

Season Finale: A look back on 2024

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.

Kate Hatchman

Hello and welcome back to Digital Mental Health Musings and our final episode for the year. My name is Kate Hatchman. I'm a research officer here at eMHPrac, and I'm joining you as a guest host on today's episode filling in for Dr Tania McMahon. But don't worry, you won't have to miss her voice for too long, as we'll be delving into some of our favourite moments from the past year to bring your collection of some of the most important insights and takeaways from the season.

This year we've had some fantastic conversations with mental health practitioners from across the fields of psychology, social work and general practice as part of our on the ground series, delving into the real-world ways in which health professionals are using digital mental health with their clients.

We've explored innovative digital mental health tools for children and adolescents and looked at deep listening and the cultural practices that can help us become better clinicians and allies to our First Nations clients, colleagues and communities in our episode with WellMob. And, in one of our most listened to episodes, we explored clinician attitudes towards digital mental health and what that can tell us about what motivates us and what gets in the way when it comes to applying digital mental health interventions in practice.

We know through our work here at eMHPrac that evidence-based digital mental health interventions developed by mental health experts and co-designed with people with lived experience can be effective at treating and managing mental health conditions - especially when used in a blended care model. But there's also research that suggests that health professionals may be overlooking their role in routine care, often hesitating to incorporate them into everyday practice despite their potential benefits.

So, what's behind the gap that exists between what the evidence shows us and what actually plays out in everyday practice? Is it enough for a new intervention to be simply seen to be effective? What other factors influence where the health professionals decide to take up a new type of treatment?

In episode two, we spoke with Dr Marlena Klaic, senior research fellow in implementation science at the University of Melbourne, about just that. Implementation Science is a bit of a hot topic right now. Put simply, it studies how to ensure that new evidence is incorporated into practice. It asks the question how do we make sure that the most up-to-date evidence-based practices are available to everyone?

As a research officer myself, I found this conversation so insightful. Here's Marlena on the factors that influence the uptake of evidence-based changes into practice.

Marlena Klaic

Our team had been thinking for quite some time about the influence of stakeholder perceptions on uptake of an intervention outside of just is it effective or not. And we use the term implementability to describe the influence of those perceptions on uptake. Implementability meaning the likelihood that this evidence-based intervention, or even if it's earlier stages and we're developing it, the likelihood that the intervention will be used in everyday practice and across settings and over time.

Stakeholder perceptions can and do influence uptake, and that's really what we wanted to, to include in that framework. So, we identified that the same terms seem to be appearing in published literature and they're kind of gaining traction. These terms were related to perceptions and they were acceptability, feasibility, fidelity, sustainability and scalability.

Kate Hatchman

Those terms sound pretty self-explanatory, but as Dr Klaic explained, they're actually a bit more complex than you might think. First acceptability. It's about whether people find the intervention appropriate, but it's complex involving factors like ethics, perceived effectiveness and coherence. Confidence and ethical concerns impact how acceptable a new intervention feels and those perceptions can change overtime.

Then there's fidelity, which has three parts. Fidelity of delivery ensures was sticking to the intended design. Fidelity of receipt checks that the providers understand it, and fidelity of enactment looks at whether people can apply it in real life.

Feasibility is more straightforward. It's whether the intervention can realistically be done with the available resources, funding and equipment. Sustainability considers if the intervention can be maintained long term outside of research. And finally, scalability asks if the intervention can expand to new settings or populations, though it often requires adjustments to fit each unique context.

Together, these factors show that implementing a health intervention is a careful process far beyond simply rolling it out. And, as Marlena explained, the work of implementation

science does not stop there. It's really about understanding the practical day-to-day world of the clinician to find out what really motivates them or gets in the way of adopting new practices.

Marlena Klaic

We spent a lot of time thinking about the problem and there there's a quote, I think it was from Jeremy Grimshaw, where he says that developing solutions before understanding the problems risks developing elegant solutions to non problems. And I really love that because it's it's really just encouraging us to identify what the barriers and enablers are. Enhance the enablers, address the barriers.

So, it's a good cautionary tale for all of us to make sure that we really understand what's influencing the, the behaviour of the key stakeholders because sometimes when people say, well, I just don't have time, time is an issue, but it may be more to do with I don't have time because I don't have the confidence. I don't know quite what I'm doing. I don't know how to use the technology. So really understanding what those barriers are is is key.

Certainly the research that we've done is behind that resistance often lies more of a lack of belief that I can do it. I'm not confident doing it. I'm not quite sure how to do it. I'm not quite sure that it will make a difference. Is this even effective? So, so addressing those can often just overcome that that sense of it's too hard. You know, getting it out of the too hard basket and going I kind of know what I'm doing. Alright, well, I've got that little manual there, I know. I need to press these three buttons. I think I've got this.

Tania McMahon

Yeah. And some of, like I I found that that interesting that in those cases the intervention to help the practitioner might not be that complicated. It might be a very simple process of showing them how to, to, to do something or guiding them through it rather than a, you know, comprehensive training package that they might require. You know, it might be something as simple as just, yeah, showing them they can do it.

