

BLACK DOG INSTITUTE



Online Services for Mental Health

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EXECUTIVE SUMMARY

- Set up a strong and tight online mental health implementation authority – run by industry, public service, service provider, or university provider – Black Dog Institute is a \$10M company with 85 FTE staff, and a leader in e health, clinical services and research in depression, suicide, and workplace health, and ideally suited to this role.
- Expand clinician training to develop confidence and expertise.
- Implement large scale promotion campaigns about online technologies.
- Introduce a range of systems changes such as a Medicare rebate for online treatment programs of approximately \$200, and accredit providers. Accredited providers will need to meet funding rules which require integration with face to face services. Systems changes also require the development of a national ‘screening’ function; and a national ‘tracking and continuity of care’ function. These provide the “glue” to make sure that the patient/consumer has the best type of collaborative, easily accessed, continuous care, and effective care.

ONLINE SERVICES FOR MENTAL HEALTH

Technology is changing the way mental health services are delivered. Thousands of people use online services to treat and prevent depression and anxiety, everyday, easily, 24/7, from all over Australia or around the globe. In 2011-2012, over \$7.2 billion, or \$322 per person, was spent on mental health-related services in Australia, an increase from \$282 per person in 2007–08. Online mental health services cost 3.5 times less than face-to-face services. They are as effective as a full course of face to face psychological therapy. Approximately 30,000 people a year in Australia currently use online services. However, more than 600,000 are eligible. If these services were used more effectively, savings would be achieved. In this paper we ask why e health for mental health conditions has not taken off, how this can change, and how Black Dog Institute would be well positioned to head a new initiative to get online mental health services off the ground.

WHY THEN HAVE ONLINE SERVICES NOT TAKEN OFF?

- Clinicians are concerned patients may not be getting the best quality services, that treatment may not be timely or appropriate, so referrals are low.
- Policy makers are concerned that e health might be risky. Not all online services are likely to be evidence based, useful or helpful. Indeed some might be unhelpful.
- The general public is not informed about the online services and how they can be used.
- Delivery of web based services is not optimal.
 - The environment is complex, with small, competing offerings in certain areas; and no offerings in areas where e health may be particularly helpful. The context is complex, because of State and Commonwealth responsibilities, lack of integration, historical developments and other factors.
 - Funding most generally relies on Commonwealth grants which support a select number of online services. No clear rules exist as to who should be admitted to the scheme.

- Online services exist for certain problems but not for others. Online services are well provided for anxiety and depression, but not for suicide, insomnia, drug and alcohol or recovery.
- E health is not integrated with face to face services, so there is no cross referral and no step up or step down services.

HOW CAN ONLINE SERVICES REACH THEIR POTENTIAL?

Given the above, online services could readily reach their potential if:

- Clinicians felt confident to recommend services.
- Online services were promoted optimally to the community.
- Online services were brought together to
 - Accredited web and online services
 - Outline and commission gap services
 - Determine transparent funding rules
 - Improve and develop ways to improve integration between online and face to face services.

We believe the solution to approaching these issues is to create an online technology initiative, tasked to making online services reach their potential.

WHAT THIS NEW ONLINE TECHNOLOGY INITIATIVE WOULD DO.

Make clinicians confident in recommending online services through the following mechanisms:

- Extend the training for GPs and Health Professionals in e health practice. Black Dog already leads the GP training component of the accredited MPrac Program, in co-operation with the RANZCGP.
- Provide doctors with experience working with online programs in accessible ways, through experiential webinars.
- Provide undergraduate and post-graduate training in e mental health.
- Erase confidentiality and security concerns through legislative and educational channels.
- Require that referral for mild to moderate depression and anxiety conditions is first made to an accredited CBT or online programs before referral is made to face to face treatment by psychologists.
- Accredited programs and provide a Medicare item for a 'one off' program, for treatment of 10 sessions, at a moderate cost – say \$200 per person.

