The new wave of youth digital mental health

How MOST is challenging the mental healthcare model for young people

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, welcome to this episode of Digital Mental Health Musing. So today I'm really pleased to be talking to the team, some of the team from Orygen who are behind the MOST digital mental health service.

So MOST which stands for moderated online social therapy, has been described as a, a groundbreaking digital therapy platform offering a blend of online and face to face therapy for young people experiencing mental ill health. So it merges quite a few things; real time clinician delivered web chat counselling, interactive user directed online therapy, expert and peer moderation, and peer-to-peer social networking. So it's a pretty impressive platform that was designed to overcome the limitations of some of the first generation online interventions. And now, with more than a decade of research behind it, the service has been helping young people make significant gains in their mental health recovery.

So joining me to talk more about MOST is clinical psychologists and head of research at Orygen, Dr Shane Cross. Welcome Dr Cross.

Shane Cross

Hey, nice to be here.

Tania McMahon

And we're also joined by Savannah Whieldon, who's a peer work coordinator, lived experienced worker and Project Officer at Orygen. Welcome to you, Savannah.

So thanks both so much for joining me. We've heard a lot of buzz around MOST since first being rolled out across Victoria and Queensland. So the service is now expanding to more states across the country and I'm pretty excited actually to learn more about the platform and how it works. So there's many innovative and unique aspects to the service that we will get into during our conversation. But one element that's pretty interesting is the social element. Can you tell us more about integrating social media in a therapeutic platform?

Savannah Whieldon

Yeah, absolutely. So I guess MOST was really envisioned to be a, it's like a social network that makes a difference. It was designed to be like a safe community where young people feel free to express themselves in the context of their mental health concerns. We've had it fed back to us quite a bit that it feels like a safe Facebook or a safe Twitter which makes me feel like awesome, like we're doing our jobs.

So I guess, yeah, surrounding the social network is a range of other services that young people can access on, on the platform with things like clinical content, through therapeutic journeys that kind of highlight each of the experiences that young people might be going through on their mental health journey, and career support through our vocational team and as well as one-on-one peer support that can be accessed as well. So with that, peer workers also moderate the community. So every post that comes through peer workers, they're commenting and supporting, and it's just a great time.

So yeah. And then with that we have, we're also supported by the clinicians obviously who help moderate risk and also support young, young people, one-on-one alongside their therapeutic journeys on the platform.

So yeah, there's there's so many benefits in using the social network. Young people report having that increased sense of belonging, feeling heard, validated and being able to seek support from other people, and people their age as well. And that the social network also aids in helping young people stay connected to their therapy journey on MOST with young people and other moderators sharing content from the library of resources that we have, as well as through our talk about feature, which is quite similar to like a crowdsourcing problem solving element. It's young people can post a problem they're experiencing and we'll like step them through all the elements of that, how they're how they're feeling at the start, where they want to be feeling at the end of it and then post it and then other young people and peer workers can offer tips and strategies to help them work through that.

So yeah, rather than young people accessing standalone supports that aren't like speaking to each other. MOST is really designed to facilitate collaborative care and communication between our services and face to face service.

Tania McMahon

Wow. So it's really like taking the the platforms that exist out there and that are being used and not always in healthy, healthy ways and it's you've really built them into the platform and the I really like that's like a safe Twitter, safe Facebook, safe Doctor Google as well. That talk it out feature really sounds like it's meeting that need for information and you crowdsourced information like, what would, what would you guys do in this situation? And and meeting that need in a in a much safer way.

Savannah Whieldon

Yeah, we're pretty big on on safety. So like I kind of spoke about before like the MOST clinical team monitors and responds to risk that may come up on the platform. So this can happen either through our social network or any messages that they have in a one on one

space with either a clinician or a peer work or a career consultant. So any of our, anything risky that comes up, or any offensive communications are identified by one, like our automated safety check and any indirect or direct contact with the MOST clinical team.

So everything comes through our clinicians are seeing and all potentially risky content is reviewed daily and appropriate clinical action is taken when, when that happens, such as like contacting a young person, conducting a risk assessment, safety planning, and then touching base with the face to face service. And any content that's tagged as risky or offensive is removed from the public view until it's reviewed by by our team, which we meet a couple of times a day to go over that. And yeah, we like to offer peace of mind knowing that young people are being held in this space by our team. Provide that really great wrap around support.

