The University of Sydney’s Brain and Mind Centre presents

Flip the Clinic
DigiHealth and youth mental health service delivery

Join the conversation #FlipTheClinic @BrainMind_Usyd
Professor Ian Hickie

Co-Director, Health and Policy, The University of Sydney’s Brain and Mind Centre

@Ian_Hickie @BrainMind_Usyd

*Disclosure: InnoWell joint venture company between University of Sydney and PWC, Professor Hickie has a 5% equity shareholding in InnoWell.
Young people seek information about mental health overwhelmingly on the Internet

– A subsample of young Australians were asked if they had ever looked for information about a major mental health problem: 81% had done so!
– Of those young Australians, 94% searched using the Internet, or through using apps or etools

Have you ever looked for information about a major mental health problem?

- Yes
- No

Other sources or did not search
Internet, apps, or etools
Young people’s use of digiHealth in service

– Through Project Synergy youth trials, nearly 1,500 young people have set up a digiHealth account!
– Of these, 78% have completed the full online self-report assessment (up to 40 mins)
– And, 39% are currently using apps or etools as part of their care plan
Sam Hockey, Youth Mental Health Ambassador (video)
Flip the Clinic YMH
The panellists

Facilitated by Professor Ian Hickie AM, Co-Director of Health and Policy, Brain and Mind Centre
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Flip The Clinic YMH panellists

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Join the conversation #FlipTheClinic
The #chatsafe Project

• Development of guidelines regarding safe peer-peer communication about suicide online, brought to life via a national social media campaign

But…

• Could #chatsafe be used as part of a real-time response following a suicide or suicide attempt?

• Could #chatsafe also be used as a soft entry point to clinical care?

The guidelines
https://www.orygen.org.au/chatsafe

Talking online about suicide
Before you communicate online about suicide, take some time to think about why you want to share this post. Reflect on how your post could affect other people and whether or not there is a different way to communicate this information in a way that is safer or more helpful.

Responding to someone who may be suicidal
If you’re concerned about someone because of the content of their post, talk to the person directly, either on or offline, before posting your concerns. It may also be helpful for you to inform a trusted adult or friend, and, if available, seek professional advice. If you are concerned about

“[I just wanted to check in, because you posted , and I am worried about you. It sounds like you might be feeling suicidal, is that the case?]”

Sharing your thoughts, feelings or experiences
There may be times where you want to share your own experience with suicidal thoughts, feelings or behaviour. If you are currently experiencing suicidal thoughts, feelings or behaviours you should talk to a trusted adult or friend or reach out to a professional mental health service before posting online. If you have a

Talking about someone who has died by suicide
Be aware that everyone is entitled to privacy, including those who have died by suicide. Where possible, ask for permission from a family member of the deceased before posting or sharing content about another person and only share their personal information if you have permission to do so.
Co-design: bringing the guidelines to life via social media

Thorn et al (2020) The #chatsafe Project: Co-Designing a Suicide Prevention Social Media Campaign with Young People. JMIR Mental Health. 7:5. e17520
Reaching young people

- Reach/impressions ~ 4m
- Guideline downloads ~40,000
- Instagram, Facebook & Snapchat were our best performing channels – in particular stories
- Videos were the favoured format
- Reached equal numbers of men & women
- The guidelines also sit on the Facebook Safety Centre page & we have a new IG guide
A real-time response

Exposure to suicide = 300% inc. risk of suicidal behaviour in young people (Hill et al, 2020 Plos Medicine).

~7% of young Australians who died by suicide were exposed to a suicide in the year prior to death (Hill et al, in prep).

- #chatsafe is notified of a suicide in real time
- Targeted resources are distributed to professionals on how to support the community
- Co-designed & evidence-based content is directed at young people in the affected community helping them:
  - Talk safely about the suicide
  - Support each other
  - Access care
  - Memorialise the person respectfully
Connecting people with care

- Many at-risk young people don’t seek help
  - Often due to fear, shame, stigma, cost, lack of info & negative experiences in the past
- But young people do want integrated on and off-line options
- The #chatsafe content has reached almost 4m young Australians, many of whom clicked through to find more information
- The next step is to link this to online tools (e.g., screening & self-help) & actual clinical care (digital/telehealth & face-to-face services)

Take home messages

• It is **safe to talk about suicide** publicly and to use social media platforms for suicide prevention

• Social media can reach large numbers of young people **quickly** and in a way that is **acceptable**

• Young people are ‘over’ awareness campaigns; they want to actually ’**do**’ something

• Specifically designed social media content could be used as part of a **real-time response** following the suicide of a young person

• Social media campaigns such as **#chatsafe** could be used as a **soft entry point** into clinical care

• **#chatsafe** has just gone **global**!
Thank you

Thank you to the Commonwealth Gov’t of Australia, FGG, William Buckland & Facebook, and to our partners: Portable, The University of Melbourne, Everymind. Thanks also to our panel members & all the young people who have taken part.

