

Delivering effective mental health care using e-health technologies

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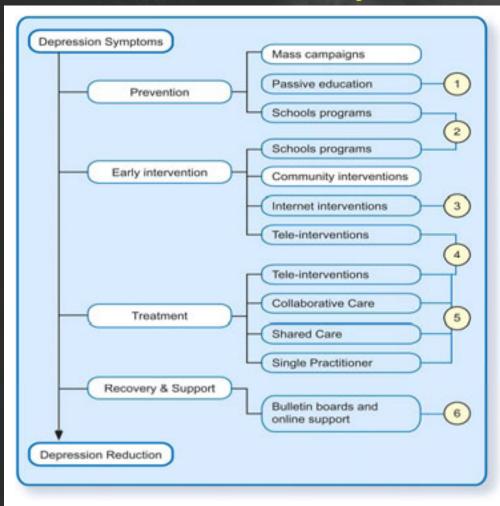


Introduction

- This research was supported by the Australian Primary
 Health Care Research Institute (APHCRI). The research was
 conducted by a team of researchers from ANU, with support
 from the APGN
- Aim of research:
 - -To determine best methods to deliver depression interventions
 - -To determine models of e-health delivery internationally



The Primary Care Framework



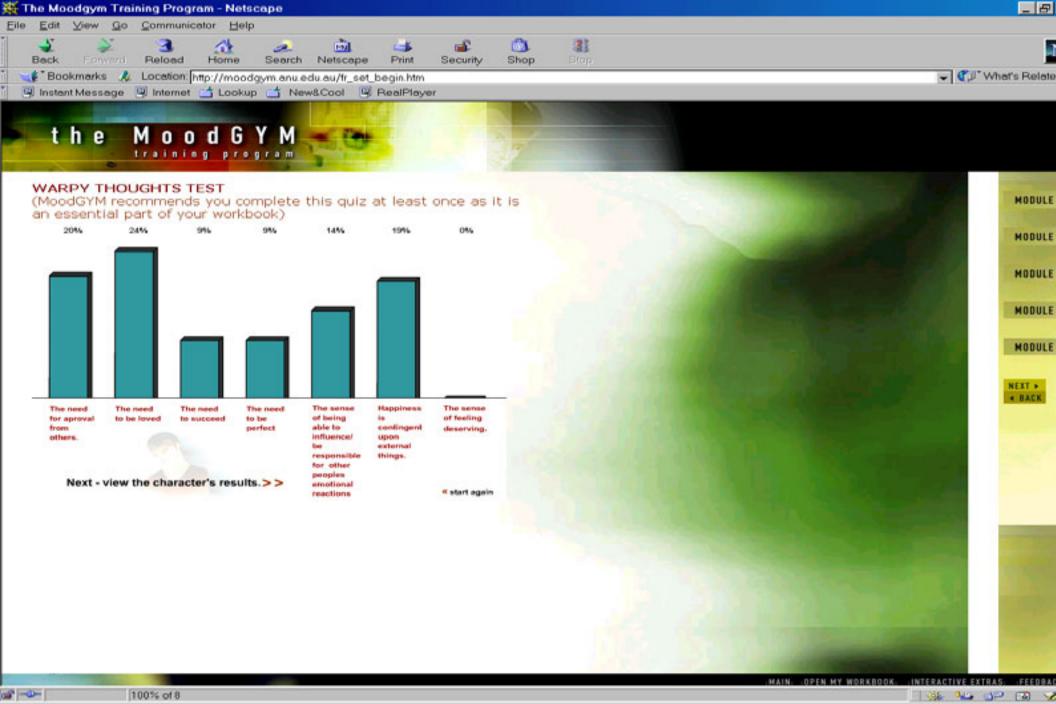
Six individual reviews were undertaken across this framework

The internet is an effective and feasible platform for delivering prevention programs



- Prevention at a population level is feasible using the web platforms
- Direct and indirect evidence for the effectiveness
- Unique features in terms of dissemination, cost, engagement





Prevention trial was based on successful study of 18-50 year olds using MoodGYM.