Tania McMahon
Wow, that's, that's so comforting to know because I think that one of the big issues we're seeing with social media platforms is it's a great place to connect with people, but the safety mechanisms built in are, you know, poor or sometimes nonexistent. So it's so comforting to know what strong protocols are in place to make sure that risky content or, you know, people at risk are identified and then managed appropriately. That's that's great.

And so MOST, I'm really excited to talk more about the other features further along in the conversation, but I kind of want to, you know, talk about the, you know, really extensive amount of research that's that's behind it because that's really very extensive now more than a decades worth.

Shane, can you tell us what kind of groups the intervention has been studied in so far? What kind of ages and conditions?

Shane Cross
Yeah, sure. As Sav mentioned, you know MOST is quite a powerful and flexible platform. So it means that it can be used in many contexts. So many service environments as well as for many different conditions. And so since about 2010 there's been numerous pilot studies, some RCT's and a whole bunch of other research, including qualitative research. It really helps us understand how most can be valuable and effective for many different types of difficulties for young people 12 to 25. And even right now there are there are trials going on as we speak, including in Australia and overseas in the US and Netherlands, Canada and Ireland.

So it's it's got great power and flexibility to to be adapted in that way for research purposes as well to better understand how how these sorts of interventions can assist young people. So it's been used for just about every condition you can think of, really like psychosis, you know, ultra high risk of psychosis, depression and anxiety of course, being very common, social anxiety. Even supports around vocational recovery, which is a really important issue, especially in youth mental health to help get young people back on track. And suicide risk, suicidality a really important set of previous and current trials looking into that. And really excitingly too and I think often gets neglected in the broader mental health system, is direct support for parents and carers and and seeing how these digital interventions can also support them in helping their young people.

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Tania McMahon

Wow, so it does sound incredibly flexible and adaptive to a lot of different groups.

Shane Cross

Yeah, definitely. And and our our biggest RCT that was run and published a couple of years ago was called The Horizons Project. I mean, there was about 170 young people that were discharged from psychosis services after their first episode and given MOST as part of their recovery toolbox. And following them over an extensive period, it was two years. And we found that young people using MOST compared to those that weren't using MOST were far more likely to have gained employment or got back into education, which is a a fantastic result. And importantly, it took a big burden off the health system because 50% of those young people, 50% less likely, sorry, to visit an emergency department or be readmitted back to hospital just from using our powerful platform as Sav described earlier.

And then excitingly as well, the economic evaluation is just being completed on that trial that showed that it's not only cost effective, but it's very likely to be cost saving, especially for young people with complex problems like that after being discharged from specialist services. So lots of research has been done and and lots more to come.

Tania McMahon

Ohh wow! Those are some really really promising outcomes, really exciting. Were there any other outcomes that you were looking at across those initial pilot studies? Can you share any of the other findings?

Shane Cross

Yeah. I mean, in general, they all had slightly different aims, but what was in common is that we're always looking at, you know, the way in which the platforms received by young people. How acceptable it is, their levels of satisfaction and 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 is safety and effectiveness as well.

So you know what we tend to find in general with the trials and even in the current rollout that we have is that about 95% of young people say they would recommend the platform to another young person.

Tania McMahon

Wow, 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 also looking quite good.

Many young people, up to 70%, seventy 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 an app on an App Store. Young people, even the purporting to help with mental health and wellbeing, and then importantly, you know in in all of those years of research, there hasn't been any serious incidences or adverse events.

So you know it's it's pretty safe given that we're dealing with some risky clinical presentations and that we do see significant improvements in depression, anxiety, psychological distress. And even well-being, we're quite interested in looking at sort of the positive health benefits as well as you know, reducing the the negative symptoms.

And excitingly, we're about to embark on an RCT toward the end of the year, recently received an NH and MRC partnership grant to look at how MOST is working in the real world in a more extensive trial.

Tania McMahon
That's fantastic.

Shane Cross
So that's gonna be exciting to report back on in the future.

Tania McMahon
Yeah, so watch this space. That sounds, that sounds like a really exciting trial. But I really love the the points you made about the the engagement, because that that is a huge problem we see across the sector as people. You know, are people getting the kind of dosage they need of the the digital, you know, relevant service to to get an outcome. And I guess we see we also see the same kind of problem in face to face care as that you know people drop out after a couple of sessions. People don't engage for long enough to get the you know necessary benefit of the the treatment or the intervention.

