

21st Century Mental Health: Adapting Mental Health E- Therapies for Effective Community Use

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2018

Report submitted November 2018

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EXECUTIVE SUMMARY

With the support of the Winston Churchill Memorial Trust Fellowship, I travelled to Sydney in March 2018, to visit the Clinical Research Unit for Anxiety and Depression (CRUfAD), based at St Vincent's Hospital in Darlinghurst. The purpose of the Fellowship visit was to learn more about THIS WAY UP – an internet-delivered cognitive behavioural therapy (iCBT) tool for treating mild-moderate mental health disorders, and to explore the potential for developing programme adaptations and support models to improve the adherence rates and treatment outcomes for higher-complexity and marginalised individuals who are often inadequately served by existing clinical and online mental health therapies in New Zealand. The Fellowship visit provided a wealth of valuable information about iCBT treatment, enabled the constructive exploration of several potential adaptations to improve iCBT treatment outcomes for target individuals, and has provided an excellent platform for the collaborative development of innovative applications of iCBT in New Zealand – which I am currently exploring with the Department of Corrections, the High Impact Innovation Team, and Wise Group.

INTRODUCTION

The increasing prevalence of mental health issues and the corresponding demand on stretched mental health services is a major public health issue currently facing New Zealand, and new preventative mental health initiatives and early treatment interventions are urgently required – especially for populations currently underserved by existing mental health services. These interventions need to be clinically-proven, low-cost and easily scalable to ensure they deliver for New Zealand whānau and communities.

There are effective clinical treatments for these disorders, but in New Zealand (and other wealthy OECD countries like the US, Canada, England or Australia) less than a quarter of sufferers receive proven treatments (Andrews G, 2016).

This presents both a challenge and an opportunity. While some of the shortages in service provision are attributable to funding and resourcing issues for traditional clinical-based services, evidence shows that innovative/cost-effective new iCBT approaches to mental health treatment may provide a scalable solution to supplying the roughly three quarters of untreated mental health sufferers in New Zealand with effective treatment for mild-moderate conditions.

E-therapies, and iCBT in particular, are an emerging treatment with considerable potential to deliver effective mental health outcomes for clients with mild-to moderate mental health concerns such as depression, anxiety, obsessive compulsive disorder, social phobias and panic disorders.

Internet-delivered cognitive behavioural therapy is as an effective, scalable treatment for many mild-to-moderate mental health disorders. However, the effectiveness of iCBT is currently limited to clinically-supported settings – with self-directed and technician-supported delivery currently demonstrating limited adherence rates and treatment outcomes – especially for populations with higher-needs and additional barriers to effective participation in iCBT treatment – including prison populations, NEET youth, and other marginalised individuals with limited health sector contact.

CRUFAD & THIS WAY UP

The Clinical Research Unit for Anxiety and Depression (CRUFAD) is a joint facility of the University of New South Wales and St Vincent’s Hospital in Sydney Australia. It combines clinical and research expertise in the recognition and treatment of the anxiety and depressive disorders. CRUFAD was founded in 1964 by Professor Gavin Andrews.

CRUFAD currently combines clinical and research expertise to reduce the impact of anxiety and depressive disorders on individuals, and is made up of three key departments:

- **This Way Up:** provides online learning programs, education and research in anxiety and depressive disorders.
- **Virtual Clinic:** administers clinical trials for web-based education & treatment programs for anxiety and depression.
- **Anxiety Disorder Clinic:** located at St Vincent’s Hospital in Sydney, and specialises in the assessment and treatment of adults with anxiety disorders.

Professor Gavin Andrews AO, MD, FRCPsych, FRANZCP:

Prof. Gavin Andrews is the Professor of Psychiatry at UNSW at St Vincent's Hospital, Sydney, Australia. Prof. Andrews has been an academic staff member of the School of Psychiatry at UNSW since 1964 and has published more than 600 papers and books. In April 2017 his Hirsch index was 100 and he is on the ISI Most Highly Cited list for psychology and psychiatry with more than 40,000 citations to his work.

Prof. Andrews heads the Anxiety and Depression Clinic, and the Clinical Research Unit for Anxiety and Depression, a World Health Organisation (WHO) Collaborating Centre. Prof Andrews specialises in neurodevelopmental disorder, depression, epidemiology, treatment of common mental disorders, classification of mental disorders, cost effectiveness, and iCBT treatment of internalising disorders.

THIS WAY UP

THIS WAY UP addresses the treatment gap for anxiety and depressive disorders (major depressive disorder, generalized anxiety disorder, panic disorder/agoraphobia, social phobia, obsessive compulsive disorder, mixed anxiety and depressive disorder). THIS WAY UP reflects an illustrated story of a recovering person alongside offline 'homework'. Clinicians prescribe illness-specific courses to individuals seeking treatment. The innovation consists of a stepped care model where mild and moderate cases are prescribed iCBT and severe cases receive face-to-face clinician time.