Marlena Klaic

Ohh it's it's often the case, Tania. I could tell you some, some real, I know we don't have time today but some, some great stories where I've been asked to to look at a situation where a really complex intervention was introduced, like multiple workshops to address something because. And that was developed without actually going back to the individuals and saying, well, what's your what's the actual problem here? Why aren't you using it? And when I did go back to ask them, the problem was so simple. It was often something to do with the options on the computer.

Tania McMahon

Wow.

Marlena Klaic

There were too many options, I don't quite know how to fill it in, so I'm not doing it. Which was free to fix, and we didn't have to introduce this very elegant solution to something there wasn't a problem at all. So yeah, you, you, you summarised that really well. It, it

doesn't have to be a really big intervention. Often it's these smaller changes that can make a significant difference.

Awareness or even knowledge is probably not sufficient on its own. It's important. It's a really good starting point, but perhaps not enough for us to change our practice. So other things such as the right resources. you know, to support practice, is also really important. So, making sure that we are not just putting it down to that, I'm gonna send out a flyer about it. Do we need something else there? Do we need prompts to remind us how to do it or that we should even be doing this behaviour? Do we need guidelines to support us? What other, what other strategies can we use that will help us to actually implement this behaviour in in routine practice?

Tania McMahon

Yeah, and and I think there's quite a few things there that are really not on the individual clinicians. That could be, you know, more systemic changes, policy changes, changes within all the unique organisations in in which which they work. Because I imagine there's, you know, also probably quite a few clinicians out there who may, yeah, like you said maybe do have that awareness and the the confidence within themselves to make this change, but then the the context in which they work doesn't quite support. That doesn't provide the resources that that they need.

Marlena Klaic

And of course it's, it's normal in any change to to wonder about the impact that it's about to have. I I think about that. I have this terrible technique of trying to code information as I receive it and think to myself, I wonder what sort of a barrier that is and it's it sounds like this sort of belief about consequences sort of thing. What will happen if I do or don't do this new thing? So you know, if I, what will be the outcome? If I do deliver or I do use this digital health platform, will the consequence be that I'm not going to have as much of a connection? Will the consequence be that I'm not going to be able to read or gauge some of the symptomology that I can get from having them right in front of me?

And there are some amazing behaviour change techniques, again in that space of how can we support somebody to address that sort of space where they're not clear about what the consequences are? So, is there evidence to show that rapport can still be established effectively even on a digital platform? Is there strategies that show us how we can actually do that? Are there strategies around how we can still gauge symptoms even if we're, we don't have a patient directly in front of us?

So, taking an implementation science approach, I would look at that sort of information and try to dig through and say, well, is this about a lack of understanding around how a digital platform works in terms of therapeutic report? Because it seems to be coming back to that, and then looking at those behaviour change techniques that have, you know, great evidence base behind them, you know, good, good evidence of effectiveness.

Tania McMahon

Umm. Yeah, it's a, I think it's a, it's a challenging space because it really, especially since since the pandemic a lot of people can identify with this really fundamental shift in the way that we've worked. You know not just working remotely you know by telehealth but then the introduction of all these apps and different tools and this real questioning of it, and reluctance and and and resistance to it. And, and about what it means, because it it is, you know, unquestionably changing what therapy looks like and that I think for a lot of practitioners is quite scary. You know, certainly from, from our perspective we know there's a lot of benefits to be had, but I think for a lot of practitioners, they're they're asking the question well, are those benefits worth the, like you said, the the predicted consequences? What are the consequences here? Are they worth this potential cost that that we don't, you know, we don't know what it might be. These unknowns. I think that's it's a scary place to be for a lot of health practitioners. What, what, what could happen? What could go wrong if we if we kind of leap into the this new space?

Marlena Klaic

Yeah, absolutely. And it is scary. Change is really scary. You know, it's when we're talking about a health context or, you know, our own personal context, it it does feel daunting. What is it gonna look like? Is it gonna be OK? And what if I'm my patients don't fare well? Lots of really reasonable questions and questions, maybe too around ethicality. And I sit in two camps there like, well, is, is it you know, is it ethical to do this if I'm not, if I feel like I'm not establishing a rapport? But then is it ethical not to do it if it addresses these accessibility challenges?

And and I think we need to be brave and and have these discussions. You know it it doesn't, and we touched on this earlier on, it doesn't have to be a a huge intervention strategy to change. From an individual perspective, sometimes you can feel a bit isolated and it feels hard to be the one that's trying to advocate for change or, or you might feel like you don't have support.

So, one of the strategies that I often recommend for clinicians is if there's the option to join other community of practice or special interest group or something along those lines where you have some collegial support. Doesn't have to be in your practice. They can be in your professional group, and people that you can discuss things with. How did you do that? What do you do? It is often a safe space to be able to do that. So that's a generally free, or or it might be part of your accreditation costs. Usually it's something like a monthly or quarterly meeting. And it can be really, in, in fact, I think it's got one of the strongest evidence-base to to changing practice and implementation strategies is a community practise or a special interest group. So that's, as an individual clinician, I think that that can be really powerful.

