A group of hands holding smartphones against a blue background with a dot pattern.

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**

Flip The Clinic YMH moderator

Professor Ian Hickie

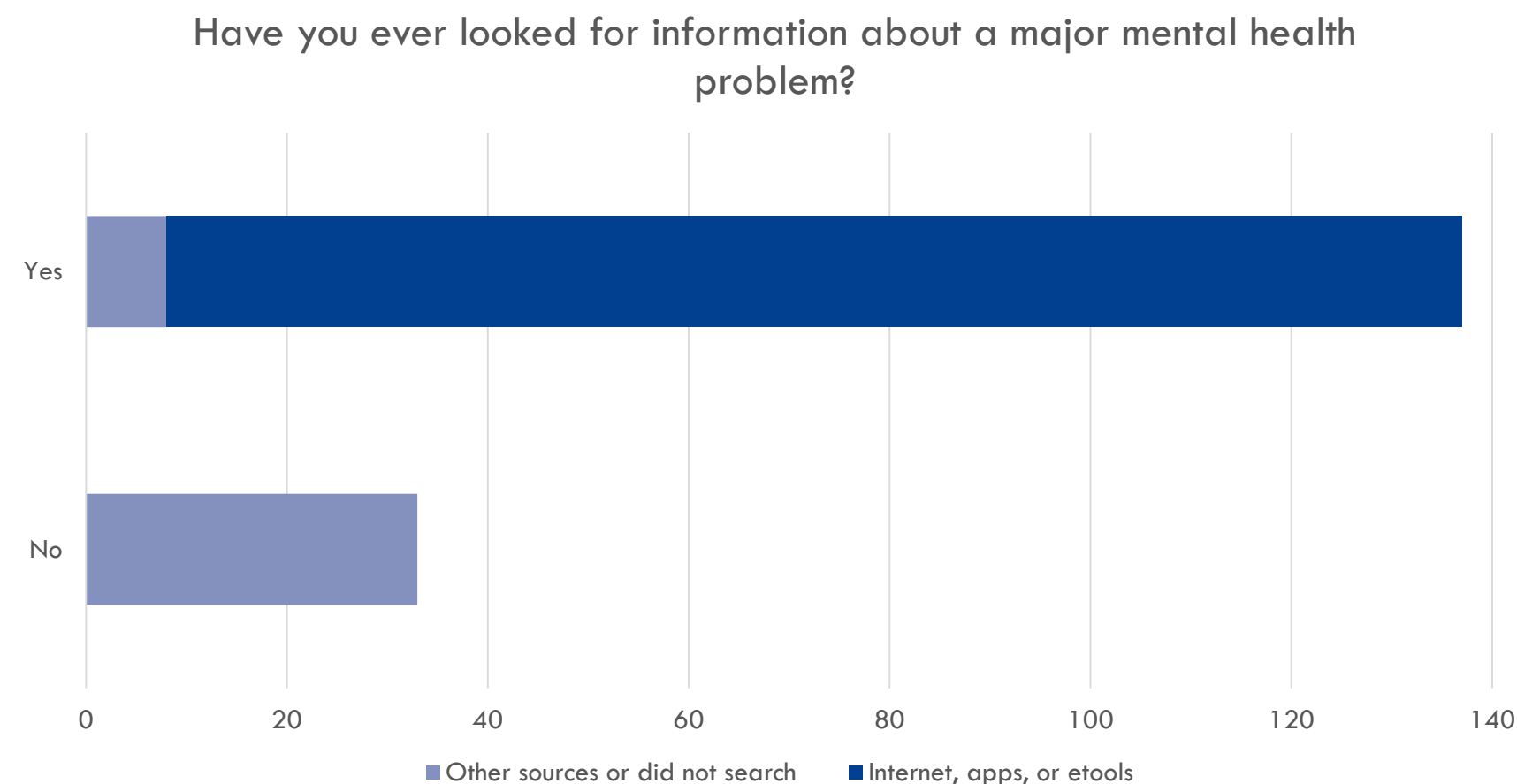
Co-Director, Health and Policy, The University of Sydney's Brain and Mind Centre

