

How digital mental health can help strengthen client-practitioner relationships

On the Ground with Bianca Cannon

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 and today it's such a pleasure to be joined by GP Dr Bianca Cannon for our 'On the Ground' mini-series, delving into all the practical ways in which health professionals are using digital mental health with their clients in their practice.

So, Dr Cannon has worked in medical education for two decades. She's a lecturer in the specialty of General Practice at the University of Sydney, where she currently teaches medical students. And previously she has taught GP registrars and postgraduate students in the Master of Medicine program. Bianca also works in private practice as a GP, where she specialises in womens health, mental health and preventative health, including sleep medicine, where she's experienced success with digital mental health. So, Bianca, thank you for joining us and welcome to the show.

Bianca Cannon

Hi, Tania. Nice to be here.

Tania McMahon

So, Bianca, that that intersection between general practice, mental health, and preventative health is so interesting to me because there is such an opportunity there to reach people at that critical early point in care. Can you tell us briefly just a little, a little about your work and then how you came to develop your interest in those particular areas?

Bianca Cannon

Sure. Look, I guess initially I was attracted to general practice because of the idea of continuity of care. When I worked as a resident in ED, I would often find that I would be connecting with patients and then they would get discharged, and you don't get to find out

how the story ends. So I think just having that ongoing care is what attracted me to general practice.

Mental health issues are very common and so in general practice you're exposed to a lot of patients with mental health issues, and I realise that actually a lot of that can be managed in general practice. And that mental health has such an impact on physical health as well, and that by helping patients with their mental health concerns, you can improve wellbeing so it's a very satisfying area of medicine to focus on.

In terms of preventive health, I guess I like the appeal of intervening early to manage risk factors before disease becomes established. And the other nice thing about preventive health is that you can empower patients to take control of their own health, and a lot of my patients are very interested in things that that they can do themselves to improve their health.

I guess in terms of sleep medicine, that's something I've become interested in more recently after attending a conference a few years ago, and I realised once again that that sleep problems are common and that they can impact on wellbeing. And also, you know there is that interaction between sleep and mental health, sort of a bidirectional relationship. So it's been interesting to find out, particularly about cognitive behavioural therapy for insomnia. And you know that's, that's something that's an effective first line treatment for insomnia. So, it's good to have that awareness of that and be able to offer patients something besides sedative medications.

Tania McMahon

Yeah. So it really, it really sounds like your interests have been guided by this, this interest in seeing people and patients as, as a whole. And you know, seeing where the journey starts, being with them right through the, you know, the their journey right through the the system and and seeing all the different factors that contribute to their overall health and what, what influences what. Yeah.

Bianca Cannon

Yes, absolutely.

Tania McMahon

So, we're all always really interested to know more about what motivates clinicians to first look into digital mental health and then to start using it with their clients. What was that turning point for you in your practice? What made you kind of make that leap from hearing about digital mental health or just becoming aware about it to then actively working with it?

Bianca Cannon

Yes. Well, a number of years ago I did some GP training workshops with the Black Dog Institute, and that's probably where I became aware of digital mental health resources, but I don't think that I started using them straight away. I think that that was more something a little bit further down the track.

I became aware that there were some patients who I thought would really benefit from CBT, but who for whatever reason weren't able to see a psychologist. Whether that was because of time or cost or waiting lists for psychologists. So, I actually became familiar with the THIS WAY UP programs and, and tried it with a patient. One particular patient who I can talk about later if you want me to. And that was such a good experience that it encouraged me to continue.

And I think for me, the turning point was then becoming familiar enough with the resources that I felt confident to prescribe it for patients.

Tania McMahon

Mm-hmm.

Bianca Cannon

And then a little bit after that, I actually did the FPS skills training so that I could offer FPS strategies in general practice. And when I started doing that, I found that it was really useful to have a bit of a blended care model. So I would use digital health resources to supplement the work that we were doing in session. So that that was a bit of a, I guess, another turning point into me realising that there's different ways you can use these resources with patients.

Tania McMahon

And so, for and any listeners not familiar with that acronym you're talking about the focus psychological strategy, sort of upskilling your yourself to be able to deliver that.

Bianca Cannon

Yes, yes.

