

## Dr Lou Farrer on the clinician attitudes and behaviours that shape digital mental health use in Australia

### 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 wellbeing. We acknowledge the strength and resilience of all First Nations people and communities since colonisation of their unceded lands.

Hello and welcome back to digital mental health musings. I'm your host, Dr Tania McMahon. And on the program today I'm chatting with Doctor Louise Farrer.

So, Dr Farrer is both a registered psychologist and also a senior research fellow at the Center for Mental Health Research at the Australian National University. Her work focuses on how technology can be used to improve access to mental healthcare among people in the community. And she has a long history in digital mental health, having worked on MoodGym and eCouch, two of Australia's early digital mental health programs. And we actually had an earlier episode chatting to someone from the team at MoodGym and eCouch if you're interested in listening.

But more recently, Dr Farrer has been granted an Australian Research Council Award to examine how mental health professionals in Australia integrate digital mental health into their practice. And this is something we look at a lot in eMHPrac so we're really excited to chat to Dr Farrer. And the data from this work that she's doing will be used to develop guidelines that could optimise the use of digital tools by practitioners in the Australian mental healthcare system. So we're very excited to hear about that. Lou, thanks so much for joining us and welcome to the program.

### Lou Farrer

Thank you so much for having me.

### Tania McMahon

So, Lou, your current research will give us some really valuable insights into health practitioners attitudes and experiences with digital mental health interventions. Can you tell us more about the study and what drew you to this area of mental health?

## **Lou Farrer**

Yes. Well, for me, I guess working in the digital mental health space has been a, you know, a long area of interest and passion for me. It started very, very early in my career. I had some absolutely wonderful mentors in Helen Christensen and Kathy Griffiths, who are the developers of MoodGym, one of the first e-mental health programs.

And you know, I've long been interested and passionate about the ways that technology can be used to, as you said earlier, increase access to mental healthcare in the community. But earlier in my career I spent sort of much of my research attention and focus looking at developing e-mental health programs and then evaluating their effectiveness in different populations. And so done some work previously with MoodGym and other sorts of programs. And at that stage the field is really about trying to develop the evidence base for digital mental health programs. About trying to establish do they work? Who do they work for? In what settings do they work?

And then I sort of saw the field kind of evolving and it was getting to a point in my mind where we had now amassed a great deal of evidence about the effectiveness of these programs. We now knew, you know, had some pretty robust evidence that they worked, but there was now an implementation problem. How? Why is it that we have this great evidence based for digital mental programs? And why are they so underused in the community? You know, relative to what we know about, you know, their potential to increase access and how effective they are. Also, why are they underutilised by clinicians? Why is the uptake of these programs in clinical practice so very low?

And so that sort of led me to put together sort of a program of research that I was very fortunate to be awarded a fellowship to conduct in 2019, late 2018-2019. That was really what I wanted to understand was what is the on the ground evidence the everyday experience of clinicians who are using digital tools in their practice? I want to sort of identify and understand what are the experiences of people who are doing that. And also on the other side, try and understand what's getting in the way. What's stopping? What do clinicians need to be actually, you know to be able to effectively use these sorts of tools in their practice. And you know it, for me it was really about trying to understand what was happening on the ground.

And so, yeah, that's really what kind of got me passionate you know about this kind of space is really sort of moving beyond kind of effectiveness and about establishing the evidence base for these programs and now trying to figure out how do we address this implementation problem.

## **Tania McMahon**

So, you really you really started at the the inception of this, this area, the establishment of this area where they would, these programs were just starting to arise and to starting to become an option for increasing access, you know, equitable access to mental healthcare. I know MoodGm was one of the, pretty much one of the earliest, if not the earliest, digital mental health intervention out there. So you were, you were there right from the inception and have taken this, sounds like there's really an interesting journey through building the

evidence and figuring out. Yes, these things can actually work. And then onto the, the problem that we're all dealing with now, which is well how do we implement them into into clinical practice? How? How are they integrated? That that's a really fascinating journey. It sounds like you got some really interesting insights from being there from the start.

So you started this project early in 2019 and then of course, COVID-19 hit. We all had to move very rapidly to some kind of digital mental health for many of us in those early days, it was telehealth. How has the pandemic actually impacted your research?

### **Lou Farrer**

Yes, well, so as it turned out, I actually went on, I was awarded my fellowship in late 2018, and I started in early 2019. Then I actually went on leave for a year. So I paused my fellowship for a year, and I went on leave. So I wasn't actually conducting any research throughout 2019. But as fate would have it, which was very, it was very, very interesting timing right when I came back to work in March 2020 was right when the first lockdowns of the pandemic hit.

