

Acknowledgement



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Nation

Black Dog Institute

Mood Disorders

- research
- tertiary clinical services
- professional education
- lobbying



eMHPrac





What drives me?

A little story about me

 We need to do more to improve mental health

AIWH 2014

70% of Australians with mental health problems got some sort of professional help

We need to do more to improve mental health



My Goals Today

- Reinforce knowledge of prevalence and impact mental health problems on campus
- Underscore the importance of early intervention in mental health
- Encourage you to see yourself as part of the care team
- Help you to discover some resources you might use and how you might use them

Some figures:

 One in five Australians experience mental health problems in any given year



WHO says:

• 10 – 20% of children and adolescents experience mental health disorders

 Half of all mental illnesses begin before the age of 14 and 75% by the mid twenties

"Mental Health Problems" – severe and enduring

- Schizophrenia 1% (onset late teens in males, mid twenties in females)
- Bipolar Disorder 3-4% of 16-24 year olds (onset any time but most commonly in teens and twenties)

Common "mental health problems"

In the general population:

- Anxiety
- Depression
- Stress
- Drug and alcohol related problems

And on especially campus:

- Eating disorders
- PTSD (childhood abuse and neglect)

Suicidality can occur in all these conditions

Consequences of failure to recognise and treat early:

- Underperformance or academic failure
- Interpersonal difficulty
- Development of secondary problems:
 - drugs and alcohol
 - other self harming behaviours
- Stigma, isolation and discrimination
- Deterioration in mental health
- Poor physical health

Prevention and Early Intervention

- Psychotic Illness (Patrick McGorry)
- Bipolar disorder
- Eating Disorders
- Anxiety and Depression
- Stress

WHO says:

Health workers who work with young people need to have the competencies to:

- relate to young people
- to detect mental health problems early
- to provide effective counselling
- to use medication where necessary



BUT

- Where are these health workers?
- How can we encourage people to see them?
- What can we do if there are no such health workers available or people in need of care will not go to see them?

Step 1: "Are you OK?"

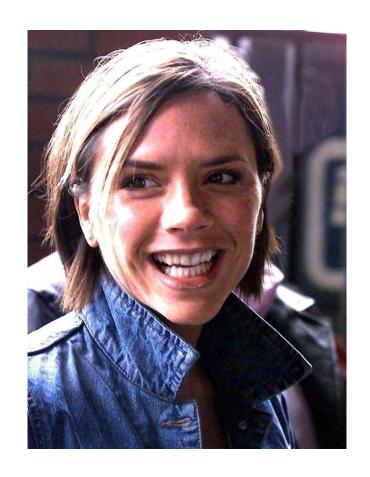
- More than suicide prevention
- Why don't we say it more often?

Are we afraid of the answer?



Lou 28

- Severe eating disorder since 14 years of age
- Unstable mood and recent psychotic episode
- Retrospective diagnosis of (untreated) bipolar disorder since early adolescence



What Lou says about "Are you OK?"

- "It would have been a great relief to me if someone had asked me if I was OK but even when I was stick thin nobody said a word"
- they needed to have asked the question in private
- they needed to understand that I might be defensive and reject them in the first instance
- they just needed to leave the door open for me to come back

What Lou says about what they could have done next:

 "They only needed to acknowledge that I was not OK and encourage me to seek some help. It would have made a big difference"

What could you suggest to someone like Lou?

(after you check what she has done already)

Seek professional help:

GP

Psychologist\Counsellor

Try seeking help online

Who would you see if you thought you had a psychological problem?

- 1. Friends
- 2. Family member
- 3. Nobody
- 4. GP
- 5. Psychologist

What stops people from seeking help?

stigma:

from social stigma:

- "you don't have any problems think about all the starving Africans"
- " what would my mates think if they knew I needed a shrink"

to impact on career

- time, cost, distance, inappropriateness of available services
- lack of a perceived need for help -
- "there's nothing wrong with me that a bit of rain wouldn't fix"
- being unaware of services
- scepticism about treatment effectiveness

Getting help online – the place of online resources

Online resources are not a substitute for face to face care (though they can be in some circumstances)

- Prevention and early intervention
- Introduction to face to face care
- Adjunct to face to face care

Crisis Help

- Lifeline 131114 <u>www.lifeline.org.au</u>
- Suicide Callback Service 1300659467 www.suicidecallbackservice.org.au
- Mensline Australia 1300789978 https://www.mensline.org.au/
- Qlife 1800184527 https://qlife.org.au/
- E-Headspace 1800650890 https://headspace.org.au/
- Kids Helpline 1800551800 https://kidshelpline.com.au/

Websites for Psychoeducation

- beyondblue <u>www.beyondblue.org.au</u>
- Black Dog Institute <u>www.blackdoginstitute.org.au</u>
- Blue Pages https://bluepages.anu.edu.au/
- BiteBACK <u>www.biteback.org.au</u>
- Reach Out <u>www.reachout.com</u>
- E-headspace <u>www.eheadspace.org.au/</u>
- Centre for Clinical Interventions <u>http://www.cci.health.wa.gov.au/</u>

Head to Health

- "Digital gateway" to mental health
- Open access
- Screening
- Advice about treatment options

Mental health <u>treatment</u> online!!