Evidence from 15 RCTs and 6 field studies has shown

- 3,000 clinicians have enrolled, registering 7,000 patients
- 50% of completers recover, 30% improve
- iCBT is 10 times more cost-effective than face-to-face therapy where tested

KEY LEARNING

The Fellowship visit provided valuable learning and insights into iCBT and the potential modification and deployment to marginalised and higher-needs populations in New Zealand.

Through demo access to the suite of THIS WAY UP programmes, I was able to gain a detailed understanding of evidence-based iCBT content and delivery methods – including reading all lesson material and seeing demonstrations of common technician-support mechanisms. This also provided an opportunity to learn in detail about the key transferrable skills and strategies that can be developed through high-quality iCBT delivery.

Through conversations with CRUfAD clinical and research staff I was also able to gain a deeper understanding of the reasons for low-adherence rates for self-directed iCBT delivery and explore potential solutions to could be applied in a New Zealand context. These include; adapting content for a New Zealand context (especially kaupapa Māori and Pasifika narratives), reducing the text component of iCBT lessons and potentially replacing/supplementing content with video and audio, condensing session and module length where possible, and providing a bespoke navigator support model to address various social and financial barriers to iCBT completion.

The Fellowship visit also provided a valuable opportunity to witness how a high-quality, evidence-based intervention programme is developed and deployed at scale – including the interactions between clinical, research and content development personnel at CRUfAD. This was a valuable insight that will have broader application to a number of my other projects and development areas beyond iCBT (primarily early years human development and foundation education for prisoners and higher-complexity youth learners).

CONCLUSIONS / RECOMMENDATIONS

As a result of the Fellowship visit, I am now working on the development and pilot deployment of a Navigated iCBT model – purposefully designed to improve the adherence rates and treatment outcomes for high-needs and marginalised individuals for whom self-directed iCBT treatment has limited positive impact. The intention is to create a highly-scalable, low-cost delivery model for early treatment of mild-moderate mental health disorders that are highly prevalent in populations such as adult prisoners, youth offenders, NEET youth, and homeless populations.

I am currently working with Department of Corrections and the High Impact Innovation Team to explore the deployment of Navigated iCBT as part of a pilot service roll-out in Auckland in 2019. There is growing interest in scalable mental health services for high-complexity individuals from officials within the Government policy sector, which will provide continued opportunities for consultation during 2019.

Development and piloting of a Navigated iCBT model may include:

- Condensing programme delivery modules and self-directed activities for more intensive and more flexible programme delivery;
- Translation of programme resources into plain language New Zealand English, te reo Māori, Samoan and Tongan;
- Creation of extensive video and audio content to reduce dependence on text-based programme resources;
- Development of new programme narratives that reflect the experiences of New Zealand high-priority populations (including development of more diverse character

depictions, more diverse whānau and aiga composition, inclusion of New Zealand places and cultural references, etc); and

- Development of offline content to enable delivery in prisons and remote regions.

The customised development of the navigator support model may include:

- Developing an operational model to establish a pool of iCBT Navigators to promote, refer and support the delivery of modified iCBT programmes;
- Developing administrative support and quality assurance systems to ensure rapid, high-quality scaling of the Navigated iCBT model; and
- Delivering basic mental health training and ongoing professional development services to iCBT Navigators.

APPENDICES

FELLOWSHIP VISIT ACTIVITIES

I was hosted at CRUFAD's St Vincent Hospital offices by Hila Haskelberg PhD – THIS WAY UP Program Manager. Hila arranged a series of meetings with key staff during my stay and generously shared her expertise and experience regarding the development and delivery of THIS WAY UP in Australia.

I was granted access to the full suite of THIS WAY UP e-therapy programmes, which enabled me to gain a detailed understanding of the programme delivery model, and to work through each of the lessons and ask questions of CRUFAD staff as required.

I spent a full week meeting with post-PhD and PhD-candidate researchers involved in the development and testing of programme THIS WAY UP content, and senior/supervising researchers leading the publication of programme evaluations – including Prof Gavin Andrews, Dr Jill Newby and Siobhan Loughnan. I also spend time meeting with several clinical psychologists using THIS WAY UP, and spoke to medial professional about the prescribing process.

I was also very fortunate to be able to attend team meetings – and was able to lead some initial co-design conversations about what content modifications and additional support models would be needed to develop and deliver Navigated iCBT to the high-needs and marginalised individuals of most interest to me and my work, and to also discuss what modifications might be required to adapt content for a New Zealand context (with particular focus on delivery to Māori and Pasifika service users).

THANKS & ACKNOWLEDGEMENTS

I am extremely grateful for the support of the Winston Churchill Fellowship Trust and the Committee members who granted the Fellowship.

I would like to thank Prof Gavin Andrews, Hila Haskelberg and the other members of the CRUFAD and St Vincent's Hospital teams who so generously shared their time and expertise on my visit to Sydney, and subsequently via ongoing communications.

I would also like to thank Prof Richie Poulton for his considerable support and subject matter expertise, and my employer Methodist Mission Southern for their support in enabling me to travel to Sydney.