And so the focus of my fellowship was not actually specifically about telehealth. It was about digital programs generally. So I was interested in how clinicians were using any kind of technology in their practice. But it soon struck me that 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 pass your mind back for many people, that happened over a weekend. It was almost like Friday nights, 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.

So as this was kind of unfolding, I thought I've got to get my skates on here. I've really got to understand and put together a project that can try and track. You know, I was interested primarily in how clinicians were doing telehealth. How did they make that transition logistically and also how were their attitudes towards telehealth changing and evolving? Because what previous research has told us is that you know a large barrier for many clinicians in engaging with digital tools and particularly telehealth have been attitudinal. So it's been things like their attitudes, you know, their concerns or worries about it, maybe their lack of familiarity with using telehealth in particular. And so I was really curious to try and understand that. And so that's what happened.

And So what I essentially developed was a quantitative survey that looked at the logistics of telehealth use and also attitudes about telehealth and also what clinicians needs were now that they had were engaging in clinical work in a new way. What were their wants and needs with regard to telehealth use moving forward? And they also developed a qualitative

arm of that study as well. And then did some in-depth interviews with clinicians as well to try and understand what their you know sort of more in depth experiences of using telehealth where.

So that study by the time I got it up and running it was the data collection for that study happened from about May until July of 2020. So it was a little bit after the start of that sort of lockdown in March, but it was still kind of happening at the time of when when that big transition was happening.

**Tania McMahon**

So a very big pivot in your research.

**Lou Farrer**

Yes, I wasn't intending to look at telehealth at all, but you know, but that's research right, isn't it? You know, because you have to be responsive to what's happening around you. You know, so my, it's it's been a fascinating kind of pivot and transition in my work, and it's been been something that's been really quite interesting to examine.

**Tania McMahon**

Yeah. And I imagine too there must be some overlap as well, because as you're talking about the really huge and sudden adjustments to telehealth that we all experienced, myself included. I remember that week. It was a hard week! I, I sense that we're all experiencing a similar, you know, not as sudden a shift, but also a similar really big transition to integrating digital mental health, obviously with the mental health crisis, huge amount of demand that's out there. Obviously it's eased a bit since the pandemic, but there's so huge demand and and unmet need. And people are looking for for ways to solve that and digital mental health is is clear one. But it's, it's just a huge huge hurdle to overcome for clinicians. So imagine there's there's a lot of parallels there with you know, big, big transitions to these, these new digital technologies to enhance our work essentially but, yeah. Massive hurdles to overcome.

**Lou Farrer**

Exactly.

**Tania McMahon**

And you you've said previously that health professionals are the the gatekeepers of digital mental health. Can you tell us a bit more about that and what your research has revealed about the kinds of factors that influence when there there is higher practitioner engagement and digital mental health?

**Lou Farrer**

Yes, absolutely. And so I think you know, it's helpful to kind of think about, you know obviously there's a huge variety of digital mental health tools and programs available and there are, you know, many, many digital tools, apps, programs, things like that that are available direct to the user, right? They're sort of community-based tools, self-help tools that people can sort of jump online and they can use, you know, without the involvement of the clinician or anything like that.

But within clinical practice, the use of technology, you know, sort of, you know, in a blended model or as an adjunct to face to face care. Or, you know, in the case of telehealth as the primary mode of delivery. In that realm, clinicians are incredibly important gatekeepers of digital mental health, and I I suppose what I mean by that is that they every day are making critical decisions about the usefulness or the utility of digital tools. They're making decisions about the appropriateness of digital tools for different clients and so there's a lot of power in that because if we think that digital tools are designed to increase accessibility and to remove sort of equity barriers and and things like that, if clinicians are making decisions and saying, well, you know, I think digital tools or telehealth or whatever is going to be useful for this client group but not for this client group or useful for this client or not that client. I think that raises some really interesting questions about , you know the the usefulness of these tools in terms of their ability to, you know, to meet that demand that you were talking about and to meet that, you know that level of need.