So those are those are really promising numbers that people are still using it to down the track. And I think don't quote me on this one, but I think in terms of mental health apps, there was some just shockingly low number of people still using apps, you know even a few days after they downloaded. Like 5, something terribly low.

Shane Cross
2.3% or something, wasn't it?

Tania McMahon
Yeah, yeah. A week after they've downloaded it. So people continuing to use something like this, even months down the down, the track is, is incredible. I think it speaks a lot to the work you guys have done to listen to the needs of the users.

Shane Cross
Yeah. And I think the power of bringing the best of digital technology and and the portability of that with human support as Sav outlined. I mean that combination is quite important. And you see this not just in MOST but in many other digital interventions where human supported digital interventions are, you know, tend to have much better engagement and outcomes than those that don't.

Tania McMahon
That nice integration of of the human support and the the digital. And I guess expanding on the point about the development of the of the service, can you talk a little bit more about what type of people were actually involved in the development of the program? Like what was the initial concept and how has that kind of changed over time compared to what we see as MOST today?

Savannah Whieldon
Yeah, sure. Like so young people, clinicians, youth, mental health, providers and researchers have been involved in the co-development of MOST since its inception. We've recently estimated I think that there's been over 1000 individual consultations and co-design sessions conducted throughout the development of MOST over its, you know, 12 year history. The original concept in like 2011, 2012 was to ultimately develop a novel cost effective youth friendly strategy to address problems associated, associated with suboptimal recovery of young people after their first episode of psychosis. So yeah, that model brought together a multidisciplinary team of clinical psychologists, a computer program, health informant experts, a web designer, a writer and a graphic designer, which was then born MOST.

So our moderated online social therapy and that website aimed to integrate therapy modules with private moderated social networking function. So fast forward to today, we're now at version 5 and it has undergone a number of iterations over the years, especially since it was rapidly translated from research into clinical service provision, with funding from the Victorian Government in 2020 for the COVID-19 response package.

But, like arguably the core central concept, which is embodied in the term, moderated online social therapy, has remained pretty stable. But we have made some changes to support the rollout. We've improved the interface and the user experience, which included a rebrand late last year, which we were all really excited to see, and the additions of comics as part of the content delivery.

So yeah, we have created and launched an app for Android and iPhone which came out in, couple weeks ago, I believe so early June. And we've expanded the content and therapy journeys across the wider range of mental health and associated difficulties that young people can face. We increased the services opposite, offered sorry, including the one-on-one support from clinicians, peer workers and career consultants. And we introduced our talk it out feature on the community. But yeah. And then I guess at a face to face service level of integrated with services and adapted our service model to phase of care, to plug gaps in the service system and extend the therapy hours for those young people who are currently in care. They're probably like the, be the biggest ones.

But most importantly, yeah, MOST has extended beyond clinical trials with the support from Victoria, Queensland, NSW and ACT State Governments. I think that's important to mention now that we are now used in over 80 youth mental health services across two, and 200 clinics, which is pretty amazing.

Tania McMahon
Wow. So it's been like all systems go following the pandemic.

Savannah Whieldon
Absolutely. Yeah. And it's like, our team has grown to include like you know, engineers, software developers, user experience designers, young adult authors, creative writers. We have like an illustrator who's been responsible for bringing MOST to life through the comics and our lived experience team. We've played a huge role in how the way the community has been shaped, which is our social network.

And young people have been involved at every stage of this from research, development and trials through what MOST looks like now. So it really does feel like young people are on this journey with us and it feels like that. You know, when we announced we've heard back, you know, feedback and people love to give feedback, and one of those things was, Oh my gosh, we need an app, we need an app. And so when we launched that a couple weeks ago and we're all celebrating together, it really, it does feel like we're on this journey with the young people, which is pretty special.

Tania McMahon
Yeah. No, I'm really impressed with the the, you know, the breadth of expertise that's been involved in the development of this platform. And it sounds like you've worked really hard to translate research and the the clinical knowledge into something that's usable and engaging and effective. Which is a a real challenge in this space. You know there's a lot of great knowledge and therapeutic approaches out there, but actually translating them into something that works digitally is is really hard.

No, that's really exciting. And the kind of co-design aspect with young people I think is fantastic. We just spoke with guests in a recent episode about the the digital mental health standards and the importance of partnering partnering with consumers and the design of a of a service. Can you tell us a little bit more about that, how you've worked with young people to co-design the program, their their involvement?

