Children's Centre for Health Research
Level 6, 62 Graham Street
South Brisbane QLD 4101

February 2022

Mr Joe Kelly MP
Member for Greenslopes
Chair, Mental Health Select Committee
Parliament House
George Street
Brisbane QLD 4000
Via: mhsc@parliament.qld.gov.au

Dear Mr Kelly

Re: Submission to the Mental Health Select Committee - Inquiry into the opportunities to improve mental health outcomes for Queenslanders

eMHPrac (e-Mental Health in Practice) welcomes the opportunity to respond to the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

About eMHPrac (e-Mental Health in Practice)

eMHPrac has been funded by the Australian Department of Health since 2013, to promote the use of evidence-based digital mental health services and resources by primary healthcare providers across Australia. It is a collaboration between Queensland University of Technology (the lead university), the Black Dog Institute at the University of New South Wales, Menzies School of Health Research and the University Centre for Rural Health (North Coast) of the University of Sydney.

eMHPrac informs primary health practitioners about therapist-supported and self-guided digital mental health programs, as well as apps, forums, online or phone counselling and crisis lines. It undertakes awareness raising on digital mental health and on the government's digital mental health gateway (Head to Health), through professional conferences, social media, a website, resource guides, fact sheets and blogs. It offers

webinars, workshops, videos and podcasts to build practitioners' skills and confidence in selecting and using digital mental health services and resources in their work, supports organisational change to support the integration of digital mental health in routine practice, and has an online community of practice for health practitioners where they can exchange information and ideas on digital mental health.

From 2013, eMHPrac has held trade exhibits at 201 conferences with over 108,000 attendees, distributed over 62,000 hard copies of its resource guide and over 55,000 copies of brochures. It has delivered 1,358 workshops to nearly 29,000 practitioners, including 70 webinars (51 available online), 44 podcasts, and 8 online modules. In recent workshops, GP participants reported a 49% increase in confidence in their ability to recommend evidence-based digital mental health tools within their practice and 97% could identify at least three online treatment programs that maybe useful in their practice. eMHPrac currently has 4,989 members in its online community of practice, and has produced 20 journal articles, 31 fact sheets, and emails weekly blogs and newsletters to approximately 8000 health professionals. During 2021, the eMHPrac website had over 161,467 sessions, 116,714 users, and 315,878 page views (monthly average is 13,000 sessions, 10,000 users and 26,000 page views).

eMHPrac has strong brand recognition by health practitioners nationwide as a respected provider of expert and impartial advice across digital mental health services. Increasing numbers of practitioners and organisations approach us for advice, training and support. This includes Queensland Health staff throughout the state, the Queensland Department of Health and numerous Queensland organisations. eMHPrac initially had a primary focus on general practitioners, psychologists, and nurses, as well as workers in Aboriginal and Torres Strait Islander communities. However, it now covers a wide range of healthcare practitioners including pharmacists and emergency service workers and is progressively offering training and information to other professional groups such as school counsellors and guidance officers. eMHPrac has also been responsive to the needs of health practitioners due to the unique challenges of the COVID-19 pandemic and has developed relevant training resources.

As an initiative of the Australian Department of Health, the main focus of our work has been on primary care. While eMHPrac has welcomed members of state-funded health services to workshops and has distributed information about digital mental health to those who have attended professional conferences or have accessed the eMHPrac website, we are aware of no equivalent of eMHPrac that has been funded by Queensland Health to train and support the use of digital mental health resources (other than telemedicine) in Queensland.

A key role of eMHPrac involves the provision of advice to the Australian Department of Health on policy and practice in digital mental health. eMHPrac is an invited member of the Australian Commission of Safety and Quality in Health Care Digital Mental Health Advisory Committee and the Australian Department of Health's National Digital Mental Health Advisory Group. In 2021, the eMHPrac team won a TheMHS Award from The Mental Health Services Awards of Australia and New Zealand in the Education, Training or Workforce Category in recognition of the achievement of excellence, innovation and best practice in mental health services.

Since 2014, eMHPrac has also monitored the numbers of new registrations on digital programs and services from the leading Australian providers, and whether these registrants were referred by a health practitioner. Over the last 7 years, there have been substantial increases in the use of digital mental health and in referrals, so that digital resources and services now make a significant contribution to community mental health care in Australia Since 2014-15, there have been 127,000 new registrations to monitored web-based programs (increase of 181% over that time), 182,000 webchat registrations an (increase of 115%), and 35,000 registrations referred by health professionals (106% increase).

