

## Season Finale: A look back on 2023

### Tania McMahon

Hello and welcome to Digital Mental Health Musings. I'm your host Dr Tania McMahon. Thanks so much for joining me. Today's episode is a little different. It's our last episode of season three, and we've loved bringing you fascinating insights and conversations with people at the forefront of the intersection between psychology, technology, and law in Australia.

There's a wealth of information collected here over the last eight episodes to help you explore more about digital mental health, what new evidence based resources are available, the stories behind them and how they work, and there are plenty of really practical tips for integrating digital mental health into your practice.

With the new National Safety and Quality Digital Mental Health Standards accreditation program launching this year, we really interrogated the privacy and safety issues in digital mental health and spoke to experts about what you need to know about keeping yourself and your clients safe, particularly when it comes to commercial mental health apps and products. And we also looked into some of the ways that Australia is really leading the way in this space.

One theme that also stood out to us this season was the value placed around co-design and partnering with consumers and people with lived experience to develop digital tools and services, and the impact that process has had on really understanding what our clients and the people who care for them really need.

So in this episode we thought we'd take a look back at some of our favourite moments from the past year and bring you a collection of some of the most important takeaways. Enjoy.

Three years on from COVID-19 and with some space now to look back, many of our guests this year were able to reflect on the impact the pandemic continues to have on the changing views around how we're able to deliver mental health services. So in episode 6, we spoke to clinical psychologist and senior research fellow at the Australian National University's Centre for Mental Health Research, Doctor Lou Farrer about her work exploring clinician attitudes and behaviours around digital mental health. But with the start of her research coinciding with the beginning of the COVID-19 pandemic, Dr. Farrer very quickly had to turn her focus to the role that telehealth played in the delivery of mental health and how the pandemic became the catalyst for one of the biggest shifts in service delivery history.

## **Lou Farrer**

As this transition to telehealth was happening very rapidly and very much in real time, that we really needed to understand what was happening. We needed to understand how this was evolving on the ground, what were clinicians doing to make this this really unprecedented adjustment, right? I mean, prior to the pandemic hitting, you know, uptake of telehealth was there, obviously it has existed for a very long time, but such a small proportion of clinicians were using it in their practice.

And what, I mean, like that's we've never seen a shift like that in history. For people, for a bulk of the psychology workforce to now move online and, if you'll pass your mind back, for many people that happened over a weekend. It was almost like Friday night, you know, clinicians were finishing their practice face to face, and on Monday morning they were all online. And that is, if you think about an incredible adjustment for many clinicians who may have never used technology before in their practice whatsoever.

It really can't be understated how much the pandemic and the need to switch into digital modes of mental healthcare delivery and healthcare delivery generally has changed everything. It's changed everything. Like it really has. If you think about. We, we could never have imagined this level of uptake of telehealth, you know, prior to the pandemic as it is now. And I really understand what you're saying there is that I think it remains to be seen what the ongoing impacts of that attitudinal shift in the community and in the in the health professional community as well. That swing or that shift, how that's going to then ripple out and affect people's, you know, people's attitudes towards and uptake of digital mental health tools broadly.

## **Tania McMahon**

And Dr Farrer was right. COVID unlocked the ability to provide care in this totally new way and really marked a new age in mental healthcare delivery and innovation. And one of the many benefits of that innovation has been the ability to share knowledge with our peers and clients more widely than ever before.

So, in episode four, we spoke to social worker Bec Pevitt and Project Officer Angela Sheridan from WellMob, an online platform that shares indigenous knowledge and wisdom to health professionals by bringing together a rich collection of culturally safe digital mental healthcare tools and resources.

So, the website was created to help time poor health professionals access resources created by mob for mob that can improve the well-being of indigenous people and help them stay connected to culture.