Psychoeducation: BluePages An evidence-based treatment site





Web-delivered CBT: MoodGYM

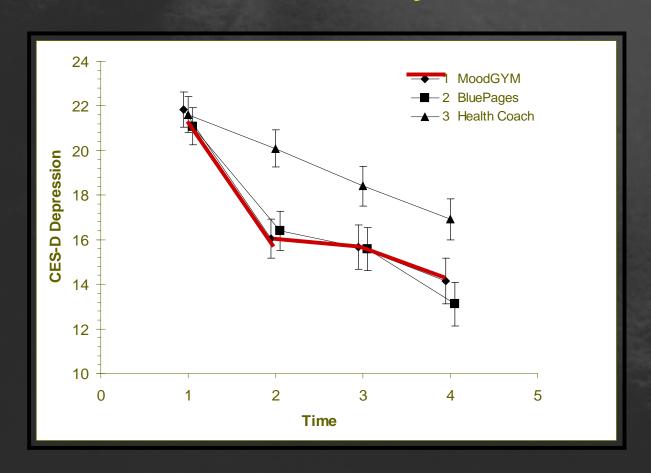




Attention placebo: Survey questions

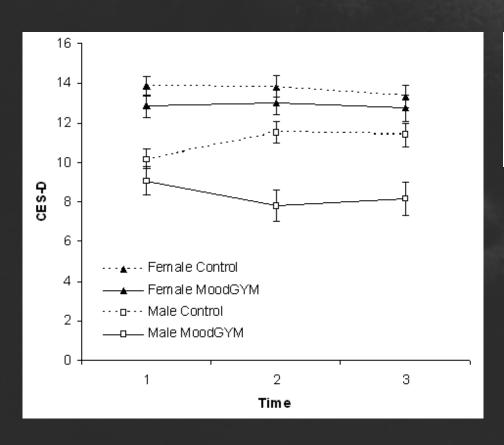


Efficacy





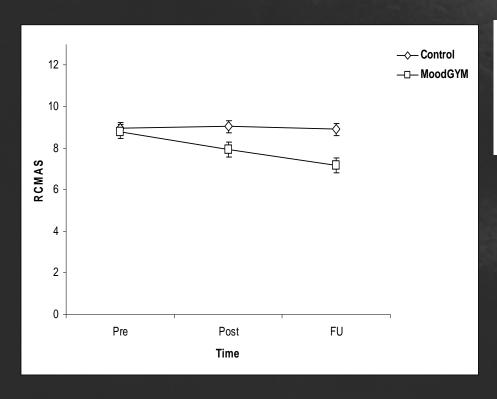
Universal intervention: Depression



At six months, significant reduction in depression scores for males (but not for females). Calear et al., submitted



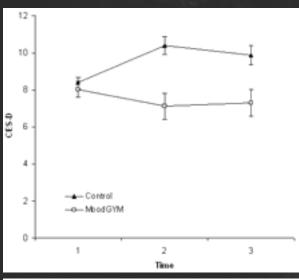
Universal intervention: Anxiety



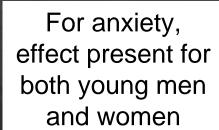
At six months, significant reduction in anxiety for young men and women Calear et al., submitted

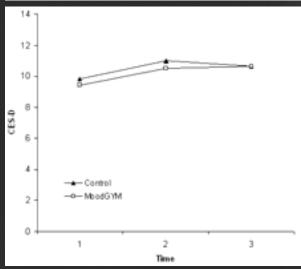


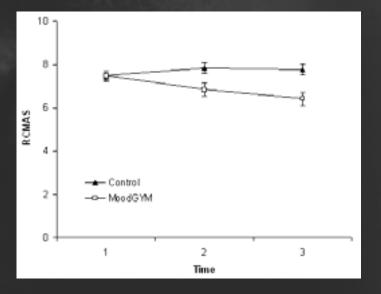
Excluding those with 'caseness'



