

**E-MENTAL HEALTH: A 2020 VISION & STRATEGY FOR AUSTRALIA**

## Authors:

Helen Christensen, Centre for Mental Health Research, Australian National University;

Judy Proudfoot, Black Dog Institute University of New South Wales;

Gavin Andrews, Crufad University of New South Wales

Britt Klein, National eTherapy Centre Swinburne University

David Kavanagh, Queensland University of Technology<sup>1</sup>;

Dawn O'Neil & Alan Woodward, Lifeline Australia;

Leonie Young, *beyondblue*; and

Kerry Graham, Inspire Foundation.

**BACKGROUND**

The emerging 4<sup>th</sup> National Mental Health Plan<sup>2</sup>, the Health and Hospitals Reform Commission<sup>3</sup>, the National Primary Health Care Strategy<sup>4</sup>, and the National E-Health Strategy 2008<sup>5</sup> all advocate that better use be made of “innovative services”, both as adjuncts and substitutes for other forms of treatment for mental health problems. In this paper, we articulate how telephone and web based services can be better used for the provision of mental health services to all Australians, as well as result in better utilisation of existing services.

<sup>1</sup> Queensland University of Technology's e-mental health programs will be online in November 2009.

<sup>2</sup> The 4<sup>th</sup> National Mental Health Plan articulates a reform priority in “service access, coordination and continuity of care” (Priority 3). In Principle 4 (p.11) the Plan calls for “recognition of social, cultural and geographic diversity and experience” and goes on to note that “rural and remote communities face particular challenges. Workforce development and support, and equitable access to services are difficult to achieve in some parts of Australia and require recognition that communities may have different priorities that rely on local knowledge and need a whole of community response. They need innovative service development that enables use of new technology and flexible models to support the provision of access to specialist assessment and advice.” All of these elements are addressed in this Vision document.

<sup>3</sup> The “Final Report of the National Health and Hospital Reform Commission – June 2009” calls for reform in the areas of: improved care for people with a serious mental illness; improved support for people living in rural and remote areas; greater investment in prevention and early intervention, particularly good mental health in young people; strengthening consumer engagement and voice; a modern, learning and supported workforce; smart use of data, information and communication, facilitated by person controlled e-health records and a national broadband network; and knowledge-led continuous improvement, innovation and research. All of these areas are addressed in this Vision document.

<sup>4</sup> The “Towards a National Primary Health Care Strategy: A Discussion Paper from the Australian Government” promotes health literacy, self management and individual preference (p. 18) and in Chapter 6 it focuses on the importance of health information, and efficient and effective use of eHealth. A key change outlined is that “better use of ICT to support shared decision making, care planning coordination and review, and patient self management; self testing; and self monitoring (p. 32).

<sup>5</sup> The National E-Health Strategy calls for national e-health vision with national health knowledge portals and individual electronic health records as core components.

As a 10 year plan for e-mental health in Australia, this paper provides the rationale for an e-mental health policy, describes the place for e-mental health in 'traditional health service', and provides recommendations for the future of e-mental health through a set of seven major strategies.

E-mental health in Australia is at a critical point. For the first time, we have all major e-mental health players willing to work towards a strategy. The field is compact and the vision united. The time to move this agenda forward is now.

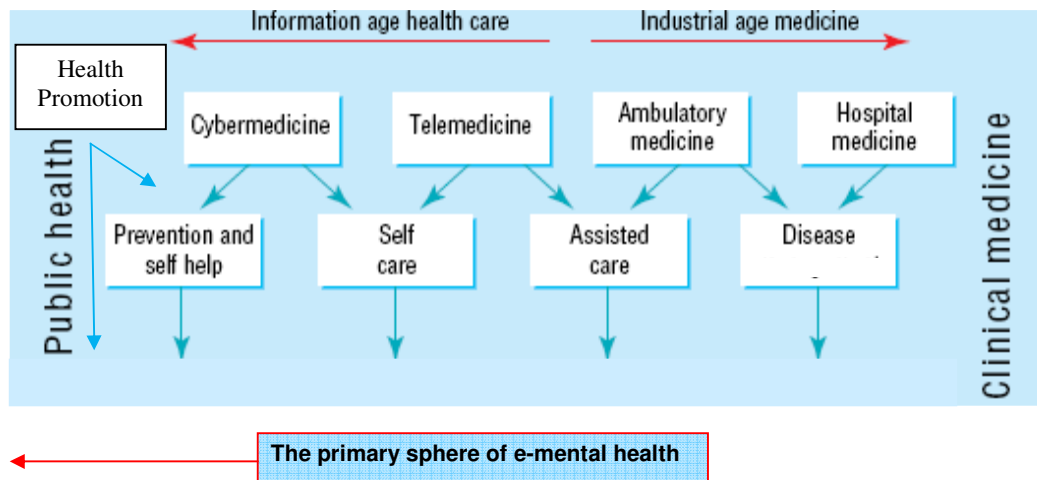
### **RATIONALE FOR AN E-MENTAL HEALTH POLICY**