Kate Hatchman

That was Dr Marlena Klaic, with some fascinating insights into some of the ways we can apply an implementation lens to explore and challenge our attitudes and beliefs when it comes to adopting new practices.

And what really stood out to me is that when we do dig a little deeper and we challenge our initial resistance to something new, we can get clarity around what the real barriers - and then solutions - to that resistance can be. And in a lot of cases those solutions can be quite simple.

If you're a health professional sitting in that tricky space where you have some motivation to adopt these new ways of working, but are finding it hard to, check out the episode for some great insights and ideas.

And now that we understand the science to overcoming barriers of implementing new evidence and treatment into routine care, it's been great to back this up with some real-world examples of clinicians trialing digital mental health in their own practice. This season delved into a few examples of what's worked, what's been challenging, and how clients have responded.

In episode six, in our conversation with GP Dr Bianca Cannon, we explored the genuine concerns that clinicians might feel about digital mental health and its potential to disrupt the doctor patient therapeutic relationship. Questions like 'how will my clients react to something so new and different?' or 'will they think I'm too busy for them or feel like I'm dismissing them?' are all valid concerns. And then there's the worry that clients might feel abandoned or betrayed. They might think, I came to see a health professional, this is not what I signed up for and disengage from treatment.

But in this conversation, Bianca shared multiple experiences where digital mental health tools actually strengthen trust and positivity between her and her patients. Many of them appreciated being offered this option, along with timely and attentive follow-up. She said it empowered her clients to engage in care that they might not have otherwise received.

Tania and Bianca also discussed the fact that patients are already exploring the digital world with tools and information themselves, not all of which are reliable, safe or effective. What I learned from this conversation is that patients trust in their care provider can significantly increase when the practitioner is not only aware of this, but also guides them towards credible, safe and evidence-based tools, information and services.

Here's what Bianca had to say about how she became curious of the role of digital mental health in her practice, and how she's learned to help her clients work with resources like THIS WAY UP.

Bianca Cannon

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.

And then a little bit after that, I actually did the FPS skills training so that I could offer FPS strategies in general practise. 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, a, that's another turning point into me realising that there's different ways you can use these resources with patients.

Kate Hatchman

Describing how programs like THIS WAY UP works, Bianca says she's able to monitor the progress through a dashboard which provides updates on completed modules and scores from questionnaires like the K10. Clinicians receive an initial confirmation email when a patient joins the program and if a patient's distress score is unusually high, the system sends an alert, prompting the clinician to follow up with a full check-in call. In Bianca's experience, she says patients appreciate the check-in too, and value the added layer of support.

Bianca Cannon

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

Bianca Cannon

Yes, yes. So 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 it fits in well with that.

Tania McMahon

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.

And yeah, are 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 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 a large part of what was going on. And I suggested CBT, but she was, you know a working mum with three young kids and, 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

And I think the other thing that it that it raises is that then we need to have that information ourselves as clinicians. Obviously we, we might be really well versed in, in the different pharmaceuticals that are available, the other different treatments we might offer, but it 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.

Tania McMahon

We, we give a really comprehensive rush now 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 of knowledge.

Bianca Cannon

And I think that confidence in 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 is another a skill basically that needs to be part of the mix.

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 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 becomes sort of a win win I think.

So, it doesn't at all replace with 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 patients, and definitely I've referred some patients that never do a single module, but you know being OK 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.

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 yeah, I I think ethically I would feel like it's just like another treatment strategy.

Tania McMahon

Hmm. 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 directions 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 that that is a really, really good point that 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.

Kate Hatchman

That was Dr Bianca Cannon there and I really enjoyed hearing about the way that she was able to match an online intervention with the client who was motivated to engage in therapy, but at the time just wasn't able to clear time for in person visits. And as Bianca mentions, we know that digital interventions won't work for everyone, but when it's matched to the right person in the right circumstances, with the support of a health professional, it can be really powerful.

Now, in episode three, we went social worker Diane Cass. Diane mostly works with adults, but she also works with veterans experiencing PTSD. But in 2019, when Diane and her children were diagnosed with mitochondrial disease, a rare genetic and life limiting condition, she found that there was little mental health support for families dealing with the complex grief that a diagnosis affecting multiple family members can bring.

Through her own lived experience, and her research in the genetic disease space. Diane understands the significant impact that a lack of social connection, peer support, and

opportunities to hear about other people's experiences can have on mental health and wellbeing. In this conversation, Diane explains how she's been able to help clients feel less alone and more supported as she talks to them about the personal stories and peer support forums that sites like the Black Dog Institute and Beyond Blue offer. Take a listen.

Diane Cass

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 utilise throughout the week or fortnight or however often I would see them.

So as some of the main ones that I used, 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, and 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 OK 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.

Tania McMahon

The Black Dogs and the Beyond Blues. 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 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 through the same thing.

Diane Cass

Yeah. 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, 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.

