

e-Mental Health: What GPs Need to Know

Dr Jan Orman - GP Services Consultant
Black Dog Institute



Acknowledgement

We would like to acknowledge the Traditional Custodians of this land.

We would also like to pay our respects to the Elders both past and present and extend that respect to other Aboriginal and Torres Strait Islanders who are present here today.

Food for thought:

Prevalence of Mental Health Disorders in Australia

(National Survey of Mental Health and Wellbeing 2013)

	12/12 prevalence	Population numbers (2011)
Severe disorders	2-3%	600,000
Moderate disorders	4-6%	>1 million
Mild disorders	2-12%	~ 2 million
TOTAL	8-21% (18-20%) One in Five!	>3.6 million

Your practice:

- BEACH 2014: 12% of general practice consultations are mental health consultations
- What percentage of your consultations are **primarily** mental health consultations?
- What percentage of your consultations have a mental health component?

Are we meeting the need?

- **AIHW 2014:**

70% of Australians with mental health problems get **some** professional care (2010 47%, 2007 34%)

BUT is everyone getting the level of care they need?

Not everyone will need the same level or kind of care

- “...**there is not a one size fits all solution to mental health care.** Some people have extensive and ongoing needs for services whereas others may only need care occasionally or for a brief period, or may not need care at all.”

- National Mental Health Report 2013 www.health.gov.au

Stepped Care

Matching the intensity of care to the severity of illness:

- Pneumonia
 - Influenza
 - URTI
 - Healthy
- Specialised care
- Professional support (antivirals?) and **Self-help**
- Self help** – rest, symptomatic treatment
- Healthy lifestyle and resilience-building (eg sleep, nutrition vaccination)
-

Stepped Care in Mental Health

Matching the intensity of care to the severity of illness:

- Severe
 - Moderate
 - Mild
 - Healthy
- Specialised care
- Professional (GP/AMH) support and **SELF-HELP***
- SELF-HELP*** and (GP) case management
- SELF-HELP*** - Healthy lifestyle and resilience building (GP)
-

* Could this self-help be eMH?

What is eMH? What is eMHPrac?

- “eMH” refers to online resources to help manage mental health problems.
 - **websites and apps**
 - **treatment programs**
- The eMHPrac Project and Black Dog Institute



eMHPrac
E-MENTAL HEALTH IN PRACTICE

2013

- GP focus groups in Randwick, Parramatta and Ulverstone in Tasmania

We found

- most GPs knew little or nothing about online resources and treatment programs for mental health
- many were sceptical of their efficacy
- most were unsure about how to use them

Since 2013

- The eMH message has reached over 50% of Australia’s GPs through:
 - webinars (Black Dog Institute and RACGP)
 - face to face meetings and conference presentations
 - journal and medical tabloid articles
 - the release of the RACGP Guidelines

AND

The landscape has changed:

- The **stepped care** model in mental health has increased the need for GPs to know about reliable evidence based self-help programs

Online treatment for mental health?????

- Australia is a world leader
- Australian programs have been available since 2001 (MoodGYM)
- Many studies show **online CBT as helpful as face to face therapy in mild to moderate anxiety and depression** (the same group for whom CBT is as effective as medications)

Australian online treatment programs:

- Developed by reputable institutions
- **Evidence based**
- Mostly CBT (some ACT, positive psychology)
- Presented in modular format with interactive design and homework tasks between sessions
- Available without referral
- Mostly delivered free of charge to the user *

*The exception is THIS WAY UP

Where do these programs and resources fit into practice?

Who needs them? Who is going to use them?

People who:

- aren't unwell enough to justify F2F care
 - refuse to go to face to face (F2F) care
 - can't afford F2F care
 - can't take the time to go to F2F care
 - need something in addition to F2F care
- AND
- those who need support to **build resistance** to mental health problems

Portals – finding what's right for your patient.

- Beacon <https://beacon.anu.edu.au/>



- Mind Health Connect
<http://www.mindhealthconnect.org.au>



eMH Resource Guide

- <http://www.blackdoginstitute.org.au/docs/eMHprac>
(in the **resources** section of the black Dog Institute website eMHPrac page)



Recommending Websites – be careful!