The other way I like to think about clinicians being gatekeepers is that clinician attitudes towards digital tools and the use of digital mental health programs has such a profound influence on the attitudes of the clients. 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 utilises 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 a bit anecdotally here from my own clinical experience, but also from what the, in the qualitative work that that 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. Conversely, when you have clinicians who might be, you know, a little more reluctant or a bit more hesitant about digital tools, or who certainly hold views that for example they, they're not as effective as face to face interaction or you don't get as quality, you know as as good a quality relationship with somebody, if you're working through a digital medium as opposed to a face to face kind of medium. You can see that that gets picked up by their clients as well. So the people that they're working with also might tend to develop some of those attitudes that technology might be a bit of a second class or a second rate way of engaging with somebody you know, compared to kind of the real way that we do therapy, which is face to face in a room.

And so it's, I'm really interested to understand the interrelationship between those things because obviously the uptake of digital mental health programs in clinical practice is going to be heavily, heavily influenced by the attitudes that clinicians hold about those tools and also the capacity they have in their workplaces, and the support, and the culture I suppose that sits around the use of those tools. Yeah. So that's kind of like, I guess what I sort of mean when I sort of talk about them as being really important gatekeepers.

### **Tania McMahon**

And this, that's really interesting the, the point you make about the attitude of the clinician having such a a profound impact on whether the client then engages with the tools as well. That's definitely been my experience as well. And interestingly too, same with telehealth. I remember at this at the very start the switch to telehealth when there was a lot of skepticism about well, is this still real therapy? You know, is this, you know, this this isn't just like second rate therapy. Yeah, and. And, you know, people are very hesitant about engaging with that and and you know that may have impacted on their their journey and their outcomes because of the of the medium. But as soon as we built confidence in it and my my attitude and other clinicians attitudes change. This is just how we do therapy and you know, people have seen it, seen it work, then the experience for the clients changed quite dramatically. I think the same. Yeah, it definitely goes for for digital mental health, where if clinicians view it as this 'Ohh, I guess is this this thing out there? I guess you could try this app or you know this might help maybe give it a go.' It really doesn't build a lot of confidence in the client that this is something helpful. Whereas if clinicians treat treat it as part of treatment as usual, this is just when we do this, this works and have that really strong belief in its efficacy, it it definitely anecdotally anyway has a a much more positive impact on the the therapy.

### **Lou Farrer**

Yeah, that's right. And I mean the evidence base supports that right, you know, so you know if if clinicians, and I know that's a lot of the work that that eMHPrac does is really about you know sort of like is is in improving awareness and creating that that understanding of the evidence based for digital mental health tools among clinician populations because, you know them understanding that actually these tools do work. They do have a really good evidence base. But I think for a lot of clinicians too, they need that lived experience of it working at least a lot of the clinicians I talked to.

Naturally, they were going to feel sceptical, never having worked in this medium before, particularly when it came to telehealth. But almost once that band-aid was ripped off and once they were kind of, could, you know, get more and more experience under their belt of it working and being effective and being useful. It's game changer. It's almost like, you know, that sort of, you know, familiarity sort of breeds positive attitudes. You know that that ongoing experience and that comfort that clinicians can gain just through doing, you know, through that sort of that lived experience of doing it is really powerful and I think hasn't has gone a long way to normalise digital mental health tools in in clinical practice. Much more so than before the pandemic. So yeah.

### **Tania McMahon**

Absolutely. And that that's really been a standout message that we've had with previous guests.

We chatted with the GP from Black Dog Institute and we we both agreed that having even just one powerful positive experience with the new technology, whether that's telehealth, but you know in terms of eMHPracs focus, digital mental health. Having that one positive experience of it working and and being familiar with it can go such a long way to building

that confidence in a clinician that ohh, this works and it actually wasn't that hard and this is quite amazing in fact!

**Lou Farrer**

Yeah. Yeah, Yep, Yep.

**Tania McMahon**

And in in terms of practitioners current attitudes, you know that you looked at in your own research what what have the prevailing attitudes and perceptions of digital mental health been so far among the the health professionals that have participated in your research?

**Lou Farrer**

Yeah, really interesting.

So we found we had a lot of really quite fascinating findings actually from this study that we did about that transition to telehealth and what we found is that, I guess first of all, the survey was conducted sort of from May to July back in 2020. And so we looked at you know, sort of how people were using telehealth, what platforms they were using. You know, what percentage of clients they were using telehealth with and things like that. But really interestingly, is that we also looked at factors that predicted how many clients clinicians were using telehealth with.

So there were some in our sample who are using telehealth with 100% of their clients. Many of the clinicians in our sample were sort of doing a combination of face to face and telehealth work. And what was really interesting is that propensity to use telehealth. So the sort of, the the clinicians who were using telehealth more, that wasn't predicted in our study at least by factors like whether they used it before, whether they'd received training in it before or any demographic factors. None of those things actually were related to whether people were using telehealth lots. It was actually interestingly, their level of comfort with using technology and it was their level of positive attitudes that they had towards it. So those were the two biggest predictors.