Kate Hatchman

Early on in the season, we also heard from respected child and adolescent psychologist Dr Lyn O'Grady, who shared her tips on when to introduce digital tools and services to her clients and how to help them get the most out of these interventions between sessions, and how to be authentic about the digital tools that we recommend.

From trialing sleep and mood tracker and mindfulness apps herself, to building her own personal experience of success using digital mental health, to working with clients through modules like The Brave Program in session, Dr O'Grady says that being able to authentically recommend and vouch for a handful of products was key to her feeling confident about working with digital mental health.

And while being familiar with a few quality resources is a great place to start, Dr O'Grady says exercising clinical judgement to determine when in a client's journey to introduce digital tools plays a significant role in the success of the intervention. Here she is from episode one:

Lyn O'Grady

Yeah. So I think the Sleep Ninja is a a more recent one for Black Dog which I've used, which is specific obviously to sleep. And sleep is a pretty big issue with cross across the board I think, and something we're recognising is pretty important. You can't really think about mental health without thinking about sleep.

So, I've I've had some success with that with, I'm thinking about one teenage boy in particular that I would only ever see on zoom and and he was quite keen to to kind of do what I suggested. So he was always someone who would take away, you know, sort of expectations from the session of what he would do. And if it was, talk to mum about something or go away and try something or deal with something differently, he would, he would always do that and report back. So he was he was fairly serious about what we were doing. And so he was quite a good person to use Sleep Ninja with. So it it was something that he did, he did use. He did find it interesting.

It didn't solve all of his sleep problems. He would still have some difficulties with with sleep and and being a a teenager doing, you know, sort of trying to manage his his time and turning off these these devices and things at night time sometimes got in the way of that or, you know, just sometimes some worries that he would have would get in the way. But but at least he gave him something quite concrete that he could use and refer to you and take responsibility for.

So he kind of, it was almost like he knew from that and the conversations we've had over a period of time around sleep hygiene and what he could do to try to help himself and gave him something extra. So I think that was something that added, added some weight to what I was talking about. And also in a session you're trying to cover so many things quite often in that 50 minute session that to give, give that sort of idea to go away and look at that to consolidate some of that or to get a bit more information or to look at it in a different way. Because you don't quite know what people do take away from the conversations that you're having.

So, so that was that was a pretty successful one. And I looked at it myself as well. So I had, had a bit of a look at it and I was sort of aware of what, what was there. So then I felt confident I could explain what it was as well and confident that the timing was right, because he tried a few things with sleep. We talked about it a fair bit, and then here's this

app that that I found out. So I was able to be a bit enthusiastic about it and thinking it's it's probably, you know, really good, good time now to try it. That we sort of, you know I didn't start with it because I kind of worry that you just give it an app to start with too soon that might be a bit dismissive. That we've got some work we could do first. So I felt the timing was quite good. That he was, he tried a few things or we've sort of been working on it so we needed something to boost that. So that he needed something extra I felt is what I'm saying is kind of not getting is not creating the change. So added to what I do and gave him something to go away and look at between sessions as well.

The other one that I've used quite a bit is Bite Back, which is again for Black Dog and it has kind of activities. So it's around mood, it's around, it has different sort of topics. And there's one activity that I've used around friendships and it's like a little quiz that you can sort of use. So I'll use that in session with people as a way of sort of getting them sort of familiar with what it is. So I just sat, sat at my laptop and work through that activity and giving them a bit of a feel for what, what's there and then sort of shown them the other things. And I've had mixed success with that.

So I, I was sort of thinking that getting in, doing it in the session so they're familiar with it and then sending them the link so they've got it handy or writing it down for them might then engage them a little bit more. And I think for some people it did, they would use that and as part of coping. So often night time again is a difficult time And so having something maybe to to try to do before bed to try to focus on was something. Even though we say don't do, you know, turn off your devices, but for some young people it was sort of something. They're ruminating and, and getting stressed and maybe having, you know, thoughts about self-harm or suicide with some of the clients I was working with time. So this was sort of an idea around maybe you could do a bit of that as part of that bed time routine, as a way of getting your brain into some of this more positive, helpful stuff that might be engaging.

So that that was kind of helpful for a period of time for some people, but then others I would say did you check it out? You know, did you remember to have a look and they hadn't necessarily done that. So even though we've done it in the session, which I felt was setting them up to get familiar with it and have something to take away, but it didn't always mean that they would go away and do it. So I, I guess it's this individual choice, an individual, you know, kind of priorities that, that people have but that, that like that was a useful way. At least I thought I was, I was doing it in a solid way. I wasn't just suggesting a website. I was kind of getting them to have a bit of a look at it and try it out first, and you said in some way to to get a feel of it. So that had mixed mixed results for me.

Tania McMahon

Yeah. So you gave it a good, you gave it a good crack really. So you, you you really view your role as I'm gonna try and socialise them to this tool and not just say, oh, there's this really good website, you should check it out. Here's the link. Yeah, actually build in a point to it. Like we're gonna, you know, there's some really helpful, you know this kind of activity on there and this will help you know your rationale.

Lyn O'Grady

Yes, yes. Yeah.

