

Answering Your Burning Questions about Digital Mental Health

Tania McMahon

Welcome. You're listening to Digital Mental Health Musings, a podcast series from the eMental health in Practice initiative, providing health practitioners with a window into the ever growing world of digital mental health resources. This podcast series has been designed to help keep you up to date with all the latest developments in the digital mental health support and treatment landscape. There's a world of digital mental health resources out there. Let us help you navigate it. I'm your host Dr Tania McMahon.

Heidi Sturk

Hello and welcome to the final episode of Digital Mental Health Musings for this year. We're recording here on Turrbul and Yuggera country. My name is Heidi Sturk and I'm the director of eMental Health in Practice. Our usual podcast host Tania McMahon has laryngitis so I'm stepping in for her. It's very difficult to do a podcast when you have no voice, so I'd like to acknowledge that all the content for this podcast was prepared by Tania. Thanks for your great work, Tania. And also thank you for taking on the role of host this year.

So welcome if you're a new listener out there, we're so pleased to have you here and we have a great catalogue of episodes that you can go back over and listen to. You can really start to build that foundational knowledge of digital mental health and integrating it into your work. And welcome also to those of you who are regular listeners of our podcast.

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So the first question. Can we please just recap the basics of what's out there? There are so many different digital options. What are they all for? Great question and one where the answer is constantly evolving. What is available now is a whole lot broader than what was available even five years ago, so this answer might be different in another 5 years. And I also want to clarify here that when we at eMHPrac talk about what's out there, we're talking about the Australian government funded products that are promoted on our side and on Head to Health as they have already been vetted for quality and safety.

So, in terms of what's out there at the moment, we can start firstly by separating them into two broad categories; treatments and tools. Treatments are complete stand alone interventions which are there to treat the specific disorders like depression, anxiety, PTSD, OCD and so on. They're similar to what you might receive with seeing a cognitive

behaviourist therapist face to face somewhere between 4 and 12 sessions, or lessons, or modules of cognitive behaviour therapy. And obviously, there are other evidence based therapeutic approaches out there but cognitive behavior therapy lends itself really well to being translated online because it's very skills based. So that's why the majority of these programs are based on it.

So, these online treatment services are mainly for people with a specific mental health disorder, and if someone hasn't gotten a diagnosis from a health professional, they'll usually have an online assessment built into the platform to help figure out which course will be most suitable. However, several of the services also have what we call trans diagnostic programs where they are targeted at people with a range of mental health symptoms, not just any single disorder. But ultimately their aim is to still treat those symptoms.

So that's treatments. Then we have tools and this is a very broad category that encompasses services and resources that support and complement mental health and wellbeing with information, tips, strategies, social connection and so on. So on their own, these services aren't designed to treat a mental health condition, but they certainly support and help improve mental health overall. And so within this category of tools we have services like online peer support, crisis support phone and chat services, information sites and apps. So services to provide basic information and tips, services to help people connect to others who are growing through similar experiences, and services to help people through a crisis or help them within the moment coping strategies.

So, as you can see, all these services place slightly different roles in the landscape. So it can be helpful to think about which kinds might be of most use to your clients or your particular work, and then getting to know the specific services in those groups. And eMHPprac offers training so that we can help guide you in terms of using these resources more as well, so do get in touch with us if you'd like to know more about this.

Second question. This is a question we get all the time. It's often one of the first questions people ask. Are digital treatments as effective as face to face? In this case, and as is often the case, the question is specifically about the digital treatments that I mentioned previously rather than the tools. And again I'll point out here that we're talking about the Australian government funded products that we promote on eMHPprac and on Head to Health, not necessarily all the random apps you can find on the App Store. But I think what people ultimately want to know when they ask this question is, is someone going to get the same benefit from doing a digital treatment as if they see someone face to face? And interestingly, the short answer to this question is a resounding yes, they are.