There are many things wrong with mental health care delivery currently - nearly 60% of individuals with mental health problems do not access professional treatment (Meadows & Burgess, 2009) . E-mental health can address non-use of existing mental health services in several ways:

- E-mental health services offer consumers confidentiality and enable contact with services and support in ways that are less threatening or difficult (something that is important because of the perceived stigma associated with contacting mental health services). Contact with e-mental health services can occur at a pace set by the consumer and consumers can explore information and service options in a self-directed way.
- E-mental health services enable consumers more flexible access to services through preferred methods of contact, ie: contact can be made from home, at all hours of the day, and in ways that do not require disclosure to friends or family members. Immediacy of access is especially important for delivery of services to people from rural and remote locations, and this feature will have substantially increased impact as broadband becomes universally available.
- Access at low cost and in flexible, non-stigmatising ways is particularly important for people with high-prevalence, low-severity disorders, who are over-represented in the group who currently are not receiving treatment.
- E-mental health services can also be used as an adjunct to face-to-face treatment or as a guide for treatment sessions, ensuring high-fidelity, evidence-based care, and building the capacity of practitioners.
- E-mental health services can reach consumers in rural, regional and remote locations who are often severely underserved.
- E-mental health supports consumer initiated contact with mental health services, in forms that do not require firstly contacting a 'gatekeeper' service such as a GP.
- E-mental health is typically less costly for consumers and providers.
- E-mental health is up to 50 times more cost effective for Governments than traditional mental health services (McCrone et al. 2004; Mihalopoulos et al. 2005; Christensen & Griffiths 2007; Shandley et al. 2009)

Health services are not well rationalised, so that those with the greatest need may not receive face to face services quickly. Despite significant efforts to date, the need for better integration of mental health care prevails within and across sectors resulting in a lack of continuity of care. In addition, costs of medical care are spiralling and workforce numbers are low.

The internet and associated technologies are now recognized as key solutions to the delivery of high quality, cost effective health services over the next 10 years.



**Figure 1:** Figure 1 illustrates the type of care best associated with information age health care (or e-mental health) relative to Industrial age (specialist medicine working face to face). Adapted from G. Eysenbach, Consumer Health Informations, 2000. Please note that this diagram is provided as a useful tool but does not fully describe the sphere of mental health services

E-mental health services are likely to have maximum impact within the health system over the next 10 years in public health, particularly in the areas of health promotion, prevention and self help. Because internet services can be accessed *en masse* and disseminated widely the Internet has a unique role in health promotion and health prevention. Self care can be facilitated through the telephone. As they can be staffed in a central location 24/7, the telephone and the web are capable of providing immediate and direct access to emergency help (eg, through call centres). E-mental health services are also likely to be maximally important in the delivery of early intervention and treatment of disorders which respond to e-mental health applications (such as anxiety, depression, social phobia, and PTSD). As the severity of the disorder or its nature changes (psychosis, severe depression), the internet may play a less key role in direct treatment delivery but will serve to provide interconnectivity between providers, serve as a platform for the delivery of adjunct treatment, tools and training, and be integral in providing disease management and recovery programs, including peer support, into the future. Figure 1 also indicates that e-mental health facilitates consumer driven health. In order to reduce costs and provide better care many commentators (Coiera, 2004) have indicated that into the future consumers will form a new tier of the health system to supplement that of health professionals.

Box 1 (below) outlines the services likely to have maximum growth in the next 10 years. Box 2 summarizes how e-mental health services aim to solve current problems in the delivery of health services including those which facilitate consumer driven health and Box 3 notes the likely technologies that will gain dominance over the next 10 years.