For depression, effect present for young men only, with NNT=14







Model 1:Standalone fully automated systems that offer prevention, self help and self care

ANU's MoodGYM e-couch and Information age health care Industrial age medicine blueboard systems Ambulatory Hospital Cybermedicine Telemedicine: Clinical medicine medicine medicine Public health Prevention and Self Assisted Disease self help care care The sphere of e-health Recent advances Consumer health informatics Gunther Eysenbach

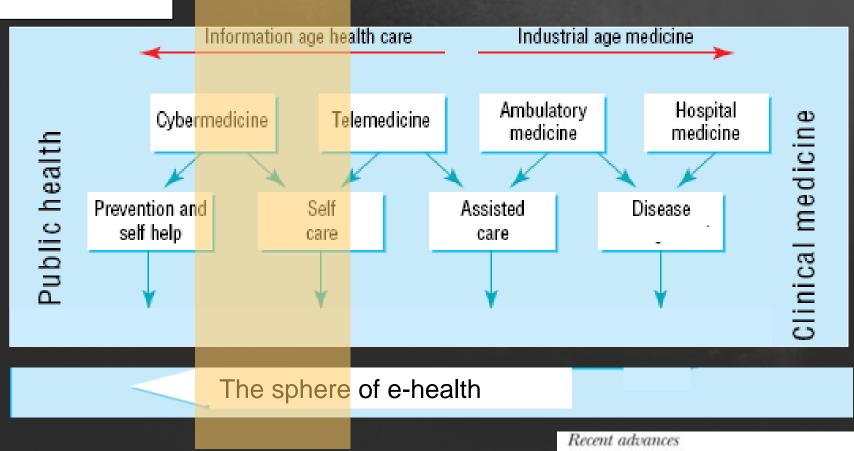


- Person comes to the website/s
- Chooses among a number of programs (fully automated) MoodGYM, e-couch for anxiety and depression.
- The person may email and will receive referral and support by health professional.
- May join a moderated bulletin board for support



Model 2: Consumer assisted care

Consumer assisted care



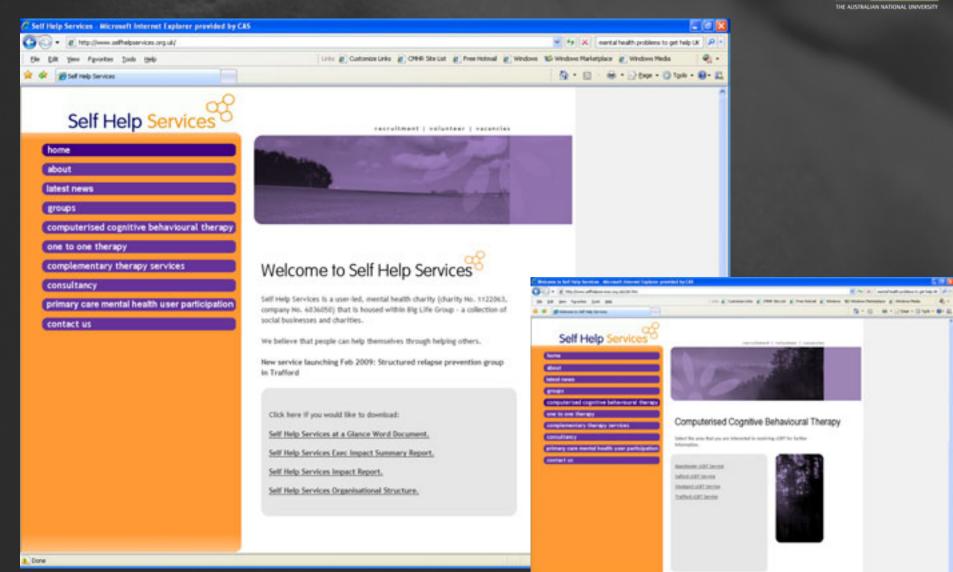
Consumer health informatics

Gunther Eysenbach



- Person comes to the website/s or to directly to the service
- A consumer volunteer assists the person to use evidence based websites and programs
- Support is provided