So you know, it's interesting because we think about clinicians and we think, oh, you know, let's give you know them sort of training and how to use telehealth or let's you know like. Trying to think of other sorts of examples there might be, you know, particular other sort of characteristics of clinicians. Those things are really, really important because competency in telehealth is really important and competency and use of digital tools. But interestingly, in our study, it was those attitudinal markers that were really powerful in predicting clinicians willingness to engage with with at least telehealth in our study.

What was also an interesting finding in our study was that we asked people, you know, how did you feel about telehealth when it was first introduced in March? You know, and how do you feel about it now that you're filling the survey in, in May? This was from May to July. So it between sort of two and four months later. And interestingly positive attitudes increased over that time and so that kind of goes back to that point I was saying before about familiarity seemed to breed an increase in positive attitudes towards telehealth. You know, at least over that time.

So the other thing that was really kind of interesting is that there was, of course, some quite unsurprising concerns that emerged from my research. So the top sort of concerns that clinicians had about using telehealth were some of the things that we kind of know already that have come out previously in, in the research and there were things like, you know, the reliability of technology, concerns about privacy and safety of using telehealth with particular client groups. Some concerns about the impact on the therapeutic relationships. So if you're working via telehealth, are there any impacts? Is it the same quality of the relationship as you would, you know, get with somebody working face to face. So these were sort of, you know, consistent sort of concerns that were coming up in my study too.

But the other thing, the other thing, the other things that came out. Ohh levels of exhaustion. So clinicians reported being much more exhausted working via telehealth than they did kind of previously. Again, what would be really interesting to note is how much now, what we found back in 2020 has changed compared to now. What would actually be really fascinating is to look at how clinicians are experiencing telehealth now compared to how they experienced it in 2020. So I was talking to a colleague the other day and she resonated with that very much. She said yes, I did feel, you know, quite exhausted back in 2020 when telehealth was first introduced. But she says now it's such a normal way of working for me. I don't experience any, you know, any kind of difference. So that's kind of interesting.

And finally, I guess some of the other questions we asked in this survey was that we looked at. We asked people to agree with a range of different sort of statements about attitudes about using telehealth. So the statements were things like I deliver just as good as service via telehealth as I do face to face. It's easy to assess my clients emotional state using telehealth. Telehealth is appropriate for all types of clients. You know there's a whole, 22 sort of items altogether in there. And what was really interesting to come out of that is that it was sort of a reasonable sort of, reasonably sort of even split between people who thought that, you know, telehealth was kind of good for assessing or OK for assessing emotional states versus having difficulties being able to assess the emotional state of their clients.

What came through quite strongly is that, at least in my sample, in this study, the clinicians didn't think that telehealth was appropriate for everyone. They did quite strongly indicate that there were some client groups, and this was mainly along the lines of clients that they thought may have more complex presentations, or clients who may have, you know, a particular, you know, sort of backgrounds like trauma backgrounds or other sorts of backgrounds, where they felt as though telehealth may not be an appropriate medium to work clinically with them with. And so it, I'm really curious to know has that changed and shifted over time now that we have more experience using this modality?

But I think there's still a lot of unanswered questions. There's a lot of work I think that still needs to be done to try and understand now what the experience of clinicians is using telehealth compared to what it was like back in 2020. So yeah, quite a few, you know, quite a lot of interesting findings. That work has now been published. So there are many other sort of findings in that study if you're interested to know them as well. But those were sort of the major ones that stood out for me.



## **Tania McMahon**

All really interesting. And again, a lot of parallels to the this the kinds of attitudes and concerns as well that clinicians have when it comes to digital mental health with privacy and efficacy and you know is it going to be suitable for, for all my clients? A lot of people think, no, there's there's certain client groups that it's not gonna be suitable for.

So it really it sounds like it's really speaking to this larger maybe philosophical issue of you know, where does technology fit in the in the therapy space and you know where does it, where does it fit and where doesn't it fit and and how can it make our make our job better make our work better.

And yeah you know on this podcast we do talk a lot about different models of blended care, different ways of integrating technology and digital mental health interventions, in particular in particular into care. For example, whether that be using digital mental health in sessions or to work on it between sessions to to kind of extend the therapeutic hour. What kinds of trends have you seen emerge about the ways in which practitioners are actually integrating digital mental health and practice?