**Box 1. Expected areas of growth in e-mental health services**

E-mental health services are likely to have growth in the following areas:

Health promotion  
 Health prevention  
 Crisis intervention  
 Early intervention  
 Treatment for high prevalence disorders where web interventions have been found to be effective (anxiety, depression)  
 Chronic disease management and recovery

**Box 2. Expected benefits of e-mental health services**

Through e-mental health services the health system will:

Provide better access to mental health programs  
 Rationalise mental health services so that services match patient need  
 Facilitate pathways to face-to-face care for consumers  
 Facilitate continuity of care and follow-up  
 Facilitate peer-to-peer support  
 Lower costs for practitioners and consumers  
 Reduce demand on workforce  
 Tools, training and professional development for health care professionals  
 Improved cost effectiveness of mental health services  
 Reduction in burden of disease

**Box 3 Expected growth in technology**

More SMS  
 More mobile internet devices and mobile applications  
 More Web 2.0 social interaction sites and more chat  
 More user-generated/user-led content  
 More use of gaming technologies and platforms  
 Ultra high speed broadband.

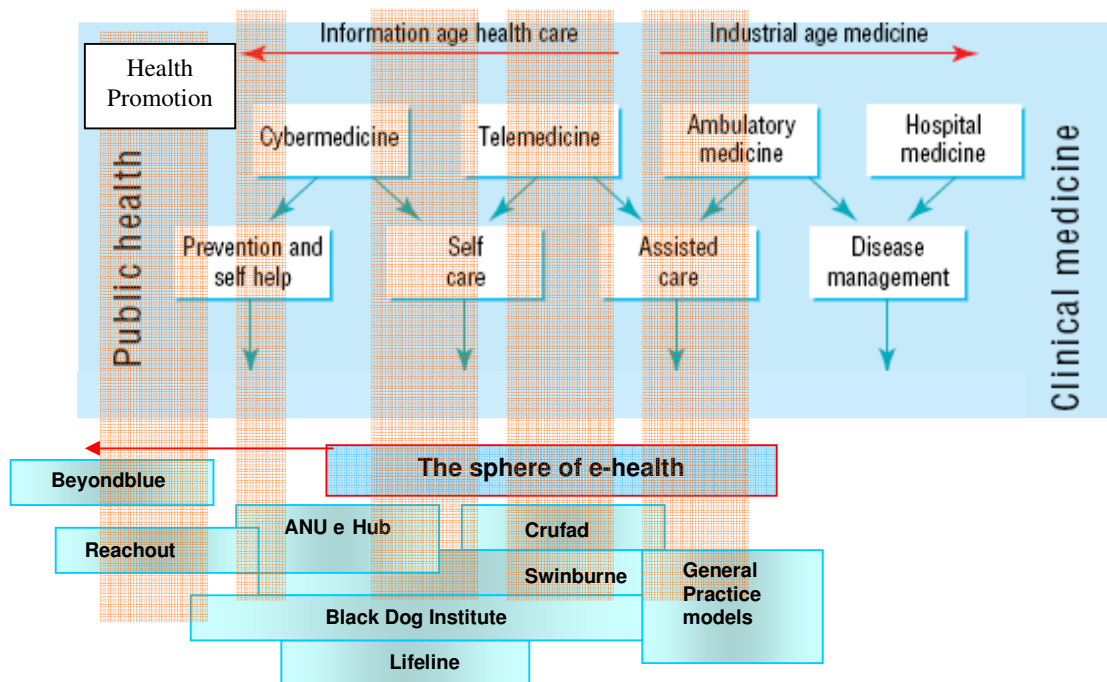
**CURRENT PROVISION OF E-MENTAL HEALTH SERVICES**

A number of current providers offer a range of services across the e-mental health sphere (see Figure 2). Those listed in the text below and in Figure 2 are not an exhaustive list. A fuller (but again not exhaustive) list of services is provided at Appendix 1.