Tania McMahon

That's a really interesting journey. It sounds like there was that first phase of just becoming aware that these kinds of tools and products existed out there through that, that training you did it at Black Dog. But that that in and of itself wasn't the, you know, the one thing that was required. That you, you became aware but it wasn't really until you were perhaps more aware of the, you know, aware of the needs of of your patients and the places where those services could actually benefit them and seeing that evolve over time, that you then had the courage to, you know, look at say THIS WAY UP and and give it give it that first go.

Bianca Cannon

Yes. And I think I then found that those early experiences were very positive and that encouraged me to to continue.

Tania McMahon

Yeah. So it was having a powerful experience of 'okay, this works. This this could fit this gap here or this space here', and then and then building on that. And then obviously it sounds like then you, you really sort of upskilled and it really embedded itself into your regular care.

Bianca Cannon

Yes.

Tania McMahon

Yes. And so I'd really like to unpack your, your use of that program in particular. Before we unpack that, what, what other digital mental health products or services do you regularly use?

Bianca Cannon

Okay, so I tend to use THIS WAY UP for various different conditions; anxiety, depression, health, anxiety. And after doing the sleep medicine conference I became aware of a program called Bedtime Window which is a, a 5 week interactive digital program for insomnia management. So that's another service which I've used in practice.

Tania McMahon

Okay, great. So I'd really love to hear more about both of those starting with THIS WAY UP. Many of our listeners might be quite familiar with that suite of programs already. It is a quite a comprehensive online service. Clinicians actually prescribe it. There's a self-guided option as well, but it's quite unique in that clinicians can prescribe it in order for clients to access the program. And I know there are also reports sent back to the prescribing health professional. So, it's quite an integrated platform in that way. Can you tell us a bit more about your experience with using it? How does it, how does it work?

Bianca Cannon

Sure. Look, I think those features are probably some of the things I really like about this particular program and why I've become more familiar with using it.

So, I guess in terms of prescribing it initially, you know the first step would be to assess the patient in terms of their mental health, but also in terms of how suitable they are to do an a digital program. And if I've assessed that that is appropriate, then I would explain a bit about the program to the patient. Tell them which, which program I'd recommend. Also explain that it is, you know, I can give them a clinician prescription, which means that the usual \$59 fee is waived, and most patients appreciate that, but also that it's got the benefit that I can monitor their progress and continue to follow up with them in terms of how it's going.

So in terms of what I actually do, we would have that discussion and if the patient is consenting then it's very simple just to log into THIS WAY UP, and you need the patients first name and an email address and then you can actually enter their details and both the patient and I will get sent an email just confirming that I've prescribed it. And then I just explain to the patient that they click on the link and that takes them to the registration and then they can get started. I mean, depending on how much time I've got, we could look at the website together and sort of scroll through it a bit just to sort of see, but a lot of patients don't need that as long as you're quite clear with them about what the process of events is gonna be.

Tania McMahon

Mmhmm. Yep. Yeah.

Bianca Cannon

And I should say, the other thing that I always do at that initial appointment where I prescribe it is arrange a follow up appointment as well, so that the patient doesn't get the feeling, okay, well I'm, you know, sending them off to do this and I'm not involved anymore. I want them to know that it's going to be a supported process.

Tania McMahon

That's a really good point you make that you're mindful of the, the patients experience, and that it, this is not just I'm I'm flicking you off to this program and that's my that's my work done. That this is actually part of my treatment with you and my intervention with you and I'm I'm not just abandoning you.

Bianca Cannon

Yes.

Tania McMahon

That I'm, I'm actually going to be kind of coaching you through it and and this is a very involved thing that we're going to be doing together. Yeah.

Bianca Cannon

Yes, yes, I've just found that that works better for motivation and adherence to the program as well. And it's the way I like to practice so THIS WAY UP fits in well with that.

Tania McMahon

Yeah. Yeah. And the, the evidence shows that the programs are particularly effective. That the self-guided versions, where people kind of jump in and do them themselves are, are really effective in reducing symptoms, but they're even more effective when we have a clinician by our side guiding us through them. So that's, that's that in practice.

You mentioned that you can track their progress. What kind of feedback or data gets sent back to you?

Bianca Cannon

Okay, well I get that initial email that the patient gets just to confirm that they've been sent the link. And then after that on the website there's a clinician dashboard. So, if I log in, I can see all my patients who are registered for various courses and you can go to their progress report. So that'll show you what modules they've done and when they've done them. And also with each module the patient does some validated questionnaires, such as the K10, and I can see their questionnaires and actually track what their schools are doing.