Savannah Whieldon
Yeah, I can talk a little bit and I'll throw over to Shane who is a bit more involved in the process, but we have actually just launched our youth, our dedicated youth advisory group that provides that advice and feedback on the platform development and that's made-up of young people who have actually used MOST, they've been, you know, service users and then other young people across Queensland and New South Wales and Victoria who have a passion for digital mental health as well and youth advocacy. So that's really amazing and peer work team have been involved in supporting that development of that youth advisory group as well, which has been really great. It's actually one of our previous peer workers who now leads that youth advisory team, so that's really awesome. Yeah. Now I'll throw to Shane.

Shane Cross

Thanks Sav. Yeah, and further to that, I mean in the last couple of years, we've we've managed to recruit up to 7000 young people on the platform through our partnerships with services. And so every six weeks we send out all of those participants an opportunity to give us more information about, you know how they're faring and to give us feedback about how they're finding the platform. And and surprisingly, you know, quite a large number of young people take the time to give us that feedback and and to actually write some really good qualitative feedback, not just box ticking. And we did a recent review of that feedback because obviously it's very important we want to learn what's working well and what needs to be improved in order to make the platform more effective and more engaging.

We found that overall the the feedback was about 66% positive and what young people really say when we synthesize that feedback is that they report MOST as caring and supportive, that it's a community and a place for connection which is really pleasing to hear. And then importantly, they say that it's helpful and accessible.

But they also often report that they feel like the platform supports their own autonomy. And I think for those of you and clinicians listening, working with young people, I think that's a really important concept. Young people learning to exercise their own autonomy and and learning how to do that and regulate that in a safe space, as Sav mentioned before, with our support. So that, the platform's really written with that respect and that promotion of autonomy in mind is a really important sort of engagement mechanism.

And then there's just lots of other general positive feedback, but we also get about 19% of feedback that speaks explicitly to things that could be better, some improvements and and lots of requests for additional content. I mean, we've got quite a lot of content on MOST, but there's so much more that young people feel like they could benefit from. And when we actively work on that as well. Young people would love clinicians to be available 24/7. And you know, as far as resourcing goes, you can imagine that's quite challenging. We are available quite often, but not 24/7. And young people really wish that that was available to them.

And, and just lots of improvements and suggestions and great feature ideas for platform navigation and and finding things and and things working a little bit more seamlessly. But we do get about 5% of negative feedback. You know, some young people do tell us directly, look it's not what they thought it would be. That they really, after having tried it, they really want to speak with a face to face therapist right now, and that's totally appropriate as well. So, so we do get a range of feedback and we value that feedback.

Tania McMahon

And I've we've we've encountered that kind of feedback and in discussions with other services as well that people have have tried it and found out that 'ohh actually this, this isn't for me and I actually do need a, you know, someone to to chat, to face to face.' And what a great thing to find out that, you know, I've I've actually worked out what I need more specifically.

Shane Cross

Yeah, definitely, definitely.

Tania McMahon
Umm so I wanted to I wanted to kind of ask in the you know, the development of of MOST. I mentioned that earlier on that it's kind of, some of its goals have been to overcome some of the limitations and barriers that other first wave interventions encountered.

Can you, can you tell us a bit about some of some of those barriers that that MOST has looked to overcome and and how it's been able to do that? And also if you know the research actually told you anything about, you know, the impact then on outcomes?

Shane Cross
Yeah, it's a. It's a big question, isn't it?

So, the way we see it, the way I see it anyway, is that we've got a bit of a double whammy here. We're trying to improve the engagement rates of digital interventions for young people, which historically as you know can be quite low. And then at the same time increase the effectiveness of these things for a wider number of people. But then we're also squarely focused on improving the whole mental health service system for young people.

And so the platform, as Sav outlined earlier, doesn't just sit in isolation. It actually lives within services. And that's really important because we know from lots of reviews, including the most recent Royal Commission in Victoria, that the mental health system in general and the youth mental health system in particular, is under tremendous stress. Not just from the perspective of young people but for those clinicians that work within it. We know that it's really hard for young people to access care. I mean, especially if you're in regional and rural areas. We know that even if you get into care, you can be waiting weeks, if not months, to actually see somebody face to face. And that if you're a clinician working in one of those systems, you know that that puts tremendous pressure on the workforce because you're there to help young people and and feel like it's very hard to keep up with that demand. And then, you know, once young people are in and they're connected and they're seeing someone, it's it's quite a challenge to keep them engaged, as you mentioned before, Tania, and, and to keep them sticking with the therapy. And to try to prevent premature dropout or discharge, especially for those that have more significant difficulty.