- *beyondblue* and [www.reachout.com](http://www.reachout.com) (Inspire Foundation) provide health promotion and early intervention activities, with some prevention interventions (i.e. [www.reachoutcentral.com.au](http://www.reachoutcentral.com.au); 'Young Minds' online training

- for allied health professionals and General Practitioners at [www.youthbeyondblue.org.au](http://www.youthbeyondblue.org.au); *beyondblue* 24 hour infoline).
- E hub at ANU provides prevention and self care in depression, anxiety, social anxiety and facilitates peer-to-peer support through blueboard.
  - Lifeline Australia and Kids Help line provide telephone counselling for mental health and life problems for a large number of Australians and crisis support services for suicide.
  - Black Dog Institute provides information, prevention, self care and telemedicine for mood disorders.
  - depressionNet provides online peer support and professional counselling services.
  - Virtual clinics such as those of Crufad St Vincents Hospital, Sydney and Swinburne University National eTherapy Centre provide either automated or clinician guided services or both.
  - A range of models exist for the use of e-mental health systems within general practice.
  - There are also players from the non-university or public health sector, such as private psychologists and psychiatrists who provide online therapy.

The sphere of service provision by DoHA funded groups is represented graphically in Figure 2.



**Figure 2:** DoHA funded e-mental health service providers.

As they stand in 2010, these services do not achieve the level of benefits that might be obtained from a set of integrated health services. Improved access is likely to be achieved when e-mental health services provide a centralised portal which provides a greater range of direct access programs to the community, where those seeking help or referral are provided with a match between their likely needs and the appropriate services. The need for a national e-mental health portal is paramount because:

- Currently, there is no rationalising of health services so that services match need, although a number of services may refer visitors or callers to other services.
- Many health promotion websites actively discourage participants from seeking help directly from them because they do not provide health services.
- There is no integration or “passing over” to facilitate continuity of care between providers.
- There are no facilities for enabling shared health records, even if consumers were to provide consent.
- No coordinated approach to collecting data for the evaluation of e-mental health strategies

The level of investment in research and evaluation has been minimal and as a result very few effectiveness evaluations have been undertaken. Although these services are likely to reduce demand on the health workforce, the evidence for this has not been established.

The capacity of the existing health workforce to integrate e-mental health services into their practice has been found to be low, as evidenced by the Reach Out Pro consultation. Funding, promotion, professional development and online teaching resources have been needed to increase uptake and sustained use.

### ACHIEVING A VISION FOR E-MENTAL HEALTH SERVICES

To achieve the benefits outlined above (Box 2), the authors strongly recommend the following strategies be adopted and implemented:

1. Determine a **sustainable financing model** for the national scale of a high quality and constantly improving e-mental health service delivery system which ensures equity of access by potential users and promotes ongoing program development in response to emerging evidence, needs and technologies.
2. Build a **national e-mental health portal** which provides a one point of access to mental health services – both e-based (promotion, prevention, self help and virtual clinics) and non-e based (general practice, psychiatric clinics and hospital services). 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 direct access to evidence based online treatment or prevention programs (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 medical services, and so on. The portal will provide access to e-mental health interventions whose effectiveness has been rated according to the strength of the scientific evidence. The portal is not the exclusive pathway to care for

mental health problems as consumers will continue to access health care in general practice and through hospital departments. Nevertheless, it provides an entry point to information, self help, counselling and other services, and the opportunity to choose a range of traditional and other health services.

3. Deliver a **national e-mental health stepped care service** to be used by consumers, schools, workplaces and health professionals. The stepped care will consist of the following linked and integrated components delivered through the telephone and over the internet:
  - E-Mental Health promotion
  - E-Mental Health prevention
  - E-Mental Health self-screening, assessment and early intervention
  - E-Mental Health treatment services
  - E-Mental Health referral
4. Create a system of **patient-centred electronic health records**, as per the NHS Health portal concept and referenced in the National E-Health Strategy and Health and Hospital Reform Commission.
5. Establish a **National Research and Development Collaborative Centre for Innovation** with a focus on e-mental health care delivery. Such a Centre will enable existing and emerging R&D centres and e-mental health institutes & providers to participate and collaborate in order to meet shared goals and objectives. The Centre will provide knowledge around: help seeking, engagement, prevention, promotion, early intervention, policy, use of technologies, health financing, and workforce, national professional and ethical standards, health work force training models for the delivery of e treatment within general practice, and evaluation. The Centre will also measure the effectiveness of the strategy develop economic models to demonstrate the effects of e-mental health on access, rationalisation, cost, and continuity of care.
6. Review and regulate the **costs associated with telecommunications and web technologies** in the context of accessing e-mental health services, to ensure that market, policy and regulatory environments are not creating barriers to consumer use of e-mental health services through the user-charges associated with the use of these technologies. In particular, the review should consider the potential impacts on costs for consumers through the projected increase in use of mobile devices for telecommunications and web services.
7. Instigate a **national program to increase the capacity of the e-mental health industry** through:
  - Incentives for collaboration among existing providers,
  - Incentives for corporate involvement particularly in the areas of social marketing, technology and innovation,
  - Including training on e-mental health services in health qualifications at universities and other teaching institutions, and
  - Professional development programs in e-mental health technologies and services for the existing health workforce.

