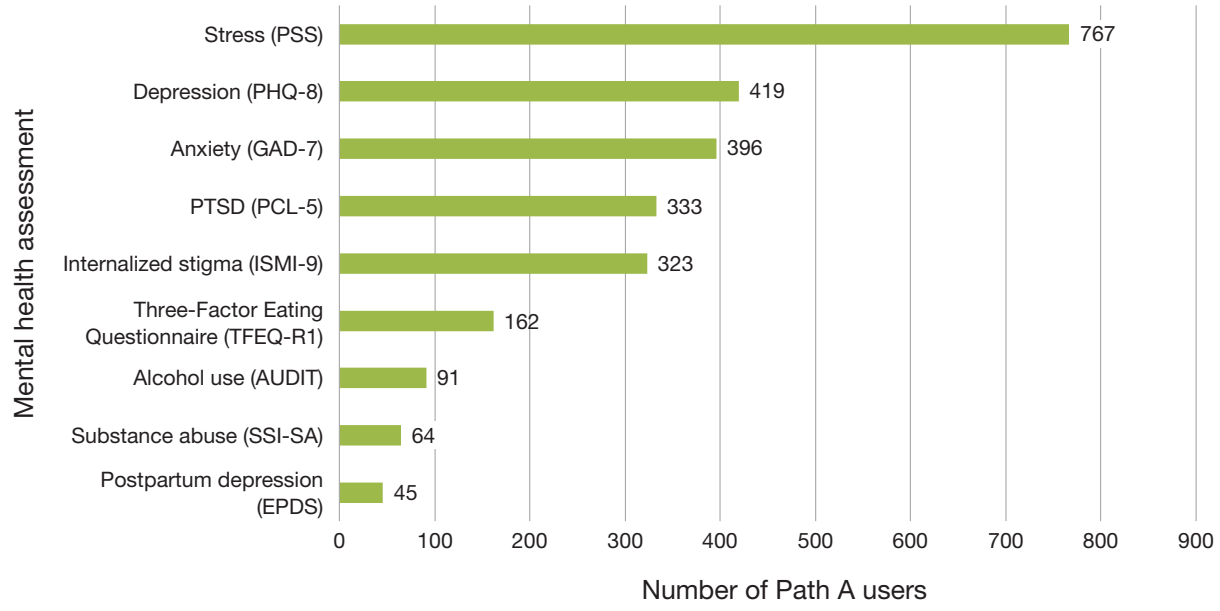
Mental Health Assessments

Of the 9,066 iPrevail users, 1,478 (16 percent) completed a health assessment (Figure 8). Stress was the most commonly completed assessment, followed by depression, anxiety, PTSD, and mental health stigma.

Overall, 77 percent of users who completed a health assessment had moderate or severe symptom levels on one or more assessments at baseline. The highest rates of moderate or severe symptoms were for assessments of stress (96 percent), postpartum depression (93 percent), depression (83 percent), PTSD (83 percent), and anxiety (78 percent). This could indicate that iPrevail tends to attract users with these types of mental health problems or that assessments are appropriately matched to users' symptom areas. Only 12 percent of users who completed the unhealthy eating questionnaire had moderate or severe symptoms. These rates are shown in Figure 9.