So, whether that's sharing a video on traditional methods of trauma healing, podcasts featuring yarns with indigenous community leaders and health professionals, sleep and mindfulness apps, digital mental health has really broadened the reach of traditional knowledge about indigenous approaches to mental health like the social and emotional well-being model of healthcare. A holistic approach that that recognises the significance of culture and history as really critical factors that inform and guide understandings of

physical and mental health for Aboriginal and Torres Strait Islander people. So Bec and Ange shared some really fascinating insights on how that's different from mainstream models of care, and how these culturally safe resources developed by and with Aboriginal communities represent best practice healthcare for Aboriginal people, leading ultimately to much better outcomes for our indigenous patients and clients.

So, here's what Ange and Bec had to say about the impact that digital mental health can have for Indigenous communities.

### **Angela Sheridan**

I think it's definitely broadened like access to this knowledge that you know generally or traditionally would be really tightly held within communities. So nowadays you know being able to record our elders and being able to record our stories of traditional practice and why we do the things that we do, especially when it comes to culture and country, you know they're parts of us that keep us feeling really well and strong. And now in this digital, digital age where we're able to capture and record all of this information, it makes it more easily accessible for Aboriginal and Torres Strait Islander people to access to.

Especially, you know, if we're living away from our community and family, we're living off country, which is, you know, living away from our homes and that cultural and physical connection that we have to the place that we're from. You know, we're able to kind of tap into that in a digital way that we get that same benefit of maintaining those connections and feeling that strength that we get from that and it also allows, I guess, access for non indigenous people to hear these stories and gain these insights that more typically, you know they wouldn't have access to that knowledge.

### **Tania McMahon**

So, COVID really shifted the way we work and that's really stimulated a lot of innovation in mental health, which has, just three years on, led to all these great new innovative ways of working with clients. But digital is not just transforming the space for our patients and clients, it's also transforming the space for clinicians and how we learn too.

So, in episode three we spoke to GP and medical educator at Black Dog Institute, Dr Phoebe Holdenson-Kimura, about a new education hub for health professionals that really highlights the value of building a virtual interdisciplinary community of peers and colleagues for tackling problems and getting insights from across different disciplines within the the mental health space.

So, it's centered around a moderated online forum called the Community of Practice. Health professionals can sign up to contribute to discussions about a range of topics like challenging cases and clinical scenarios, ideas about how to incorporate digital mental health into care, what works, what doesn't, and tips for overcoming Barriers. How to approach burnout or support colleagues who might be struggling, lots more. But like a virtual tea room, Dr Holdenson-Kimura says Community of Practice is a place for these informal but important conversation.

### **Phoebe Holdenson-Kimura**

So, I love the Community of Practice. I think of it a bit like a virtual tea room. For me as a GP, it's the tea room that keeps me going. So, you know, obviously at lunchtime, hopefully have a proper break and you know, you sit down with your colleagues, whether it's other GP's, nurses, psychologists within the practice, and it's an opportunity sometimes just to talk about the weekend, but also often to debrief about what's happened in the session before and you know and just feel validated because I think what we do in our work is actually really, really challenging a lot of the time. You know the work that we do with our patients and clients. And so the tea room has been, you know, something that's really important for doctors, and I think other health professionals as well, to connect.

But I guess. So, what we're trying to do with the community of practice is to try and create a similar type of space where people can share ideas. People can think about different ways of approaching problems. People can bring challenges or issues that they've been grappling with.

It's not clinical supervision. So it's not that one-on-one sort of idea but it is a safe place with other health professionals that those conversations can be had around, around practice, but also to keep up up to date with what's been happening in the mental health space. Also, what's been happening in the e-mental health space and and to receive support as well around that, sort of intercollegial learnings. What I'm hearing from health professionals is that, you know, they might not have somebody within their practice or within their hospital that they necessarily feel that they can share these things with or or they might feel isolated for other reasons. And so it's just to provide another space where those conversations could be had.

But Tania, I think you touched on a really important point there around the interprofessional learning aspect of it is that that's probably what I like most about it actually. Is to say you know, so we have these case scenarios, so fictional patients that we put up about once a month and a a particular sort of scenario that's puzzling or or or challenging or just interesting. And, and what I love is hearing what my psychologist colleagues, or my social work colleagues, or my nursing colleagues have to add to that and just seeing that situation from a different perspective.