And I guess one thing for clinicians to be aware of that THIS WAY UP actually does send the doctor, and also I think the patient, an email if a patient scores really highly on the distress score. So, I've received that a couple of times over the years so it's not very

common, and I think the first time I sort of was a bit alarmed, but what I found is, you know, just giving the patient a call to see how they're going is usually all that's required. Making sure that they're okay and organising, making sure you've got a follow up appointment booked in the next couple of weeks. And I guess now I sort of see it as a bit like getting lab results on a patient, you know? That you have a bit of a warning that you can act on.

I believe that after clinician feedback THIS WAY UP have altered that email process so that the email only goes out during office hours. So you're not getting an email at 11 o'clock at night about a patient who's distressed. But yes. So, I've found that I appreciate having that feedback. And the patient's actually really appreciative too when you give them a call and just check how everything's going.

Tania McMahon

Yeah. Isn't that interesting to hear how your, I guess relationship almost with that data and that that feature has shifted over time, because it is a new way of working in some respects. Getting these notifications going what do I do with them? Is it panic stations? Is it, you know, what, what, what do I do here? But that that your experience over time has been well okay I actually have a similar experience with, with physical, you know, feedback on lab results or or or what have you. And there's a way to manage it and and respond to the patients and and it actually helps the therapeutic relationship. That they feel that there is someone checking in on them but there is some you know level of awareness there from the programs end that we're not going to just bombard you with these emails or, you know, make it seem more.

Bianca Cannon

More alarming than it actually is.

Tania McMahon

Yes. Yeah, exactly. It's that they've, you know, been able to tweak it so that it's a helpful, a helpful process. And yeah, you're able to share a brief example of, of a client that you, you have worked with using the program? Sort of what that what, what the outcomes were?

Bianca Cannon

Yeah, sure. So I mean, one of the early patients that I used THIS WAY UP with was a lady, 35 year old lady, mum with three young children, and she had quite severe health anxiety. So she was having a lot of presentations with physical symptoms, chest pain, abdominal pain, joint pains. And you know, we were going through the process of working out what needed to be investigated, to provide reassurance, but then we, I identified, and she definitely agreed with this, that health anxiety was the large part of what was going on.

And I suggested CBT but she was, you know, a working mum with three young kids and didn't have the time and also couldn't really afford to see a psychologist. So, I suggested the health anxiety program from THIS WAY UP and she just really took to it. She was very motivated. She told me that it was so convenient for her because she could do it at night when the kids were in bed. And she found the whole process very empowering.

So that was sort of, I guess, an early, very positive experience that encouraged me to, to continue with referring patients to digital services.

Tania McMahon

Wow, that's a really positive story. You know, a really beautiful match between the the benefits that a digital service can provide with the the client with those, those needs that that those features really really fit with. Because we have spoken to, to clinicians who said you know it's not for everyone. We know that. We know that this is not for everyone. It's just that additional option to provide care to people who might not otherwise be able to access it for reasons like those barriers. So that's a really, really wonderful example.

You also mentioned earlier, the Bedtime Window app, the insomnia app that you've been using with clients. Can you tell us a little bit more about that intervention? The kinds of responses you've been seeing? Honestly because sleep issues, it's one of those big things. It's it's such a big part of mental health. It's often one of the first things we see go wrong, you know, when, when people are experiencing mental health is, is sleep declining. Yeah. Can you tell us a little bit more about that one?

Bianca Cannon

Yeah, sure. So, sleep issues are are very common. About 10 to 15% of Australians have chronic insomnia, and you don't always find out about it until you start asking people about their sleep. And I became aware that probably the most effective first line treatment for chronic insomnia is CBT, cognitive behavioural therapy for insomnia. And I think that referring patients to a digital program is a good way to take the load off the GP in terms of managing that.

So, this particular program was developed in Australia by two sleep psychologists and a sleep researcher. And it's actually a five week interactive program which is designed to be self-guided. I actually like to offer it to patients as a GP guided program, so if they are referred to the program and start that, I'll once again book in some regular follow up sessions with them.

Tania McMahon

Mm-hmm.