## **Lou Farrer**

Yeah, great question. So I suppose from that study I did back in 2020, we were looking primarily just at telehealth use and a part of that. So I sort of couldn't speak more broadly about, you know, how clinicians might use other sorts of digital tools in their practice, but an element of that study that we did was after that initial survey that we did that I spoke about the results of earlier. We actually followed a subset of that sample, and we surveyed them again, two sort of two monthly intervals after that initial survey.

So we surveyed them again, sort of two months later, two months after that, and two months after that. And at that time, we were really wanting to understand what they're propensity for future use of telehealth was going to be. So at that stage, as you might remember, restrictions were easing. Face to face work was becoming more, kind of resuming in some capacity. And so I was really curious to understand, are things going to go back to normal? Are people going to sort of ditch this telehealth thing now that we can go back face to face? And can we, you know, are things going to sort of go back to what they were pre pandemic? And what was really clear was a strong, strong appetite for the continuation of telehealth. And what my research said was not in its entirety.

So clinicians were very clearly saying, I don't want to, some clinicians do. Once they had used telehealth, they thought, well, I'm only gonna work on telehealth now. I'm not gonna do face see face to face clients anymore. But the majority of the sample, at least in my study, had a strong appetite for hybrid working. So they really, and in the future, they loved the idea of being able to do work in some capacity face to face in some capacity, in telehealth. And so that's kind of a really nice, you know another blended model, right? It's this idea of being able to say, OK, well how can I incorporate technology into my practice using telehealth? And this was very much along the lines of suitability for the clinicians, so the clinicians were reporting lots of really obvious benefits of using telehealth. They were saying it's more convenient. I don't have a commute I can work from home. I, you know can keep therapy going if I'm sick or my clients sick or you know, we have a sniffle or

or something like that. But also being able to meet the needs of clients too, because some clients were having preferences to engage via telehealth, particularly those who might be time poor, you know, who might have difficulty, you know, accessing a clinic face to face.

And so there was a really clear and strong appetite to be able to you know to fit those things together into clinical practice, to be able to meet the needs of both clinicians and clients as well. And so I guess that's what came out quite strongly, that element of choice and that that hybrid approach of telehealth and face to face.

### **Tania McMahon**

Ohh, what a, what a wonderful thing to discover. It's like this that the the accident of the pandemic happened. We were kind of forced to embrace this because we had to. And then the real test was after, when you know afterwards when we were, you know, had the freedom to go back to face to face work. Are we just going to go back to business as usual pre pandemic? And by then, everyone had seen the benefits to the clinician and the clients of using telehealth.

And I I wonder if we will see the same with with digital mental health interventions where, when when we have to kind of rely on them and start using them more because there's, there's, there's just simply not enough clinicians to see all the people who have mental health needs in this country. In the world even. Is using it going to to really lay out to us, well, there's actual benefits here then you know to to us and to the to the clients that we wouldn't really want to go back to an old way of working once we discover them.

### **Lou Farrer**

Absolutely. I think you're right. 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. I think that's it's a really, really interesting question and something that I think will need to keep our finger on the pulse of as you know, as as time goes on. So yeah, it's a really fascinating question.

### **Tania McMahon**

Certainly. One of your areas of interest is exploring different, different methods, different ways to support users of digital interventions, and examining the factors that predict response and adherence. Whether people really stick with them. I wonder are there any insights at this stage about the kinds of strategies that might improve greater uptake and integration of these tools into practice at at that more systemic level?

## Lou Farrer

That's a great question. I just, going back to what you were saying before, my sort of my work in the space around, you know, adherence to these programs and sort of supporting users of these programs and predicting sort of uptake and adherence has been.

The work that I've done in that area has been less in the clinician space and much more in sort of the direct user space and so when we have sort of users of digital mental health programs, the end users, I suppose not the clinicians necessarily. Some work I've done previously has looked at, you know, well, if you have a coach or you have a a clinician or if you have somebody who's actually helping you use a digital mental health program, does that help you stick to it better? Does that help you complete the program and get sort of the maximum therapeutic benefit out of it?

I've also previously been interested in looking at, you know, are there particular demographic or psychosocial or other sorts of predictors that might give us some clues about who in the community might be more likely to engage with digital mental health programs? Or you know who might, you know because they're as powerful tools as they are, and amazing as they are, we also know that they're not necessarily for everybody in the same way that any kind of, you know, intervention or treatment or approach is not going to be suitable for everybody. And so it it just, you know is it's sort of about matching, you know, and thinking about how we match those sorts of things.