Tania McMahon

And it sounds like much like we experience in just our face to face interventions, things don't always land.

Lyn O'Grady

Yeah, that's right.

Tania McMahon

Thing's don't always work, and you know that's that's yeah, yeah.

Lyn O'Grady

Yeah, you know, and I may have needed to be a bit more prescriptive with some of them. Maybe I need to say go away and try this activity. Like if I sort of think back to some of them that may have still been too, too broad. You know we've done this activity, now you go away and look at it more broadly. Maybe if I'd said let's choose one that you can do at home that might have been a better way and and it made it a little bit clearer. So a bit more scaffolding around it, maybe? Because I'm thinking it's good to look around all the different activities it had, but maybe they needed something needed a bit more support than that. So, I think it's, it's ongoing kind of reflection that I that I continue to do, I think, in my work.

And even yesterday I was getting a bit stuck with a an 11 year old girl and we were sort of not feeling like we're making much headway. She likes to play games like card games and things in session, but she doesn't want to talk very much at all, and my questions just kind of annoy her. And so I was sort of saying, you know, do we want to continue and called Dad in and what are we going to do? How do we how do we move forward? And I've done some outcome measurements with her and compared to previously and and some things are increasing some concerns are increasing rather than decreasing.

So I was feeling a bit stuck and I said I don't feel like, I don't feel like the sessions are that helpful but I don't feel like we can kind of close with these increasing outcome measures. So it felt like, you know, we need to kind of, I need to still keep something happening here, but it wasn't serious enough to refer off, to escalate to somewhere. So I ended up kind of coming up with the idea that we needed a bit more structure to our sessions and because anxiety was coming up as a as really high that perhaps together we could do The Brave Program.

So Brave Program is a online program that often I would suggest people do it with parents and do it at home. But I ended up saying what if we make our sessions more structured? Even for the most part of it, we can have a game still, but that we actually work our way through this this program and we make our fortnightly to try and build in that structure and then I give you some home work to do between times and you come back. We we keep working our way through it and then share that with the parent. So that was kind of, you know, it was when I was getting stuck. This was just yesterday and I was getting stuck going what do I do?

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Tania McMahon

Yeah.

Lyn O'Grady

You know, I, I couldn't kind of close, but I couldn't keep doing what I was doing. And so then I I just, you know, The Brave Program came to mind when the anxieties reaching out. So she's obviously got this internalising anxiety that's going on and kind of not wanting to talk about or not knowing how to talk about it. And not making like, with with her my methods with her just weren't landing and just annoying her really. So I'm hoping that this Brave Program will give us a connecting point with a bit of a focus and structure that will maybe help us work through and help her understand what's going on for herself in a way that she wasn't connecting with me for. So.

Tania McMahon

Yeah. Isn't that interesting? It's giving you another option, hasn't it?

Kate Hatchman

I really enjoyed hearing from our on the ground clinicians this season and we're always on the lookout for more stories like these so if you're someone who'd like to share your experiences with digital mental health, we'd love to hear from you.

Bianca, Diane and Lyn all shared some digital resources they've been using with their clients and will provide links in the show notes to the past episodes that delve more deeply into each of those services.

This season we also profiled two resources that have been receiving a lot of praise from health professionals and clients alike. The first is Momentum developed off the back of the popular Brave Program. Momentum is a mental health digital hub that can help children and adolescents aged 7 to 17 to learn new ways of managing depression, anxiety and unhappiness. It can also help with some of the more common difficulties that come along with these mental health concerns, such as sleep problems unhealthy eating, and a lack of exercise.

It's been described as Australia's most comprehensive digital platform for child and adolescent mental health, and integrates powerful assessment tools to deliver tailored interventions. From episode five, here's Professor Sonja March, director of the University of Southern Queensland's Centre for Health and Research, describing what Momentum is and how clinicians can use it with their clients.

Sonja March

It wasn't just one moment, I suppose, that led to the ideas behind Momentum. But like you said, we've been researching Brave now for 20 years where we've been looking specifically at anxiety and looking at how that online program works for young people and their families.

But we've also been doing a lot of qualitative work with our young people, parents and



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clinicians, and and asking, you know, how does it work for you? What could we do differently? What is it that it's missing? What are you looking for? And we, we sort of kept getting the same messages from both young people and their parents, and clinicians to an extent, where they were telling us that they really enjoyed working on their own. They loved the autonomy that they have working through the program, and they loved the skills that they were learning, but that they wanted it to be just a little bit more personalised. And while some people, for some people personalised means having therapist support for a large proportion of of the young people and parents, it was more that they wanted the program to tailor more to the young person's needs.

And you know, part of the battle with engagement is finding what works for the young person and what, and what keeps them interested. And so it's as much about figuring out whether the tailoring and the personalization helps with engagement as it is about figuring out if it can make it more effective. So you know, there's some of those questions that we're able to answer through this new platform.

It was interesting seeing the differences between children and adolescents, but also the similarities and so really strong was this theme of nature. And young people, children and adolescents, just wanted to really make sure that the program gave this this element of, of being calm and and you know and nature components. They wanted trees. They wanted, you know, whatever we could do to integrate those nature themes which was which was really great.