The short, medium and long terms goals needed to achieve this vision are:

*Short term (3-6 months)*

- Build the national e-mental health portal – acknowledging that it may be ‘skeleton’ in parts – allowing existing services and information sources to be drawn together for the benefit of consumers and the general public. The portal would be progressively refined and enhanced, over time. DoHA and each provider would host an access web page to the national e-mental health portal providing fast access.
- Understand how to target and engage priority sub-groups within the population (e.g. young people, elderly) in e-mental health promotion and prevention programs.
- Begin to explore the usefulness of e-mental health prevention programs delivered at the population level.

*Medium term (within 12 months)*

- Extend DOHA’s trial of Telephone Counselling, Self Help and Web-based Support Programmes to e-mental health interventions – enabling those interventions that are ready for wider take-up to be incorporated within the measure.

OR

- Trial a model of providing e-mental health interventions in association with the Australian Psychological Society, whereby one or more interventions could form part of the trial and be subject to further evaluation, including from a cost-effectiveness angle.

*Long term (years 2-3)*

- Develop a consortium proposal under a Round 2 Digital Regions ([http://www.dbcde.gov.au/communications/digital\\_regions\\_initiative](http://www.dbcde.gov.au/communications/digital_regions_initiative)) where providers participate in a major scaled up trial of e-mental health interventions in rural, remote and/or regional specific in partnership with Federal and State Governments.
- The application for funding should include a study on the economics of e-mental health – on both the cost efficiencies of e-mental health services relative to face-to-face services for similar client outcomes, and the cost effectiveness of e-mental health for achieving preventative outcomes on a population health basis.

*Years 3 and beyond*

- As part of the short, medium and long term approach, establish a high level working party in year 1, comprising consortium members and government and



private sector representatives, to refine future plans for e-mental health based on experience and evidence gained during the Digital Regions trial addressing such matters as:

- the preferred framework for e-mental health into the future
- a funding model
- stepped care and integration with other mental health services
- efficacy of intervention
- standards/accreditation
- regulation
- corporate involvement
- the proposed National Research and Development Collaborative Centre for Innovation
- creation of patient-centred electronic health records
- workforce development
- evaluation measures.