Promote online services to the public, the community and to health professionals:

- Use modern social media marketing programs to raise awareness about online technology services, and their ease of access.
- Establish easy screening YouTube presentations.
- Promote general public to seek referral through GPs.
- Establish targeted promotion programs in schools and workforces.
- Recognise that GPs and others are time poor and have long waiting lists, and that accredited programs will appeal.

Bring together expertise to undertake formation of an online sector that will:

- Accredit web, phone and online services and develop sustainable funding models- Web services can be accredited by an agency, such as SAMHSA <http://www.samhsa.gov/about-us>, in the USA. The SAMHSA process involves establishing the scientific effectiveness, feasibility, use and acceptability of a range of educational and intervention programs. The accreditation process would establish the 'ground rules for funding' including (we suggest) the requirement of effectiveness, common screening tools and standardised reporting using common instruments, and standardised referral pathways to other e health or face-to-face programs. The accreditation process would also incorporate accreditation of mobile phone technologies.
- Outline and commission gap services. Undertake gap analysis through review of literature, and needs analysis. This would result in the growth and potential commissioning of services where gaps exist. Currently, we believe these gaps exist in recovery services, suicide specific services, sleep interventions, drug and alcohol sites; 'kiddie e health clinics, and website services with peer-to-peer support.
- Develop funding rules. The initiative would consider a range of funding models based on local and international models. Funding might be organised on the basis of the provision of services to a geographical area (coverage) (as per UK Trusts), or on the basis of patient throughput, based on number of Australian patients provided therapy, together with standardised screening and reporting of outcomes. A second approach would be to make particular online therapy sessions Medicare refundable, to the maximum of \$200, and to also mandate that all eligible patients could be first offered online therapy prior to face to face treatment in referrals by General Practitioners, with a broader adoption of a stepped care approach. This will also have the consequence that private companies, if certified, would be eligible for medical rebates, and thus support a private health care model, offering online treatments and promote sustainable industry partnerships.

Additionally, caveats could be imposed that require data sharing with other e health services and with face to face services, contingent on permissions (see below). These may require that each domain set up a working relationship and shared data with the relevant NGOs or health providers to provide integrated care, with the aim that any person entering the online domain has the opportunity to receive integrated care via relevant face-to-face health or NGO providers, or to other online providers as appropriate. This sets up a network of connections between agencies. It is also monitored by a tracking function, which connects regularly with registered consumers.

- Improve and develop ways to improve integration between online and face to face services. A number of methods might be used to integrate e health services into face to face services.
 - Establish protocols for online services to interact locally with face-to-face services and with general practice. Both youth and adult models should be included which require integration into GP/Medicare Locals and or Headspace centres. All service connections are required to have shared data capability and to collect minimal and agreed data sets for reporting. Funding is made contingent on expansion of stepped care approaches, cost efficiencies and access.
 - Consider the mechanisms that will increase and lead to integrated care. This will include requirements around shared health records, responsiveness (online case management to guide people through the system and keep them online across systems, not just part of an internal program), and commitment to research.
 - New treatment services providing integrated e health services should be prioritised in funding to demonstrate feasibility and efficiencies of integrated approaches. One example is the services offered at Black Dog Institute. These are illustrated in **Figure 1 over the page.**