Bianca Cannon

And the program offers a combination of sleep, education and bedtime restriction therapy and stimulus control therapy, which leaves the main parts of CBT for insomnia. And I've had a few patients that I've referred for that. I mean the first patient was a lady in her late 50s who had, had chronic insomnia for many years and was very, very keen to have some non drug approaches to to managing that.

So, I referred her and then we subsequently followed up and she's had a really good response to the program. And, although I do think some of the parts of CBT for insomnia can be quite challenging to do so, I think having that support there from the clinician to encourage patients to continue is really helpful.

Tania McMahon

That's a really good point. It's really reinforcing that that what we were discussing earlier that having the clinician alongside, these programs can be really powerful. Because, as you said, motivation wanes and it's really important that people get the right I guess dose, if you like, of the of the treatment. That it's it's not as simple as just referring and, and every, you know?

Bianca Cannon

Yes.

Tania McMahon

Everyone's on their way. And so having that support alongside with the regular follow ups and the check-ins and how you're going and the the troubleshooting along the way is is really quite critical to make sure that people get the right dose of treatment essentially.

Bianca Cannon

Yeah. And so with that program, it's offered free of charge to patients. And it has been part of some randomised controlled trials, so there's already some safety and efficacy data published on the program, and at the moment it's an ongoing trial. So if a GP refers a patient, they're randomised to either , if they fill the the selection criteria, then they're randomised to either immediate treatment or an 8 week wait.

So you can say to patients you know, even if you don't get the program straight away, you are gonna be offered that. And often we're talking about insomnia that patients have been dealing with for years and years so I find they're not super concerned about an 8 week wait to get started.

Tania McMahon

Yes, yes. And that that's a a good example there of a program that is still in that testing phase. A lot of what we promote on the in the eMHPrac sort of website and directory are the freely available ones, And there's, you know, there are a lot of lot of really great programs like that one in the works where they're they're in that testing phase. But fingers crossed with the the process that we'll see, see that more freely available in months, years to come.

And I did want to also ask, just in terms of the process of integrating digital mental health into our workflow, it can seem quite daunting at first. It can seem like we're developing a whole new skill set. So, I just wanted to ask about whether that was true for you and whether there are also existing skills that we have under our belts? You know, existing skills that you had under your own belt that you realised came into play when it comes to adapting to digital mental health?

Bianca Cannon

Yeah, sure. I mean, I think that we still as clinicians need to use all those assessment and management skills that we already have to assess the patients mental health issues in the first place.

And also to use your clinical judgement to assess which patients are appropriate for digital mental health. And obviously we've discussed, it's not for everybody, but assessing things like, you know, use of technology, access to technology, motivation and just the patients preference, I think as well. So those things are all important.

And then I think we can also use some of those motivational interviewing skills that we use all the time to help sort of elicit that, you know, for patients, their own motivation to commit to a digital program. And then I guess also all our communication skills in terms of explaining the program and the benefits. So I think really it's just another tool in your suite of tools that you can use as a clinician.

Tania McMahon

And that's a really good way of framing it. That you're looking at it as another tool in your tool belt. You know, it's another intervention alongside any other intervention that you might recommend or treatment that you might recommend. And approaching it in a similar way that you would. That any patients going to need to have, you know, a good level of motivation to engage in, in a treatment, whether it's digital or a drug or you know whatever it is. So we're already exercising those skills in providing information about the treatment and you know really talking it up and talking about the benefits and exploring the patients motivations. So that that all applies to digital as well.

And, and I think the other thing that it raises is that then we need to have that information ourselves as clinicians. Obviously we, we might be really well versed in the different pharmaceuticals that are available. The other different treatments we might offer. But it also requires us to have the same level of knowledge with any digital treatment that we that we might recommend. That it's not just gonna be like, 'oh, there's this website, it's that I've heard of. Give it a go.' We would never say that about a drug or a, you know, a therapeutic approach.

Bianca Cannon

No, no, no.

Tania McMahon

We, we give a really comprehensive rationale, the risks and benefits. So the same goes for, for digital. We have to check it out ourselves and, and have that same level of knowledge.

Bianca Cannon

And I think that confidence then in the the resource that you're offering comes across to the patient as well and it's gonna impact on their motivation. But certainly for us to feel confident that we're recommending the right thing for the patient. I think having that familiarity with. Obviously there's many, many products and services, so getting to know some of them really well and being comfortable with them, I think is another, a skill basically that needs to be part of the mix.