But with regard to clinicians, it's a really interesting question. And so the next phase of my research will actually be focusing on this particular issue. So I don't have a clear sense of what that is at the moment but a lot of my research in this space, particularly because it has an implementation science focus, is really looking at using frameworks for understanding the factors that optimise implementation or the factors that actually improve implementation or engagement with digital tools. And one of those frameworks is normalization process theory and so that's certainly being used by a range of different digital mental health researchers to try and understand what are the factors or what are the influences or what are the things that we need to change or improve to assist clinicians to use digital mental health tools better or more in their practice? And so in my mind they sort of exist at various different levels. Obviously they sort of exist at the level of the individual, and those are things that we can affect by, you know, helping to shift clinician attitudes about digital mental health programs, improve their understanding of the evidence of how they work, give them opportunities for lived experience to see them working and feel them working in practice at that sort of the interpersonal level or at the level of the organisation.

I think it's also really important to have really a strong, a strong culture around the use of digital mental health tools. Obviously that's going to be different for private practitioners who maybe were, or people who might maybe work as sort of sole you know sole clinicians or they're sort of working kind of by themselves in their own practice, but it's the the same concept still applies. Surrounding yourself with peers, colleagues, and even sort of managers or or bosses that also use digital mental health tools, who support and enable your practice and create that kind of community of practice I suppose around use of these tools, is going to make it easier you know to use those tools in your practice and take them up



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compared to if you're just that person by yourself in your organization trying to use digital tools in your practice but nobody else around you does it and they don't really like it very much and you sort of feel like you're going out on, you know, a limb by yourself to use these tools. So you know, those sorts of things are really powerful as well.

And then of course, there's, you know there's influences at sort of the the government policy level, you know and so broader systemic issues that support regulation and safety and Medicare support for, you know, use of digital tools. And our training systems, you know, how are we training new clinicians to use digital tools in their practice? What are our educational and training systems we're doing in this space as well?

So in my mind, it operates at many kind of interrelated levels, which is why it's a complex thing to, to shift. So I don't know if I have the answers, but those are sort of all of the levels at which I see it operating. And so going back to what I said at the start, my next phase of my research is to really, I'll be doing some field work which involves kind of embedding myself with clinicians and this will be clinicians working in services, but also clinicians who might be working privately or in other sorts of settings as well. To really be a bit of a fly on the wall, sort of an observer, and to talk to them, their colleagues and get a really holistic understanding of best practice, how it's working on the ground, what the barriers are, what the drivers and facilitators are, and to try and understand that by kind of seeing it in action and sort of being there and getting a really a really in depth sense of how clinicians are using digital tools in their practice.

And so that's why I'm sort of putting a bit of a call out to to clinicians who are using these tools in their practice and they think they might be, you don't have to feel like you're doing it perfectly or doing it really well. But if you have sort of you know been involved in a process about integrating these tools into your practice, I'm really keen to learn more and to study that and to try and understand what the factors have been in in, in determining that and how it's worked.

### **Tania McMahon**

Fantastic. And we'll, I will add those details into the show notes about that call out for clinicians, because that's exactly what's happening. There's a lot of clinicians out there who are just feeling their way, finding their way through the space and just making it up as they go and and finding ways for this to work. Finding ways that it doesn't work. So there's there's a really it's a rich source of material out there in in terms of discovering how how clinicians have have tried to make make this work in the absence of much to to guide them.

### **Lou Farrer**

Exactly. And I'm sort of really keen to to gather the evidence and to understand it from the ground up. I wanna sort of understand how clinicians are working on the ground. What are they doing? What are the gaps? What are the successes? What's what's working well? Like you said, how have they actually navigated this and how are they doing it? And you know to then try and kind of feed that up into some sort of broader, you know, work that can help kind of guide people in their use of these tools or sort of guide this space a little bit. I think it needs to be, I'm I'm really interested in it being a driven from the ground up you know from clinicians who are doing the work who are actually sort of engaging in it themselves.



DIGITAL MENTAL  
HEALTH MUSINGS

## **Tania McMahon**

Yes. And Lou, I mentioned in the intro that that some of your early work was actually with some of the really early digital interventions moodgym and e-couch. With that background, I'm actually interested to hear your thoughts, just pulling the lens back a bit, about how the digital landscape in mental health has actually changed over the last decade and even since COVID-19. Because I think part of the challenge with integrating these tools, the clinicians on the ground are experiencing is that there's just been a huge proliferation in digital tools since those early programs. We're not just talking about, you know, here's 10 great programs and here's how, you know, we're talking about dozens scores, even hundreds of different tools, since those those early programs were introduced. Do you think that the promise of digital mental health particularly that promise of greater and more equitable access to care has been fully realised?