#### **Box 4. A ten year strategy for e-mental health**

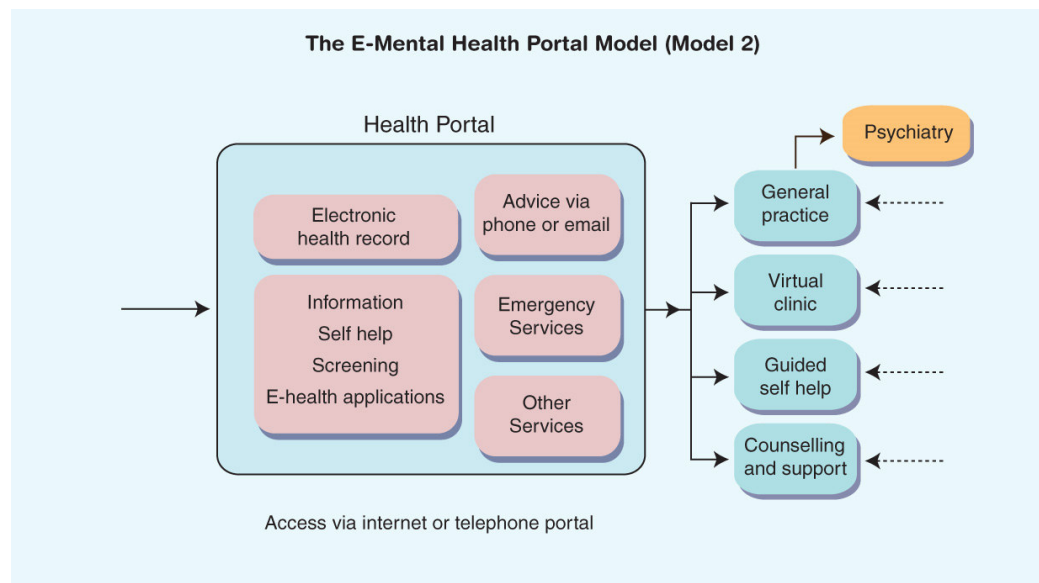
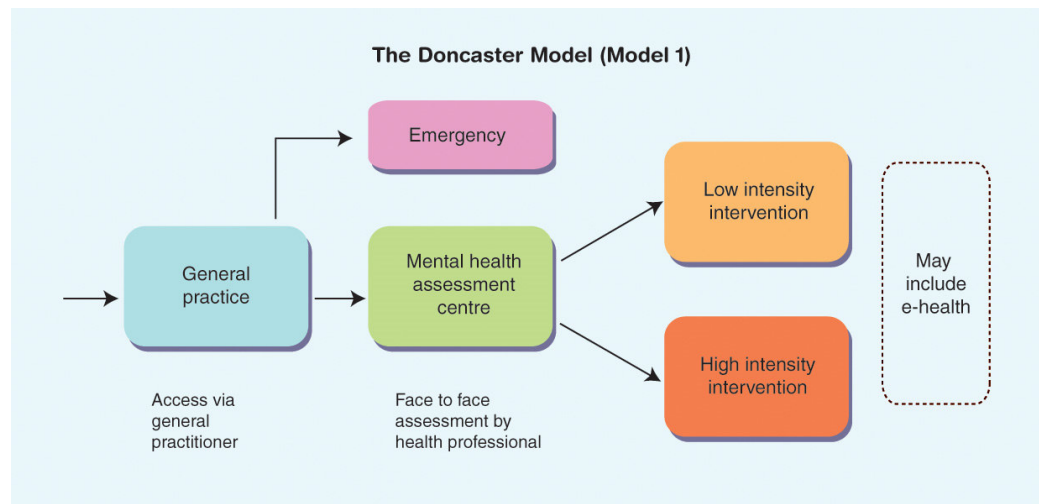
We recommend the development of:

1. A sustainable financing model for e-mental health services
2. A National e-mental health portal for mental health
3. A National e-mental health stepped care service to be used by consumers, schools, workplaces and health professionals
4. A National Research and Development Collaborative Centre for Innovation
5. The creation of patient centred electronic health records
6. Workforce development
7. Independent measurement of the effectiveness of the strategy, including accessibility and relevance.

#### **THE MODEL**

The Figures below illustrate differences in approach between the e-Mental Health Portal approach and a contemporary filter model, illustrated here by the Doncaster Model. The gateway to services in the Doncaster model is through a geographically located general practice. Efficiency and low cost are achieved through the use of a screening mechanism and the employment of trained “low intensity health care workers” to provide psychological services. In contrast, the e-Mental Health Portal model provides access directly to consumers through an internet-based portal, which offers early self-assessment and self help programs. There is telephone and web based screening for emergency care referral. The portal provides information and access to a range of both community and health services including counselling services and general practice. The dotted arrows on the right hand side of Model 2 illustrate that access to general practice and other services can be direct. Patients may choose to enter any service without being required to pass through the portal.

We recommend that both models be adopted as they are not incompatible and may be synergistic.



**APPENDIX 1: MORE EXTENSIVE LIST OF CURRENT PROVIDERS OFFER A RANGE OF SERVICES ACROSS THE E-MENTAL HEALTH SPHERE**

Auseinet	Mental Health Council of Australia
<i>beyondblue</i>	Mental Illness Fellowship of Australia Inc
Black Dog Institute	Mental Health Foundation of Australia
Bush Crisis Line	Monash University – e-therapy Research Unit
Child Youth Women's Health Service	Multicultural Mental Health Australia
Crisis Support Services	National Health Call Centre Network
Department of Health & Ageing	Post and Antenatal Depression Association
depressioNet	SANE Australia
Eating Disorders Foundation Inc.	Sentients
HelpLines Australia	St Vincent's Hospital
Indigenous Psychological Services	Sydney University – MHC
Inspire Foundation	The Butterfly Foundation
Kids Help Line	The Centre for Mental Health Research – ANU
Lifeline Australia Inc	Vietnam and Veterans Family Counselling Service
McKesson Asia Pacific	WA Centre for Mental Health Policy Research

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