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e-hub services
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Submission to Senate Enquiry: Commonwealth Funding and Administration of Mental Health Services.

We wish to comment on the importance of providing high quality, accessible online self-help services for people with mental illness as one aspect of a national comprehensive mental health system. We believe that this is most relevant to the term of reference:

(h) The impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups;

People with mental health problems go online for help:

People who are concerned about their own or other peoples' mental health problems often seek information and help online. For example, people with anxiety and depression are more likely to seek information online and to subsequently increase their use of health services than people experiencing stigmatized physical conditions such as genital herpes, urinary incontinence and other chronic health conditions including diabetes, cancer, back pain or heart problems¹. In Australia, young people use the internet to find information and support for emotional problems more frequently than other sources of help apart from family and friends². At higher levels of distress, some people prefer to seek help online and often combine online help with other sources of help^{3,4}. Given the variable quality of online mental health resources, it is critical that high quality evidence-based services be made available as part of a comprehensive mental health system.

Self-help services are effective

There is evidence that self-help programs are effective in the management of anxiety and depression symptoms⁶. Self help services provide psycho-education and symptom management programs directly to consumers in the community.

Self help programs can be delivered safely and effectively over the Internet without the support of a clinician (that is through fully automated delivery). Online programs without clinician support have two major advantages: First, they are highly cost effective, and secondly they have huge reach, making them accessible to individuals in rural and remote areas and available 24/7.

Online self-help programs can be used by general practitioners, psychologists, youth workers, teachers and other professionals in the course of their professional work with consumers. These programs can be incorporated into existing services wherever they are located with no additional direct cost to the clinician or consumer. There is evidence that when used by clinicians as an adjunct, effectiveness of cognitive-behaviour therapy can be enhanced, with research studies finding increased effectiveness^{7,8}.

In Australia, online self help services are provided by teams of IT professionals/ researchers/clinicians using secure, private technologies, and these services meet the same levels of governance and management as other health services. e-hub at the ANU offers the largest self help service in Australia.

Below we present outcomes of online self help services compared to clinician services using data sourced from the evaluation of the Better Access Scheme in Australia (A), the Increasing Access to Psychological Therapies interventions used in the UK – mainly Low Intensity (B), and data from trials of e hub automated services provided by the ANU for depression and anxiety (C, D). We use effect sizes as an indication of the strength of effectiveness. Effect sizes are considered large if they exceed 0.80. The current effect sizes are based on within subject comparisons over time.

(A) Better Access: clinician delivered evidence-based psychological interventions ⁹ (High Intensity)

	Pre-post effect sizes Depression (DASS)	Pre-post effect sizes Anxiety Disorders (DASS)	Average therapist time (hours)	Average calculated cost (AU dollars)
Completers [^] for clinical psychologists	1.1	0.85	6	\$906*
Completers [^] for psychologists	1.17	1.05	6	\$676*
Completers [^] for GPs	Distress (K10) 0.97	n/a	2.5	?

[^] Based on providing 2 or more data points. *Based on 6 sessions clinical/psychologists (at \$119.80/\$81.60 hour) plus GP plus mental health plan (\$163.35) plus GP review (\$23.96).
DASS: Depression Anxiety Stress Scale

(B) IAPT: Mostly Low Intensity ^{10, 11}

	Pre-post effect sizes Depression (PHQ-9)	Pre-post effects sizes Anxiety Disorders (GAD-7)	Average therapist time (hours)	Average calculated cost (dollars)
Demonstration site: Full sample	1.09 [%]	1.07	2.25	?
Demonstration site: Completers [^]	1.38	1.41	2.25	\$806.89 ¹²
Average non-demonstration sites	0.69*	0.72	?	?

[%] The effect sizes are from a published paper ¹⁰ that analyzed data from one demonstration site.
^{*}Note that when rolled out more widely ¹¹, the effect sizes varied considerably over the 30 sites.
The cost reported above relates to IAPT at two demonstration sites ¹²
PHQ-9: Patient Health Questionnaire, GAD-7: Generalized Anxiety Disorder 7-item

(C) ANU e-hub Self help services (automated/no clinician involvement)

	Pre-post effect sizes Depression (CES-D)	Pre-post effect sizes Sub-syndromal Anxiety Disorders (GAD-7)	Average therapist time (hours)	Average calculated cost (AU dollars)
Full sample – 6 months follow-up	1.42	-	0	\$8.72#
Full sample (immediate follow-up)	-	0.98	0	\$8.72#
Completers (immediate follow-up)	-	1.20	0	\$8.72#

costs based upon provision of program for 12 months including salaries, web hosting and hardware.
Based on users seeking help completing 2 or more modules (minimum adequate to produce effect)
CES-D: Center for Epidemiologic Studies Depression Scale

Interpretive notes/ data limitations:

The analyses presented above are based on data reported by researchers.

The outcome data provide an estimate of overall effectiveness but results may not be directly comparable for many reasons. For example, there may be differences in the complexity and severity of cases and in the type of clinical activity within the different services. Drop-out rates and the length of follow-up periods may vary. Measures and statistical analyses may differ in sensitivity. There may also be differences in outcomes for usual clinical settings, demonstration sites and research trials.

Conclusions:

- Interventions for anxiety and depression using evidence-based treatments such as CBT are effective and can be delivered by a range of mental health professionals, GPs, low intensity workers or computer systems
- Various modes of delivery should be available to suit consumer needs and preferences
- Online automated programs have enormous reach and are highly cost-effective.
- Our intention in presenting this data is to demonstrate that automated self-help online programs have a substantial contribution to make to the provision of mental health care in Australia. It is not intended to suggest that such programs are suitable for all consumers or that they should replace clinicians.

Given their effectiveness and cost effectiveness, online self-help programs should be recognized as a key component of the comprehensive mental health system in Australia.

Opportunity to address the Committee:

We would be pleased to appear before the Committee should you consider that this will assist your deliberations.

With best wishes,

Ms Julia Reynolds, MPsych (Clin), e hub clinical manager, Registered Clinical Psychologist

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Prof Helen Christensen, M Psychol (Hons), PhD, MAPS, FASSA, e hub director, Registered Psychologist

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