Find us on social media:
@chatsafe_au
@JoRobinson_Aus
@ZoeDTeh
https://www.orygen.org.au/chatsafe
https://www.facebook.com/safety/wellbeing/suicideprevention/forme
Professor Mario Alvarez-Jimenez

Director, eOrygen; NHMRC Investigator

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KEY PROBLEMS THAT URGENTLY NEED TO BE ADDRESSED WITHIN THE YOUTH MENTAL HEALTH SYSTEM

**ACCESSING AND WAITING FOR SERVICES**
- Limited access to services
  - Up to 75% of unwell young people will be turned away from specialised services

- Long wait times
  - 90% of headspace centres have reported that wait times are a major concern

**RECEIVING CLINICAL SUPPORT**
- Poor continuity of care
  - 40% only attend 1 or 2 sessions with headspace
  - 18% get discharged because they run out of sessions

- Limited effects on clinical and functional recovery

**AFTER RECEIVING SUPPORT**
- A failure of relapse prevention
  - Up to 80% of young people will suffer relapses

- Research translation failure; 17 year delay, 85% of findings never make it to clinical practice

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*Based on independent modelling by Social Ventures Australia based on MOST studies and productivity commission report*
eOxygen

- persuasive, social, humane technology
- evidence-based, novel psychological models
- computational models (artificial intelligence and machine learning)

new interventions

- address key gaps and outcomes in youth mental health
- integrate with youth mental health services
An integrative approach to transform youth mental health services

Transforming face-to-face interventions

Help seeking

Immediate online support

Integration of face to face and online support (eOrygen.Most)

Relapse prevention/maintenance of treatment effects
46 researchers and professionals
15 different disciplines
Over 500 consultations
8 completed and 7 ongoing pilot studies
2 recently completed and 4 ongoing large RCTs
44 Australian and international YMH services
Across the severity and diagnostic spectrum and all stages of treatment for both families and YP
35 competitive grants: $18.7M
MOST 4.0 released in Dec 2019
$6M (Vic Gov) + $1M (Telstra Foundation)
MOST 4.0: Dec 2019 (20 months in the making)

Find your better place

MOST is a highly engaging digital platform designed to help young people work through their mental health challenges without judgement, and on their own terms. It’s a safe and inspiring space, which gives access to personalised support and clinical guidance at every step of the way.

MOST helps you find your better place.

Proposition —

Guided journeys

Coping strategies

Support network

- Therapeutic alliance
- Tailoring of interventions (Therapist and AI)
- Salient experience and therapeutic network
1,700 Young People & Families across Diagnostic Spectrum and Stages of treatment

100% felt safe
60-70% ongoing engagement
95% would recommend to others
86-93% helpful
98-100% positive experience
98-100% socially connected

Effective in (2 RCTs):
- Reducing Hospital Admissions
- Reducing visits to Emergency Services
- Improving vocational outcomes
- Improving negative symptoms

Highly promising in (8 pilots):
- Reducing depression, anxiety, social anxiety, psychological distress and suicidal ideation
- Reducing loneliness and increasing social support
- Improving social functioning, wellbeing and self-competence
VICTORIAN ROLL-OUT OF MOST: ADDRESSING KEY GAPS IN THE YMH SYSTEM

ACCESSING AND WAITING FOR SERVICES
- Instant access to support
  - Some young people may not need further support*

RECEIVING CLINICAL SUPPORT
- Blended, continuous and intense, face-to-face & digital care
  - 25% will require fewer sessions while receiving increased treatment intensity*
- Focus on symptoms and recovery
  - 17% improvement in employment rates*

AFTER RECEIVING SUPPORT
- Continued access to support & Relapse Prevention
  - 33% will be able to avoid and/or reduce the severity of their relapse*
- Rapid, continuous, ecologically valid innovation and translation at scale

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*Based on independent modelling by Social Ventures Australia based on MOST studies and productivity commission report
THANK YOU
Dr Sally Hunt

Clinical Psychologist & Senior Lecturer, University of Newcastle

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@uni_Newcastle

Join the conversation #FlipTheClinic
THE FRUSTRATIONS THAT LED TO DEVELOPMENT OF eCLiPSE

**Under-utilised Evidence Base**
- Researchers develop interventions which then sit on the shelf
- Digital platforms serve to overcome this

**Siloed Health Services**
- Child/adult service divide
- Comorbidity specific challenges

**Stigma**
- Not all young people who might benefit from interventions necessarily identify with needing to attend a service
- Embarrassment about approaching a bricks and mortar service

**Structural Barriers**
- Young people not always willing/able to access traditional services
- We need to meet them where/when they need us
- Rapidly changing end-user preferences

**Limited Service Resources**
- Not always available 24/7
- Wait lists
- Selective eligibility criteria
- Rural and remote settings
EASE OF ACCESS
• Central point of access for a range of evidence based tools

SELF ASSESSMENT
• Carry out self-assessment of symptoms
• Repeat assessment and track symptoms over time
• Assessment results used to suggest programs

END USER APPROVED
• Positive focus group feedback

AGILE PLATFORM
• Digital health allows for rapid response and development
• e.g. COVID-19 update
• Dissemination of newly developed programs

CHOOSE YOUR OWN ADVENTURE
• Support for mental health and substance use problems
• Fact sheets
• Self help tools
• Connect with clinicians
• Service finder