FIGURE 8

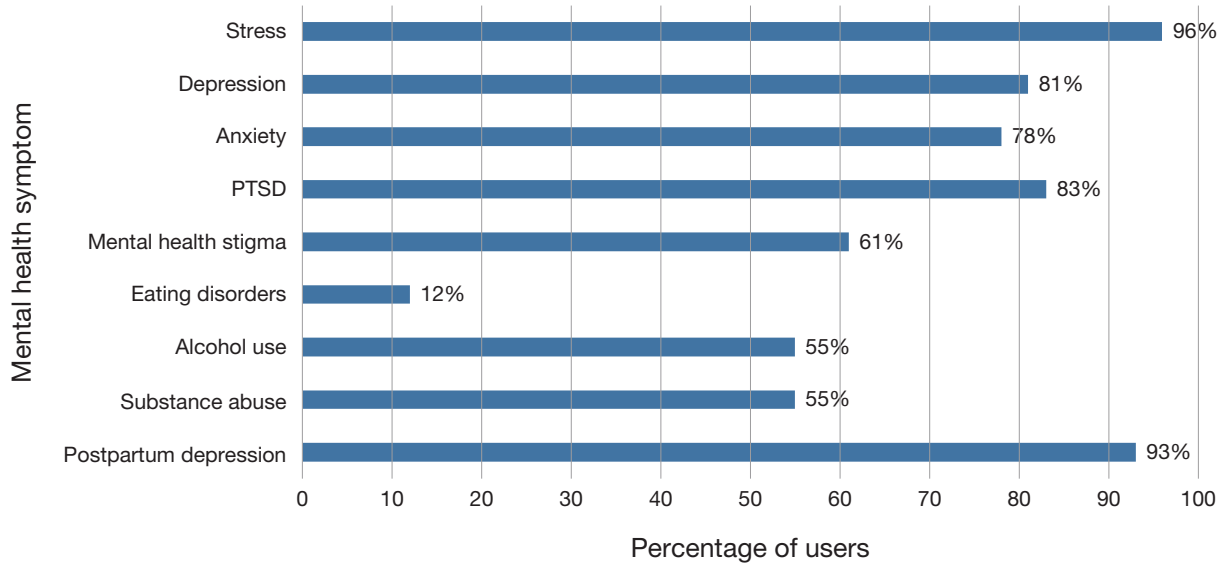
Mental Health Assessment Completion at Baseline



NOTE: Data are from 1,478 Path A users who completed one or more mental health assessments at baseline.

FIGURE 9

Percentage of Users with Moderate or Severe Mental Health Symptoms



NOTE: Data are from users who completed a baseline assessment for stress (*n* = 767), depression (*n* = 419), anxiety (*n* = 396), PTSD (*n* = 333), mental health stigma (*n* = 323), eating disorders (*n* = 162), alcohol use (*n* = 91), substance abuse (*n* = 64), and postpartum depression (*n* = 45).

