

COMMUNITY AFFAIRS COMMITTEE

Submission from Prof Helen Christensen on behalf of the Centre for Mental Health Research at the Australian National University.

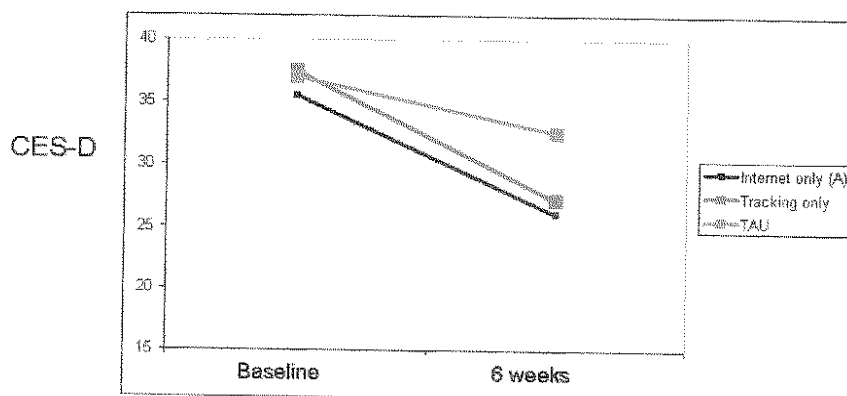
I will speak briefly on the importance of e-health services.

I would like to draw the committee's attention to the [1] usefulness of these services in providing mental health services to rural and remote communities and in delivering these services via teachers, volunteers and consumers; [2] the need to work towards co-ordination of these services with professional clinical care services.

We have conducted research to demonstrate that brief interventions in the hands of volunteer counsellors can bring about changes in mental health outcomes. In conjunction with Lifeline, we have demonstrated that two brief interventions produce significant reductions in mental health symptoms for Lifeline callers compared to treatment as usual conditions. These are: either 6 sessions of 10 minute telephone contact with a volunteer counsellor a week for six weeks OR a formal invitation by letter to visit BluePages/MoodGYM websites. [see diagram below]. Conclusion: *Both brief telephone OR instruction to use an automated website results in significant reduction of anxiety and depression symptoms. These programs are implemented by trained volunteers.* A briefing paper describing the callers to the Lifeline service and demonstrating their mental health needs has been published in 2008 and is attached (Document 1).

Effects of brief web or telephone interventions on depression symptoms in lifeline callers

Administered by volunteers

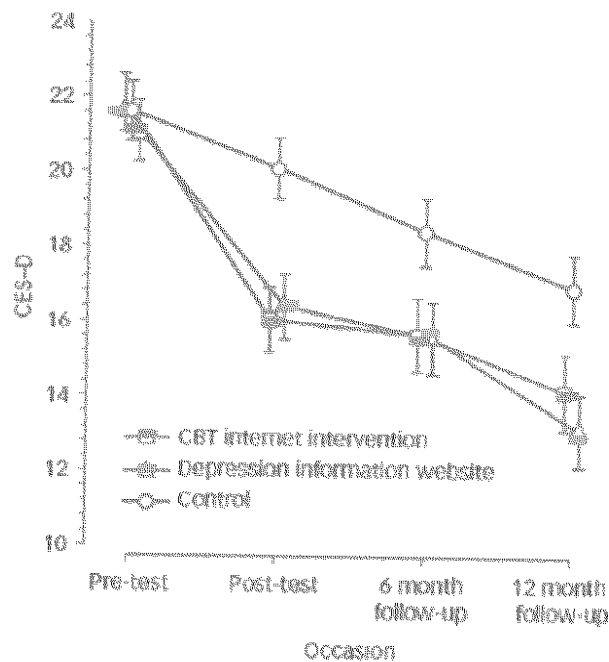


Farrer, Christensen, Griffiths and Mackinnon. ARC Linkage trial in progress.

The Centre has also shown that the use of web programs plus 10 minute weekly calls over 6 months by lay interviews, can also significantly reduce depression for 12 months. *These programs can be implemented by lay interviewers with no training in mental health.* Document 2 describes our research paper published in 2008.

Depression in community dwellers

Follow-up showing benefits over 12 months compared to a control condition



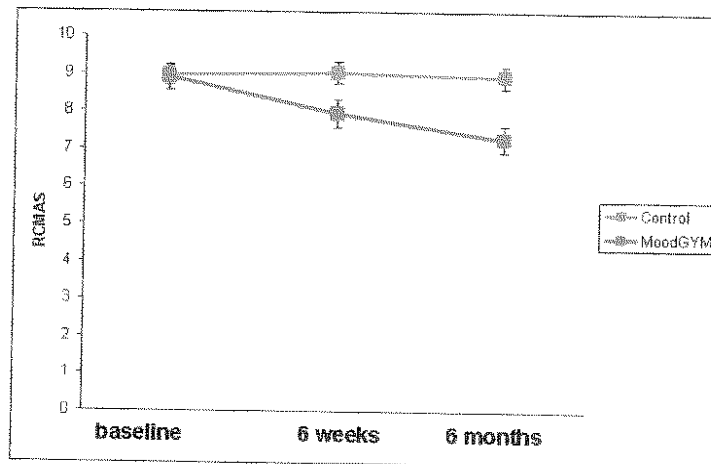
Mackinnon, Christensen, Griffiths, 2008, Br J Psychiatry

We also have data showing that Internet programs such as MoodGYM can be implemented by teachers in normal classroom situations and that this intervention when guided by a teacher results in significant improvements in anxiety symptoms. Depression improvements appear to be only available to girls compared to boys. *Teachers can implement these programs successfully.*

We also know from collecting statistics from the users of web programs that rural people are more highly represented than urban users. In Australia the population distribution is approximately 86% urban – 14% rural. Of the visitors to the MoodGYM website, 20.3% are from a rural or remote area, and an additional 23.9% from a capital that is not a State capital. *Rural dwellers are more likely to use the services.*

The effects of an school based internet program on anxiety symptoms in 30 schools in Australia

Programs administered by teachers



Neil, Christensen, Griffiths, Mackinnon, unpublished.

These trials demonstrate that help can be provided remotely, to rural users, through programs that are administered by lay interviewers, teachers or volunteer telephone counsellors. We have summarized the potential public health contribution that these interventions can make in Document 3, published 2007. The policy implications are published in the Medical Journal of Australia, also in 2008 in Document 4.

However, for these services to work well, there is also a need to co-ordinate with standard clinical care. We identified five potential models for the incorporation of e health programs into formal mental health services, including Headspace. A report describing these models in general practice, integrated care, and by consumer organisations is provided as Document 5. Two models worthy of attention are those supporting virtual clinics and integrated care models.

There is a need in Australia to fund virtual health clinics that create consumer based e-health records and which allow consumers to integrate with more formal health care systems through such records (as in the UK NHS Choices). These virtual clinics will also offer continuity of care through automated follow_up. For young people without GPs these clinics could offer intergrated health care using stepped care models. Such models are curenly operating in the Netherlands. Technology allows new distributed systems of health care to be adopted. In these vitual clinics, direct access to automated We have put forward a number of proposals to the Department of Health and Ageing for remotely delivered clinician supported web and telephone services for rural communities for support through COAG.

We have also put forward a similar web and telephone supported program targeted at Veterans and their Families through the Department of Veterans Affairs. These programs make use of non health professionals and volunteers but link into to community services. We have also approached the Department to develop a virtual clinic, with no success.

In short –

We can introduce mental health programs that are implemented by teachers, volunteers, lifeline counsellors and by consumers themselves.

These programs can be integrated to formal health services using a variety of models.