Tania McMahon

Yes, and it sounds like you've got that with these particular programs. You've got this really comprehensive knowledge about what, what they offer and how they work that you're able to convey that to your patients.

There's also another, I guess with the digital in particular, there's also this other worry about the role that the clinician plays once we've recommended a service and the the therapeutic relationship and and that sort of thing. How has, has using digital mental health in your practice changed your relationship with your clients and patients?

Bianca Cannon

Look, I think the important thing initially is how you introduce the idea of digital services and how you explain and consent patients to to follow that path. And as we discussed earlier, making sure that patients know that you aren't fobbing them off. That you're still gonna be an active part of their treatment. And and provided that you do that in the right way, I've actually found it very positive for the doctor patient relationship because patients are very appreciative that you've offered them this option. And I think that they appreciate the follow up and it it becomes sort of a win win I think.

So, it doesn't at all replace the therapeutic relationship. I think patients still want to come back and see you and ask questions or discuss their experiences and then we can check on their progress. And also do more work on particular areas of the CBT that need a bit more detailed work.

So yeah, I think that for me it's been very positive and I guess also knowing that it's not for every patient. And definitely I've referred some patients that never do a single module, but you know being okay with that when they come back, just asking about it. It definitely hasn't damaged the relationship even if it's something that they didn't choose to pursue.

Tania McMahon

And that's a really and that's that, that clinical judgement coming into play, isn't it? Of being able to know your patient and decide, is this suitable for them or not and not just continuing to push something because you know it might be effective. It might not be effective for that particular client and and you've got that that really nuanced judgement there.

The other interesting point you you raised there, you know was that clients patients end up being quite grateful. That it's it's really been quite a positive thing for the relationship because they've been really grateful that you've raised this option to them.

And a comment I've heard in in other discussions is that you know some people worry about the ethics of recommending these tools And I'm not as familiar with them, or do they work? And obviously there's a lot of evidence out there that they do and in in some cases it's it's unethical not to recommend them because they, they do provide a great option for people who want to work that way.

There's so many people out there who say, like, like you mentioned that that first client

that, that mother who wouldn't have probably gotten that care otherwise, because of her situation. So I can imagine that for those people where it is the right thing, it is suitable for them, they they would, you know, they really want that kind of help, it would enhance the relationship. You know, thank you for picking up that this was out there! Otherwise I wouldn't have. I wouldn't have gotten this care. So I think that's that's fantastic that you've experienced that yourself that.

Bianca Cannon

Yeah, I think the other thing in terms of the ethics is that if you are familiar with the programs you're recommending and you know that they're evidence based. You know our patients, you know, are actually accessing a lot of information online that's not evidence based. So I sort of feel that if I can guide them in the direction of the right information, then ethically that's, that's much better, I think than finding information that's perhaps not as useful. And, well yeah, I I think ethically I would feel like it's just like another treatment strategy.

Tania McMahon

And I really do agree with you there that the, the digital world is is not just one that we're privy to as clinicians. Our patients and clients are there too, and they're coming across everything that's out there. And it it, it is almost becoming part of our responsibility to kind of herd them and guide them into the right direction because there's so many, there's so many not great directions you can go to online with the space the way it is at the moment.

So it, I think it that is a really, really good point that it it is a really helpful thing to be able to guide people to the tools and, and information and and so forth that is safe and is effective for them to use.

And so as we we bring our conversation to to a close, any final tips or advice to to any clinicians who are new to digital mental health?

Bianca Cannon

I would say give it a go. Become familiar with a couple of resources, or even one resource to start and try it with patients and see what the results are. I guess, you know, as we've already said, it's not for every patient. Don't be disheartened if a patient doesn't take you up on the the offer and and pursue it.

But also I'd say try to start with an easy patient. Easy in the sense of someone who is quite motivated and who wants to be empowered and who sees those benefits in terms of, you know, cost effectiveness and convenience. So, you know, start off that way and just see how you go. I think it's definitely worth trying and you know as as clinicians we have to embrace new treatments all the time for all sorts of different conditions. So think of it in in that way that you're you're learning about a new treatment.

Tania McMahon

Yeah, that's great advice to, to finish up on. Well, thanks Bianca. It's been such a pleasure to chat with you. Thank you for for sharing your insights and experiences with us.

Bianca Cannon

Thanks very much, Tania.

Tania McMahon

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