And the other thing that came through really strongly in both children and adolescents was making sure that it was, it was equitable and that we had, you know, diverse characters and, and diverse sort of scenarios ,that everybody felt as though the platform could speak to them. So that was really strong across both of our groups.

But we learned, we learned new things. You know, kids kind of kind of told us, you know, teach me through stories and play. And the teens really clearly said , you know, give me some information straight away, for me or my friend, and then teach me. So they want to be able to grab that information straight away so that they can put something in place and then they're willing to, to sort of sit through the the, you know, the more prescribed component that we like to to deliver in, in treatments.

And young people are much more savvy these days. You know, not not only savvy about technology, but savvy about their mental health and savvy about what they need to do to manage their, their mental health. And so it's important that we adjust with that. You know they, they certainly were, were able to communicate to us that they really enjoyed that independence of using a digital self-help program and that there were ways that would help promote that for them. And so you know this is one of those ways.

Kate Hatchman

What I loved about this episode was being able to get an insiders glance into how much rigour and expertise went into the making of Momentum. Those new to digital mental health might be forgiven for imagining these tools as static, unresponsive or one size fits

all. But as I learned here, incorporating modern technology with the expertise of seasoned researchers and psychologists have made these tools more sophisticated than ever. In fact, the innovative design of the new Momentum platform, which is being carefully shaped by the feedback of hundreds of young people, completely debunks this misconception.

Take, for instance Momentum's unique check in feature. Sonja explained that once young people and their parents complete the initial assessment, they go through a feedback module that explains what their scores mean and how they can connect to their recommended treatment. They're guided through each main scale like social anxiety or mood, and are showing a visual summary so they can understand any areas of difficulty and simple non-clinical terms. The idea is to make it as clear as possible without overwhelming them with any technical language.

Clients can then download a report that outlines their personalised treatment plan, including an overview of the sessions they'll complete through the platform. Clinicians can refer young people to the program as a support while they're waiting for face to face appointments. And for crisis services like Kids Helpline, it supplements the work they're doing, offering more continuous support. The report can also be shared with health professionals or uploaded to my health record, putting the information in the hands of the young person and their families to decide how to use it.

Here's Sonja with more.

Sonja March

And you know what we're seeing actually across a lot of the digital services in the adult space is that a really large proportion of the people who come to these sites actually are most looking for that assessment and most looking to understand what's going on for them and and that might be all they need at that point, or it might be what they need to get them to the next step of help seeking.

The other thing that we've done that's a little bit different is we sort of have these core programs and then we have optional modules that are just always there for everyone, and optional modules that are there based on their symptoms and their and their assessment.

So, for every young person, we'll have a module that sits in our optional program that is all around help seeking. And what became really clear in the co-design is that young people want access to that sort of information. They want to know how they should seek help, who they should seek it from, when they should seek help. And so we made the decision to make that available to every single person on the platform at any time.

So that's a module that they can access irrespective of their program. Because the rest of the program we were a bit prescribed with the way that we want them to do it because we know from an evidence point of view, what what will work best. So they go through one session at a time, five to seven days apart. But with with these ones we wanted that one to be open.

We also make a healthy lifestyles module open. What was really interesting when young people told us what they wanted, what tools they wanted.

Tania McMahon

Hmm.

Sonja March

They wanted a feelings tracker. Which, which we always wanted to do because we, we found that young people really like to see their progress mapped graphically.

So in every session they do a very brief assessment around just an eight item assessment around their primary problem, and then it will map that on the on the graph for them with different colours to show their level of, you know whether it's interfering or not and they can map their progress overtime.

So that's really cool and helpful for them. But they also wanted just something a little bit different and a little bit quirky. And they wanted something that they could kind of log in at anytime without having to do a session.

Tania McMahon

Yeah.

Sonja March

And to just just say how they were feeling. Yeah. So they actually helped us co-design all these feelings faces. And no labels, no words. They just wanted pictures where they could go in and just click five times on the angry, on the angry face or, you know, click on the happy face. And what our program does then is it maps that for the last 30 days. And so the faces become bigger if they clicked on it more times.

Tania McMahon

Wow. Yeach, yeah.

Sonja March

And so they can kind of just look at it and go, oh, I've been actually quite happy for the last 30 days, you know or OK, that face is coming up too much. I want to work on that. So that was something they specifically asked for.

It's not designed to be a universal prevention program or anything like that. So, it's not something that we would encourage everyone to do. And in fact, it won't allocate a program if the person isn't elevated on, you know on, on those anxiety, depression symptoms.

Tania McMahon

Oh. That's interesting.

Sonja March

It will give them some psychoeducation and some materials, but it won't allocate the treatment sessions. Because it's really difficult for a young person to come in who doesn't have depression and anxiety and then be put through sessions where they're asked to provide examples of their depression and anxiety. And so instead we'll provide some to help seeking modules, some healthy lifestyle information, and some general sort of sychoeducation. But they can come back at any time and redo the assessment, and then, you know, things change over time as well.