So you know MOST is sort of designed to really add value there. And, and to really provide that option for young people while they're waiting. We find that the vast majority of our users right now are in that waiting period, especially in headspace services and getting great value from getting something in that time. Something that's evidence based and supportive. Also there's, there's the use and so we'll go into this a little bit later around how clinicians use it in their face to face sessions to sort of extend the therapy hour, we might say, and provide support between sessions and after. And then also for those where we're looking to discharge young people being a clinician myself, I know sometimes it can be a bit unsatisfactory, discharging young people to nothing. So, knowing that there's something to discharge young people to is almost like a step down option can be really powerful as well.

But you know, implementing these things is challenging in the real world. It's difficult. It's hard. Services are busy and overwhelmed like we just mentioned. And you know, even history has told us is even the highest quality evidence based interventions can fail to really get taken up in real world services because of these issues. So. You know a big part of our team actually is the implementation team. They do a fantastic job going out directly to services, supporting those services, those clinicians to integrate MOST into their services and make it available to the young people who might want it. And we work really closely with those services, get feedback from those clinicians about how, you know, not just the platform, but the platform in that processes can be improved and streamlined And with the, with the help of those partnerships and then the great work of the implementation team and our services that are using MOST we're seeing referral rates steadily tick up over time, which is really great to see. So it takes a massive team effort to overcome a lot of those challenges. We haven't solved them all, but we're learning definitely all the time.

Tania McMahon
Yeah, it definitely sounds like you're, you're addressing it from multiple angles cause there's the, there's the problems with the, you know, the user uptake and engagement and dropout. Then there's the the kind of the human factors at the end of the the the clinician end of like, well, how do we integrate this ourselves and how motivated are we to to, to refer? And then there's the kind of the, the bigger health system kind of issue as well about where it actually sits.

So it sounds like you're you're really tackling a lot, a lot of those issues cause, yeah, there's, you know, definitely a lot of issues with digital services being a bit piecemeal and siloed off and not well integrated. That they're great, they're fantastic, but it's very hard to integrate it into the existing system, yeah.

Shane Cross
Definitely. So, we think that's the best way in which to get these things used is to integrate it into the system with challenges, yes, but we think working together we can really, over time, help overcome them.

Tania McMahon
You can get there. Yeah. So I'd like to dive in and and take a bit of a a closer look at the actual, the other individual components of the program. I know we talked, spoke a bit about the social networking element. Can you take us through the other elements? I'm sure a lot of health practitioners and clinicians out there, we would love to hear about, you know what's actually inside the program. So the the user directed therapy component, the one to one support. What else is inside there?

Savannah Whieldon
Yes. So you know 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 with 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 reach out 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
Excellent. So it's a, it sounds like there's a few different ways through it, and if you few things they can pick and choose from depending on their needs or depending on the needs identified by a MOST clinician.

Savannah Whieldon
Yeah. Quite often we see, like, we'll start them off on one journey and then we'll throughout their engagement on the platform like they could go, 'ohh but like I could really use some support with this or this.' And that can just be swapped over and they can focus on that journey for a while and then perhaps go back to the the other one if they want. Yeah, we're really flexible.

Tania McMahon
Umm. And in terms of how the the kind of whole program works, you know the user journey, how might young people experiencing ill mental health, you know, first come to know about MOST or come into contact with the program and what what might that journey through it look?

Savannah Whieldon
Yeah. So MOST is in selected headspace and state based specialist services across Victoria, Queensland, NSW and the ACT. So a young person accessing these services is typically invited to sign up to MOST by the service so they can either be a clinician or an admin officer. They then would receive a personalized link to sign up to the platform. They'd complete a super brief questionnaire that asked things about like their interests,

strengths, and the kind of difficulties that they're experiencing. Then they land on the homepage and are provided with a recommended journey based on those answers they just provided us. Then are introduced to the community, encouraged to make their first their first post. And then they are also invited to receive support from a clinician to help guide them through. And they can, that's when they can also reach out to peer support or career consultation and explore the therapy content.

Tania McMahon
Excellent. And in terms of how young people tend to then actually use it, have you got much from your research or has the research kind of revealed, do they typically engage with all of those components? You know, how how long do they tend to engage with the program overall?

