

## Digital mental health and the power of personal stories

On the Ground with Diane Cass

### 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. Thank you for tuning in. I'm delighted you're here. In today's episode, I'm thrilled to be joined by social worker Diane Cass for our on the ground mini-series, delving into the real world ways in which health professionals are using digital mental health with their clients.

Diane started her career in England as a lawyer before making the move to Australia in 2002, which also inspired a career change. She has a Master of social work, a Master of mental health practice and has taught at universities across Australia. Diane is also currently a doctoral candidate with Charles Stuart University. Through her research, she hopes to improve the mental health of families struggling with chronic and life limiting illness after her own diagnosis with mitochondrial disease, so on to the episode. Enjoy!

Diane, welcome to the show. It's such a pleasure to have you join us today.

### Diane Cass

Thank you. It's an absolute delight to be here and I'm really privileged to be able to come here online.

### Tania McMahon

So, Diane I mentioned just now about your current research. Can you tell us a little more about what you're investigating and the significance it has to you and your own lived experience?

### Diane Cass

So, in 2019 myself and my three sons were diagnosed with a very rare form of mitochondrial disease. It's so rare it doesn't actually have a name, it's just got a sequence

of numbers. We didn't really know how to unpack this because it was so huge. So, I did some research on seeing if I could find a group or some supports for multiple members of families who are dealing with a life limiting illness, and I found nothing. So, I thought, well, we're not the only family so I decided to look at doing my own research, what that would look like, the best way of going about it, and found that studying a doctorate was probably going to be the best way of getting the information, the accurate information and disseminating it well. So that's what I, I did.

So, I want to see, I want to see what is going to work for people who have more than one person in their life in their family who are diagnosed with life limiting and/or chronic illness because chronic illness can be equally as debilitating. The, the reason is it's different. When I looked at joining a group or, or finding some supports for multiple family members, all the information I found was for if a loved one is dying. If you're dying. If you've got a diagnosis. If your child has a diagnosis. There were, I just couldn't find anything for if you have a diagnosis and all your children have a diagnosis, and it is different. There are differences.

At one point, I've had three loved ones in hospital at the same time. Who do I go and sit with? There's all this guilt because you can only be with one person at a time. One child, and they're all children at the time. What do you do in that situation? It's different than if you've only got one person who is unwell. Everybody can wrap around that one person. Whereas when it's multiple people, you have such complex grief because you're grieving your own future that you anticipated happen, but you're also grieving the loss of your children's futures that are not gonna happen.

So it's very, very different and and that's what I want to capture. That's what I want to find how we can do it better. How we can. I, I'd really ideally like to have doctors provide families at the point of diagnosis with some supports and resources. And I would like to create some resources for services so that if someone goes to them, for example Lifeline, then they'll be able to point them in the right direction or provide resources to them. And so that's, that's my ideal role.

### **Tania McMahon**

Wow. That's incredible. So it's yeah, it's really acknowledging that, yeah, there's, it's not just, yeah, people wrapping around this one person experiencing a, you know, a life limiting illness and providing that support for them. It's everyone in the, you know, in this this family environment, having to play multiple roles, you know, givers and receivers of care. That's really incredible and it's, I imagine, that really would have, and would be informing your own work then with, with your clients and the people that you work with.

Now you also, you practice as a social worker, as we mentioned before. Can you tell us about the kind of work that you've engaged in and yeah, the kind of clients you would typically work with, and what that that's looked like?

### **Diane Cass**

Yeah. So, I work with adults. I have had a few children, but generally I try and stay with

adult. It's, it's, it's more in my wheelhouse. I did some training in PTSD, so I also work with Open Arms, who are the branch of Department of Veterans Affairs who deal with veterans and mental health issues. I also, in private practice, see clients billed either privately or through Medicare.

### **Tania McMahon**

And so, what was the turning point for you in adopting digital mental health tools and products into your workflows? Obviously talking about you know online say treatments or information sources or places of online peer connection. Those kind of digital mental health tools. What was that turning point for you? When did you start looking at those as something of interest to your work?