### **Tania McMahon**

So as well as the community of practice, the education hub also has a really extensive range of short online webinars, podcasts and CPD modules covering the latest developments and research in mental health, like advances in digital, mental health, cultural awareness, trauma informed care, early psychosis management, and heaps more so head back to episode 3 to hear more from Dr Holdenson-Kimura about the ways that you can access expert insights and content related to your field of practice.

Now when it comes to innovation in youth mental health, one team challenging the model for young people is the team from Orygen who are behind the MOST digital mental health service. MOST, which stands for moderated online social therapy, has been described as a ground breaking digital therapy platform offering a blend of online and face to face therapy

for young people experiencing mental ill health. It merges a range of features; real time, clinician delivered web chat counselling, interactive self-directed online therapy, expert and peer moderation, and peer-to-peer social networking.

So it's, it's a pretty impressive platform and in episode 5, clinical psychologists and head of Research at Orygen, associate Professor Shane Cross and Savannah Wheildon, who's a peer work coordinator, lived experience worker and Project Officer at Orygen. They joined us to talk about their program. So here Savannah tells us more about the kind of one-on-one support available through the service.

### **Savannah Wheildon**

Yes. So you know our one to one support will look a bit different depending on who you're reaching that, like reaching out to. So peer work you'll be getting, you know, your lived experience, you know a bunch of young people who have that, that shared experience of navigating youth mental health services across the states and what it's like to just be a young person in this day and age.

And then we have our career consultants where you can reach out to them, whether you're kind of thinking about wanting to start to get into work or study, or you're in it and you need to support around it, or you're trying to figure out where the hell am I going with it you know? I don't. They're they're really great to, to. Yeah. And just a fountain of knowledge. We all, we all really admire what they do.

And then we have our clinicians who their one-on-one support typically looks like support through our our tailored therapy journeys which are the self-guided journeys that are based on really solid clinical approaches. So we're talking about the principles of like CBT, acceptance, commitment therapy, mindfulness based cognitive therapy as well, where young people can guide themselves through that evidence based treatment. For things like social anxiety, generalized anxiety, depression, and social functioning.

All these journeys that we speak of are presented as activities, strategies, comics, and content that young people can work on in their own time and they're targeted based on the answers given during onboarding, or a most clinician or a face to face, clinician can assign them as well. Yeah, and that kind of turns into our personal library of tools that your person can build on their time on the platform. So they can save things throughout those journeys that they find really useful, or provoke a lot of thought, or they want to sit with a little bit more. And so they add it to their toolkit or therapy skills that they can draw on in difficult moments while building their skills and confidence for future resilience.

### **Tania McMahon**

Another big theme for us this year was privacy, safety and service evaluation. So in Australia, a focus on publicly funded digital mental health platforms developed with medical and educational institutions and co-design with people with lived experience has seen high quality, evidence based mental health interventions reach people who might otherwise have been locked out of mental healthcare within traditional settings.

And importantly, these free or low cost national services have undergone rigorous evaluation within a medical ethical framework.

But increasingly, and particularly since the pandemic, more and more people are being exposed to commercial digital mental healthcare. Products fueled by powerful algorithms and big tech that have been developed outside of the healthcare setting and without the promised duty of care that the healthcare system brings.

And in these cases, it's often very difficult for health professionals and consumers to get clear, concrete information from, from providers about the security and privacy of their products.

In episode 7, socio-legal researcher Dr Piers Gooding discussed some of the legal and ethical risks that are playing out in the US and Europe at the moment, particularly with the use of AI and chat bots.

Just focusing, say, on privacy and data collection, what do people need to be aware of in terms of that when it comes to chat bots?

### **Piers Gooding**

Gosh, I suppose with chat bots I've been quite struck of late by some of the developments in 2023, particularly with the rise of these large language models like ChatGPT.