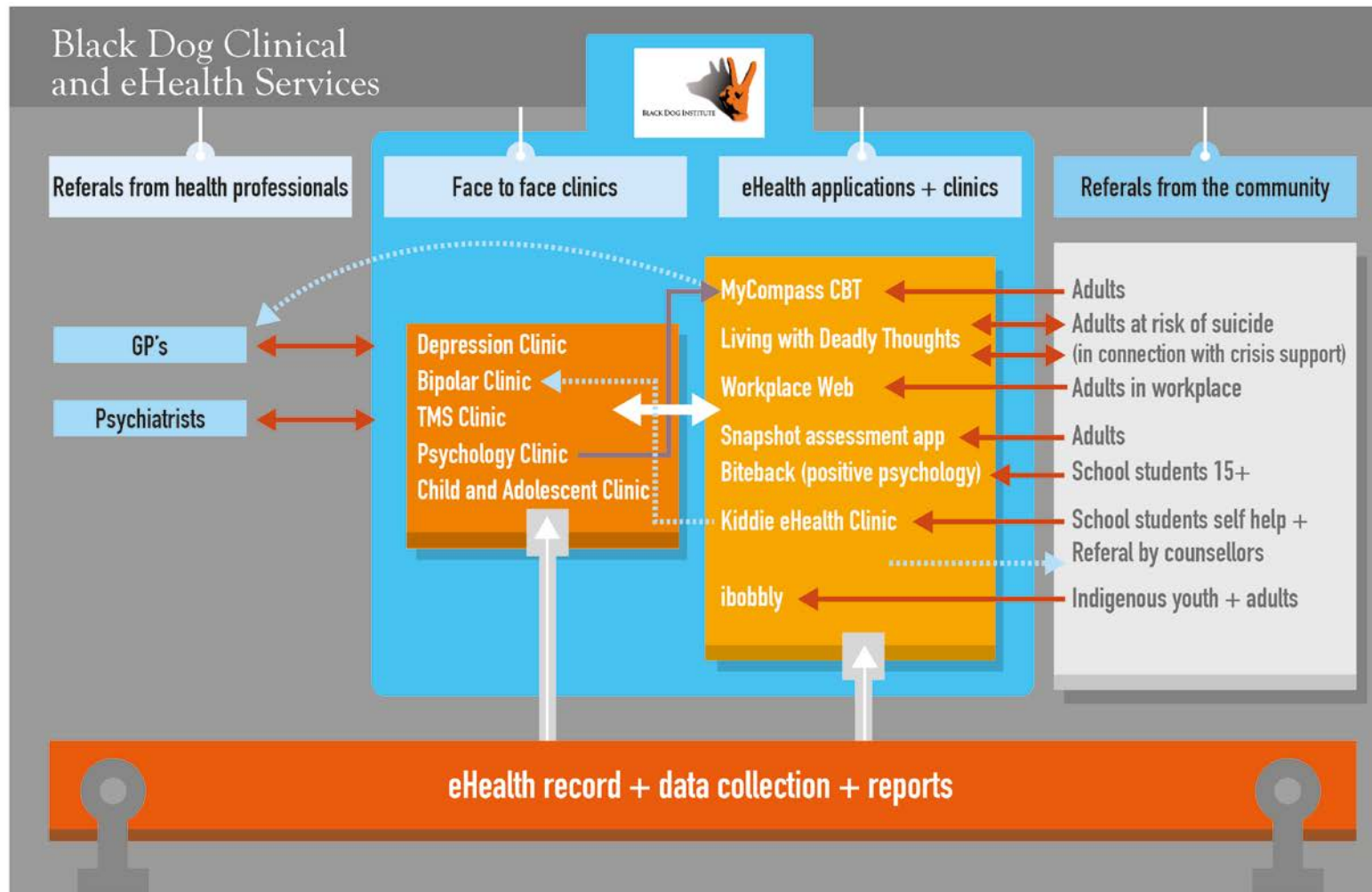


Figure 1. Figure 1 describes Black Dog Institute’s model for integration. Currently, GPs and Psychologists refer patients to our five clinics, with the depression clinic offering tele-psychiatry to rural NSW. At the same time a range of e health apps and websites offer depression, anxiety, stress and suicide interventions, and collect outcome data. Most of our apps and websites are available directly to the public, following rigorous testing, and many are used by 10,000s of people in Australia and internationally, including students, and adults in workplaces. We integrate our face to face clinics and e health solutions using a shared e health platform. It supports online services, collects data from our clinics, and, in the near future, will send referrals, requests, follow up data and “direct traffic” across the e health and face to face services.

