E-MENTAL HEALTH

BRIDGING *the* GAP *by* EMPOWERING CONSUMERS

Over the past two centuries clean reticulated water, mass health screening, immunisation and antibiotics have revolutionised physical public health. In this century, the parlous state of public mental health has the potential, likewise, to be transformed by the delivery of mental health mass screening, public awareness, prevention, treatment and recovery programs direct to the public via the internet, mobile and other new technologies. Indeed, it is already happening, and Australia is one of a handful of countries leading the way in these new developments.

e-mental health environment now

Much of the e-mental health service innovation in Australia has originated within universities where researchers have not only developed online and mobile applications to deliver mental health services but have also carried out rigorous research to demonstrate their effectiveness.

This development work is within the context of Australia's high internet use. According to the latest figures from the Australian Bureau of Statistics, as many as 79% of households in Australia have internet access and 92% of these are connected by broadband (ABS: 2012) Moreover, most households access the internet every day (ABS: 2012).

To their credit, successive federal governments have been quick to recognise the potential of e-mental health. As a consequence, the Department of Health and Ageing has partly or fully funded the ongoing delivery of a number of e-mental health services. A key driver here has been the evidence that these programs work and are cost-effective especially given consistent findings that only one-third of Australians receive mental health help from the conventional health system.

In 2006, the Australian government established the Telephone Counselling, Self-Help and Web-based Support Programme, which provided funding to maintain existing internet-based mental health services and to develop new e-mental health programs. These services range from education and automated self-help prevention and treatment programs to internet-based, peer-to-peer support forums and clinician-guided programs. These e-mental health tools have proved popular. For example, one program funded under the initiative is the well-known MoodGYM.anu.edu.au prevention and treatment program, which was launched in 2001. In its current version, the third, MoodGYM receives approximately 34,000 unique visitors per month, has 670,000 registrants from 222 countries and has been translated into Chinese, Dutch and Norwegian with German and Finnish translations underway. Of MoodGYM users, 22% globally are from rural and remote regions and 22% of the Australian registrants are referred by general practitioners.

In 2012, the Department of Health and Ageing released the e-mental health strategy for Australia. This strategy identifies a need to promote the growth of the e-mental health sector, to provide a 'new layer of service in the health system' that was integrated into existing services, and to assist consumers to identify high quality online services. In particular, the strategy aims to deliver effective e-mental health services to Australians with less need for intensive face-to-face services and to those not currently accessing formal treatment.

To this end, the government continues to fund the services established under the original 2006 initiative and has provided additional funding to support new services. Consistent with the e-mental health strategy, it has also established a mental health portal, MindHealthConnect.org.au, to provide consumers with information about available Australian e-mental health and other services. The visitor to MindHealthConnect can select their own pathway through the site or be guided through the portal based on the findings of a brief screening questionnaire.

The strategy has also established a national virtual clinic, MindSpot.org.au. This clinic operates on a stepped-care-model, is designed to reduce the barriers to help-seeking among Australians by delivering services via the internet, telephone and postal services, and by facilitating referral to face-to-face services where required.

Each visitor to MindSpot is first screened and assessed. The intensity of the services delivered (e.g. low intensity self-help via the internet; referral to high intensity face-to-face treatment) depends on the individual consumer's assessed need. A final initiative, designated by the e-mental health strategy as The E-Mental Health Support Service, is expected to commence soon. It involves the delivery of training to general and allied healthcare practitioners to make it easier to incorporate and take up e-mental health services in the conventional primary healthcare system.

NSUMERS

Keeping at the forefront

While Australia's service policy and funding track record in the e-mental health arena is impressive, it is critical that we do not rest on our laurels.

In his foreword to the national e-mental health strategy, the former Mental Health Minister Mark Butler emphasised that MindHealthConnect will provide consumers access to high quality and trustworthy information. However, this portal has no explicit quality assurance mechanism for determining the services it incorporates. MindHealthConnect does indirectly link to Beacon.anu.edu.au, a portal that incorporates such a mechanism, but the government has ceased funding this initiative.

Significantly, the e-mental health strategy identifies The E-Mental Health Support Service as being responsible for providing 'advice on quality assurance and new innovations' in the field. With the disbandment in September 2012 of the E-Mental Health Expert Advisory Committee, which informed the development of the e-mental health strategy, this expert role will be critical if Australia is to continue to capitalise on developments in e-mental health and maintain high quality services. Equally, if the government is serious about its commitment to consumers and carers, the consumer and carer sectors must establish a mechanism to ensure both sectors are formally and actively incorporated into the advisory process.

The government's integration of e-tools into the current healthcare system is important. However, it ignores the huge potential of people and systems outside this conventional system to promote and deliver these programs. These include consumer and support groups, teachers, sports environments and the workplace. The possibilities are extensive as evidenced by the establishment of bibliotherapy book clubs in Scottish libraries.

The E-Mental Health Support Service is charged with delivering training programs to individual practitioners. Again, clearly this is important. However, there is also a need to change organisational systems. Programs that have been demonstrated effective within these systems need to be implemented in practice.

For example, MoodGYM has been demonstrated effective when integrated into Lifeline telecounselling. Callers who were referred to MoodGYM showed decreased depression and reduced alcohol use compared to those with usual access to Lifeline services (Farrer et al: 2011, e28099; 2012, e68). Similarly, in a study conducted in almost 30 schools in metropolitan and rural and remote Australia, MoodGYM has been shown to prevent new cases of anxiety, and new cases of depression (boys) (Calear et al: 2009, 1021-32). Despite this, MoodGYM has not been implemented in Lifeline nor systematically rolled out in schools across the nation.

Both are lost opportunities. We know that current treatment techniques optimally delivered to all who could benefit would avert only 34% of the burden of depression (Andrews et al: 2004, 526-33). This suggests that it is critical to implement evidence-based prevention interventions. Clearly schools provide an ideal setting in which to deliver such programs. Prevention programs are well established in the domain of physical health. It is past time to implement prevention programs in the mental health domain using e-mental health tools delivered en masse, at low cost and with high fidelity.

Finally, the science of the development, evaluation and delivery of e-mental health programs is fast-moving. Other countries, such as the United Kingdom and the Netherlands, have funding programs which support the development of new interventions and their research evaluation. Australia has no such research and development funding programs and innovative and pragmatic e-mental health research is not favoured by standard funding bodies such as the National Health and Medical Research Council. There is a real danger that we will slip from the forefront of these developments and that future governments will be forced to buy technological solutions at inflated prices from commercial operations located overseas. Even more serious is the risk that, in the future, Australians will continue to suffer high levels of avoidable mental ill-health problems. Consideration is needed to preserve the geese that have until now laid the close-to-free golden e-mental health eggs.

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