- Not all website are equal.
- **Look at websites yourself before you recommend them!**

Some websites may not be quite what they seem eg:

- thinspiration websites
- euthanasia websites
- unmoderated chat rooms

Some sites we can recommend:

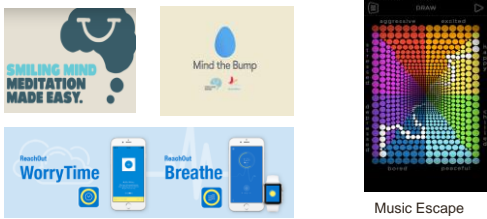
Examples of Australian mental health sites of value:

- www.blackdoginstitute.org.au
- www.beyondblue.org.au
- www.reachout.org.au
- www.eheadspace.org.au
- www.biteback.org.au

Recommending Apps

- Thousands of healthcare apps currently available (these numbers change all the time as apps come and go)
- Very few have been scientifically tested
- A few are potentially harmful
- In 2014 - 82 apps for bipolar disorder/ 8 had evidence to support their use
- A 2013 paper found 3,000 mental health apps were available – eight had been investigated for efficacy.*
- *Donker,T et al JMIR 2013

Examples of Apps worth recommending



Treatment Programs

- 2 categories:
- Self Help
- Guided (including the "virtual clinic")



Online Self-Help Programs

- Mostly free (except for This Way Up)
- Available without referral
- Include:



Guided Programs

- THISWAYUP (with referral)
- Mental Health Online
- Mindspot Virtual Clinic



What have online treatment programs got in common?

- **Registration** process
- **CBT** (+ positive psychology and ACT)
- Interactive
- **Sessions / modules**
- **Homework** between sessions
- Use **case examples** to make it easier to learn skills
- Provide **accompanying resources**

How are online treatment programs different from each other?

- **Look and feel**
- **Linear vs non-linear** structure
- **Diagnosis specific vs transdiagnostic** programs
- Some have programs for **specific population** groups (eg old/young/indigenous)
- Some (myCompass and THISWAYUP) offer smartphone-based **tracking facilities**
- Some offer **therapist guidance**

What about the evidence?

We know online CBT works:

- Here is a link to a set of evidence papers that you might like to look at:
<http://www.blackdoginstitute.org.au/healthprofessionals/gps/eMHPPracSupportingEvidence.cfm>
- It's worth noting that in many research studies **e-CBT has been as effective as face to face therapy** for a wide range of age groups and a variety of diagnoses

....press the "evidence" button on the eMHPPrac Page

www.blackdoginstitute.org.au/emhprac

.....so what are the problems with eMH?

- Accessibility
- Computer literacy
- Literacy
- **Engagement and adherence**

Adherence

- In research cohorts – 70-80% adherence
- If a professional recommends them – 50% adherence
- If a patient finds them themselves – 25-30% adherence

• Figures from the THISWAYUP group

What can we do to help our patients get the best out of eMH options?

- **Recommend programs** knowledgeably and with enthusiasm
- Show them how to find **alternatives** if your recommendation doesn't work out for them.
- **Show them the program on your desktop** so they have some familiarity with it before they embark on it.
- Explain that there is a **registration process** for each program
- **Help** (or get your nurse to help) **with registration**
- Send a message or email with the program URL
- **Make a follow-up appointment** to see how they are going with the program.

Get involved in program use at a level that suits your personal practice style:

5 practice models of eMH use:
adapted from Reynolds et al JGIM 2015 21(3) 36

Promotion	Recommending self-help resources where appropriate
Case management	Initial and final assessment and crisis intervention if necessary
Coaching	Actively supporting someone using a self-help program, seeing them regularly and helping overcome barriers
Integrated into symptom focussed therapy	Extending the work of face-to-face therapy around specific symptoms
Integrated into comprehensive treatment	Fully integrate eMH resources into treatment.

Whatever model you are using be sure to follow up your recommendations

Good follow up:

- Ensures compliance and benefit
- Encourages adherence
- Provides opportunity for reassessment

How to find out more about eMH resources:

www.blackdoginstitute.org.au/emhprac

- On-demand webinars
- **Free 6 hour ALM accredited by RACGP and ACCRM**

... and at RACGP



eMH

- is an **efficient** way to deliver mental health care in general practice
- has **proven efficacy** for mild to moderate common mental health conditions
- evidence-based Australian treatment programs are available **free or at low cost** from **reputable institutions**
- excellent accredited online learning resources for GPs are available free from Black Dog Institute www.blackdoginstitute.org.au/emhprac