### **Diane Cass**

I think working in the universities was a really good foundation for me because we had a lot of younger people and they were very interested in doing, going home and doing online things in the evenings. So, I did have a foundation there, but I think, as with many people, probably COVID was the main turning point for completely switching over if you like to the online platforms and digital mental health.

In addition to having that online platform to see clients and engage with them at meetings or appointments, I also started to work more with clients in terms of giving them other things that they could utilize throughout the week or fortnight or however often, I would see them.

So, some of the main ones that I used were Black Dog, which is a fantastic website. It's a really nice interface. It's easy to read. It's easy to follow, and they have personal stories on there from people who have contacted them and provided their histories. And clients like that, they they tend to engage well. We all like that. We all like to learn that we're not the only person dealing with this. And it's okay for me to say you're not the only person dealing with this, but when they actually hear stories of other people and how they've overcome certain situations, I think it's incredibly powerful.

So that's Black Dog. I really like Black Dog. I really like Beyond Blue as well for the same reason. Clients have always reported that it was easy to read. There's not too much information. There's a lot of fact there. So, in terms of like the fact sheets that they provide, they, they, it's not just text heavy. It's easy for the client to just grab a sheet and have a look at it online or or whatever, however they they use that. And then just, you know it might have dot points. It it, it's just easier for them to engage, have a quick look at that and take something away. Whereas when something is just all writing and clients don't really want to engage with that. It's too hard. It's too difficult. None of us want to do that. Especially if we're working, at the end of a a long day, we get tired. It's the, the better the interface, the website, the easier it is for clients to manage.

I think Reach Out is also a really good resource because they have lists of apps. So particularly with younger I found with younger clients they will see what apps are available, and it also details whether they're free, if there's a cost. Cause a lot of the apps are free

and they can engage quite well. They've got it on their phone. I'm a bit older and I wear glasses, so for me it's not ideal always to have an app because it's harder for me to see, but I know. You know, we, all of these things you have to take into account when you have a client and what's going to work for them. And if you don't know, ask.

### **Tania McMahon**

Yeah. It's, it's very interesting what you were saying about, about the shift with, with COVID because that that's my own experience as a clinician too, that these tools were there beforehand. I mean zoom was there and but all the digital mental health tools as well were there beforehand, but it was this kind of forced transition to online work where we're working online and, and sending resources online that made you know me as well look online for things to support my clients. Cause I couldn't, I couldn't give them a worksheet anymore. I couldn't photocopy out of it you know, a textbook anymore, this hand out, you know, one of my hand outs.

And so really, I think it really sounds like for you as well opened up your work to digital resources and, and allowed us to go looking for and find the Black Dogs and the Beyond Blues. Those, those really helpful information sources to provide to clients as part of the the work we're doing with them. And it sounds like the same, the same and you know not just the information providing roles. The same happened with creating spaces for peer connection. It sounds like with, with your work that people really wanting to not feel alone in what they're experiencing. And I totally agree. You can you can say 'ohh you're not alone. There's you know there's, you know probably X amount of people out there,' but it's, it's nothing like hearing an actual story. Even maybe chatting to someone who's gone through something similar because obviously there's there's a lot of people might be familiar with the Beyond Blue Online forums for different mental health and and other situational issues. And it's so powerful to be in contact with other people going for the same.

I imagine that your own experience with your, with your mitochondrial disease, that would have really resonated with you having, being able to find spaces online for, for people to connect with others going through the same thing.

### **Diane Cass**

Absolutely. Yes, definitely. And I think it also helped me to understand the importance of the self-care plan and that these things go in a self-care plan. So the, when I would create a plan for clients, or with clients, instead of going from family friends, straight to calling an ambulance there would be all these different resources in between. So if you know they didn't have a family member they could contact, then the next step would be perhaps going online and seeing what they could find there. I have found the feedback has been incredibly positive from the my my my clients.

### **Tania McMahon**

Yeah, I was, I was sort of wondering that. Are there any examples that you can speak to about, you know, benefits that you've seen in having these additional resources there as as part of your work?

