Psychreg Journal of Psychology OPEN ACCESS

Volume 10, Issue 1, June 2026 ISSN 2515-138X | pjp.psychreg.org

RESEARCH ARTICLE

Participants preferences and perceived effectiveness of the e-MH modes

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Cite as: Al Saleh, A., & White, D. (2026). Participants preferences and perceived effectiveness of the e-MH modes. *Psychreg Journal of Psychology*, *10*(1), 1 to 13. https://doi.org/rk53

ABSTRACT

The use of electronic mental health modes (e-MH) has been a growing field within mental health treatments. However, little is known about how participants perceive e-MH. This study aims to investigate the relationship between personality traits and perceived preferences and effectiveness for e-MH therapy formats. Text, audio, and video mode preferences and effectiveness were ranked by 92 participants who completed the Ten-Item Personality Inventory. Using ordinal logistic regression, correlation analysis, and mediation/moderation modelling, that extraversion was identified to be associated with text therapy preference but not with video or audio therapy. Furthermore, perceived effectiveness served to mediate the relationship between extraversion and text therapy preference. In addition, it appears that emotional stability shaped the perceived effectiveness and preference for audio therapy, indicating that high emotional stability was more common when audio therapy is perceived as effective. Remarkably, no participant ranked effectiveness for text therapy, despite ranking it as a choice of preference, suggesting that other factors can outweigh the need for effectiveness. Future study should examine long-term therapy preference and how personality-based treatment suggestions improve participation and outcomes.

Keywords: digital mental health; emotional stability; extraversion; personality traits; therapy modality preference

The use of electronic mental health modes (e-MH) has grown considerably in recent years, driven by the promise of greater accessibility and convenience for individuals seeking mental health care (Dwyer et al., 2021). Despite this advancement, acceptance of e-MH is not uniform across the population. Variation across demographic and psychological categories is well documented, with some individuals welcoming virtual alternatives while others show reluctance, discomfort, or outright resistance to replacing in-person encounters with digital modes of delivery (Leger et al., 2021; Russell et al., 2015). This study investigates the ways in which personality traits shape how individuals perceive e-MH services delivered via video, audio, and text. A clearer picture of these variations will support more personalised digital mental health treatment and reduce the effort spent encouraging patients towards modalities they are intrinsically inclined to avoid.

One emerging area of focus within this field is the role of personality traits, though research specifically examining their influence on e-MH perception remains limited (Lewis & Cardwell, 2020). Drawing on closely related literature, personality has been identified as a key determinant of everyday decision-making (Alqahtani et al., 2021) and is closely associated with both psychological and physical well-being (Kang & Malvaso, 2024; Lewis & Cardwell, 2020). An individual's distinctive personality qualities may shape how they respond to life's challenges (Kang & Malvaso, 2024), and personality traits are significantly associated with preferences for and acceptance of different forms of service access (Klein & Cook, 2010; Parmar et al., 2024). Personality traits have also been linked to technology adoption and healthcare-seeking behaviour (Alqahtani et al., 2021; McCabe & Fleeson, 2012), and March et al. (2018) specifically noted their influence on acceptance and perception of e-MH services. It is therefore highly likely that personality traits play a meaningful role in shaping comparative preferences and perceptions of effectiveness across different e-MH delivery modes.

Despite the growing application of e-MH, no universally accepted definition exists. Some scholars restrict e-MH to interventions delivered directly to clients, while others include broader technological support systems. For the purposes of this study, e-MH is defined in line with Dwyer et al.

Received: 03 November 2025 | Accepted: 02 February 2026 | Published: 01 June 2026

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(2021) as the provision of mental health services via online, mobile, or telephone-based platforms designed to diagnose, treat, or prevent mental health conditions such as depression, anxiety, and substance use disorders. Therapists or mental health professionals are defined, following Brent and Kolko (1998), as individuals who collaborate with patients to alleviate psychopathological conditions and functional impairments by focusing on the therapeutic relationship, the patient's attitudes, thoughts, emotions, behaviours, and social context (Relojo, 2018).

The study focuses on three main modes of e-MH delivery. Video therapy is described by Simpson et al. (2020) as the application of real-time video communication for psychological therapy, enabling visual and verbal interaction between therapist and client and emulating in-person sessions without physical co-location. Video therapy has grown in popularity, particularly during the COVID-19 pandemic, and has demonstrated comparable effectiveness to face-to-face therapy (Thomas et al., 2021). Audio therapy, also defined by Simpson et al. (2020), uses audio communication platforms to enable synchronous voice interaction between therapist and client, retaining the verbal elements of in-person therapy but without visual cues. It has been acknowledged as an effective e-MH modality and offers particular advantages for individuals who lack access to video conferencing or who value anonymity and flexibility (García-Lizana & Muñoz-Mayorga, 2010). Text therapy is defined by Dwyer et al. (2021) as the use of bidirectional text messaging for psychological intervention. Unlike video and audio therapy, text-based therapy can occur synchronously or asynchronously, allowing clients to process their responses before replying (Hull & Mahan, 2017), and enables access to mental health support from virtually any location at any time.

This study applies the Big Five Model (Parmar et al., 2024), commonly referred to as OCEAN, which organises personality into five core dimensions: Openness to experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism, with Emotional stability used in this article as the inverse representation of the latter for consistency (Soto, 2018). Personality traits are a consistent pattern of thoughts, emotions, or behaviours that remain stable over time and across relevant contexts (Soto, 2018). Each dimension influences behaviours, attitudes, and preferences, including health-seeking behaviours and perceptions of e-MH services. Openness to experience reflects receptiveness to novel ideas, with higher levels linked to curiosity and innovation and lower levels to conventionality and routine. Conscientiousness reflects organisation, reliability, and goal-directed behaviour, with higher levels associated with dependability and lower levels with impulsivity (Bogg & Roberts, 2004). Extraversion relates to sociability and stimulation-seeking, with high levels linked to assertiveness and low levels to introversion and solitary preference (McCabe & Fleeson, 2012). Agreeableness encompasses empathy, cooperation, and trust, and is a reliable predictor of prosocial behaviour and emotional well-being (Carlo et al., 2005; Reizer et al., 2023). Neuroticism captures emotional instability and susceptibility to stress, with high levels characterised by anxiety and mood fluctuations and low levels by emotional resilience (Widiger & Oltmanns, 2017). Together, these traits provide a robust framework for examining individual differences in perceptions and perceived effectiveness of e-MH.

Prior research has begun to map these traits onto therapeutic preferences and perceived effectiveness. High openness is associated with greater acceptance of new technologies, while high neuroticism may lead to avoidance of digital mental health tools owing to concerns about privacy or the perceived absence of human connection (Widiger & Oltmanns, 2017). Those high in agreeableness and conscientiousness tend to engage more favourably with telehealth, whereas highly neurotic individuals may show doubt and discomfort towards remote treatment (Fayard et al., 2012). Fletcher and Delgadillo (2022) found that patients' perceptions of therapy effectiveness directly influenced their choice of therapeutic modality, and Tang and Braver (2020) reported that individuals perceived therapy as more effective when it aligned with their personality traits. This suggests that personality not only shapes therapeutic preferences but also influences perceived effectiveness, pointing to the importance of personalisation in mental health interventions. Introverts, for instance, may prefer self-guided approaches, while extraverts tend to find interactive therapies more impactful. Research further suggests that extroversion and emotional stability are among the most important factors in determining treatment modality preference, with efficacy perception acting as a moderator, particularly for extraverts and emotionally stable

individuals in relation to interactive therapies (Kofmehl et al., 2010).

The study extends this prior literature by proposing that efficacy beliefs may mediate or moderate the link between personality and modality preference. However, the relationship between personality traits and perception of e-MH remains unclear. This gap raises important questions: do personality traits shape preferences for specific e-MH modalities, and if so, which dimensions most strongly predict preference for video, audio, or text-based therapy? This study addresses these questions by examining how individuals rank and perceive e-MH modalities in relation to their personality traits, with the aim of informing more effective and personalised digital mental health care.

METHOD

Design

This study employed a cross-sectional, observational design to evaluate the influence of personality traits on preferences and perceived effectiveness of e-MH across three delivery modes: video, audio, and text-based therapy.

Ethics statement

Ethical approval was granted by the Human Research Ethics Committee. Participation was voluntary, with informed consent obtained prior to completion. Participants received course credit for their involvement, though this is unlikely to have systematically influenced modality preferences.

Setting

Data were collected online via the SONA research participation portal (SONA, 2025), with the survey administered through Qualtrics (n.d.), allowing participants to complete the study at their convenience from any location.

Participants

Participants were students enrolled at the University of Technology Sydney (UTS). This population was selected for their high digital literacy and frequent engagement with online services, making them well suited for exploring initial patterns in e-MH preferences. A total of 92 participants were recruited following a power analysis conducted in G*Power 3.1.9.7 (Buchner et al., 2020; Faul et al., 2009), using an effect size of 0.3 (Lenhard, 2022), a significance level of 0.05, and a power of 80%. Inclusion criteria required participants to be at least 16 years old and proficient in English. Recruitment was conducted via email invitations and university SONA platforms.

The final sample comprised 92 individuals aged 16 to 69, with a diverse gender distribution including male, female, non-binary, genderqueer, gender-fluid, and those preferring not to disclose. As a convenience sample, findings may have limited generalisability to broader populations, particularly older adults or those with limited technology access. Future studies should replicate these analyses in more diverse and clinical samples.

Materials

Participants completed the following measures:

A demographic survey gathered data on age, gender, educational attainment, and familiarity with e-MH services, to assess potential demographic influences on e-MH perceptions.

The Working Alliance Inventory-Short Revised (WAI-SR) assessed perceptions of therapeutic alliance across the three e-MH modalities. The instrument comprises 12 items across three subscales (Task, Bond, and Goal), rated on a 5-point Likert scale (1 = rarely, 5 = always). The WAI-SR has demonstrated strong psychometric properties in prior research (Bachelor et al., 2010; Munder et al., 2010).

The Ten-Item Personality Inventory (TIPI) assessed Big Five personality traits: Extraversion, Agreeableness, Conscientiousness, Emotional stability, and Openness to experience, using a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). The TIPI is a concise and widely validated instrument suitable for online research (Thørrisen & Sadeghi, 2023) and is the primary focus of analysis in this study.

The Personal Attributes Questionnaire (PAQ) assessed gender orientation across dimensions of masculinity, femininity, and androgyny, to examine the influence of gendered personality on e-MH perceptions (Tibubos et al., 2025).

The Technology Acceptance Model (TAM) assessed participants' perceptions of technology use in mental health services, including perceived utility, user-friendliness, and intention to use each modality, rated on a 7-point Likert scale (Alsyouf et al., 2023).

Ranking of e-MH modes required participants to read hypothetical scenarios representing therapy

delivered via video, audio, and text, then rank the three modalities by preference and rate each for perceived effectiveness in fostering a therapeutic relationship (Chen et al., 2022).

Procedure

Following informed consent, participants completed the online survey via Qualtrics, accessed through SONA. The survey formed part of a larger research project (White et al., 2025) and took approximately 20 to 25 minutes to complete. Participants were debriefed upon completion and given the option to withdraw their data.

Data Analysis

Data were analysed using Jamovi (version 2.3.28; Jamovi, 2023). As e-MH preference and perceived effectiveness data were ordinal, non-parametric tests were applied, including the Friedman test, Wilcoxon signed-rank test, Kruskal-Wallis H test, and Spearman's rho. Continuous TIPI scores were treated as interval-level data and analysed using parametric tests where assumptions were met, including Pearson correlations and Welch's ANOVA. Normality was assessed via Shapiro-Wilk tests and Q-Q plots, revealing violations for agreeableness, conscientiousness, and openness, which were therefore analysed using non-parametric alternatives.

Ordinal logistic regression was used to model the relationship between personality traits and ranked modality preferences, with model fit assessed using McFadden pseudo-R^2. Multinomial logistic regression treated rankings as categorical, allowing for more flexible comparisons of personality-based modality preferences. Mediation and moderation analyses were conducted using the medmod and jammGLM modules, with bootstrapped confidence intervals (5,000 resamples) used to accommodate non-normality of indirect effects. Bonferroni corrections were applied to control for Type I error, and effect sizes (Spearman's r, odds ratios, McFadden pseudo-R^2) were reported alongside p-values.

RESULTS

Core Analyses

The Shapiro-Wilk normality test indicated that the assumption of normality was violated for the TIPI scores in the domains of Agreeableness, $W = .951$, $p = .002$, Conscientiousness, $W = .971$, $p = .038$, and Openness to Experience, $W = .966$, $p = .018$, though this test indicates that the normality assumption may be retained when analysing extraversion, $W = .979$, $p = .144$ and emotional stability, $W = .975$, $p = .069$, and thus making these appropriate using parametric statistical analyses. Given that some personality traits deviated from normality (Agreeableness, Conscientiousness, Openness), non-parametric tests (Spearman's correlation, ordinal logistic regression) were selected where appropriate.

Participants in the total sample ($N = 92$) completed the TIPI, followed by questions about their preferences and efficacy beliefs for video, audio, and text modes of delivery of digital therapy. Descriptive statistics for the five personality dimensions are presented, Notably, extraversion had a higher mean score compared to other traits, while text therapy had the lowest preference rating see Table 1.

Table 1

Table showing descriptive statistics for study variables

Variable	*M*	Median	*SD*
Extraversion	7.859	8.000	2.752
Agreeableness	9.674	9.000	2.179
Conscientiousness	9.391	9.500	2.445
Emotional stability	7.946	8.000	2.595
Openness to experience	9.576	10.000	2.274
Video preference	2.511	3.000	0.703
Audio preference	2.141	2.000	0.639
Text preference	1.348	1.000	0.637
Video effectiveness	2.717	3.000	0.520
Audio effectiveness	2.152	2.000	0.573
Text effectiveness	1.130	1.000	0.339

Hypothesis testing

Given the non-normality of some personality features, a Spearman's correlation analysis was conducted. These results are presented in Table 2. This analysis partially supports Hypothesis 1 and previous research by indicating that only extraversion and emotional stability are significantly associated with preference for therapeutic mode of delivery; extraversion is negatively associated with text preference (p = -.256, p = 0.014) and emotional stability is negatively associated with perceived effectiveness of video (ρ = -.246, p = 0.018).

Table 2

Table showing intercorrelations for personality variables (correlational matrix Spearmans rho)

Variable	1	2	3	4	5
Extraversion	–				
Agreeableness	.035	–			
Conscientiousness	.000	.106	–		
Emotional Stability	.275**	.365***	–.066	–	
Openness to Experience	.241**	.311**	.094	.312**	–

* p < .05, ** p < .01, *** p < .001

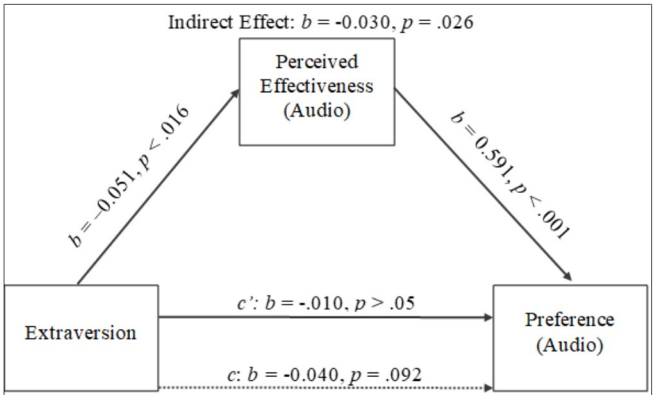
Ordinal logistic regression confirmed that extraversion was the only personality feature significantly associated with a preference for a certain mode of delivery. Applying the Bonferroni correction results in α = .016, rendered the significant negative association initially found between extraversion and text preference non-significant (p = .023), it is well understood that the Bonferroni correction is highly conservative. Consequently, applying this correction may increase the likelihood of a Type II (false-negative) error.

Moderation analyses revealed a borderline significant interaction between emotional stability and video effectiveness, (p = .052), and a significant interaction between emotional stability and audio effectiveness (B = .091, SE = .038, z = 2.407, p = .016). These results offer partial support for Hypothesis 2.

Planned mediation analyses supported the hypothesised mechanism for audio preference, though the total effect was nonsignificant (p = .092). However, the indirect effect was significant (p = .026). This suggests that participants with higher degrees of extraversion rated Audio as less effective than Video; perceived effectiveness is, in turn, significantly related to participants' preferred mode of therapy delivery. See Figure 2.

Figure 2

Efficacy beliefs mediate the association between extraversion and preference for audio-based therapy



Exploratory analysis

Notably, eight participants (n = 8) expressed a preference for the text mode of delivery, though no participants (n = 0) believed it was the most effective mode of delivery for therapy. To understand this discrepancy, specifically why individuals preferred text therapy despite a unanimous belief in its relative lack of efficacy compared to the other two modes, an ordinal logistic regression was conducted. This analysis included text preference as the dependent variable and extraversion and emotional stability as

covariates, as these were the only two personality facets with significant associations to mode of delivery preferences. The overall model was significant, $\chi 2(2) = 6.067$, $p =$

2

.048, and explained approximately 4.5% of the variance in text preference, $R = .045$. This model showed that extraversion was significantly negatively associated with text preference, B = 0.227, SE = 0.099, $z = 2.305$, $p = .021$, though emotional stability was a nonsignificant predictor of text preference, p = .913. This suggests that the preference for text, despite a belief throughout the entire sample that text is not the most effective mode of delivery, may be largely due to participants' extraversion, as relatively introverted participants are more likely to prefer the text mode of delivery despite not believing it to be the most efficacious.

DISCUSSION

This research explored the relationship views of e-MH, specifically preferences for video, audio, and text-based therapy modes, and personality traits. The findings demonstrated various correlations between personality traits and preferences for certain e-MH, as well as the perceived efficacy of these modalities. The findings robustly support the considerable predictive potential of emotional stability and extraversion in preferences for e-MH. This connection highlights the significance of including personality traits in the formulation and execution of e-MH treatments, resulting in more customised and effective mental health assistance.

Consistent with Hypothesis 1, this analysis suggested that e-MH preferences were correlated with extraversion and emotional stability. Extraversion was negatively and moderately associated with text preference, suggesting that individuals with higher extraversion levels were less likely to opt for text-based treatment. Emotional stability, on the other hand, was inversely correlated with the perceived effectiveness of video treatment, indicating that individuals with lower emotional stability perceived video therapy as more effective. These findings align with previous research showing that extraverted individuals tend to favour more interactive forms of communication, such as face-to-face or synchronous therapy (McCabe & Fleeson, 2012), while emotionally stable individuals feel more comfortable in structured and engaging interactions (Srivastava et al., 2003). The findings also align with Carlo et al. (2005), that emotionally stable individuals are more inclined to prosper in settings that provide unambiguous structure and stimulating activities, as these components correspond with their intrinsic desire for stability and predictability.

When the Bonferroni correction was not applied (due to its conservative nature), the results partially supported Hypothesis 1, showing a significant association between extraversion and text preference. However, prior literature (i.e. Garamszegi, 2006) strongly suggests that emotional stability should also be a significant factor, which was not the case in our regression analysis. This discrepancy highlights the need to further explore potential underlying mechanisms. One possible explanation is that perceived effectiveness may mediate the relationship between emotional stability and therapeutic mode preference. Given that emotionally stable individuals tend to prefer structured, therapist-led interactions over self-guided approaches (Högdahl et al., 2016; March et al., 2018), future research should examine whether perceived effectiveness influences their treatment choices. Additionally, while video and audio therapy modes were the most preferred options overall, no participants considered text-based therapy to be the most effective. Furthermore, no other personality traits beyond extraversion and emotional stability showed notable associations with therapy preference, which is in line with previous findings (Wahbeh et al., 2014). This suggests that while personality traits play a role in treatment preferences, other factors (such as prior experience, digital literacy, or perceived accessibility) may also contribute to an individual's choice of e-MH.

Testing Hypothesis 2 through a moderation analysis revealed that the association between emotional stability and e-MH was affected by participants' perceptions on the efficacy of various e-MH. The perceived effectiveness influences how emotional stability relates to preferences for interactive therapy e-MH, such as video and audio-based therapy. Emotional stability was substantially correlated with a preference for audio-based treatment, while this relationship was mitigated by participants' perceptions in its effectiveness. A comparable interaction was seen with video therapy, but with very minimal significance. This indicates that emotional stability not only influences treatment choices, whereas

perceptions of efficacy also affect decision-making. This finding further corresponds with previous studies indicating that emotionally stable persons are more inclined to participate in therapeutic methods they perceive as helpful (Swift & Callahan, 2010). Other research indicates that those who initially perceive treatment tools as effective as outlined by Lal (2019) are more inclined to favour it, particularly those with strong emotional stability (Fletcher & Delgadillo, 2022; Tang & Braver, 2020).

Hypothesis 3 was also supported via mediation analyses that indicated that extraversion affected e-MH choice via perceived efficacy. Extraverts not only regard interactive therapies as more effective than non-interactive alternatives, but they also prefer them, possibly due to their social nature (Delgadillo et al., 2020). Even though, the overall impact of extraversion on audio preference was not significant; a noteworthy indirect effect was identified, indicating that extraverted participants saw audio treatment as less effective than video therapy, subsequently affecting their preferences. This finding corroborates previous findings indicating that extraverts are more inclined to see interactive treatment modalities as effective (Shapiro, 2002). Multiple research findings indicate that extraverts see interactive treatment as more efficacious, hence elucidating their preference for it (Delgadillo et al., 2020). This implies that the beliefs of extroverts regarding the effectiveness of e-MH serve to reinforce their preference for engaging e-MH.

This research found no significant correlation between openness to experience and e-MH preference. Nevertheless, it exhibited moderate intercorrelations with emotional stability and extraversion, indicating that those with high openness had some traits in common with those who are emotionally stable and extraverted. A potential rationale for the absence of a clear correlation between openness and e-MH is that people with high levels of openness may not exhibit noticeable preferences towards a certain e-MH. Research by DeYoung et al. (2007) reveals that individuals who are higher openness to experience are more adaptive and eager to try novel therapies such as using video, audio, or text therapy based on situational conditions or changing experiences. Alqahtani et al. (2021) provides further insight for the lack of specific correlational in relationship between openness to experience and the e-MH tested in this study, by stating that those with more openness to experience are often driven by self-monitoring techniques. This indicates that openness to experience people may lack a preference for a certain modality and exhibit more adaptability and willingness to explore many therapy methods.

The findings for agreeableness also presented no significant correlation preferences for video, audio, or text-based e-MH, however a positive correlation was found with emotional stability ($\rho = .365$, $p < .001$) and openness to experience ($\rho = .311$, $p < .01$), suggesting that agreeable persons may also possess attributes similar to those who exhibit greater emotional stability and openness to new concepts.

The absence of a notable correlation between agreeableness and therapeutic mode choice could potentially be explained through the inherent traits of the Big Five Model. Individuals with high agreeableness are often cooperative, empathic, and oriented towards social harmony (Carlo et al., 2005). Agreeable persons may exhibit flexibility and a willingness to adapt to the therapeutic format indicated by a therapist or the most available choice, rather than exhibiting a strong preference for a certain modality, as further stated by Carlo et al. (2005).

Conscientiousness did not exhibit a significant correlation with e-MH preferences. The absence of a correlation could result from the association of conscientiousness with behaviours such as goal-oriented, organisation, routine adherence, control and perseverance as opposed to using communication style or e-MH. Conscientious people are inclined to comply with treatment plans irrespective of the modes (Bogg & Roberts, 2004; MacCann et al., 2009), thus the lack of strong preferences for video, audio, or text therapy could be explained. Other studies have also shown that conscientiousness is a robust predictor of compliance with treatment regimens, completion of assignments, and attendance at therapy sessions.

Participants with lower scores on extraversion showed a preference for text-based mode, although emotional stability was not a significant predictor. This suggests that more introverted participants might prefer text treatment despite its perceived lower effectiveness. This is consistent with prior research showing that more introverted people may prefer text-based interactions over face-to-face or voice-based interactions (Amichai-Hamburger et al., 2002). Despite the small number, this inconsistency highlights the need for more

research into how individuals evaluate effectiveness in relation to accessibility and usability.

The result that no other personality traits beyond extraversion and emotional stability showed notable associations with therapy preference is in line with previous findings (Wahbeh et al., 2014). This suggests that while personality traits play a role in treatment preferences, other factors such as prior experience, digital literacy, or perceived accessibility may also contribute to an individual's choice of therapeutic mode.

Despite the participants' unanimous ranking verdict that text therapy was the least effective e-MH, several ranked a preference for it. Text therapy provides a level of anonymity and reduces psychological barriers, potentially elucidating the preference for this mode of therapy among individuals, even when they regard it as less effective (Barak et al., 2008). Furthermore, individuals may opt for a choice that appears more convenient, despite lacking conviction that it represents the optimal solution (Elliot & Devine, 1994). Therefore, introverted users may favour a method that appears more welcoming and less imposing as opposed to one they perceive to be more effective.

The findings from this research demonstrate how personality traits impact decisions regarding e-MH choices. Emotional stability and extraversion show a strong influence via perceived effectiveness as a moderator and perceived efficacy as a mediator, respectively. The findings suggest adapting e-MH to personality attributes to improve patient engagement, for instance, during intake examinations, mental health clinics and e-MH providers can use short personality tests like the TIPI (Gosling et al., 2003), to design treatment methods using personality test findings. Individuals strong in emotional stability may be offered evidence-based suggestions emphasising the relative efficacy of therapist-led treatment options, while extraverts may be directed towards actively engaged therapy modes that meet their sociability expectations. Providers should also consider how to strategically emphasise effectiveness beliefs, especially for emotionally stable people who are more influenced by effectiveness perceptions and extraverts who may benefit from understanding how therapy mode matches their engagement preferences. While video therapy was the most preferred option and text therapy was the least preferred, certain individuals continued to favour text-based therapy, which may indicate a dislike for video/audio therapy rather than a preference for text therapy. Instead of rejecting text therapy, future treatments should examine how text-based forms might be enhanced or combined with other modalities to increase their appeal. Potentially being used as the first form of communication and to present the expected effectiveness of the mental health programmes.

The findings suggest adapting e-MH treatments to personality attributes to improve patient engagement. Individuals strong in emotional stability may be offered evidence-based suggestions emphasising the relative efficacy of therapist-led treatment options, while extraverts may be directed towards actively engaged therapy modes that meet their sociability expectations. Providers should also consider how to strategically emphasise effectiveness beliefs, especially for emotionally stable people who are more influenced by effectiveness perceptions and extraverts who may benefit from understanding how therapy mode matches their engagement preferences. While video therapy was the most preferred option and text therapy was the least preferred, certain individuals continued to favour text-based therapy, which may indicate a dislike for video/audio therapy rather than a preference for text therapy. Instead of rejecting text therapy, future treatments should examine how text-based forms might be enhanced or combined with other modalities to increase their appeal.

CONCLUSION

Although the study provided valuable insights, several limitations should be noted. The use of this population does mean that the findings may have limited generalisation to broader populations, particularly older adults or individuals with limited access to technology. Future studies should replicate these analyses in more diverse and clinical samples. In addition, forced rankings were used instead of absolute preference scores, making preference intensity interpretation difficult. Future research should use independent Likert-style assessments of each therapeutic modality to properly quantify individual preferences. Second, methodology such as that used in this study has a limited capacity to explore causality. Longitudinal research is required to clarify whether therapy experiences change them. Final e-MH therapies should include the low desire for text-based

therapy and if adding multimedia or AI-driven feedback might make it more appealing.

This study presented the influence of personality traits in mediating the perceived efficacy and shaping preferences for ranking e-MH. An important key finding was that the personality traits on an individual's perceived effectiveness performed as an important moderating and mediating role in influencing the means for a person to make decisions regarding selecting a therapy mode. These findings presented great implications for future organisations to consider personalising therapy modes and addressing the effectiveness to promote them to potential user.

Acknowledgements: None declared
Conflict of interests: None declared
Ethical approval: University Technology Sydney
Funding: None declared

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