Digital treatments are as effective as face to face, but as to whether someone will get the same benefit from a digital treatment as seeing someone face to face, it depends. And this is the difference between what the research says at large and what will actually work for an individual. So overall, there is a great deal of evidence for the effectiveness of online CBT treatments. Many randomised controlled trials, backed up by effectiveness trials, backed up by further meta analysis and systematic reviews and the largest effects are for

supported services. That is, services that include guidance from a therapist, with one reason being that people tend to be more likely to complete the treatment if they have someone regularly checking in with them. We know that that makes good sense for all of us.

However, that doesn't necessarily mean that a digital treatment will work for an individual in the same way that we don't always know if face to face treatment will work for an individual. The same applies to medicine. For example, there are countless antidepressants out there that have strong evidence for their effectiveness but we all know that that's not a guarantee that they'll work for one particular individual. Oftentimes, doctors need to trial people on a few different medications before they find one that works and has minimal side effects. We need to think of digital treatments the same way. Yes, it can absolutely work, but it's not a one-size-fits-all. Think of it as an evidence based promising option to try.

So, our next question, the third question is about supported services. This is digital services that also include guidance from a remote therapist. Supported services are an excellent solution for people wanting the convenience, accessibility and maybe even the anonymity of a digital mental health treatment but with the option of therapist support for the extra accountability and guidance. But do they get the same e-therapist each time or do they have to tell their story to a different person each time? Is it all a bit impersonal?

To me, this question is a great example of some of the simple barriers that can stand in the way of people using digital mental health. It's a question that can be easily answered, but if a practitioner doesn't have the time to explore the different services and find out, it might be the difference between them recommending a service or not. There's still a lot of mystery about what the experience of engaging with different services is actually like, and often all it takes is some clarity and understanding for people to feel confident in using or recommending them.

So, to answer the question. Firstly, the supportive services I'm talking about here are the ones for individuals seeking treatment for themselves, for depression, anxiety and so on. There are a couple of supported services for parents with young children and while they might operate in a similar way, there are also slight differences with the consent process and so forth. So, I'm just going to focus on the supported services for individuals for simplicity's sake. And in fact, in Australia there are currently just two government funded services that provide their own remote therapist support option and these are MindSpot and Mental Health Online. Another service called This Way Up also has a supervised option, but this would be with an individual's own psychologist or GP or healthcare provider. So it's a little different.

So, for MindSpot and Mental Health Online, which both have a range of online treatments for people 18 and over, the short answer is yes and no. In both of these programs, the initial assessment and screening process is separate from the treatment process. So you will get one therapist that you speak to initially. So for MindSpot that will be the online assessment feedback, working out which course might be suitable and for Mental Health

Online that will be the initial call people get when signing up for the therapist assist program, to work out if the service will be suitable for them. And then if you proceed to the treatment course, you'll get a different therapist for that. But that therapist will then remain the same each week, as you progress through the treatment. So you might need to repeat things once when you're introduced to your treatment therapist, but then after that it will be the same person each time. But that process is really no different to being screened or triaged by one person when entering a public mental health service, or even going to the GP to get a referral for psychologist and then meeting your therapist for the treatment itself. And if you want to hear more about supported services, check out episode 7 of season two of our podcast with Mental Health Online, or season 1 episode 3 with MindSpot.

So question 4, how is risk managed in digital mental health interventions? Another really good question. Many mental health practitioners feel like managing risk is one of the most difficult parts or one of the more difficult parts of their job. There are certainly some promising developments in terms of managing risk issues online and digitally, but at the moment in general, any risk issues still need to be managed by clinicians at all times. Nevertheless, risk issues are still going to emerge when people use digital services so to answer this question I'm going to outline some of the features out there to manage risk and digital mental health interventions, and then outline what clinicians can expect.

So firstly, many online treatment programs, and even some apps will tend to give outcome measures at intervals throughout the program, and some will include a feature where, with consent, the consumer or the parent or caregiver and or the mental health practitioner can receive an alert if a person is reporting high levels of distress or thoughts of suicide. These outcome measures are often optional for consumers to complete, however, so mental health professionals shouldn't rely on them to monitor a client's progress.

