

Introduction

- More than 1 in 10 suffer from symptoms of social anxiety each year [1].
- Less than 1 in 4 get help for their symptoms [2].
- Barriers to getting help may include stigmatization, limited access to health care resources, and the cost of care [3].
- We developed a free-for-all brief online program to help the socially anxious.

Methods

- The web-based program consisted of 5 sessions including 10 interactive exercises based on Acceptance and Commitment Therapy [4].
- 213 community users rated their mood before and after each session using a 9-point scale, and 41 users rated their social anxiety before and at the end of the program with MINI-SPIN [5].
- Sessions longer than 30 minutes were excluded as outliers, leaving 95% of the original data.

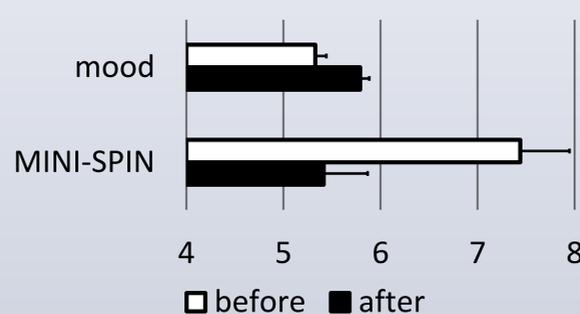
Results

Nice and clear exercises. Right amount of content ...

I think acceptance is an excellent starting point for dealing with anxiety ...

It would be nice to discuss, share thoughts, and work on material together with other socially anxious persons ...

Mood (1-9) was more positive after sessions than before them, $t(203)=6.16$, $p<.001$, and symptoms of social anxiety were reduced after the program, $t(40)=5.78$, $p<.001$.



Mean \pm S.E.M. for length of each session and change in mood rating.

#	N	Topics	Length	Mood
1	199	psychoeducation, mindfulness	8 min 32 s \pm 23 s	+0.5 \pm 0.1
2	95	thinking, cognitive defusion	10 min 44 s \pm 38 s	+0.2 \pm 0.1
3	61	social interaction, contact w/ present	10 min 46 s \pm 52 s	+0.2 \pm 0.1
4	54	self-esteem, acceptance	8 min 54 s \pm 46 s	+0.3 \pm 0.1
5	48	values, committed action	10 min 14 s \pm 59 s	+0.3 \pm 0.2

Discussion

- Symptoms of social anxiety were reduced after five ACT-based, 10-minute sessions.
- Users gave positive feedback about the ACT-based approach, the clarity of the exercises, and the appropriate amount of content per session.
- Users said that they would like to get peer support and more content. We are extending our service with new exercises and ways to share experiences.
- We aim to uncover the reasons for attrition and non-adherence, and increase user engagement.

References

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 [3] Dept. of Health, UK. (2014). Closing the gap: priorities for essential change in mental health. January 2014. <http://www.gov.uk/dh>.
 [4] Hayes et al. (2006). Behav Res Ther, 44, 1-25
 [5] Seeley-Wait et al. (2009). Prim Care Comp J Clin Psychiatry, 11, 231-236

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