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
MEET THE CHARACTERS

Click on the thumbnails below to learn about the characters in MoodGYM.

Meet ELLE who is gorgeous looking, talented, good at work, attractive to men but feels like a fraud. Feels one day, people are going to find out that she really is stupid, untalented, unintelligent, emotionally void, ugly etc. It is only a matter of time. Maybe we are all a bit like ELLE sometimes.

View your Depression and Anxiety Quiz answers

View your Warpy Thoughts Quiz answers
WARPY THOUGHTS TEST
(MoodGYM recommends you complete this quiz at least once as it is an essential part of your workbook)

20%  24%  9%  9%  14%  19%  0%

The need for approval from others.
The need to be loved.
The need to succeed.
The need to perfect.
The sense of being able to influence/be responsible for other peoples emotional reactions.
Happiness is conditional upon external things.
The sense of feeling deserving.

Next - view the character's results.> >

start again
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

Christensen, Griffiths and Jorm BMJ, 2004; Mackinnon et al., British Journal of Psychiatry, 2009.
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

For anxiety, effect present for both young men and women
Model 1: Standalone fully automated systems that offer prevention, self help and self care

ANU’s MoodGYM e-couch and blueboard systems

The sphere of e-health
• 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
• 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

The sphere of e-health
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
E-therapy clinic

Similar models in Australia
Shyness TV through CRUFAD
Model 4: General practice models

The sphere of e-health
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

The sphere of e-health

Automated self-help

Consumer assisted

Virtual clinics

General practice models

Public health

Clinical medicine

Information age health care

Industrial age medicine

Cybermedicine

Telemedicine

Ambulatory medicine

Hospital medicine

Prevention and self help

Self care

Assisted care

Disease
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 Model 2 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 resources to find standard clinical services including general practice, Headspace Centres, private services, etc.