## **Lou Farrer**

Yeah, that's a great, great question. No, I don't think it's been fully realised. I think there's still that, you know the the field has made enormous strides forward like we talked about with the pandemic.

And I think it was, you know, it was interesting the term you used like a happy accident kind of thing like it kind of actually was like you know. And and I don't mean that in a way that, I mean obviously the pandemic was such an you know, an awful time for everybody and still is for the community. In terms of engagement with digital mental health programs it's really changed, I think how both the community and the clinical sort of health professional community view these tools and view the utility of these tools. I think it's really moved them from being what may have been considered, you know, the alternative, like an alternative way of engaging or an alternative forms of treatment into something that are more mainstream legitimate ways of engaging with healthcare, you know. Which is such an amazing, amazing stride forward in terms of implementation right? To attitudinally move from these things being kind of like, yeah, they're an add on or they're just sort of, they're not the mainstream, they're not how we do business, they're not how we do things. They're actually now, I think, much, much more accepted as being things that are, you know, to sit beside, you know, essentially what previously was considered our mainstream forms of care, which was sort of that face to face modality.

I think something I'm very curious about, and this is also something that where sort of some future areas of research that I'm growing at the moment and developing is to look at the idea of digital exclusion and digital equity because while digital mental health programs were designed to release sort of increase the accessibility of mental healthcare and they certainly do for many people. You know they, they cross sort of distance barriers, cost barriers, you know all of those sorts of great benefits that we know that digital mental health tools have. And I know I said earlier that you know no treatment or no sort of approach is appropriate for everybody but I've been reflecting recently about, you know, when we have these major community shocks like pandemics, where most if not all of our healthcare has to be delivered through digital means. Are there certain, the question I have is, are there certain groups in our community who may be at heightened risk of needing mental healthcare or needing sort of mental health intervention, who may also experience

difficulty engaging with digital tools? And so how can we assist those client groups to be able to engage with technology if that may be one of the only modalities through which they can access mental healthcare? And ensure that we don't inadvertently exclude people who are already at great risk of digital exclusion, if you know what I mean?

There are some groups in the community that we know have difficulty accessing technology for many different reasons, and so I'm really curious to understand this question of digital inequity. And that's sort of a research project that I'm developing at the moment around this space. And so I don't know if that's the case, it's just a bit of a hypothesis at the moment, and it was a little bit driven by this previous work with clinicians actually, the survey that I did because the attitude that clinicians were saying or holding around the suitability of telehealth, for example, with certain client groups and others really got me thinking about well, you know, if clinicians are making decisions about use of telehealth with certain groups, what does that mean for those groups? And are we providing alternative models of care for those groups? But if those alternative models aren't available for some reason or aren't accessible, are we further disadvantaging or excluding certain groups? And so just a curiosity I have. I don't know if it is and I'm curious to find out more and I'd like to just sort of grow and study this area a little bit moving forward.

### **Tania McMahon**

It is a really interesting question that, you know, obviously digital bridges a big gap that, that we all know is there, but is there still a gap there? Are people there still a gap that that vulnerable groups are falling through? Does it really fully address the problem of equitable access? I think that's a really fascinating question to look at.

### **Lou Farrer**

Yeah. And can we, you know, can the clinicians play a role in this? You know I, I've met someone who, through this study that I did, a clinician who was just an absolutely fascinating, really, really skilled clinician in telehealth and digital tools and she was saying that she believes that, you know, access to mental healthcare through telehealth or through technology, it should be considered a basic human right. You know, it's something that we actually, as clinicians, if we're finding that certain groups or certain client groups having difficulty engaging with technology, it's not. The response that we should have to that is not well they're obviously not suitable for it, our response, as clinicians should be how do we bridge that gap and how do we make it approachable, suitable, accessible for our clients? And so she had this really, really you know, quite driven and quite inspiring approach to it where she felt it's our job as clinicians to make it accessible for everybody. It's not always going to be, but we now need to work harder. We need to bridge that gap. We need to help our clients engage with this and not hold the view that oh well, you know, maybe those clients, maybe this isn't for them. Maybe they can't engage or shouldn't engage with telehealth. It's not appropriate for them.