Tania McMahon

Yeah.

Kate Hatchman

Dr Sonja March there on Momentum. I think for me, one of the key takeaways was that the information clients come away with from the program is not only trustworthy and skillfully presented, but it also gives young people significant power and autonomy in their own help seeking journey, far beyond what Dr Google or increasingly Dr ChatGPT could offer. And this is just one of many impressive features you can head back to that episode to learn more.

Now, in episode seven, we were joined by psychologist and NHMRC Early Leadership Fellow Dr Imogen Bell from Orygen and the Centre for Youth Mental Health at the University of Melbourne. They're the team behind the Mello app, an app that helps young people tackle the pervasive issue of stuck thinking, or rumination. Those persistent, often debilitating thought patterns that trap young minds in a cycle of anxiety and depression.

Here, Dr Bell explains why targeting this specific cognitive pattern can lead to significant improvements in mental health overall.

Imogen Bell

For many years, we've had treatments for these conditions which are quite broad. And more modern way of thinking is trying to understand what these underlying causes or drivers are of these sorts of conditions and developing treatments which try and tackle them, you know, at at at the heart of what it is that's going on.

Stuck thinking or, or worry rumination. It's called repetitive negative thinking in the scientific literature, which is a bit of a mouthful, that's why we like to say stuck thinking instead. It's this process that we can all relate to, and we all we all do this. We go over and over, you know, worries in our mind. But for for some people, it can be really hard to to stop worrying and and stop ruminating. They kind of do get caught in that cycle, in that loop. And it turns out from, you know, many decades of research actually, that the more you do that in a in a way that's unproductive, that's, you know, not focused on on solutions or accepting what you can't control. If if you do end up going around and around and around in that loop, it can really exacerbate and leave you feeling depressed and and anxious.

So the idea behind Mello is to help to to try and disrupt that process of that repetitive,

cyclical, negative thinking so that people can ultimately not suffer from anxiety and and and depression so much.

Yeah, Mello is quite unique in that it doesn't just take a single therapeutic approach. So, so there's a lot of apps out there that might be, you know, mindfulness apps or a CBT app or maybe acceptance, commitment therapy type apps or things like this. Mello is, it's kind of it's trans diagnostic in that it kind of looks across the board at at, at different disorders. It gets to the heart of it with stuck thinking, but also kind of looks across the board with the therapy techniques as well.

So what, what we did is we conducted a systematic review back in 2020, which was funded by the Wellcome Trust, Active Ingredients Project. Some people might be aware of this, which was all about isolating the active ingredients that were contributing to the effective psychological interventions for young people with depression and anxiety. And we were trying to understand, you know what, what are the active ingredients within psychological treatments for repetitive negative thinking for stuck thinking. And what we found is that there's lots. You know, there's not one technique that works, you know, uniformly better than others. And we already know this from the psychological literature for other sorts of conditions, they tend to be, on average, about as effective as one another.

So rather than picking and choosing, you know, let's go with the ACT approach or the CBT approach we basically created multiple different techniques from, from different therapeutic approaches and we distilled them down into, you know, brief exercises that young people can do in the moment. And we we basically, based on the theory that you know it it really depends on the person, what's gonna be the most effective because, you know, it might work, mindfulness might work very well for one young person, but problem solving exercises might work well for another. Or in one instance, mindfulness might work, but with another type of worry, you know, another technique might work.

And I think what else is quite unique is that Mello is designed to disrupt repetitive negative thing or stuck thinking in the moment it's happening, and it does that by providing a recommendation to the person in the moment. So, it has notifications or prompts. It'll check in with you and ask you know, do you, do you need some help right now? Are you are you stuck in your thoughts? And if the user or the young person needs help, it'll ask them a couple of questions. How stuck they are and their thoughts and how intense the negative emotions are in that moment. And based on their responses, it will provide a recommendation.

So, I think that these sorts of tools are gonna be really helpful to supplement the, the work of anybody who is, you know, coming into contact with young people these days because they're probably they're speaking about their mental health more than ever to. So with the, you know, conversation about what you can do about mental health, you know, in the moment, there's the big conversation about, you know, going to a GP, getting a referral, going into your local headspace service, going to see a school counsellor, or university counsellor. Those things that take, you know, quite a bit of effort and support and there's barriers, and there's things that you can do right now which is downloading the app.



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Kate Hatchman

Two exciting new resources there for young people. After hearing about Mello and Momentum what stuck with me is the idea that the increasing availability of digital tools has not only improved access to care, it's also unlocked new possibilities for how we're able to deliver care. I was especially interested to discover that Mello incorporates not just CBT, but also other evidence-based techniques like self compassion, mindfulness and acceptance commitment therapy. That access to diversity through tools like Mello and Momentum means that clients have the chance to experiment and be guided through a range of approaches to find what works best for them, making their mental health journey much more personalised.

And on the topic of personalised care at eMHPrac, we often talk about how digital tools can directly help the clients, patients and families we work with, but there's another important benefit. Digital resources can help us become better clinicians and researchers by giving us the information we need to serve the people we work with more effectively.