A recent eMHPrac initiative involves the co-development of the WellMob website which was launched in July 2020. WellMob is an online compendium of Indigenous digital resources for wellbeing which supports people who work with Aboriginal and Torres Strait Islanders. It is Indigenous-led and content was guided by Aboriginal Health Workers[1]. It currently has over 250 culturally appropriate online social and emotional wellbeing resources. These range from apps and programs to videos and resources in narrative format. It has been very well received with over 43,000 sessions, 34,670 users and 135,034 page views during 2021 (monthly average of 3,500 sessions, 3,000 users and 11,000 page views). The WellMob team have recently produced some brief videos about the site: WellMob: An introduction, WellMob: Tips for workers, and WellMob: Website tour and offer ongoing training workshops.

Digital mental health as a key part of mental health service delivery

Digital mental health services are finding a key place in mental health service delivery. Whilst the COVID-19 pandemic has presented many challenges, it has resulted in increased use of telehealth and digital mental health services and created new opportunities to revolutionise and enhance mental health service delivery. Digital options can provide access to mental health care for increasing numbers of people who have been unable to access traditional support and offer ways to increase the efficiency and impact of standard services. They can be utilised for information, prevention, assessment, diagnosis, counselling, and treatment purposes.

The Australian Government Productivity Commission's Mental Health Inquiry Report (2020) recommended greater use of digital services in order to increase patient choice and access to self-help and lower intensity treatment services. Recommendation 11 in the report states that *"for many people, supported online treatment can provide a convenient, clinically effective, low-cost way for them to manage their mental illness. It should be an option that is available to people as a choice, while recognising that some people will prefer other treatment options or a combination of options."*[2]

Digital mental health programs have been widely available in Australia for over 15 years and many clinical trials have proven their effectiveness[3]. Interventions such as web-based cognitive-behavioural therapy (CBT) are critical tools for addressing unmet mental health needs[4]. Meta-analyses have demonstrated that reputable web-based interventions are as effective as face-to-face treatment for depression and anxiety, particularly if there is practitioner support, and that these effects are strong and maintained over time[5].

MindSpot and THIS WAY UP are two Australian services that offer virtual practitioner support alongside their digital resources. Both offer digital services that have demonstrated positive results in randomised controlled trials. MindSpot is the Australian Government's free virtual digital mental health service. Demand for MindSpot has been increasing, with more than 20,000 Australians registering each year, and with total registrations exceeding 100,000. Importantly, these figures grossly underestimate the impact of the service, since many more people use it for assessment and referral to standard services than for registration to its digital programs. Mindspot has demonstrated substantial effect sizes in registered users and very low rates of non-response[6]. It has particularly robust governance structures and procedures to ensure safety, confidentiality and quality.

THIS WAY UP has a long history of providing evidence-based services directly to community users or on referral from health practitioners. It offers a range of CBT courses on mental health and wellbeing. In 2020/2021, it had 40,000 registered program users, and during the first year of the COVID-19 pandemic, it saw a 941% increase in the number of Australians registering for its Health Anxiety course. Users of that course experienced large reductions in levels of health anxiety and psychological distress[7].

Self-guided programs also provide viable mental health support options, and online self-help provides the opportunity to be taken to scale, supporting large numbers of people effectively at low unit cost, and providing a cost-effective adjunct to traditional healthcare. Well established, evidence-based examples include myCompass (building resilience and wellbeing) and MoodGym (preventing and coping with depression).

Over the last 10 years, health-related apps have increasingly become popular. They are most commonly used for monitoring or developing specific skills or addressing a discrete problem rather than for systematically addressing complex, multi-faceted disorders, although that may not necessarily remain the case in the future[8]. Currently popular examples of mental health apps include HeadGear, Mood Mission and Smiling Mind. In general, the evidence base for apps is less well established than for web programs, but it is building rapidly.

Phone lines, webchat and moderated forums are also important digital mental health options and there are a range of trusted services of this kind in Australia, including Lifeline, BeyondBlue, Kids Helpline, ReachOut and SANE.

Digital mental health services have a range of benefits. They can be self-managed, anonymous, convenient, effective, free or low cost and many are constantly available. They are particularly helpful for rural and remote areas where there is a lack of health professionals. Doing a digital program is a great introduction to psychological intervention. There is a wide choice of program topics including anxiety, depression, PTSD, OCD, addiction, burnout, resilience building, mood regulation, mindfulness, sleep, relationships, suicide prevention, goal setting, managing stress, communication, problem solving, and chronic pain. Features of programs include progress dashboards, stories from others, SMS and email reminders and engaging videos to ensure consumer interest. Many consumers have provided anecdotal feedback that they feel more empowered as using these resources gives them some control of managing their health. Digital resources can complement or be

used as an alternative to face-to-face therapies, they can free up care providers to assist those with more complex needs, and they can be expanded quickly when demand increases.