So in June, for example, it was reported that a major US charity that was providing teletherapy to people with eating disorders fired its staff and then replace them or introduced a chat bot that used generative AI. So that generative AI is not just the kind of script, you know you put in a prompt and then there's a predetermined script that comes up that's, you know, using AI as many of your listeners will know to come up with text that is seemingly reasonably a, a good response to what has been written. But in that instance the chat bot was deactivated almost immediately because it gave people dieting advice. It was giving dieting advice to users of a of an eating disorder service.

And earlier in the year, there was a a company Coco, an online mental health chat service, which which also attracted controversy by experimenting with large language model chat bots on about 4,000 young people. And service users were notified that some use of a chat bot may occur but it was clearly poorly understood by users who raised serious concerns after that experiment had happened. And it couldn't be have been said to satisfy the standards of informed consent.

So these are just some of the issues unfolding. And, to go back to your question, or in in those cases, I'm not sure privacy is the key concerns so much as the the provision of kind of advice that couldn't really be seen to satisfy the demands of a of a sort of duty of care. And, and potentially questions around undermining individuals autonomy and dignity by failing to sort of satisfy those high standards of informed consent that we'd like to think really characterise this area concerning very sensitive discussions.

## **Tania McMahon**

My conversation with Dr Gooding unlocked some really fascinating insights into the world of AI mental health and the law, and in many respects, these were cautionary tales because, reassuringly digital mental health in the Australian context is very different. Here's Dr Gooding on the way that Australia is leading the way in meeting those challenges.

## **Piers Gooding**

Look, I think in a lot of ways Australia is leading the world, not just in the proliferation of really good practices in the digital mental health space and the investment from government that has driven a lot of that, but also in the kind of governance and oversight. And I'm thinking specifically about the work of the Australian Commission on Quality and Safety and Healthcare and their standards. Sorry I, I must, I've gotten the name wrong, forgive me. And their, and their work on the digital mental health standards, which are really an extraordinary kind of document by global standards to try to create best practice in kind of overseeing and governing and having responsible kinds of digital mental health practices.

And I think you're absolutely right that difference between somewhere like Australia and the US is pronounced and does create different issues. In the US that highly commercial market of healthcare providers means that that data concerning individuals mental health can be far more lucrative, I suppose, and the trade in that data can be far more lucrative where it could be used to target people with advertising for, you know, commercial pharmaceutical products, which is not allowed here in Australia.

So, so the issues are very different and, and thankfully, we haven't seen any kind of major problem concerning the use of digital mental health technologies, where where a company has done something irresponsible or or been found to have violated some kind of law. So that's really positive and I think it probably comes back to the, one of the points you made during the introduction and, and one of the things that I think is so commendable about eMHPrac, is that it's concerned with amplifying the the voices and perspectives of those in publicly funded arrangements that are using digital technologies. And I think by virtue of that public governance and the kind of oversight that comes with that sector, there is less likely to be this mentality of moving fast and breaking things, which you know is a famous mantra for Facebook or some Silicon Valley company, but which I think everyone could agree, would be wildly inappropriate in the mental health context.

So, I think we very much benefit from the way things have developed in Australia and I'm not suggesting it's perfect. I think there have been some missteps, but I do think we have a lot to be grateful for in Australia and I think there's some really commendable practices that people around the world are looking.

## **Tania McMahon**

In episode 2, we took a deeper look at how Australia is setting a standard for digital mental health safety and quality, and what that means for health professionals and the future of digital mental healthcare. So here's Christopher Boyd-Skinner, Manager of digital mental health at the Australian Commission on Safety and Quality in Healthcare talking about the impact of privacy breaches in digital mental health, and the concerning report that prompted the development of the standards.



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## **Christopher Boyd-Skinner**

So, some of your listeners might have heard of the Mozilla Foundation, but for those who aren't familiar with it, it's a nonprofit organisation that aims to promote both an open and, and and accessible Internet. And they have an initiative which is called privacy not included, and it's a project that went about rating a range of different internet connected products primarily based on their privacy and security practices.

