

1. Question #1

Hi! I'm from Eplis Suicide Prevention in Oslo, Norway! I wonder whether you checked how all categories of young people felt about using chatsafe. Specifically, did it increase help seeking behaviours in YP who experienced suicidal thoughts?

Jo Robinson 06:24 PM

we have been running a trial along side the campaign and testing impact on help seeking, capacity to talk safely on line and help their friends. we are still analysing the data so watch this space....

2. Question #2

Just to be clear - Ian, you said there's no danger associated with speaking to young people about suicide. How does that square with Jo's point that people who commit suicide are more likely to have been exposed to suicide in the past year?

Ian Hickie 06:20 PM

exposed is the reality in their life (others close to them) not simply speaking about it

Jo Robinson 06:26 PM

It's complex and the risk is often associated with complex grief and things like that. But there are definitely unhelpful ways to talk about suicide - what we have been doing is working out what the helpful ways are, so that young ppl can voice their feelings w/o causing distress. does that make sense?

Zoe Teh 06:33 PM

Like Jo mentioned, it is complex but for a young person, not being able to talk about it with friends, family, teachers, etc, following a suicide in the community may cause more harm than good. And we know from feedback that learning how to talk about it safely is what young people want at the moment.

3. Question #3

How can Orgyen Chat Safe get notified of a suicide in real time to be aware of risks to deceased persons network? Privacy confidentiality, family concerns, police reports, process of Coroners court, who gives consent to name of person who has taken their own life to Chat safe in real time

Ian Hickie 06:24 PM

jo may also wish to respond additionally

BUT

we already have systems such as schools, local services that do notify

AND

such experiences are quickly shared by people using current social media platforms

SO

doesn't necessarily require formal (or Legal) notification systems

Jo Robinson 06:32 PM

There are definitely sensitivities which is why we are going carefully. but we don't need a name of the person who died just that a death occurred in a particular region and we can then send content to that area

4. Question #4

can you tell us what ages are targeted by #chatsafe?

Jo Robinson 06:23 PM

we have been targeting young ppl aged 16-25

5. Question #5

if young people are over awareness campaigns why is govt continuing to fund these campaigns.

This question has been answered live

Jo Robinson 06:26 PM

good question!

6. Question #6

Can we get a copy of the slides emailed please

Tracey Davenport 06:27 PM

A recording of the webinar will be made available on the digihealth page of the Brain and Mind Centre website

7. Question #7

Synergy, Chatsafe, Origen, eClipse... 😊 probably more to come in this webinar. Can our youth find their way in this dense forest of initiatives/orgs?

Jo Robinson 06:44 PM

others may also want to answer but I think part of our job is go to them and make it as easy as possible for them. I think that's what we did with chatsafe

Mario Alvarez 06:47 PM

That's a good question; that's why is so important to develop digital solutions that are fully integrated with services on the ground; so that young people don't need to navigate a maze of digital options, including 1000s of apps with no evidence base for their effectiveness. There is consistent research that young people want digital solutions that are integrated with clinical practice; that enhance and not replace current services. In my opinion this is the next frontier in the field and will go a long way in addressing that issue.

8. Question #8

What engagement is made with families through digital treatment programs. We know about 75% mental health issues emerge by 18 so genetics/epigenetics, adverse life experiences & lived family/school experiences must be relevant. Know that my own lived experience so much explained by in depth analysis of my temperament/behaviour from get go/parents relationships/mother mental health history pivotal separations but didn't put all pieces of jigsaw until age 50! I can so identify with epigenetics switching on and off of genes in response to environmental stressors. I also have twin sister so although not identical she had very diff experience & outcome but younger sister has had quite significant issues. I just cannot see how a positive outcome with ones mental health challenges unless thorough understanding of their life history. Have been on both sides of fence social worker study at tavistock etc & lived experience & supported my 38 yr old son thru tough times, death of family from cancer. No self blame they know family genetics & history

Ian Hickie 06:46 PM

Diana

the best digital programs engage with families and carers alongside young people themselves SO

the continuity of life stories can be strongly encoded within these systems

Sally Hunt 06:48 PM

Our group has been addressing this by providing support for family and friends of people using ice with the FFSP program. You can access it here to get an idea

<https://cracksintheice.org.au/families-friends/family-and-friends-program>

9. Question #9

So impressed with Jason Grimes work and his insights and his openness about shortcomings and gaps in his programs. Stigma re mental health may be helped by being called Public Health programs, as largely social determinants of mental health dysfunction. Wonder if Back Track is the Australian local Hero of 2020 program which has been going for very long time. These programs take years to bed down. Congrats Jason Great work very impressive

Jason Grimes 07:08 PM

Thank you very much.

Valley Track (Backtrack) is still in its infancy and COVID has not helped but it is well supported in the community and by the initial program creators, so we will be hopefully seeing it back up and running soon. I do agree it will still take a couple of years to become well established.

Thank you Again for your kind words.

10. Question #10

If we go for digitech... but if the digi-infrastructure is so bad (e.g. Grafton) ...how is this going to work?

Ian Hickie 06:58 PM

As Jason highlighted by using the organisations and facilities (schools, clinics, libraries, community centres) that do have high quality connectivity can be shared much more widely (shared tech beats individual tech for cost and quality control and tech support)

11. Question #11

Hi Shelley, is access to technology or connectivity (in regional areas) a barrier? Or, are you finding young people have access to mobile phones and/or tablets to utilise digihealth? What has been your experience?

Ian Hickie 07:01 PM

shelley answering now!

personal vs community devices

personal access vs community access points

12. Question #12

did you unpack the cultural issues/barriers in both funding agency and the workforce?

Ian Hickie 07:13 PM

not yet

13. Question #13

Have you found that the digital health platform usage increased in this region during the events such as the bushfires and covid? We would expect this to increase more in this region?

Shelley Rowe 07:11 PM

Great question. The platform I was referencing is embedded within services and thus, the service is the first contact. We saw a bit of an increase post the fires with people reaching out and being invited to the Platform. However we do not have the capacity to determine if this related to the bushfires. Would love to see some research on that!

14. Question #14

How can clinicians play a better part in contributing to the future of digi-mental health?

Jo Robinson 07:07 PM

I should really let others answer this but I would be super keen to hear what (if any) barriers exist for clinicians when using digital platforms

15. Question #15

Shelley - sorry my question is about tackling the hard implementation issues. We know that culture is a barrier. What did you find, how did you address these? ta

Shelley Rowe 07:13 PM

Thanks. The culture is an issue and my personal belief is that it requires strong leadership across all levels - funders, lead agencies, consortia, lead clinicians, etc.