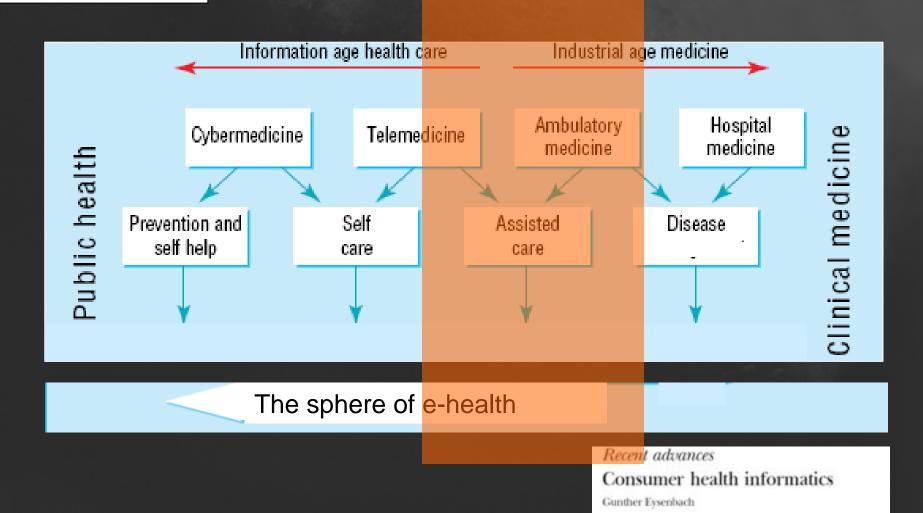






Model 3: Virtual clinics

Lifeline

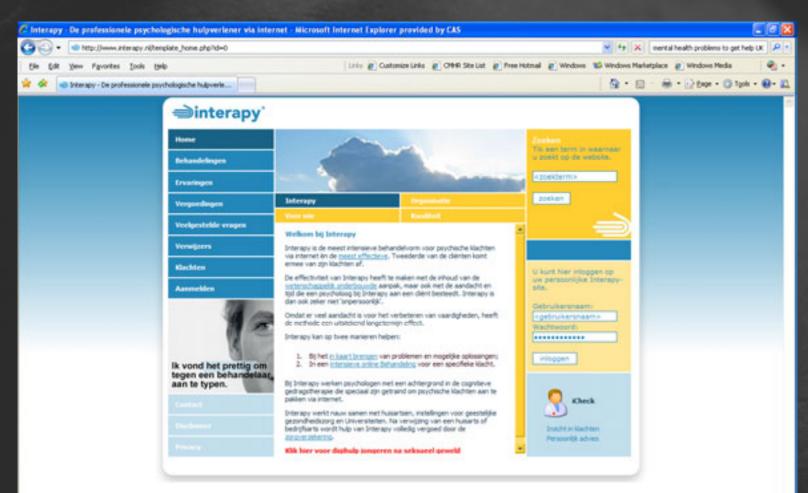




Virtual clinics

- Patients come directly to the service or are referred by public medicine
- Clinics offer a range of treatments, use CBT, and provide online therapy from a central location
- Outcomes are monitored and evaluated