Online CBT – the evidence:

- As effective as manualised face-to-face CBT in specific anxiety disorders and depression
- Helpful in resilience building and stress management in psychologically vulnerable populations

www.blackdoginstitute.org.au/emhprac

Online Treatment Programs

 Australia is a world leader in the development of online treatment programs:



- Australian programs are federally funded and evidence based
- Most are available free of charge

Developing institutions:















Overview

- Australian
- Evidence based both for prevention and treatment of common mental health conditions
- Online delivery of CBT (i-CBT/cCBT) with a little positive psychology, mindfulness based therapy and ACT.
- Mostly unguided self-help

Online Self Help Programs

- Mostly free (except for This Way Up)
- Available without referral











ANU Programs









QUT Programs (OnTrack)

 Unique modules for specific problems







Swinburne UT - Mental Health Online

- Linear
- Diagnosis specific for a range of anxiety disorders and depression
- Free in the self guided form

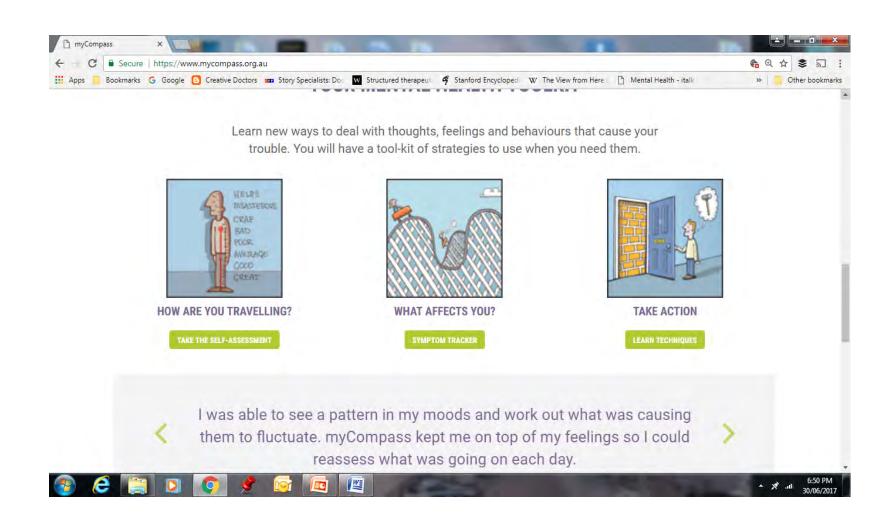


Black Dog Institute - MyCompass

- Non-linear (14 X 30 minute modules)
- Transdiagnostic
- Free



MyCompass features



Inside myCompass



THISWAYUP from UNSW/St Vincents/CRUFAD

- Linear
- NOT FREE (~\$60 per program)
 But
- The most research evidence that it works
- Available as an app as well as for desk/laptop
- Programs for specific anxiety disorders as well as depression, insomnia, chronic pain and mindfulness based therapy



Virtual Clinic

- Mindspot (Macquarie University)
- "GUIDED SELF- HELP"
- Linear,
- transdiagnostic wellbeing programs for adults, older adults, indigenous people and adolescents.
- Specific programs for OCD and PTSD
- 5 "lessons" over 8 weeks



SO.....Where do these programs fit into mental health care?:

- Prevention
- Early intervention
- As a introduction to face-to-face care
- As an adjunct to face to face care
- To fill the gap when no face to face care is available or accessible



Models for using eMH

adapted from Reynolds et al JMIR 2015 2(1) e6

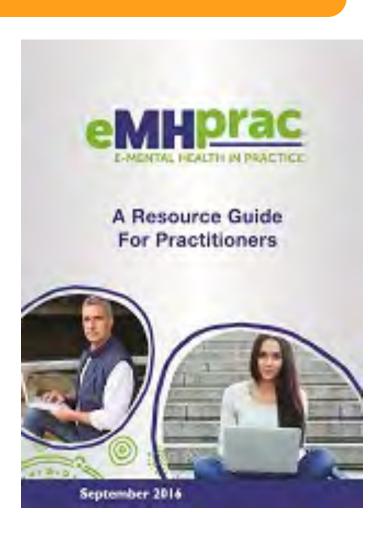
Promotion	Recommending self-help resources where appropriate
Case Management	Initial and final assessment and crisis management where necessary
Coaching	Actively and regularly supporting someone as they work through a program
Treatment of specific symptoms	Extending face-to-face therapy using eMH to address specific symptoms
Integration eMH into comprehensive treatment	Full integration of eMH into face-to-face therapy programs

Learn more:

 eMH resource guide <u>www.emhprac.org.au</u>

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 http://cmhr.anu.edu.au/re search/projects/emhprac/ resources



Professional training:

GP training <u>www.blackdoginstitute.org.au</u>





 We ALL need to do more to improve mental health Let's work together towards a mentally healthier world

 (Mental health is everybody's business)