Shane Cross
Yeah, it's a great question. So you know, like I mentioned before, there's been to date about 7000 young people in these real world services. So we're learning a lot more in addition from what we learned in the in the clinical trials that were conducted previously.

We can see that about half of young people are still using MOST six weeks later, which I think is a fantastic outcome. And even about 1/3 are still using it after 12 weeks, like 3 months. And that that pattern of use is different for different people but but there is use going on there. And as you asked earlier like not all young people use everything, it can be a bit much. You know about 10% engaged with everything which says a lot as well, but 95% engage with at least one component.

And if we look at the social network, you know, again not everyone engages with that. About 60% of young people do, meaning that they've posted something or they've commented or they've reacted to something which is great. But we even hear from young people who aren't interacting with it in the way that, you know, we just described that they're, they're looking at the feed, they're learning from others. They're they're sort of passively involved and and when our clinicians are sort of speaking to them, we can't see that in our data of course but they say they're getting great value of just being a bit of a fly on the wall on that and building their confidence up to maybe one day contribute themselves. But, you know, we've had about 20,000 posts and comments on the community in the last couple of years, which is which is huge, isn't it?

In terms of those therapy journeys, Sav mentioned again, like not everybody chooses to take up those therapy options for many reasons. Some of them are getting really good therapy in those services, but we get about 1/2 to 60% of young people you know engaging in that. And and you know about 70,000 therapy activities have been viewed by young people in that time too, which is, which is quite large as well. And and again there's a range of therapy options, I think. So I've mentioned some of them, but really our most popular piece of content around anxiety, managing anxiety, managing low mood and depression. But then there's also some quite popular journeys around developing social skills, which I think is fantastic. Like it's it's rare to get those sorts of interventions in in other places as as freely as that. Social confidence around social anxiety, too, is a popular one. And and sleep. Adolescence and sleep. You know, a lot of young people, we find that that's a really highly engaged journey, the sleep journey that we have.

Clinicians reach out to everyone Sav mentioned, so we we get at least a message or a phone call to every young person and then we depend on what that young person wants or needs. You know about 1/3 will go on to see a peer worker and 1/3 will go on to request a consult with a career consultant. So yeah, there there's there's a range, as Sav mentioned before. It's such a flexible program and there's such a range of needs for young people coming into the platform from headspace all the way through to specialist services. So yeah, you see that play out in the data.

Savannah Whieldon
I think one of the things that we do really well is we, like you know, young people's needs will change throughout their time with us and we can kind of be there and meet them where they're at. I think, I don't have stats, I don't have stats around it, but I think it's something that I can see because I'm I'm on the I'm on the platform every day.

You know, we'll have young people and they'll jump on and they'll share and they kind of share like they're what they're experiencing and then we'll kind of walk alongside them in that journey and they'll be posting every couple of days. And you might get to around six, or six or eight weeks, and we might see them drop off a little bit and like, oh, yeah, that's OK that's, you know. And then it could be four or six, eight weeks later, and suddenly they're they're back on going, 'oh my God. guys. Like, I just want to share with you this win that I had, you know, I've been eight weeks free of self harm and I just wanna thank you.' We see that quite a lot and it really does make us just it feels really good to be able to be there and hold that for young people when they need it.

Tania McMahon
Yes, it's like you've really created a safe containing space. Like a persisting kind of space in their lives that that they, you know, dip out of it and then come back to it later because they want to connect and share. That's beautiful. And it really, really, the thing that really strikes me is is how flexible it is and how the young people seem to be finding what they need in all the offerings. That it's not this, you know, one-size-fits-all approach. It's offering you know the main things that that young people might be looking for and they're able to, you know, dip in and out. And I I think coming back to what you were saying earlier Shane about autonomy, it's it's helping them give them a sense of agency and autonomy in their journey, in terms of picking what they need and being channelled towards the the interventions that that they need at that point in time. Hmm.

So as a clinician, you know working in, I guess a range of different contexts, can you share any tips about how clinicians could integrate MOST into their practice?

Shane Cross
You want to jump in on that one Sav?

Savannah Whieldon
Yeah. OK. So yeah, we should start, I guess, reminding listeners MOST, at the moment, is only available through participating headspace centres and specialist services. We've got a national implementation team that's really hands on with those services, from training

through ongoing support. And they're getting to hear first hand how clinicians are using across using the platform across all stages of care right through the discharge planning.