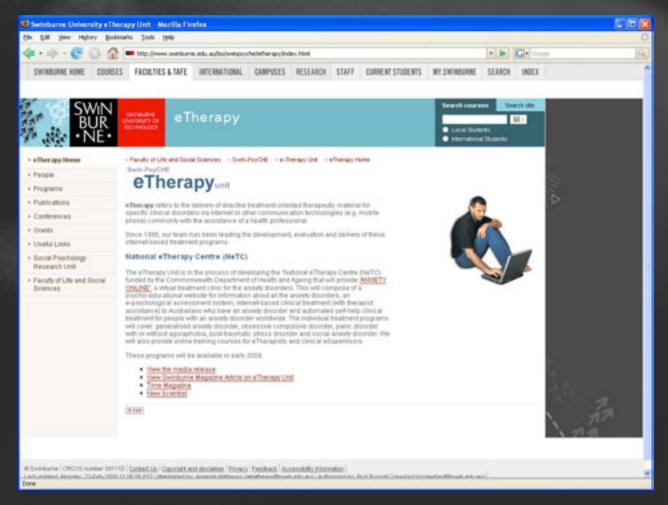
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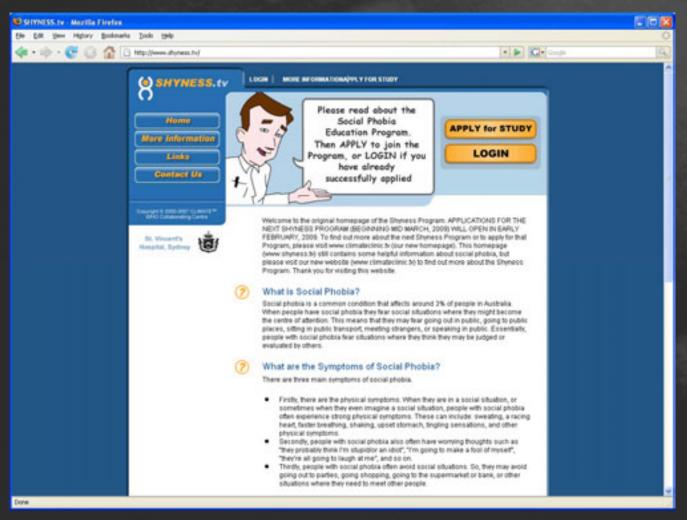
E-therapy clinic