### **Diane Cass**

Yes, there's, there's lots actually, but a couple come to mind. One was a young girl. She, and I'd having said I don't generally work with children, but I have had a few, and she found a really good app through the Reach Out website. And she was so excited she came back. I was seeing her weekly for a while. She was quite unwell, and then generally it was fortnightly. And she was in quite a low place and this app just helped her because she had her phone with her all the time. So whenever she feeling overwhelmed or a bit like she wasn't going to manage she would simply go on her phone and have a play with the app. And I don't remember the name of that app unfortunately, but there there were quite a few on there. And because it was free, she could use it as often as she wanted. And it was great. So that was a really good resource for her and it just, it helped with her equilibrium throughout the day when she wasn't able to discuss it with anybody.

The other one that really comes to mind was a man who was, ohh I'm gonna say early 40s, and he'd had a suicide in his family of very close loved one and he had quite complex grief as a result of that. It was very, very difficult for him to process it. One site I haven't mentioned, and I think they've changed their name. It's just called Grief now but it was the Grief and Bereavement Association, I believe. And again, very, very useful resources. Very helpful. We talked about different types of grief and we talked about. I provided him with the connection and links of how to get to the fact sheets and he read something from the Rosemary, I think it's called the Rosemary branch. I'm not sure. I can't remember exactly, but it's their magazine and there was an article in there and it just resonated with him, so much so that he talked about it for six months afterwards and he was like a new person.

### **Tania McMahon**

Wow.

### **Diane Cass**

Yeah. And it was just this one article. It just it just connected. And it's that aha moment sometimes, because, I, I don't have all the answers. None of us have all the answers and we need these resources as a wrap around, it as as part of our toolbox. And I think that they're incredibly valuable as part of our toolbox, if we use them as such.

So yeah, that's a couple of examples I can think of, but I'm sure that there are dozens more.

### **Tania McMahon**

And that's a really lovely way of putting it. We, we don't have all the answers as clinicians and obviously we can't, you know? And it's really enhancing and augmenting the work that we do to be able to draw on this huge sort of repository almost out there of, of different ways to support our clients. Whether that's through information, or peer connection and you know other people's stories, or or an app that supports them.

And I really love how you've described there about, that, that it's just finding the right thing. You know, there's so many options out there. There's not gonna be a perfect app that fits everyone. It's finding the right one for that particular client. You said you know, particularly



with that younger client and app was just perfect for her because it was in her pocket all the time. She used it all the time. It was just that little bit of support she needed.

And interestingly, you mentioned older adults before and and you know, we we might think, oh, maybe it's a bit more difficult to use technology for older adults. Maybe they're not as suitable. But there's also great research showing that, that with, say, online treatment courses, those ones out there such as like MindSpot, This Way Up Mental Health Online, which are, you know, full courses of treatment online for different, depression, anxiety, different issues. Older adults have been shown to have great completion rates because they really have strong commitment when it comes to, you know, committing to doing something and seeing it through. And often there's a lot less drop out for older adults in those, those particular programs. And they, and who knows, there could be a whole lot of factors. Maybe it's easier to read on a on a big computer rather than a small screen. I mean, you know, maybe it's it's, you know, a style that that, that works for them. But I think that the point here is it's really about finding, you know, there's so many options and it's being able to pick the right thing from that library of options to help provide that extra support. You know, the little, the little gaps in between where we we can't be there all the time and and give them everything. It sounds like you've found really fantastic ways to do that in your work.

Has it introduced any surprising challenges? Have there been, you know, challenges in in introducing these kinds of tools where you've been maybe been drawing on your existing skills in adapting to using it?

### **Diane Cass**

Actually, I've been thinking about this question and I've been very lucky, I haven't had many challenges. I think the only thing is technology. It can fail. I've had a few power cuts, not many, but a few where then I've had to use a telephone and have a telephone appointment instead of an online appointment, which is never as good. You, it, it's so much better to be able to see the person rather than just hear them. But it's still, it's still worked, and at least they've had that connection, and you've been able to touch base, answer questions maybe and discuss how to move forward and so on.