So I guess that tips would be to encourage MOST as a support before starting face to face treatment. It's available straight away and can help young people prepare to make the most out of the treatment. Recommend most between sessions. For example, using content that builds on what you're working on in in your face to face time together. So build their skills in order to enhance the effectiveness of our therapeutic work with young people. And we really wanted to reflect on what we've discussed in like in, in their sessions with with the clinicians And that in the long periods of time between sessions and after sessions are finished. Applying and integrating what is learned in sessions into daily life is is ultimately the goal. So for example, we can discuss how to respond to distress in session, but then what happens for a young person when they're back out in the real world? Like, how can they reinforce and practice skills to help them manage distress. Yes. Yeah. So there and then what they can access that will facilitate a new way to manage things that they're experiencing and MOST can be seen as therapy companion between sessions really with the clinician and following an episode of care.

And then we have incorporating MOST into discharge planning. So giving them connection to support after that, face to face care has been received. And giving young people the resources to maintain the gains they've made in their time with you and that the safety net there to be to access appropriate care if there is some relapse or they encounter a fresh set of challenges that they want support with.

And I guess it's yeah, recommending young people use the community. It can, it can be a really fantastic way to seek support from like minded peers for when they need support. But also, but like you know, they need support, but not necessarily a session with their clinician. It's just a really good sounding board and a place to just be in it. Be in the, you know, be be in it with with other people, I guess. And then utilizing the the vocational support available is a really great way to add an extra element of something that maybe you don't have in your in your face to face service. Yeah, I think that pretty much.

Tania McMahon
So it's really using it to like extend the therapy, you know, in the lead up. You know if there's a wait, a wait before being able to see someone throughout the therapy and then post discharge really or all points in the journey.

Savannah Whieldon
Yeah, 100%.

Tania McMahon
Mm-hmm. Ohh well, this is it's been we're getting towards the end of end of the time that we have. So I kind of wanted to wrap up with just you know congratulations cause this is you know this platform is a really significant accomplishment you know. Big congrats to the team on bringing this together. There's a sounds like an incredible amount of work involved. What's on the horizon? What's next for MOST?

Shane Cross

Lots! You know, because like all high-quality digital services or high quality services for that matter, like MOST is constantly changing and improving for the better. So we sort of outlined the ways in which we do that of course, but the app has been something that has just recently launched and that's gonna make a big difference in the way young people we think engage with the intervention and the platform.

And beyond that, we're really looking to, you know, refine the service model. We've learned quite a lot about just the variety of needs in the platform and how we can make that a bit more streamlined, adding more clinical content.

And probably most importantly, our our real aim is to make the platform far more personalized and make treatment far more precise by targeting, you know, underlying mechanisms that sit beneath the problems people present with. So we're really excited to to build a much more, you know, personalized experience in future.

And you know like what's clear and I'm sure many listening to this podcast will think well, I I can't get access to MOST at the moment. I would love to. We're, we're really looking with our partners to expand the accessibility of MOST to to many more young people. Firstly, as to other states around Australia, but there's clearly an opportunity and value for MOST in schools, MOST in universities and even MOST just universally available in the general public. We're really looking at ways in which we can get supported to do that, and we'd love to be able to do that. And we think it would be obviously a great value, but.

No, just, yeah, like it's reflecting on all the work and talking with you and Sav, it's like it is a massive achievement over 12 years and there's so much more to do. You know, there's been so many people involved in that journey, and there's been a lot of dedicated people doing that, but what's pleasing is that, you know, we can see that it's making a real difference to young people. And we all really believe that young people deserve the best quality care that they can get. You know, maybe the system in some ways lets them down and we're all even those listening and trying to play our part to improve that, to help young people get back on track and meet their meet their potential. So, yeah.

Tania McMahon

No, those sounds sound like exciting developments on the horizon and you know. Yeah, definitely it's, it's a, you know, considering how long it usually takes for, you know, research to be translated into clinical, clinical practice. You guys have done an unbelievable job, you know, getting it to where it is today in, in that amount of time. So you know, I think you know in time it will, you know. Yeah, it sounds like big, big things coming in terms of rolling it out and and making it more and more accessible over time.

Well, thank you guys so so much for for joining us. It's been fantastic to to have a chat and and hear about the program and if there's any more information that people are wanting to find out about MOST check the show notes, we'll add in any you know, links to papers and and things like that in the show notes. It's thanks for joining us, Shane and Sav.

Shane Cross

Thank you! See you.

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