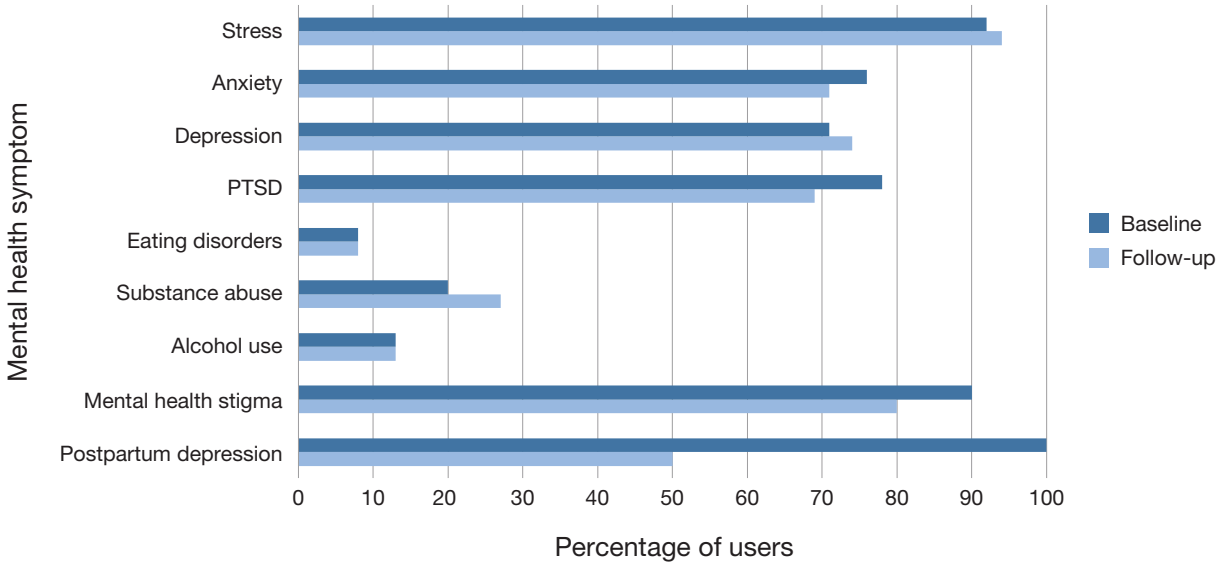
Change in Mental Health Symptoms

To assess change in symptoms, two assessments must be available from a single user at different points in time. In total, 312 users (3 percent of all 9,066 Path A users and 21 percent of the 1,478 users who took any mental health assessments) completed baseline and follow-up assessments for at least one mental health condition. There was an average of 90 days between these users' first and last assessments. We assessed change in moderate or severe symptoms by comparing this status at baseline with the status at the last assessment for each user using McNemar's test. Figure 10 shows the percentage of those users with moderate or severe symptoms at baseline and follow-up using users' first and last assessment. **We found no significant changes in rates of moderate or severe symptoms for any of the mental health assessments,** but we urge caution in making conclusions about symptom change, given the limited follow-up data and possible selection bias (users who complete a follow-up assessment may be different from users who do not). Although the reduction for postpartum depression appears significant in Figure 10, these data come from fewer than 10 users.

Because of the limited follow-up data for most mental health assessments, we examined app engagement activities associated with change in symptoms for stress among only the 251 users who completed baseline and follow-up assessments for stress. We investigated the following specific app engagement activities: selecting a primary focus, having a primary symptom assigned, chatting with a peer coach, engaging with the community, and participating in a structured engagement activity (e.g., didactic lessons on mental health topics). Results of McNemar's chi-square tests showed that **the percentage of users with moderate or severe stress symptoms changed very little regardless of whether users engaged in specific app activities (all $p > 0.05$)**. Therefore, we found no evidence that app engagement was associated with mental health symptoms, when considering users who completed baseline and follow-up stress assessments.

FIGURE 10

Percentage of Users with Moderate or Severe Symptoms at Baseline and Final Assessment (Among Users with Two or More Health Assessments)



NOTE: Data are from users who provided baseline and follow-up data for stress (n = 251), anxiety (n = 75), depression (n = 62), PTSD (n = 59), eating disorders (n = 39), substance abuse (n = 15), alcohol use (n = 15), mental health stigma (n = 10), and postpartum depression (n < 10; exact n omitted for user privacy).

Summary and Recommendations

Results of this evaluation showed that the number of new and active Path A users peaked at the beginning of the evaluation period in March 2022, then declined through June 2024. This decline in new users suggests that awareness of iPrevail may have waned over time. This may partially be due to a decrease in marketing by Prevail Health when it reached the end of its marketing budget in mid-April 2024. However, the decrease in new users had already begun a year before that, suggesting that other reasons may have contributed. Interestingly, the decrease in new users in March 2023 coincided with the ending of Los Angeles County's declaration of coronavirus disease 2019 (COVID-19) as a public health emergency (Los Angeles County, 2023). While a variety of factors might have caused the shift, it is possible that Los Angeles County residents became less interested in free, digital mental health resources as COVID-19 restrictions were ending and they reengaged in their social activities.

Results of a separate countywide survey we conducted showed that 5 percent of youth and 2 percent of adults were aware of iPrevail in July 2024. This is substantially lower than the percentage of youth (38 percent) and adults (23 percent) who were aware of Take Action for Mental Health, the county's ongoing mental health campaign (Collins et al., forthcoming). This suggests that increased awareness of iPrevail could be accomplished through existing mental health campaigns.