OPPORTUNITY TO PROVIDE SUPPORT TO CLINICIANS
• Library of video and written content to support clinicians using eCLiPSE in conjunction with TAU or in stepped-care

Links and Selected References


Jason Grimes

Centre Manager, headspace Grafton

@headspace_aus
Establishment/History

- Established October 2017 (Officially opened December 2017)
- Established following cluster of youth suicides over 3 year period culminating in national attention and campaign by local services, Our Healthy Clarence and community members
- Expectations from community for immediate impact of headspace
Demographics

- The Clarence Valley consists of four main communities encompassing 10,500Sq KIms. (Grafton/South Grafton, Yamba, Maclean and Iluka)
- The Clarence Valley is home to 3 first nations peoples (Gumbaynggirr, Yaegl and Bundjalung)
- Approximately 55,000 populous*
- Approximately 6.3% Aboriginal/Torres Straight Islander population* (This number is highly contested by the various lands councils, it is believed to be more likely in the high teens)
- 10-24 year olds account for 15.5% of the populous*
- Low socio economic factors, high unemployment

Centre Activity with a community focus

- headspace Grafton through effective community engagement has interacted either through the provision of; events, programs, training and/or outreach with approximately 10-15% of the Clarence Valley Populous (Out of Centre Interactions as measured by attendance and/or registration: 2017-2018-7500+, 2019-5800)

- Partnerships with multiple service providers across the Clarence Valley. The Centre itself hosts between 7-13 separate service providers per week to accommodate as many needs as possible in one location

- Consultation groups with Elders and Community leaders of all three local nations

- Representation across Schools, Sporting Clubs, local businesses, community action groups across entire Clarence Valley
Community Engaged

- Waves of Wellness & One Wave
- Dance With Pride
- Caring in Construction
- Mental health first aid (All Forms)
- Mind blank
- One Stop Shop
- Baygal-Bundjalung Rising Warriors
- Local Sporting Clubs
- Bush Fire Evacuation Centre 2019
- Burn Free
- Mid-Week Art Jams
- Artist of the Month

- Rebound 2460 (Midnight Basketball)
- NAIDOC
- Close the Gap
- Valley Track (Backtrack)
- Distance Education
- Teenage Apocalypse Guide for Parents
- Community Champions
- Ladies of Lotus
- Steps to Wellbeing
- World Mental health day
- Flow Space (Public Art Wall)
- Mid-Richmond Neighbourhood Centre
Implementing Digihealth

- Ability to bring the “clinic” to the client
- Ability to learn what is happening with our youth outside of our bubble
- Much Broader demographic
- Centralised location capabilities neutralising infrastructure limitations (Schools, Clubs, Events, etc.)
- Actual Client Centred Care
- De-Stigmatising in particular with Indigenous populations
- Access, access, access!
- Streamline service provision
Dr Shelley Rowe

Postdoctoral Research Fellow, Brain and Mind Centre

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Situation report

Compared to metropolitan and urban areas, young people in regional, rural and remote areas experience:

• A higher rate of deaths attributed to suicide (AIHW, 2011)
• A higher rate of alcohol and other drug use and misuse (AIHW, 2019)
• A lower rate of mental health professionals (AIHW, 2018)

Further,

• DigiHealth is acceptable for youth in these locations (Ivancic et al, 2018)
• MindSpot has had strong regional engagement in digihealth solutions for mental health care
DigiHealth in regional youth services (Rowe et al, 2020)

- 4 regional youth mental health services
- Co-design principles
- 9 months of data
- 38 health professionals (9 disciplines)
- 120 young people
Implementation is HARD (Rowe et al, 2019)

Knowledge translation identified:

- Community factors
  - Demographic
  - Technology
  - Geographic

- Health System Factors
  - Funding agency
  - Local mental health sector
  - Organisation / Lead Agency

Can learnings be applied beyond regional areas?
Associate Professor Elizabeth Scott

Consultant Psychiatrist, Mind Plasticity; Discipline Leader, Young Adult Mental Health, St Vincent’s Hospital School of Medicine Sydney;
Director of the Young Adult Mental Health Unit, St Vincent’s Hospital Darlinghurst.

Flip The Clinic YMH panellist

Join the conversation #FlipTheClinic
Additional useful resources

- Brain and Mind Centre: sydney.edu.au/brain-mind
- Beyond Blue: beyondblue.org.au
- Black Dog Institute: blackdoginstitute.org.au
- #ChatSafe: orygen.org.au/chatsafe
- eClipse: eclipse.org.au
- E-Mental Health in Practice: emhprac.org.au/resource/managing-your-mental-health-online-during-covid-19
- headspace: headspace.org.au
- Head to Health: headtohealth.gov.au
- Lifeline: lifeline.org.au or 13 11 14
- Moderated Online Social Therapy Project: most.org.au
- Orygen: orygen.org.au/
- This Way Up: thiswayup.org.au/
Thanks for tuning in

For more information about mental health and Digihealth, scan the QR code or visit:


This conversation was hosted by:

With special thanks to research partners such as: