

## Here's how Head to Health is making it easier for Health Professionals to connect with digital mental health

### **Tania McMahon**

Welcome to Digital Mental Health Musings, a podcast series from the e-mental health in practice initiative, providing health practitioners with the latest news and developments in digital mental health services and resources.

eMHPrac acknowledges the Turrbul and Yuggera people, the traditional custodians of the land on which we bring you this conversation. We acknowledge elders past and present, and honour their continuing connection to land, culture and community and that it's these connections that are intertwined in indigenous mental health and social and emotional well-being. We acknowledge the strength and resilience of all First Nations people and communities since colonisation of their unceded lands.

Hello and welcome to Digital Mental Health Musings. I'm your host Dr. Tania McMahon, and today I'm so pleased to be joined by some of the team from Head to Health. It's a name I'm sure many of our listeners will already be familiar with and for those who haven't yet come across it, Head to Health is a free, confidential service from the Australian government that connects people with mental health programs and services and makes it easier to navigate and choose the most suitable care options, whether that's face to face via phone or online. So, it's a really fantastic resource for health professionals, too. Health professionals access the website to find and share tailored and trusted mental health resources and services.

So, the service originally launched in 2017 and more recently Head to Health has undertaken significant research and further co-design conversations to reimagine and redefine what a national mental health website could deliver.

So, the new site launched in June this year and joining me to talk about the story behind Head to Health, new service and what their research tells us about digital mental health is clinical psychologist Dr. Sarah Cavanagh. Sarah is the director of the Clinical Policy section at the Department of Health and Aged Care and in her role Sarah provides clinical policy guidance and support to the departmental team delivering the national Head to Health website. Welcome Sarah.

### **Sarah Cavanagh**

Thank you, Tania. It's great to be here.

### **Tania McMahon**

I'm also joined by Fiona Armstrong. So, Fiona led the Head to Health research and

co-design process engaging with over 350 stakeholders in her role as head of strategy at Liquid Interactive, so welcome to you, Fiona.

**Fiona Armstrong**

Thank you, Tania. Great to be here.

**Tania McMahon**

And also with us is GP and academic specialist in primary care at the University of Melbourne, associate professor Caroline Johnson. Hello, Caroline.

**Caroline Johnson**

Tania and hello listeners.

**Tania McMahon**

So, it's really fantastic to have all three of you here together. Sarah, perhaps I can start with you. As I mentioned, Head to Health has recently launched an updated website. It's been co-designed with health professionals, people with lived experience, technical, industry, creative professionals. It's quite an impressive undertaking. Can you tell us first a bit about how the service started and then what was involved in bringing those diverse groups and ideas together in the co-design of the new site.

**Sarah Cavanagh**

Happy to. So, I think, Tania, as you mentioned, the Head to Health website originally was launched back in 2017 and following a a round of co-design research and a lot of development process that happened leading up to the to the 2017 website. But then since then I think the mental health sector has continued to evolve and we've got a lot bigger focus on digital mental health and so the Productivity Commission report that happened and delivered it's report in 2020 really provided, I guess a challenge for for us in the government in the running of the Head to Health website to really look at how we could update and refresh the Head to Health website to provide a better service and to really help people navigate them in the whole system to find the services and support that are right for them. We all have also had, as you mentioned the Head to Health centres come online and also a Head to Health phone line.

So, we're here largely to talk today about the Head to Health website, but for people who are interested, they can also find information about the Head to Health centres and phone line on our website. And so we really have, I guess the three engagement channels around the website, phone service and face to face centres. And so we've been I think working with Liquid Interactive as one of our partners and delivering the website, both the original 2017 and the more recent refreshed update. And so we've really, as you mentioned, undergone a range of research to talk with people with lived experience, health professionals, the mental health sector, to really design and update to the Head to Health website that I guess caters to the to people's mental health need now and noting that we've also had the COVID pandemic that has also led to increases in mental health demands but also people I think maybe looking online for more support than they perhaps did prior to the pandemic.

So, we have been working with Liquid and as you mentioned, we've recently updated a refreshed Head to Health experience in June and I know Fiona from Liquid's been leading a lot of our co-design work to really test and trial out what features would make it easier for people to find services that were right for them.

So, I know Fiona, you're dying to jump in, I'm sure and tell us a bit more about that process.

### **Fiona Armstrong**

Happy to. So yeah, Sarah was just saying there we had the Productivity Commission report on one hand, we had what users were telling us about their current experience and Head to Health and what they wanted to see next and also the pandemic. And the sort of the combination of the three of those made for a really interesting point in time in terms of starting to engage people over the sort of nine-month period to start with, to understand what their experience was at the moment, where they had problems, challenges, where their opportunities for improvement.

And in that process, we started really very wide in terms of understanding the landscape and where digital could really make a difference because it was a very complicated and sort of fragmented landscape. And so, we spoke to a lot of people with lived experience, but we also spoke to people that actually didn't have any lived experience because we also knew that 54% of people with mental health issues don't reach out. So, we wanted to make sure that we were actually designing something that would enable people to find the best health and support for them. We talked with all different types of health professionals, from GPs, psychologists, psychiatrists. We spoke to allied health and also to community workers on the frontline as well. And we spoke with service providers such as the sort of the Reach Outs, the MindSpots and the Beyond Blues, to really just understand what that landscape looked like and what would create the biggest opportunities for, for us.

### **Tania McMahon**

Fantastic. So, that's really interesting. It sounds like you we're looking to make this website as broadly applicable as possible to people with differing needs at different points in their mental health journey.

That's, and you make a really good point there. That's not just people with lived experience that they make a big portion of the people we want to hear from when we're designing a website to direct people to the right services but rightly so, there's also a huge portion of people who've not had a lived experience yet who also need to find help. And for a website to speak to them and be able to meet them where they're at. That's really interesting.

Fiona, are you able to share some insights into what people with lived experience described about their experience accessing mental health service and what was kind of needed from a new website?

### **Fiona Armstrong**

Absolutely. So, one of the things that we heard a lot of and we did this through a variety of

different forums, we went to lived experienced groups, we spoke with workshops at those groups. We did one-on-one interviews to get real in-depth insights from people. We did sort of co-design sessions that were so of lived experience alongside health professionals to really sort of negotiate. You know, what sort of would be the best outcome here.

And there was definitely some key themes that came out in terms of what people were looking for. The first of those was about the challenge that they had in recognising the signs. So how do you know when you have a mental health issue that you should seek help for and what does that look like? Particularly if it's the first time. And there was also quite a lot of carers that we spoke to. We talked about the challenges and even although they could see the signs in their loved ones actually getting the person who was having that experience to actually recognise it. And so that sort of spawning of the signs.

Then alongside that, it was about knowing where to start. That sort of very fragmented landscape that's out there. And even though people were aware of some of the options that they might have, they just weren't aware of what was going to be the best option for them, how to go about that and the practicalities of what was involved. They were a little bit scared by the notion of talking about their mental health. They didn't have the vocabulary to do that. A lot of the time, they just were still trying not to actually admit what was happening. So, there was a lot of sort of issues that went with that.

So, knowing where to start knowing how to have that conversation was definitely the next thing then after that there was a lot of concerns around things like time and cost. If you remember, we were in the middle of a pandemic and the demand for mental health services and support and the waiting times for it was going through the roof. So that sort of notion of waiting times to see a psychologist and the costs involved and that were definitely playing out in people's concerns. And some of, some, for some people it was about inability to access, but for others it was concern from a sort of broader cost perspective. And then that sort of notion of, even if they did reach out, it was about how do they actually know what their journey is going to look like. And it was sort of knowing what was available to them. How to access it.

And this was really interesting because this was where we got into the territory of exploring that sort of very fine balancing point between making it easier for people and removing the friction so that they were more able to take action, and making sure that we didn't sort of overwhelm them. Because obviously at that point in time, there was a lot going on, they were struggling with a lot of different issues and taking in a lot of information. It was a bit of a challenge. So it was how we hit that right level of information though that enabled people to feel informed and and feel that they still had the choice. That was a really important thing was that it wasn't a case of just give me one or two services and that'll be fine. It was, no, I actually want to make some choices here about what right for me. So how we hit that balance between giving them choices but not overwhelming them. So a list of things that came out.

### **Tania McMahon**

Gosh. It's a tall order really. You know, it's, there's so many varying needs in this very

broad audience of people at different stages in their journey. And you make some really good points there about finding the right language to use to help them identify what the signs are, help their support network, pick up what the signs are and find out what they need help for when perhaps they haven't got that language yet. And then providing them with some steps to take action, but again not overwhelming, because that too can paralyse us all when we're like here just have a, have a, a Yellow Pages worth of information. You're finding the right the the happy medium where people feel empowered. You're not just saying go to this one spot and that's it. They feel empowered to choose, but also don't feel overwhelmed. Yeah.

### **Fiona Armstrong**

And it was really interesting in terms of how much of that friction could you remove from the journey because what we were seeing and hearing was that every time you hit a spot that had some friction or some challenge associated with it, people would just stop it. It would go in the too hard basket. And so actually people would be dropping out from actually looking after their own mental health because it was just too hard.

### **Tania McMahon**

Yeah. And you don't want them to fall through those cracks. It sounds like, yeah. Are there any quotes that you can share from some of the users experiences that kind of reflect that?

### **Fiona Armstrong**

Yeah, absolutely. I mean, there was definitely consistency coming through for a lot of people we spoke to around, you know, one of the biggest issues was many people probably don't know what help is available. They don't know what type of help they need. So that lack of some sort of awareness was one of the big things.

A lot of people spoke about the system, so fragmented. People drop out every single step, which was just what I was reflecting on there. And you know, I think the other thing about it was around trust. We had a lot of people talking about trust. And there was a lot of input from GPs as well around that notion of trust in terms of, you know, looking for that trusted place that they could safely and confidently refer their patients to and know the, the the sort of the tools, the techniques, the information was of a suitable quality. That's something that Sarah can probably dive a little more into.

### **Sarah Cavanagh**

Yeah, I was just going to reflect, Fiona, that, that comment about trust and finding a trusted place to be able to find information about high quality services that are available. And I think the previous version of the Head to Health website had a definite focus on those, sort of free and low-cost digital mental health services. But some of the feedback that we got from the evaluation of that website was that the content was great, but it was just a bit overwhelming and it, and it was hard for people to kind of navigate their way through that content.

And so, I think that really factored into the, the design and the thinking about how we were building this current version of the website so that people had a bit more of a tailored

journey through that. And so that we were able to also then, as Fiona was saying, depending on the persons preferences and choices around do they want to engage with someone face to face? Do they want? Would they prefer to do it online? Do they want to be anonymous? Do they prefer to use web chat or texting or e-mail?

We've really thought about all those different ways that people like to access or would like to be able to access mental health services and trying to build those into the website so that you can actually find a service that is right for you and that helps you with your needs, you know, and be able to access that in a way that feels doable for you. As Fiona said, we're really keen on helping people take that first step because we know and the research shows, you know there's stigma. There's kind of concern about what might actually happen if you did reach out for help.

But also the content that we worked on in the website was also sort of I guess encouraging people not to wait too long because I think we do know, often people will reach out for help when they've hit a crisis point or when it's become so bad that they can't cope by themselves. And so, we definitely wanted to build into the website the idea that looking after our mental health is an everyday thing. And so we really were careful not to use, and people ask, you know, kind of asked us through the co-design not to use too much kind of clinical knowledge. To use really plain English to sort of talk about everyday circumstances and everyday things that people can do to manage their mental health, but through to knowing that people in various levels of distress would be accessing the content on the website and so really needing to cater to that wide set of users from people who are interested in maintaining their well-being through to people who are, you know, highly distressed and, and need access to services and some assistance pretty quickly. And that's definitely one of the things that we've been working with the University of Melbourne team on as well in terms of particularly in relation to the quiz that we have on the website, but more broadly around how do we particularly cater for those who might be experiencing a more moderate or severe distress or mental illness and get them to the right level of help as quickly as possible.

So, and that's certainly something that we've been thinking about in terms of the quiz but the site overall. So yes, I think quite complicated. Got a lot of thought in in terms of exactly how to frame every sentence that's on the website.

### **Tania McMahon**

Yeah, yeah. Like, really like looking at the pain points that were there from the previous version of the website and making it a better experience to meet the needs of all the all the potential users. And I hear that that that about the language because that is, That that's a really tricky challenge is being able to speak to people and not turn people away or go over their heads or put them off by having really pathologising language. So it sounds like the teams worked really hard to listen to that feedback and make the language non clinical non jargony non pathologising so that it meets people where they're at.

And so, speaking of the new site, as I mentioned earlier, it's also been recently awarded the Good Design Award for Excellence in Design and Innovation at this year's awards

ceremony. So congratulations!

I wanted to focus now on some of the features of the website. One of the the innovative new features is the Head to Health quiz, which is a 5 to 10 minute questionnaire that helps people understand what they're experiencing and what they can do about it by guiding them to services that are suited to their needs and goals. And so, this is quite a tailored approach as I think Sarah you mentioned before. Can you tell us more about how the quiz works? The research behind it, what? What kinds of questions that people can expect, and who it would be best suited.

### **Sarah Cavanagh**

Yeah, absolutely. I'm happy to start. And Caroline and Fiona kind of add to my answer. But I think that the in the co-design research that we did do with people to inform the website, people were really wanted a quiz and some assistance to sort of help guide them through to be able to identify the services that might be right for them.

And so there are a lot of quizzes available you know online. I mean lost in lots of different places and I know clients who come to see me in private practice, many have done various quizzes online and they are variable. And so we were really keen in the Head to Health website to make sure that whatever quiz we developed was based soundly in the research and that would actually I guess, we created an experience of doing that quiz that was a positive one and that would actually sort of step people through a process of being able to identify the things that they were struggling with or that they might like help with, to answer some questions that were based on standard measures that have been implemented and evaluated.

And then also we really give, gave a lot of thought to the results and how do we share the results of the quiz back to the person knowing that this is in a digital space, not in a not in a face to face space and they wouldn't necessarily have access to a health professional in that moment, for example. But how would we provide, I guess the results of the quiz in a way that people could take action on but could also take and share with their health professional if that was appropriate. And so I think the team did a lot of work sort of looking for other examples. And you know where this had been done really well and that's where we we turned to the University of Melbourne and the work that they had done on their Link-Me decision support tool which had been developed and researched with the Australian population in general practice settings.

And so we have done work, I think, in the within the website to sort of replicate sort of, not just the sort of the quiz or the self-report piece that the person does, but also elements of the care navigation that might happen afterwards. As in, how do we help the person now that they've done the quiz and they've got a bit more information about what's happening for them? How do we then help them find and navigate to the services that are right for them based on the things that they wanna work on?

So Caroline, I know the University has done, you know, a lot, many, many years of research that have culminated in the Link-Me decision support tool. So yeah, I think be

great to hear a bit more about that research and how the tool has been developed and is where it is now.

**Caroline Johnson**

Yeah. Thanks, Sarah.

So it is a, it is a very long story and I have to acknowledge all the rest of the team who have done most of the work. I've certainly my PhD was in the area of how GP's manage depression and I did use some of the data from some of this research, but it's been a very big team over 20 years who have done the work. And I guess you know, the listeners are probably hearing now one of the problems we have is a lot of work's been done to encourage people to seek help, which of course is a fantastic thing. You want it to be accessible and people want to, you know, encourage people to get help, but the other problem we have is often when you encourage help seeking everybody kind of gets the same thing and often your ability to get help depends on either your post code or your health literacy or your ability to pay. So really this is where the quiz comes in.

So, the diamond study started about 20 years ago where they used real patients recruited from real Australian general practices, randomly selected. So, a very good quality trial, you know, not just a survey where there could be lots of biases, but they actually went out to the real world and they found people who met the criteria for probable depression. So, these are people who had depression, stress, worries and they followed a group of these people for more than a bit over 10 years. Interviewing them and quizzing them and asking them questions over 10 years, which gave them a lot of data. But the most useful thing for this particular quiz was it enabled us to say, well, what are the features when someone comes in and has symptoms of depression or anxiety, you might ask them a quiz like the PHQ9 or the GAD 7. How do we know which of those people with symptoms of depression and anxiety are going to do worse over time, like the ones that we should be more worried about. Which is a big problem for us as GPs because lots of people come in with depression and anxiety. One in five of us in our in a year, but probably more than half of us in a lifetime. How do we know the ones that need more help? And this is what the quiz does.

So, using this data collected over 10 years, some prognostic models were developed and then they were tested in some what we call randomized controlled trials. So, these are the highest level gold standard trials that you can do where you can not only test which people have are kind of got the worst, the higher scores or the greater risk of a poor outcome, but you can offer them something specific. And two landmark trials, the Target D and the Link-Me did that. And the Link-Me is particularly interesting because it wasn't just the decision support tool which sort of asks the people the questions which are now on the Head to Health quiz, but it also did a lot of tailoring.

So, it asked people specifically what do you want to get from your care, what are the sort of things that you need help with. So, trying to encourage the person to be engaged in their goals, not just seeking help but thinking what they wanted. And then of course, it also then, by triaging people into whether they were in the mild, moderate or severe group using this



this knowledge that the severe group who are the ones we're probably more worried about, might have worse outcomes in the trial, they could be offered something much more tailored called care navigation.

Now in general practice, what happened is they were offered someone called a care navigator to help them navigate the system to work through with them. Empower them to get help and also to build up their confidence to seek help in the future. So, what we're trying to do is translate this model of care into a digital space. So, the quiz is there now and it's started to do that ability to kind of tailor the advice given based on how worried we are about the person's future outcome. But of course the next challenge is then how to help those who are more likely to find it difficult to get help from the system to navigate a little bit more carefully.

### **Tania McMahon**

Wow, that's a tremendous amount of work gone into that, which gives me great encouragement because I think as you mentioned before, you know like with the patients and clients have come along, they, you know, may have already done a quizzes.

There are so many quizzes out there online. People want to know what's wrong with them, what's going on and how you know, where they sit and they want answers. So, there's so many quizzes out there and it's hard to trust a lot of them and know that the information being fed back is going to be helpful. So it's really encouraging to hear what work has gone into the this particular quiz to give confidence to health practitioners that my client, patient, people that I send to this website will be kind of held through this process and if they, you know, honest and you know, putting in the symptoms they're feeling and that they spend the time giving it the information that that it needs that they're going to be led through their journey with appropriate and suitable suggestions. You know depending on it.

### **Caroline Johnson**

Can I, can I add in though Tania? It does create two challenges though. It also creates the challenge, one that the questions have to be informed by the research. So often the questions seem clunky and this is something that I know Fiona and her team found challenging. Cause you know, if it's a, you know, if it's a well validated questionnaire and it uses questions from both the PHQ 9 and the GAD 7, but also a number of psychosocial questions. If you change the words, it might impact on the sensitivity and specificity. But also we know that people don't really like to hear their prognosis told to them in that way you're mild, moderate and severe. So while that's really helpful for clinicians because it tells us where to focus our energy, when resources might be limited, a really big challenge for Fiona and her team of how to get the language right to say we're a little bit worried about you without saying you've got a big problem.

And I think that the websites worked really hard to kind of actually transmit that information in a way, but also in a way that encourages people with milder symptoms to actually give some of these digital resources a go. We know they work, but not everybody's using them. They're not being used to the fullest capacity that they could be. And so I think that's the other side of the coin is encouraging people who have got distress but aren't in this severe

group to give something a go and see if it helps, because often it will help. But you have to follow through and finish the whole course, you know.

### **Tania McMahon**

Yeah, yeah. And finding the right the right way to hold their hand through that without going, you're really unwell and you need to get some treatment. You know, conveying it into them in a way that sort of grabs them and goes, yeah, yeah, might give this a go and then you know, they're getting help that ends up preventing something from getting worse or whatever.

### **Sarah Cavanagh**

And we definitely did. We definitely did think through that and particularly with Fiona and the team at Liquid and tried to, I guess replicate the Link-Me quiz in the website in a way that again still touched on those things that people told us in the co-design and research around choice. People can do the quiz anonymously. They don't have to put in any kind of identifying, you know, or contact details, but also knowing that once you've been through the quiz and have you seen the services that might be right for you and we guide you through a process of choosing the things that fit best for you. So whether you want to try something by yourself or connect with someone with stronger, I guess messages around, you know, connecting with someone with a health professional for those who are you know, in the moderate or severe levels of distress but also options that we've built in where the user can download a PDF of that quiz and their results and the services that are suggested to them, and we encourage them to take back to their GP and discuss that with the GP and they also have a unique link. So, they can come back in at any point and see the result, the quiz result. And so, they might give one of the services a go that's been suggested for them and then they might be ready to move on and you know, address something else or they might have not had a great fit so they can come back in and try one of the other services that's recommended for them.

And so, we, in the kind of boundaries we had around the quiz, being anonymous. And so therefore, you know, we're addressing things like stigma and people's concerns about, you know, filling out things online. But we also did want to try and build in these steps for people who could to be able to share those results if they chose to. And then encouragement, particularly about encouragement to go and chat to your GP, who can help you, but we, yeah, also directing them to the Head to Health centres and phone line when appropriate and really the raft of services in terms of, as Caroline mentioned for those in the lower intensity all of the digital mental health treatment programs that are free and low cost and work and have good strong evidence.

So yeah, it is a very complicated I guess picture that we've worked on with the quiz that we're that we're proud of. But we also know there's more that we would do. So, we're always open to feedback as well.

### **Tania McMahon**

Yeah, and other, as well as the quiz. Can you tell us briefly, are there other, I guess ways on the website for people to find the info they're looking for?

## **Sarah Cavanagh**

There are and I can kick off, and Fiona, please do jump in. But we're very aware that not everybody wants to do a quiz either or they might do it once, but come back to the website for other reasons or they might already have a diagnosis, for example.

So, so the quiz is particularly helpful for people who are maybe early on in their mental health journey and aren't quite sure what's going on for them and what services might be appropriate. But we also wanted to cater to people who knew what they were looking for or had a sort of a clearer idea. So, we have, the website has, I guess menu navigation along the top of the website to sort of help people navigate through what's available on the website with that language that we're talking about before. The sort of plain English, not pathologising, but things around looking after your wellbeing, for example. We also have content on the website that's around preparing for an appointment with the GP for example or what the are the different services and service providers that are available. So, what, what might the psychologists offer, which is different to what GP might offer? For example, to do, I guess some of that work around increasing people's mental health literacy.

But we also have a number of search functions on the website as well. So just to sort of a standard, being able to search the website, but we pop it up in a number of different places and we have some suggested search terms. So, for example if you're coming to the website and you're newly diagnosed with a particular issue. We you can find that information easily around, I've just been diagnosed with depression. What? You know, what do I need to know? So, there's lots of different ways that we've are attempting to navigate people through the website to the thing that's right for them. But Fiona, and did you want to comment on that one as well?

## **Fiona Armstrong**

You know that's a really good description. I mean, the sort of the core ways that we designed around this was that sort of enabling people to get the information they needed depending on their stage of their journey. So, depending on where they were there's information specific to that of service. Just saying we've got information by different conditions and also by different goals as well.

And I think the goals one is a really interesting one because that's a core part of the quiz as well because what we heard a lot from those people with lived experience was they actually wanted something that was sort of positive. There was something that they wanted to achieve, they wanted to sleep better for example was something that came out very commonly. So that notion of how do we actually give people targeted information that enables them to achieve that goal Was a really important part of both the quiz and the way in which we structured the website.

And then we've also got information there for specific audiences as well because we heard a lot about the sort of needs of carers and people that sort of looked after, loved ones and friends. And we also heard about sort of, the needs of sort of GPs and health professionals. So, making sure that we had enough flexibility to be able to deal with those. And then alongside that as well because this was during COVID as well, it really brought to

the fact that there was a lot of people generally struggling in the population with experiencing a level of uncertainty that they had never experienced before.

So, we had a sort of thematic approach to it as well that enabled us to explore those sorts of population based issues or sort of more specific local issues around sort of the aftermath of disasters like fires and floods as well. So again, just making sure that no matter where you were, where you were starting from you know, no matter what your experience had been to date, there was a way in that it would suit and support you.

### **Tania McMahon**

And as well as for users, there are also some really great tools for health professionals. So, there's, the websites really targeted at health professionals as well to access helpful content around understanding blended care and things like that. Can you tell us a bit more about what blended care is, what's needed for that model to work. Perhaps even taking us through some ways that health professionals might use Head to Health resources with their clients in that blended care context.

### **Fiona Armstrong**

Sarah, if you want to start this one and I'll chip in?

### **Sarah Cavanagh**

Yes, happy to. So, when we talk about blended care on the website, we're really talking about people accessing care that incorporates a blend of you know what they might see health professional face to face. But they might also access information and services and support online. And we have some content pages that are designed for health professionals that really provide some guidance or examples around how lending care can benefit both the patient and the health professional. So it might be for things like, for example, if you're working with someone who does have depression, you might recommend that they access one of the online depression modules that are free and have really good evidence for being effective. And then as a GP or even a psychologist in private practice, you might then use your face to face sessions with that person to troubleshoot and to sort of, to kind of consolidate the things that they might learn in that treatment program or the things that they might be struggling with in that in, in that program and to actually help them then apply it to themselves and their circumstances.

And there's also, I think mentioned wait lists and things a little bit on the on the podcast. We know that there are wait lists to access different services, particularly face to face, and so we also have an approach around the while you wait. So, you might be waiting for access to a service, but there are things that you can do during that time that will actually benefit your mental health and well-being.

And so, I think, Caroline, you were saying, you do this routinely in your practice as a as a GP, so a real world example from you would be great. But we also have what we call a health professional service finder on the website which is specifically designed for health professionals to be able to set through a range of different filters. So, you might be able to search by distress level or initial assessment or referral level or disorder or age range,

gender. All sorts of things to be able to then kind of find a service that you as a health professional might think is appropriate for your patient. And there's an ability for you to be able to then kind of download and print that off and hand that to your patient.

But Caroline, did you want to give us a real world example and then we can also, Fiona, please. There's much more to say I'm sure about the health professionals content.

### **Caroline Johnson**

Yeah. So for the GP's who are listening to this podcast, I mean, I always encourage my GP students to always think of homework they can give patients because we are in a very time intense environment. You know, if someone comes in with a 15 minute appointment, and a list of five things and you know you're gonna have grumpy patients in the waiting room after them thinking of things that you can give them as homework to do and come back. And this is, I think, why sometimes we're tempted to refer people off for a test or write them a prescription cause we just need to end the consultation.

And so in the past I used to recommend people, why don't you look at digital resources? And I wasn't getting much success, but since the quiz has been on the website, I found it's easier because I can say look, here's a link to this quiz. I'd like you to do the quiz and then print this off and bring it back to me. So, it's sort of something tangible that they can bring back. But also, I say to them, look, when you do the quiz, it will give you some suggestions of courses to do. And then I'll try and tailor it a bit as well. Like it should if it's working well, it should recommend something around this course. And I then mentioned two or three of my favorite providers and I won't talk about who they are cause I don't want to upset anyone else but I have one or two and I say look, if anything comes up for these guys, they're really good. I've had lots of patients who have used them before. So that you're kind of priming the person and empowering them to take a bit more control. And I think it's been easier to do since I've had the website because it kind of gives them an in that's not just go off to this, this treatment course it's actually saying let's see where you sit. But also it's been really helpful with the wait list cause absolutely during the pandemic even in Melbourne where there are lots of therapists the weight lists have been a real problem.

And I think you know, part of us have a responsibility to say to people, look, the psychologists are also busy. You know, if you if you start to feel better doing this, that's a good thing because it might free up the psychologist or get you a head start. It might actually save you money. You might only need 6 or 10 sessions instead of 20 because you've already done some of the work yourself. I wouldn't do that with every patient, but I think that a lot of my motivated health literate patients, especially those who have got good skills in English and are used to kind of working with computers. A lot of them have found it really helpful.

### **Fiona Artmstrong**

And that certainly echoes with what I was hearing from a lot of psychologists as well interestingly. Where it was very much that case of, you know, like, if there is something that the patient can do to improve their sort of mental health literacy. Give them the language to use and get them comfortable with describing what's happening to them in a way that I can

actually then provide better assistance and support more quickly to them. Because they were describing to me that sort of sense of a lot of their first meetings, they really couldn't make any progress because they were going over that sort of very basic sort of ground. That was definitely part of the sort of the thinking that was going into this.

And I think the other thing as well that I heard from a lot of sort of other health professionals was that sense of sometimes having the sort of well having the results of the quiz so that you could see what the answers were that your patient had given and at the same time you could see what they had been recommended from it was really, really helpful because they gave us and in point for the conversation. So, I think there was definitely the two sides of it in terms of helping that conversation to, you know, get further in that such a first instance. And so that was sort of a core part of our thinking when we were designing this was that sort of, how do we support both sides to actually get the most out of that precious time together.

### **Tania McMahon**

That's brilliant. I really loved your examples, Caroline. It's a really great illustration of how this this kind of tool can be really seamlessly integrated into care. That it's becoming, you know, less and less clunky to integrate digital into face to face. They're not these two stand alone, either or, one thing over here and the other over there. This is a beautiful marriage of the two. You're taking advantage of both together so I'm really glad you shared that. Thank you.

And one other question that I wanted to have in the time we have before we wrap up, because it sounds like there's some really great tools there on the website for health professionals to use here, particularly that service finder. I know a lot of our listeners will want to know how does Head to Health determine which services to include in that finder? What are the, what are the criteria for inclusion?

### **Sarah Cavanagh**

Yep, I can jump in and answer that from the departments perspective.

So, within the Head to Health website, we, organisations need to be Australian and they need to offer a relevant service or product. So be offering a service around mental health and wellbeing. And we have a particular, I guess focus on including services that are free or low cost because we know you know that the financial barriers are sometimes very real for people in terms of accessing help, And we also require that they have been funded by a Commonwealth or a state or territory government or commissioned by a Primary Health Network. And that's really about ensuring, I guess, the quality, one of the ways of ensuring the quality of the service that's being delivered.

And there are now National Mental Health Standards for digital mental health services, and so the department is strongly encouraging all of the providers who deliver digital mental health services to become accredited against those standards. And so once that's more widely in place, that will also be something that we'll be looking at in terms of accreditation against standards to make sure that we're we're listing high quality services that have

been shown to be effective on the website.

And where, there are lots of people that approach us all the time, who are interested in being added to the website, but we do have a, you know, a fairly rigorous approach to reviewing those. And I just I think in the same vein, we do have you know, good clinical governance that we've implemented for example to make sure that the quiz continues to be operating well and safely and that it is actually surfacing the right services for people when they complete the quiz. And so we work with the University of Melbourne on that and they do some clinical auditing for us to make sure that that it is operating the way it's intended to operate. And we've had, as Fiona mentioned, a whole raft of health professionals and clinicians, but consumers and carers as well, helping us draft the content for the website as well, so that we're making sure that it is both safe and high quality, but also is actually easily accessible for people who visit the website.

**Tania McMahon**

Wonderful. So, lots of ongoing work being done to make maintain the safety and quality of the tool, the website. Well, any final comments before we wrap up?

**Fiona Armstrong**

Again, it's probably just in that such a spirit, we're sort of, we're not done yet. There's lots more that we would like to be able to sort of offer as part of the experience. And so, we very much are open to sort of feedback and suggestions and we're just about to undertake another round of sort of engagement to really sort of reach out and hear from GP's and sort of other health professionals around their sort of experiences and what they would find helpful. So yeah, please if there is anybody with feedback, feel free to reach out.

**Tania McMahon**

Absolutely. That's really great to hear, you know that so much work has gone into rebooting the website and in its new form, but that that work is ongoing. And yeah, we'll definitely put that information in the shows about how people can reach out to give feedback. And yeah, I'm really excited to see how it evolves over time.

Thanks so much for all your insights and your time everyone. Thanks for joining us.

**Sarah Cavanagh**

Thank you and thanks to Diana and Caroline.

**Fiona Armstrong**

Thank you.

**Caroline Johnson**

Thank you.