So I've been very lucky. I haven't really found any major challenges, which is is great, I think. And I I think as long as you've got that ability to use basic computer skills, it's not gonna be too bad.

Actually, I've just remembered a situation where I was presenting a case note seminar to a group of new people in an organization. So it was part of the orientation and I had no sound of them, so I couldn't hear them, but they could hear me, but they couldn't see my PowerPoint. So I basically I just talked and we made it work.

### **Tania McMahon**

And I think that's a really good point. Just you know, with technology as a whole is that we, we, we make it work and not because we could know technology particularly well necessarily, or where your masters are overcoming those. But I think we we as clinicians

we draw on our flexibility and adaptability. Because there's been plenty of times pre technology pre digital work where things haven't worked either. Like here, I'm gonna hand you this worksheet, ohh, I've run out or I can't find it. Or you've brought up this other issue that came up and you've just thrown my whole agenda out the window. And that's got nothing to do with technology, and we find ways to make it work. And I think that's a really helpful thing for, for clinicians to reflect on when we think about introducing new things, new tools into our work is we we'll make it work. We'll make it, make it work the way we always do. So, you know, I really, I really love hearing how your your you know making, making this work in in your work with clients.

As we kind of come to a come to a close. Just would you have any just general tips or advice to clinicians who are maybe completely new to digital, digital tools who are, you know all this is, I don't really know what's out there or I don't, I haven't used anything, I'm just kind of I'm sticking with the with what I know? Anyone who's completely new. Any tips or advice from your experiences?

### **Diane Cass**

Yes. I think one of the main things that I, that has worked for me, it's not gonna work for everybody is to have a play. Just play around. You're not gonna break it. Just have a play with stuff. And I I genuinely think it just makes life easier. Anyone who has young people in their lives will know that they have these opinions about us older people. When I got my first iPhone, all three of my sons were like, why did you get an iPhone? You won't be able to use that. Well, no, I can't use, I couldn't use it until I got it and then I had to play with it, and now I can use it. So, it's just like that. It's just like anything. We don't know how anything works until we are taught how it works or we learn how it works. So. I I genuinely believe that that's how I managed to bumble through with all of these things.

And also I have always taken notes. I used to have a much better memory. The disease that I have affects my memory, but I even though my memory was pretty good, I would always take notes. Just like when you start a new job you take notes of the login, you know, how to open the office in the morning or whatever it might be. And taking notes isn't necessarily pen and paper. It could be on your phone, it could be on your iPad. Whatever you know. However, it works for you, I think having something to refer back to. So, if something happens and you think 'ohh, why is this happening again? It happened before and I can't remember how I fixed it.' If you've got the notes, you can just go to it and ohh right, okay. And it, it does make it more relaxing to use the technology.

And you're not alone. At the end of the day we're all in this together, and you're very much not alone.

### **Tania McMahon**

Yep. Yes. Oh, fantastic advice. Yeah, have a have a play around with, with the tools. I like what you say. You're not gonna break them. And in fact, that's how a lot of people can come across the ones that become their go to's is because they're sit. They're having a play. They're having a sift through or, you know, logging into different, you know, apps or programs or just information sites. Seeing what's there and then coming across stuff and

going 'ohh wow this this is so easy to understand. This is this is fabulous. This becomes my go to now.'

And the notes I like as well actually because sometimes you don't remember. Like, did that one have a login or, you know where did I have to, you know what drop down box was? You know, what menu was that that thing that I found really helpful? Where was that? I think that's really really great advice.

And yes we are all in this together. We're all kind of making this up as we go with, with figuring out how how to do this, this blended care thing. There's, there's so many ways different ways it can look and we've really appreciated having you on and sharing your experience as Diane. It's been an absolute pleasure chatting, chatting to you. Thank you so much for, for joining us today.

**Diane Cass**

Thank you so much for having me. It's been great.

**Tania McMahon**

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