Despite the decline in new users, the number of new Path A users over the entire 16-month evaluation period (9,066) is almost as large as the total number reported in the previous 22-month evaluation of the iPrevail initiative (11,016) from May 2021 through February 2023 (Sorkin et al., 2023). At the end of June 2024, there were nearly 20,000 Path A iPrevail users who completed structured app activities (e.g., mental health assessment, interactive lesson) since iPrevail was made freely available to Los Angeles County residents in June 2021.

In this evaluation period, more than 50,000 new Path B users engaged in unstructured app activities (e.g., chatted with a peer coach). This was significantly larger than the 20,000 Path B users in the previous reporting period (Sorkin et al., 2023). Although we do not report on these users' app activities because very limited data are available, this number suggests that **most iPrevail users in Los Angeles County may prefer to follow unstructured activities in the app, such as chatting with a peer coach.**

Three out of four Path A users were active in the app for just one day, and one in four users were active for two days or more. This is consistent with low engagement rates in mental health apps in general, despite high interest from individuals with mental health disorders (Guracho, Thomas, and Win, 2023). Recent research suggests that an individual may need to engage with a mental health app for at least seven weeks to show a substantial effect on anxiety symptoms (Lu et al., 2022). Therefore, it is doubtful that most users saw benefits of iPrevail, as they used it for only one day.

In our analysis, we sought to identify user characteristics that were associated with a greater or lesser likelihood of engaging in specific aspects of the app, which could help Prevail Health or LACDMH target engagement of specific user groups. Users who were active for more than one day tended to be 26 years or older, female, have children, not be students or veterans, and, like in the previous evaluation (Sorkin et al., 2023), have moderate or severe mental health symptoms on at least one mental health assessment. This last finding is consistent with previous research showing that most users of mental health apps have moderate to severe mental health symptoms and suggests that repeated engagement in the app may be driven by users' desire for symptom relief (Guracho, Thomas, and Win, 2023). **Overall, 77 percent of users met criteria for moderate or severe symptoms on at least one mental health assessment at baseline.**

Notably, American Indian, Alaska Native, and Native Hawaiian and Pacific Islander users had the lowest rates of app use for more than one day. Although these individuals accounted for only 2 percent of users, American Indian, Alaska Native, and Native Hawaiian and Pacific Islander communities tend to experience significant mental health disparities and may benefit from mental health services that are more culturally appropriate (Gone, 2023; Reilly et al., 2020).

The demographic characteristics of iPrevail users in this reporting period suggest that **iPrevail may have reached more-diverse communities of Los Angeles County residents over time.** Compared with the previous evaluation period in 2021–2023 (Sorkin et al., 2023), there was a greater proportion of Hispanic/Latino/Latina and non-Hispanic Black users and a greater proportion of users who speak Spanish and other non-English languages. In addition, there was a greater proportion of veterans and users with disabilities. Furthermore, there continued to be a relatively large percentage of iPrevail users who identified as belonging to sexual or gender minority groups, who tend to have a higher prevalence of AMI and SUD than the general population (Frost and Meyer, 2023; O'Shea et al., 2024). **There was little evidence of an increase in new Chinese-language users following the release of a Chinese version of iPrevail in January 2024.** However, this may not accurately capture all Chinese-language users because we relied on users' reports of the language most often spoken at home. Nonetheless, this suggests that there may be significant barriers to using iPrevail among Los Angeles County residents who primarily speak a Chinese language.

Our evaluation also examined the types of meaningful activities that were most popular, which could help better elucidate the preferences of Los Angeles County mental health app users. **Almost all Path A users completed at least one meaningful activity. The most common meaningful activities were assessments and chats with a peer coach.** App use data showed that users were most interested in engaging in assessment and online community activities related to stress, anxiety, depression, PTSD, and unhealthy eating. There were high rates of moderate or severe symptoms for these conditions, suggesting that users sought out app activities that were most relevant to them. Interestingly, unhealthy eating was a popular community engagement topic, but a smaller proportion of users had moderate or severe symptoms of unhealthy eating relative to other mental health assessments. Therefore, unhealthy eating may be a popular topic regardless of users' self-reported symptom severity.