So back in 2020, the project included a review of several digital mental health tools including things like apps and different platforms designed to help manage people with their mental health, and what they found was really, really concerning. A number of these tools had really significant privacy risks that could ultimately harm users. So to give you an example, some of the apps collected sensitive personal information, such as mental health diagnosis, medication use, all without any clear explanation whatsoever of how this data could be, would be used or how it could be protected.

Now some of these other tools also shared user data with third party advertisers or other organisations without again that clear consent or transparency. So that's obviously quite problematic in the sense that we should never be using this kind of information or data to try and sell things back to people just because they've used an app to try and improve their depression, anxiety or their issues with substance abuse. It's just really should not be tolerated in any sense.

I think what's also particularly concerning in the context of digital mental tools is that mental health information is by and large among the most sensitive and personal information that a person can share. So if it's not protected well the worst case scenario would be that it's used against the user by people seeking to exploit vulnerabilities or by employers, insurance companies, or other institutions who, you know, might go to try and discriminate against people with mental health conditions.

So I think the the lesson that we can learn here is that privacy risks associated with digital mental health services can in some ways actually undermine the effectiveness of these tools. And there's lots of really great research out there which demonstrates that people are more likely to use mental health tools when they in fact trust that their data is going to be kept private and secure. And I think if users are concerned about their privacy, they may be less likely to use the tools and therefore they miss out on all the wonderful potential benefits which you know are really well demonstrated in the literature.

## **Tania McMahon**

With safety at the forefront of every health practitioners mind, the arrival of the National Safety and Quality Digital Mental Health Standards and the accreditation program is a real game changer. And with the mental healthcare crisis continuing to unfold, it comes at a time when the delivery of high quality mental healthcare has never been more crucial.

In our coverage of the accreditation program, we also spoke to Rachel Green, CEO at Sane Australia, the first organisation to go through the program. She spoke about the conversations the organisation had around consent and transparency, and the new practices Sane has developed and implemented to meet the standard of care.

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## **Rachel Green**

So we've actually made a lot of decisions, you know, quite deliberately influenced by the standards. We've picked better and more secure and you know at times more expensive systems, and fewer systems because we're able to have better technical governance of fewer stronger platforms as opposed to you know how a particularly a not-for-profit community service provider might typically choose you know smaller, more custom dev kind of solutions. We've really gone for safety and stability.

I think it's really important for anyone embarking on this journey to make sure you've got strong executive and board buy in. The things you're going to uncover whilst you're thinking about on boarding and partnering with consumers are gonna require governance changes. They're going to require technical changes. There's going to be cost involved and so it's a fundamental to that, is having good board endorsement of why these standards are so important, because what they do for the community is give people confidence that this is a legit service, that I'm going to be treated well, that the people know what they're doing, they're not going to misuse my data or try and sell me stuff. And to pass that is going to require actually a really deep look at your organisational values, your systems and your structures, and you, you can't get through this as a tick box exercise. The auditors, as Chris mentioned, they've been very thoroughly chosen and they're good at what they do.

## **Tania McMahon**

I really enjoyed this chat with Chris and Rachel and was amazed at just what rigour has gone into developing the standards. As much as I was impressed by the lengths that SANE went to as the first organisation to undergo accreditation, like opting for fewer, more expensive but more stable systems in order to meet the standards.

And we were also able to see just what kind of an impact the standards have on easing the minds of health professionals who always have safety at front of mind. So in this wide reaching discussion, I also spoke to Dr Anita Moss. Anita is a GP obstetrician in rural Victoria and a peer ambassador for Sane who told me about the value of the standards in practice. So here's what Dr Moss had to say.

What do you think the standards and the accreditation process mean to you as a health professional, as someone you know who will be referring clients to these digital mental health services?

## **Anita Moss**

Tania it means a lot to me to be able to reassure my clients that the the platform that I'm referring them to is, is being offered by an organisation and support workers who are well versed and trained in things around consent, around confidentiality, privacy. That the service offerings are evidence based. That the, that they will be looked after in a way that is safe and inclusive with safe language used. That that, that gives me great confidence to know I don't even have to know who the practitioners are to be able to say, to recommend the whole platform. You probably know as a psychologist yourself that you know, you get to know in the community who the particularly good clinicians are, whether it's a GP, or a counsellor, or a coach. And we have our favourites, right? Knowing who might be suited to a particular demographic.