Initially, digital mental health programs had a primary focus on mild to moderate problems, partly out of concern for the safety of users, and because early programs were self-coached. However, the evidence base from services such as MindSpot shows that supported services can be equally effective with people who have more severe problems. While the presence and intensity of therapist coaching or support may be a critical factor in the safe and effective use of digital mental health resources for severe conditions, we see the use of these resources in secondary and tertiary care as a key element to improving the sustained impact of these services on the symptoms and quality of life of people with severe mental health conditions.

In the early stages of developing mental health web programs, key concerns were issues of accessibility across socioeconomic and age groups, digital literacy and internet access, particularly in rural and remote areas. These issues can still arise, but not to the same extent. Smartphone ownership in Australia is almost universal, although issues still arise with some groups such as the homeless, and many still face problems with the cost of downloads and fast daily web access. Digital literacy is also more widespread, and older age is less of a barrier than in the past. The rise of apps that only require web access to download or update mean that they can be used when the internet is not available. Other barriers primarily relate to the availability of resources: for example, while some resources are now available for First Nations people and for people who do not speak English as their first language, evidence-based resources for these groups remain limited.

With the proliferation and increased use of digital mental health resources, issues of privacy, safety and quality have been thrown into sharp focus, as has been the need to provide sound regulation and advice to potential users on these issues. From November 2022, Australian digital mental health services can be assessed against the [National Safety and Quality Digital Mental Health Standards](#) which have been codeveloped with developers, practitioners and potential users by the Commission for Quality and Safety in Healthcare. Queensland-led work on the quality of health apps and the development of guidelines by the Therapeutic Good Administration on digital tools as medical devices has also emerged over the last 2 years. Collectively, this work acknowledges the importance and maturing of online mental health services and provides reassurance for anyone using or recommending digital mental health resources or services. We anticipate that notification that a resource meets these guidelines will rapidly become common, and that the emergence of these criteria and approval processes will allow reputable online hubs such as Head to Health to provide authoritative advice to users concerning safety, privacy and effectiveness. There are already some [tip sheets](#) available online to help health practitioners or consumers on considerations when choosing a digital mental health service.

Blended Care

The availability of digital and telehealth interventions for mental health has substantially increased the flexibility with which health practitioners deliver care. Blended care combines routine therapy with online treatments and is becoming a model of care preferred by many

health practitioners and clients. Studies show that it is more efficient and cost-effective than traditional in-person therapy. For example, blended care can reduce the frequency, duration, and cost of treatment, while producing the same therapeutic benefits as traditional face-to-face care from a psychologist.[9] [10]

In blended care, practitioners can support the ongoing assessment, skills training, and education of patients. Face-to-face sessions can then focus on more complex or challenging areas of work, such as maintaining motivation and helping the client apply skills to their specific situation. Blended care also offers more choice for people experiencing mental health challenges. It can enable consumers to access digital tools to support wellbeing, practise skills between sessions, complete therapy exercises and treatments at their own pace, learn self-help strategies, and know that there are people and tools that can support them between appointments or out of office hours.

Blended care is beneficial for health practitioners because it can maximise the effectiveness of in-person appointments, provide more options for a client's needs, situation and preferences, support clients to make continued improvements, and focus their time on assessment and treatment. A customised treatment plan could combine the following: in-person therapy sessions; support via phone, SMS, or video conferencing; self-paced online activities, such as reflections, video lessons, guided meditations, or tasks; online support groups or online evidence-based treatment programs. Some online programs provide practitioners with real-time reports when online activities are completed, if the client has agreed to this. Follow-up activities may then be arranged for the patient and tailored based on the results. The output from these activities can be discussed in the next face-to-face session.

There is no single blended care approach that will work for every person and the ways in which digital mental health can be blended with clinical practice will vary between practitioner groups and across practice settings. The way in which digital mental health is used also needs to be responsive to the needs and preferences of the service user[11]. Although this way of practice is new for many health practitioners, increasing numbers are keen to learn how to best integrate this suite of treatment options into their practice.

Training and support for Queensland health practitioners

There is considerable scope for health services and practitioners in Queensland to better utilise evidence-based digital mental health options.

Queensland Health could promote a blended care model in both community and inpatient settings. Many health practitioners have reported to our team that they are keen to include digital resources and have approached us for training, but often report that they lack management support for their use or encounter significant barriers when trying to do so. Discharge reports do not routinely provide digital mental health suggestions for patients, and fact sheets for families typically do not mention them.

eMHPrac already provides an awareness and training campaign about the integration of digital mental health in blended care. However, we are only funded to do this work with

practitioners in the primary care setting. There is an urgent need for similar work to occur for practitioners and peer workers in secondary and tertiary settings within Queensland.

Our key recommendations include:

- Provision of more extensive training to Queensland practitioners and peer workers on how digital resources can be safely and efficiently used in their work. Practitioner knowledge about resources they can use and how they can be readily integrated in routine care will then enable blended care to be delivered effectively.