One crucial area where this is particularly important is in fostering allyship with our First Nations colleagues, friends, and communities. For those of us who are non-indigenous health professionals, we often make mistakes and add to the cultural load of our indigenous colleagues and clients because we simply don't know enough about how to best serve First Nations Australians. But digital resources can help us to overcome this barrier to allyship.

In episode four, Tania sat down with Dr Mim Weber to talk about the vital work we all must do as non-indigenous research and health professionals to educate ourselves about becoming better allies. Dr Weber is a senior workforce development officer at eMHPrac's WellMob website, and while Mim says her journey into allyship is just beginning, she shares her insight and advice into what genuine allyship can look like.

Mim Weber

My First Nations colleagues tell me that listening is most important. Listening is really the beginning of any relationship building, but what are we listening to? What are we listening for? What are we noticing? How are we listening?

A teacher of mine once proposed that we will find what we are listening for. If we listen for deficits, we will find deficits. If we listen for strengths, we'll find strengths. If we listen for hope and possibility, we'll find that too.

Professor Marcel Townsend Cross alerted me to the concept of cultural humility. As I said in the blog, this term was initially coined by two black African academics way back in 1998. Melanie Tervalon and Jan Murray Garcia. I wish I'd learned this term earlier, as I would have used it in much of my previous education work, and it means reflecting on our own privilege and power in the relationships we have, especially relationships with clients.

Tania McMahon

So, we also talked about education earlier and WellMob offers such a rich source of resources to support health professionals through their journey to allyship, as well as other resources to support the health and wellbeing of Aboriginal and Torres Strait Islander peoples. And I wanted to talk a bit about cultural load, what that is and how services like WellMob help to alleviate that burden.

Mim Weber

Yeah, cultural load, also refer to as colonial load, and it's so obvious when you think about it. I wished I had known this term years ago. It refers to the practice by us as non-indigenous workers, asking our First Nations colleagues to explain to us anything related to aboriginality or issues relating to Aboriginal and Torres Strait Islander people.

It also refers to the practice, quite a frequent one, of the lone First Nations worker on a team being asked to sit on every committee as the indigenous rep, or being asked for solutions on all sorts of issues. And that's exhausting for that person and clearly unfair, expecting them to represent the diverse range of cultures and perspectives that Aboriginal and Torres Strait Islander people have in this country.

Cultural load also refers to the lack of understanding by some in non-indigenous managers and workplaces regarding the cultural and community responsibilities, many First Nations workers carry, however willingly they meet those responsibilities. An example of that is sorry business, where First Nations people are much more likely to be attending funerals more regularly than their non-indigenous colleagues. As well as the disparity in life expectancy and suicide compared to non-indigenous Australia, First Nations peoples have strong obligations to their extended family, kin and communities and cultural protocols around death and burial.

I have to admit that I too have unwittingly added to the colonial load of my First Nations colleagues at times. They've usually willingly and generously responded. However, one of the authors I referenced, Phoebe Mcilwraith, in her article, proposes that we, non-indigenous people can share that load by doing our own research and it's pretty easy to do these days.

Tania McMahon

I and I think this is such a great point because it feels like a very practical and meaningful way to take some responsibility and shift some of the burden of reconciliation onto our own shoulders as non-indigenous people. And we're so we're so lucky to be able to have access to information like this. You know, whether it's podcasts or videos and websites, info sheets. There's so much out there. It's information that that might have been difficult to access in the pre digital era so it feels like our part now is to do that work. The learning, the understanding. To reflect on what our knowledge gaps are and and for us to do the work of filling them, because that information is out there, if we if we just take the time to look for it.

Kate Hatchman

I loved this conversation between Tania and Mim. Through sharing her own experiences of allyship Mim has given us some powerful and respectful ways to connect with First Nations clients and communities. To call out racism, and to prioritise First Nations voices.

Digital resources like eMHPrac's WellMob website are great places to explore this information. It's crucial for us as non-indigenous Australians to actively seek out this knowledge and do the work. As Mim says, this kind of effort is a vital step on the path to becoming better allies, and, of course, allyship involves many actions but educating ourselves is a key part of it.

So, as we draw to a close, I want to thank all our guests for this season for being so generous and sharing their knowledge and insights with us. We covered a lot of ground and I encourage anyone who's interested in hearing more to go back and revisit some of these episodes and explore our eMHPrac site to find resources and links to all the digital mental health services we mentioned here and more.

And a big thank you to all our listeners and wonderful community of health professionals for joining us this season. We so appreciate you tuning in and we hope this season has offered something helpful to your practice. I'm Kate Hatchman, and on behalf of the Digital Mental Health Musings team, we look forward to joining you again in 2025 with a new season of stories about digital mental health and the people behind those stories.

Tania McMahon

Thank you for joining us. If you enjoyed this conversation, please remember to search for Digital Mental Health Musings on your favourite podcast platform and subscribe to catch new episodes. And to find out more about digital mental health or to access resources and digital mental health education head to emhprac.org.au