## **Tania McMahon**

When we're working in this digital space where we're making referrals to these services, but they exist in a different space to a face to face work, how do we give people the same confidence? And you're absolutely right this is where those standards come into play and will come into play in a big way in the coming years. It's gonna provide that, that vouching, that layer of confidence.

Another important theme to emerge in digital mental health this year was the focus on co-design and the idea of partnering with people with lived experience as well as carers and industry, when it comes to developing digital products. And in episode 8 our discussion with Head to Health really highlighted just how powerful that kind of collaboration can be.

So, Head to health is Australia's national mental health navigation service and in 2020, following the Productivity Commission report into the mental health sector, the service set themselves the challenge of making it easier for people to find and connect with the best mental health services for their needs, whether that be face to face, telephone, online or a combination of approaches.

So, before Head to Health did anything else, they listened to hundreds of Australians working and living in the mental health sector. They talk to people with lived experience and their families. GPs, psychologists, allied health professionals, university and behavioural researchers, tech innovators, and more.

And importantly, Head to Health also spoke to people who hadn't yet had experience with mental health services because, as research suggests, a staggering 54% of people with mental illness don't access support. So for Head to Health understanding and addressing those barriers could help to make significant gains in meeting the needs of people at that, that early stage of their mental health journey.

For many people, a major barrier to accessing support was just knowing where to start. A really fragmented landscape meant that even though people were maybe 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, or the practicalities of what was involved.

Concerns around time and cost also weighed really heavily on people's minds, as well as just uncertainty around what their journey might look like if they were to access support.

So in our chat, Fiona Armstrong, head of strategy at Liquid Interactive, who led the website redesign, said that the challenge to provide the right level of information that enable people to feel informed enough to take action without feeling overwhelmed was a really important design element to get right.

## **Fiona Armstrong**

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 a very fine balancing point between making it easier for people and removing the friction so that they were more able to take action.

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's right for me. So how we hit that balance between giving them choices, they're not overwhelming them.

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 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.

### **Sarah Cavanagh**

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 a 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, to manage their mental health. But through to knowing that people in various levels of distress would, would be accessing the content on the website.

### **Tania McMahon**

For the team at MOST one of the big issues that they wanted to tackle through co-design was engagement, which has historically been really challenging because for anyone who's worked in this space, we know that it's really hard for young people to access care and we know that even if they do get into care, they can be waiting weeks, if not months to actually see someone face to face. And even once young people are connected to services, it's quite a challenge to keep them engaged and to prevent premature drop out of discharge, especially for those that have more significant difficulties.

But through their close partnership with young people throughout the development of the platform and through their youth Ambassador program, MOST has been able to find out what actually works and what keeps young people engaged in their mental health and wellbeing. Here's Professor Shane Cross.

### **Shane Cross**

We're always looking at, you know, the way in which the platform's received by young people, how acceptable it is, their levels of satisfaction, the usability of the platform. We're also interested in just usage and engagement. Like, how long do people stick with these digital interventions? We know that many other interventions, digital apps for example, for young people, find it really hard to be sticky, to stay with young people for more than a couple of weeks. And that, of course, like central to everything, is this the safety and effectiveness as well. So, you know what we tend to find in general with the trials and even

even in the current roll out that we have is that about 95% of young people say they would recommend the platform to another young person.

### **Tania McMahon**

That's really good.

### **Shane Cross**

Yeah. Which is, which is a pretty good endorsement, isn't it? And that, really excitingly as well, I mean this is a really hard problem to crack but sustained engagement in the platform, is also looking quite good. Many young people, up to 70%, 70 to 80% of young people are still using the platform in one way or another three months later. We're seeing that also play out in the roll out. Slightly lower numbers after three months, up to about a third, but that's still much better than what you would see typically in a, in an app on an App Store, young people. Even that purporting to help with mental health and wellbeing.

### **Tania McMahon**

That's an incredible result and it goes to show that co-design isn't just a box ticking exercise. It really makes a difference in the types of services and care we're able to deliver.

And it's not just our clients that benefit from this type of partnership. In our episode with WellMob, social worker Bec Pevitt explains the impact that co-design has had on her own practice and cultural responsiveness.

### **Bec Pevitt**

Just really highlights my role as a learner. You know my role as, and we've talked about, I know Angela having a yarn the other day about cultural humility. You know, really understanding that my role as a non Indigenous health worker is to seek to understand and to find out more. And knowing that indigenous specific services and Indigenous people, workers and websites such as WellMob can go a long way to to informing my practice and and about the historical context.

When when I first came into help, we had the opportunity, we did some cultural training and you know what we heard Indigenous Elders speak around there, experience of the health system that I was working in. And, you know, not that long ago, like Ange was saying, Indigenous people were put in separate wards like at the back You know? And they wore gowns that had, that branded or labeled them as Indigenous, you know, and obviously their experience of racism and segregation and discrimination within the health system.

They also spoke about, you know, this distrust of the the hospital system and that ancestors or relatives went in and didn't come out, you know? And so that that access to the health system and distrust is is 100% based on that historical context and experiences in that in the past. And so it's acknowledging that to start with and, and finding out more and and people's experiences around that. And that informs my practice because you know, access to healthcare is a big deal in general, you know, across the board. If people don't access the healthcare and then therefore they may not be able to get the help they need.

## **Tania McMahon**

As Bec says there people not accessing healthcare and the help they need is a huge barrier to overcome and digital mental health and the role it allows us to play in partnering with people with lived experience is making significant contributions to this space.

In our first episode of 2023, we took a look at the hidden workforce of the Australian mental healthcare system, the family, friends and caregivers of people living with mental illness. Research suggests that many people providing care and support for someone with a mental illness don't actually recognise themselves as carers, or even that their role could be impacting on their own mental health.

In episode 1, we talked to Dr Sally Fitzpatrick, program manager at EveryMind, about the role that digital mental health can play in supporting the wellbeing of informal caregivers.

## **Sally Fitzpatrick**

I think before talking about though, the challenges and risks for caregivers, it's really important to know who they are because who caregivers are is a little bit complex. Becoming a carer isn't something that most people aim to do. It happens quite unexpectedly. Most people don't see themselves as carers and that's one of the challenges in working in this space. They're just children, their parents, their partners, relatives, their friends, their colleagues. They're someone who cares for someone close to them.

So, remember that carers are less likely to turn up to help themselves. Most of the ways that we're going to get to carers is through the person sitting in front of them. And I think while most clinicians do a really good job at psychosocial assessment, that is we talk to our patients or our clients about their family, about their social network, we really don't go that step further and ask questions about that patient or clients views of how they're finding the support they're receiving or how the person providing that support is actually doing.

So, we might hear that support person is readily available to our client and the support role is going well. But if we listen, we might also hear that the support person is becoming less available to them. They might be less willing to hear about the distress that our patient or clients expressing. They might be becoming less sympathetic, or actually moving to more problem solving in their response mode. And all of these sorts of indicators would suggest to us that maybe that support person or carer might be struggling a little bit in their support role.

## **Tania McMahon**

Dr Fitzpatrick there demonstrating just how far the benefits of digital mental health can extend. And in the case of carers, health professionals really can be the gatekeepers to these excellent tools and resources that we can connect people with to really help them before they become at risk of their own mental health deteriorating.

And as many of our guests reflected this year the benefits of digital mental health are really fully realised when clinicians get behind it.

In Dr Lou Farrer's work looking at the factors that shape uptake of digital mental health, she notes that clinician attitudes play one of the biggest roles in their clients experience with it.

### **Lou Farrer**

So when people engage with digital tools, if they're working with a clinician who thinks these tools are fantastic, who integrates them masterfully in their clinical practice and utilizes them to their full capacity, You know and uses them in the sort of, the, the really powerful and clever ways that they were designed to be used. You know, I'm speaking up a bit anecdotally here from my own clinical experience, but also from what the, in the qualitative work that hat I conducted with clinicians. It was quite clear to me that when a clinician had a really positive attitude towards digital mental health, the clients they worked with saw the power and the value of those tools as well.

### **Tania McMahon**

That's a really powerful sentiment, and one that Dr Holdenson-Kimura from Black Dog Institute echoed when she discussed her early experiences with digital mental health.

### **Phoebe Holdenson-Kimura**

You, you only just need to have one positive experience of it as a clinician, I think to develop confidence and to feel motivated to keep doing it more and more and I.

So I trained as a red GP registrar up in Far North Queensland, and I started using this way up there actually because I've been exposed to it as a medical student in my studies. And I, you know, there wasn't access to psychology, local psychology services so I just had to start using it because I wasn't able to provide CBT for my patients. And I had one patient with just very severe agoraphobia and and social anxiety and. And you know, I, with him, I I started doing blended care before that word was even around. You know, I I I said I'd like you to I'm going to prescribe it and I'd like you to do the first module and then after that can we can we you know touch base in two weeks time to see how you're going with that. And we did that for the whole 6 modules and at the end of it he was it was just incredible. His quality of life was amazing. He was able to pick up his children from school again. He was considering going back to work and it was just so dramatic and it's something that I just couldn't have achieved by myself. And I think that seeing, seeing how blended care works so powerfully there really motivated me to keep sort of trying it with with with other people, with other patients.

And certainly it doesn't, it doesn't work for everybody and you know, there are lots of legitimate barriers there I think as well but I think having it on the table as part of the toolkit is.

### **Tania McMahon**

We were really lucky this season, to have many of our guests share some helpful ways that they integrate digital mental health into their practice. In episode 8 with Head to Health, GP Dr Caroline Johnson shared how she uses the new quiz feature on the Head to Health website, designed to guide new visitors to the right mental health interventions, with her clients.

### **Caroline Johnson**

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, cause 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.

You know, if someone comes in with a 15 minute appointment, 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 because 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 cause 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.

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 wait lists have been a real problem. And I think you, you know, part of us had responsibility to say to people look, 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.

### **Tania McMahon**

Season three of digital mental health musings also saw our guests discuss their perspectives on blended care, how it can work and the benefits it offers. Here's Dr Phoebe Holdeson-Kimura with her take on blended care.

### **Phoebe Holdenson-Kimura**

I think there's lots of persistent misunderstandings about what digital programs are as well as what we really mean by blended care. I think there's still lots of people out there who are saying that e-mental health tools, resources, programs, can never replace the therapeutic alliance. and what what's happening between the health professional and the

patient in the room and you know all of that. Sort of the, the the care that goes on in that interpersonal space. And I would 100% agree! You know, is we're we're never got we're we're not pretending, we're you know we're not claiming that any of these tools can function in that in that capacity. What we're saying is that it really, if if blended care is done well that it can actually free clinicians up to do more of that. To do more of the deeper work, the relational work, whilst the patients have the opportunity to do more of the structured CBT or other sort of manualized skills based programs in in another space. And so I think , I think the reframing there is really import.

### **Tania McMahon**

So as we draw to a close, I want to thank all of our guests this season for sharing your knowledge and insights. And to you, our listeners, for joining us on this enlightening and thought provoking journey through the ever evolving world of digital mental health. We're moving closer and closer to a future where digital mental health seamlessly blends with routine care and lucky for us, we're in a country that is in many ways, boldly leading the way there.

We've covered a lot of ground this season, so I encourage anyone who is interested in hearing more to go back and revisit some of these episodes and to explore our eMHPrac site to find resources and links to all the digital mental health services we mentioned here and more.

I can't wait to hear what new insights next year's conversations will bring, but until then take care and we look forward to coming back in 2024.