- Explicit inclusion of nominated digital mental health resources in Queensland policy documents and practice guidelines.

- Investment in the development and testing of digital resources for users of Queensland's state-funded services is both urgent and critically important to maximising their impact and cost-effectiveness. A current barrier to the widespread adoption of digital mental health resources adjunctively in secondary and tertiary care is the paucity of digital resources that have been specifically designed to support people with very severe or complex mental health conditions, and have been extensively tested with these patient groups.

These three initiatives would be highly consistent with the extensive work Queensland Health has already undertaken on telemedicine, digital records, quality assessment and innovative health delivery, and are especially timely given the increased focus on digital delivery of services that has occurred during the COVID-19 pandemic.

Thank you for the opportunity to respond to this inquiry. We are happy to provide any further information if required.

Kind regards

Heidi Sturk   Emeritus Professor David Kavanagh
Director, eMHPrac   Strategic Consultant
███████████████████   ███████████████████
Ph: ████████████

References

1. Bennett-Levy, J., Singer, J., Rotumah, D., Bernays, S., & Edwards, D. (2021). *From digital mental health to digital social and emotional wellbeing: How indigenous community-based participatory research influenced the Australian Government's digital mental health agenda.* International Journal of Environmental Research and Public Health, 18(18), 9757. https://doi.org/10.3390/ijerph18189757

2. Productivity Commission. (2020). Mental Health, Report no 95. Canberra: Commonwealth of Australia. https://www.pc.gov.au/inquiries/completed/mental-health/report, p. 490.

3. Andrews G, Basu A, Cuijpers P, Craske MG, McEvoy P, English CL, Newby JM. *Computer therapy for the anxiety and depression disorders is effective, acceptable and practical health care: An updated meta-analysis.* Journal of Anxiety Disorders. 2018; 55: 70-78. https://doi: 10.1016/j.janxdis.2018.01.001

4. Etzelmueller, A., Vis, C., Karyotaki, E., Baumeister, H., Titov, N., Berking, M., Cuijpers, P., Riper, H. & Ebert, D. D., (2020). *Effects of internet-based cognitive behavioral therapy in routine care for adults in treatment for depression and anxiety: systematic review and meta-analysis.* J Med Internet Res, 22(8), p.1-27, e18100. https://doi: 10.2196/18100.

5. Carlbring, P., Andersson, G., Cuijpers, P., Riper, H., & Hedman-Lagerlof, E. (2018). *Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: an updated systematic review and meta-analysis.* Cogn Behav Ther, 47(1), 1-18. https://doi: 10.1080/16506073.2017.1401115

6. Titov, N., Dear, B.F., Staples, L.G., Bennett-Levy, J., Klein, B., Rappe, R.M., Andersson, G., Purtell, C., Bezuidenhout, G., & Nielssen, O.B. (2017). *The first 30 months of the MindSpot Clinic: Evaluation of a national e-mental health service against project objectives.* Aust N Z J Psychiatry, 51(12), 1227-1239. https://doi.10.1177/0004867416671598

7. Sharrock, M.J., Mahoney, A.E.J., Haskelberg, H., Millard, M., & Newby, J.M. (2021). *The uptake and outcomes of Internet-based cognitive behavioural therapy for health anxiety symptoms during the COVID-19 pandemic.* Journal of Anxiety Disorders, 84, 102494. https://doi.org/10.1016/j.janxdis.2021.102494

8. Torous, J., Bucci, S., Bell, I.H., Kessing, L.V., Faurholt-Jepsen, M., Whelan, P., Carvalho, A.F., Keshavan, M., Linardon, J. & Firth, J. (2021). *The growing field of digital psychiatry: current evidence and the future of apps, social media, chatbots, and virtual reality.* World Psychiatry, 20, 318–335. https://doi:10.1002/wps.20472

9. Davies, F., Shepherd, H.L., Beatt, L. Clark, L., Butow, P., & Shaw, J. (2020). *Implementing web-based therapy in routine mental health care: Systematic review of health professionals' perspectives.* J Med Internet Res, 22(7). https://doi: 10.2196/17362

10. Erbe, D., Eichert, H., Riper, H. & Ebert, D. D. (2017). *Blending face-to-face and internet-based interventions for the treatment of mental disorders in adults: Systematic review*. J Med Internet Res, 19(9): e306. https://doi: 10.2196/jmir.6588

11. Davies, F., Shepherd., H.L, Beatty, L., Clark, B., Butow, P. & Shaw, J. (2020). *Implementing Web-Based Therapy in Routine Mental Health Care: Systematic Review of Health Professionals' Perspectives*. J Med Internet Res, 22(7), 317362. https://doi:10.2196/17362