Similar models in Australia

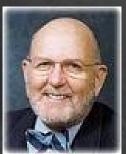






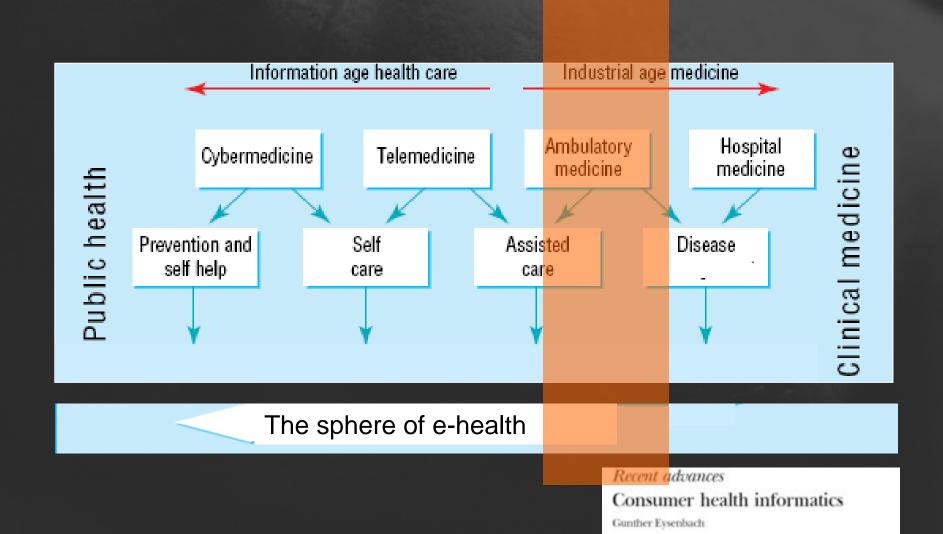


Shyness TV through CRUFAD





Model 4: General practice models



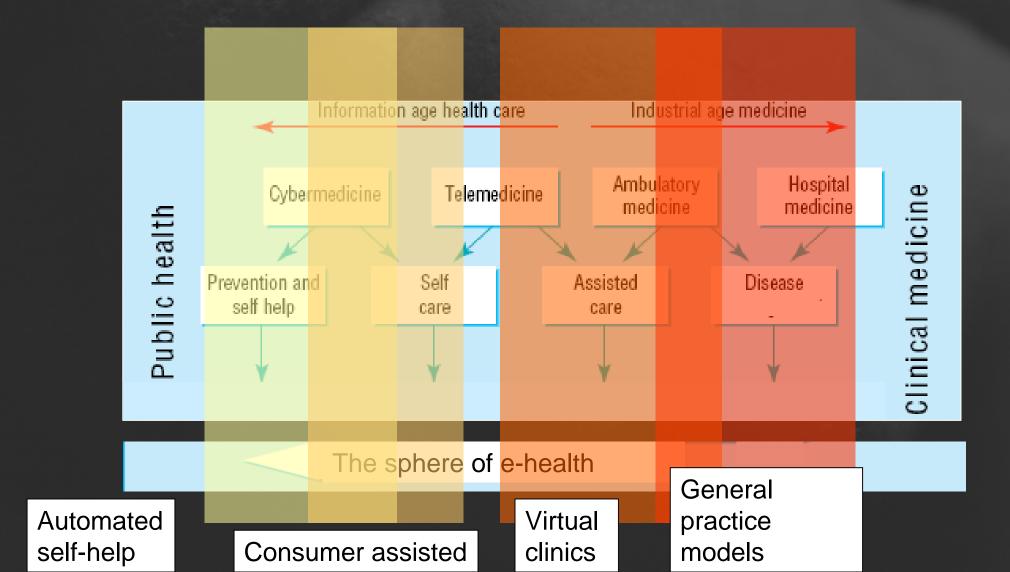


General practice models

- Patients go to their GP
- Assistance from GP and other health professionals at the same time
- The GP uses the web tools in their face to face sessions



Model 5: Stepped care models





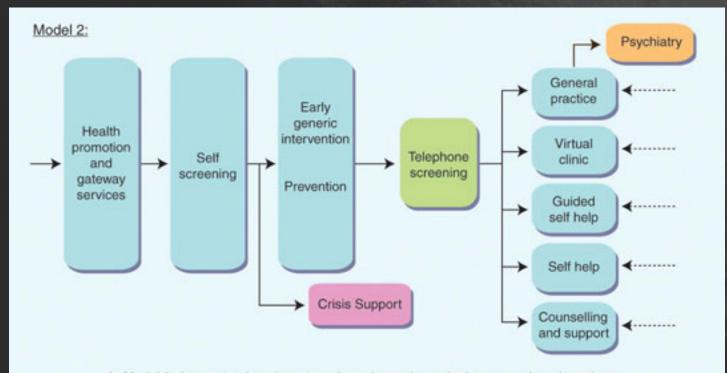
Policy conclusion

E-health is big in policy now

- 4th Mental Health Plan
- Hospital Reform Commission –advocates for e-health
- National Primary Health Care Strategy
- Preventative policy
- Vision for e-health 2020



E health portal



In <u>Model 2</u> above, people gain access through a web or telephone portal, and receive a level of service appropriate to their needs. People choose to self screen, to request a telephone assessment, and to take up a recommended service based on level of need.



Health portal

- It is envisaged that this portal would provide
- (i) a point of access to a health record
- (ii) a point to explore mental health issues through the provision of information, the use of screening quizzes, the use of consumer focussed decision tools (to establish self or professional health care routes) and access to evidence based online treatment or prevention programs (both automated and supported)
- (iii) a portal to advice either through a web or telephone based service, with immediate, 24 hour or 48 hour reply and
- (iv) access to an emergency help line, to online counselling services, and to resouces to find standard clinical services including general practice, Headspace Centres, private services, etc.