There was little evidence of significant change in moderate or severe mental health symptoms over time. Low rates of follow-up assessment completion likely hindered our ability to detect significant changes over time. Users who completed a follow-up survey may have been more likely to have moderate or severe symptoms at baseline and may have needed additional support for their symptoms to change. Another possibility is that users who continued to have moderate or severe symptoms tended to return to the app and complete a follow-up assessment. Or, conversely, users whose symptoms improved may have been less likely to return and complete a follow-up assessment.

We also found no evidence that engagement in specific app activities was associated with a reduction in symptoms. However, we were able to investigate only whether app engagement was associated with changes in stress symptoms, because of the limited follow-up data for other assessments. This does not mean that users who engage in these activities will not show symptom improvements, but that what the average user in this analysis did was not enough to demonstrate significant improvement.

Limitations

The findings of our analysis should be interpreted with some limitations in mind. Data were limited to routinely collected app use data, which may not capture all relevant information. Furthermore, low rates of assessment follow-up completion limited our ability to draw firm conclusions about change in symptoms over time or the degree to which app engagement may have been associated with a reduction in symptoms. Therefore, interpretations of the app's effectiveness in reducing mental health symptoms are inconclusive. We were also not able to determine how many Path B users went on to become Path A users or whether Path B users' previous activity (i.e., chats with a peer coach) may have affected Path A user outcomes. Future evaluations should consider more purposefully collecting follow-up data from diverse groups of users to make firm conclusions about the app's effectiveness.

Recommendations

First, we recommend further usability testing to understand how to improve engagement in the app. Ideally, this should involve qualitative user engagement analysis and co-design with specific user groups (American Indian, Alaska Native, and Native Hawaiian and Pacific Islander users; veterans; and Chinese-language users) to determine whether further improvements to the app are needed. The robust number of Path B users suggests that users value the ability to chat with a peer coach. There is also a smaller group of iPrevail users who prefer to engage in more-structured activities (e.g., Path A users who completed self-assessments and interactive lessons on mental health topics). However, most of these users try the app for only a day and do not return. While there is no consensus on ideal levels of engagement in mental health apps (Ng et al., 2019), these results suggest room for improvement in persuading users to engage for more than a day.

If additional user testing is not possible, LACDMH should consider investing in another mental health app that offers greater user engagement. There are many mental health apps on the market that offer a variety of functions.

Following further usability testing, LACDMH may want to **consider additional marketing efforts to encourage more Los Angeles County residents to try using iPrevail.** To begin, the iPrevail team might leverage other LACDMH marketing efforts that have better reach within the county, such as the Take Action for Mental Health campaign. County statistics suggest that 16 percent, or nearly 1.3 million, of Los Angeles County residents likely had serious psychological distress in 2023 (University of California, Los Angeles, Center for Health Policy Research, 2024). Therefore, there is clearly a need to engage more Los Angeles County residents in effective mental health services.

Finally, from an evaluation perspective, more assessment follow-up data are needed to demonstrate the effectiveness of iPrevail in reducing mental health symptoms. Future evaluations may want to more purposefully enroll a larger and more representative group of users as research participants who could provide follow-up data in a more systematic evaluation.

Conclusion

The findings of our analysis show that iPrevail has reached a large number of users that reflect the diverse demographics of Los Angeles County residents. The high rates of mental health symptoms among users suggest that the app is being used by residents who may be in high need of mental health services. However, most users are engaged in the app for only a single day and may not be engaged in the app long enough for it to have a significant effect on their symptoms. More efforts may be needed to increase user engagement in order to observe symptom changes and make stronger conclusions about the app's effectiveness.

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About This Report

In this report, we describe an evaluation of a Los Angeles County Department of Mental Health (LACDMH) initiative to provide residents of Los Angeles County free access to iPrevail, an application that provides users with mental health education and resources via their personal computer or smartphone.

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