Some online referral tools and online programs also aim to assess someone's level of risk at sign up, but this assessment might be quite basic or even optional. Or it might provide a referral without adequate follow up.

In general, most services listed in eMHPprac and Head to Health only provide information, recommendations, and links to further support for people experiencing risk issues. They don't adequately assess and manage risk in and of themselves. Because of this, consumers with risk issues really need the ongoing care and clinical judgment of a clinician while they are using digital tools. And of course this is different if someone is using a supported service like MindSpot and Mental Health Online where a clinician is involved.

When it comes to crisis services, so telephone, SMS and webchat services, they tend to have their own processes for managing risk, which may or may not be listed on their website. Crisis lines are often manned by trained counsellors who will attempt to identify risk level and then provide some sort of coping skills then and external referral. However, this really only applies to crisis services that advertise themselves as such. There are many helplines, advice lines, and support lines that are staffed by peer workers, friendly volunteers, or other support people who aren't necessarily trained as crisis counsellors and able to assess risk. So it's important to be aware of that if you're

referring someone to a helpline for support and making sure that if you want to connect someone to a crisis support service that will help triage risk in the moment that you pick a service that is equipped to do that such as Lifeline or Suicide Call Back Service.

And as for peer support forums listed on eMHPprac and Head to Health, they tend to employ trained moderators to monitor content, remove harmful content and follow up risk issues. And this process is again governed by an organizations processes which may or may not be listed on their website.

So, question 5; can people with chronic and complex mental health problems benefit from digital mental health? This is actually an interesting one, because I would say the stance on this question has actually changed over time. When digital mental health treatments and tools first began emerging, they were designed as low intensity treatments for people with mild to moderate symptoms. So there was this assumption that they weren't suitable for people with more severe or complex problems, and that's what face to face treatment was really there for.

However, in the past few years, as more and more digital products have emerged and this technology is becoming more tightly woven into the fabric of our everyday lives, I would say this assumption has been flipped on its head, and we're seeing that there are a range of ways that people with complex problems can benefit. For example, online social connection and peer support in safe, moderated online spaces is a fabulous way for people with complex issues to impact, connect with others, especially if their condition or circumstances make face to face connections difficult. Crisis phone and chat services can be an empowering coping strategy for crisis situations.

And there are numerous issues specific services for people with complex situations and backgrounds like domestic violence, sexual assault, parental separation, neurodiversity and so on. And while you might not think that the treatment programs would be very helpful for people with chronic or complex issues, that can still help by becoming perhaps one small part of a larger comprehensive treatment plan.

I think the thing to remember here is that it's unlikely that a digital treatment, if selected from a vetted source like eMHPprac or Head to Health, is going to be harmful. So it means that clinicians can feel pretty comfortable just giving things a go and seeing how their clients and patients find them.

So question 6, where do I find digital mental health treatments and tools? Well, it depends what you want to find. A lot of people use the App Store or Google Play, but it's a little bit like the wild west out there at the moment with snake oil on the shelf right next to safe, good quality products. And it's very difficult and time consuming to tease out the good from the bad. So, you'll find a lot out there, but not all of it is safe or effective. So if you want to go the other direction and stick with safe and effective but less choice, then head to Head to Health or our own eMHPprac directory are where to go as all the products on there have been vetted by experts in the field. And although when I say less choice I'm talking maybe 100 services instead of 10,000. So for a lot of people, less choice is actually far more appealing because it's less overwhelming.



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So that's it for today. Thanks so much for joining us and for your continued support of our work. That's a wrap for Season 2. We'll be taking a few months break and we'll be back fresh in 2023 with season 3. We wish you all safe, happy and relaxed wind down from 2022 and looking forward to seeing you all again next year.

Tania McMahon

So that's it for this episode of Digital Mental Health Musings. Thanks for listening. If there are any other topics you'd like to hear us discuss, please head to our website at www.embrac.org.au/contact and let us know. We'd love to hear from you.