### **Tania McMahon**

Or putting the onus on them to to make the change or or make themselves suitable, but it's it's actually up to us to to, to mold it around them so that they can they get their access and the care that they need. It's a great way of looking at it.

I wanted to come back too as well to your research and what you plan to do with the findings. I know you said you want to really work from the ground up, and I, I understand that you plan to use those findings to develop, you know, ultimately develop guidelines which makes me very excited! Guidelines to, to optimise the use of of digital tools by by practitioners. Are you able to give us some insight into what that might look like or involve?

### **Lou Farrer**

Yeah, look, I think I may have promised with guidelines, over promised with guidelines. I think I've written that somewhere and I think what, what the actual intention is with the research going forward is that I'll be developing what's called a consensus statement.

So rather than it being kind of direct, actionable guidelines that people can follow that say do this, do that, do this, do that. Instead what I'm looking to develop is a consensus statement. And so what that is is really about bringing together all of the evidence that I've collected in my studies so far. And it's about then sitting down and presenting that evidence to a highly qualified team of experts. So digital mental health service providers, clinicians consumers, the people who are engaging with these sorts of tools as well, policy makers, you know, digital industry partners, researchers in the digital mental health space. So bringing all of those kind of key experts that have a stake in this area together, presenting my findings to them.

And then it's really about pulling together and discussing now that we understand kind of this, you know, sort of what the evidence currently is saying at least from what I've sort of collected. Ohh and also integrating broader evidence. So what sort of international standards or guidelines are what international standards? Or are national standards or guidelines are that exist in Australia? Combining that with the evidence that I've gathered as well and to put together a document essentially that can be used to inform policy in this area, or that can be used to inform guidelines, guidelines for practice. So I suppose I think about it as like a step before that, if that makes sense. So really be used as a bit of a guiding tool or something that is a sort of a, you know a a concise kind of piece of evidence that talks about what the you know, areas of success or success in practice are, what's working well, what's needed, and what's needed at all of those levels that I spoke about. Sort of individual service level, kind of broader government policy sort of wide, you know, wider systemic level as well. And really just putting and pulling all of that information together into one place to help try and guide some change or guide you know what sort of what the next steps are or what might be needed.

So that's the eventual aim with all of this, Sort of to assist, I guess in advocacy as well. You know in this area in this space as well and for it to be driven largely by what clinicians are telling us on the ground who are doing the work. So that's that's sort of the the basis of it.

### **Tania McMahon**

Excellent. Well, we're really excited to to hear about how you go and and and what those findings end up looking like. What, what, what's next for you in terms of your research?

**Lou Farrer**

Yeah. So my my next focus will really be, now that I've done the sort of this quantitative survey and I've got some longitudinal data from that survey that I'm still yet to analyse and publish.

I also have a qualitative component of that study where I conducted interviews with around 34 clinicians, Got a very rich data set there in terms of their experience of transitioning to telehealth during the pandemic.

From here, as I mentioned before, I'm really going to get stuck into doing some more in-depth field work. So that's sort of, you know, taking some, some, some critical kind of case examples and going and embedding myself in these services and with these clinicians to understand how they're doing digital mental health work on the ground and really trying to capture and understand that in a really high level of detail.

I'll also be reviewing and sort of critically analysing what sort of implementation guidelines exist in terms of Australia and internationally internationally for digital mental health tools. So I'll be pulling that information together and hopefully writing that up into a publication.

Finally, next year will really be around pulling together this consensus statement. So preparing and presenting all of this data to that group that I mentioned before and pulling together this consensus statement on sort of the use of digital mental health tools in practice. And then I'd like to get started on some of that work I was talking about in the digital equity space. So really starting to understand sort of digital equity and digital inequity, and whether that is, you know, occurring. Is it actually happening or not and how do we know and how might we identify some strategies to be able to, you know ensure that that isn't happening. So, yeah.

**Tania McMahon**

Excellent. All very exciting. Well, Lou, it's been an absolute pleasure talking to you.

For any of our listeners who would like to get in touch with Lou about participating in her, in her study. Any clinicians who are using digital tools and practice and like you said, not necessarily you know perfectly or well just, you know, having a go at using them, we'll leave those details about how to get in touch with her in our show notes. And yeah, we really look forward to hearing more about the final report from the study. Until then, Lou, thanks so much for joining us.

**Lou Farrer**

Thank you. It's been so fun and such a pleasure. Thanks for having me.