@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

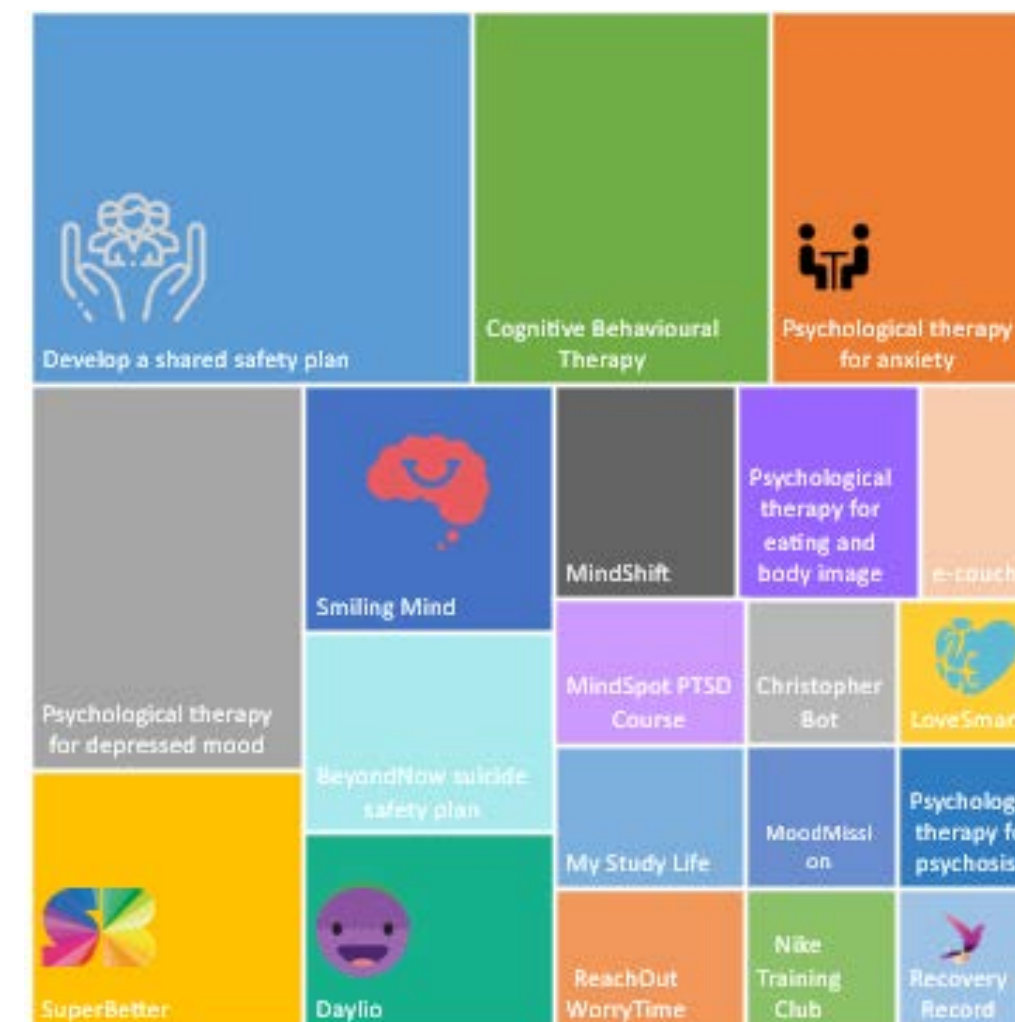


Young people's use of digiHealth in service

- 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



Top 20 care options accessed



Sam Hockey, Youth Mental Health Ambassador (video)



Flip the Clinic YMH

The panellists



A/Prof Jo Robinson

Orygen
@JoRobinson_Aus
@Orygen_Aus



Zoe Teh

Orygen
@ZoeDTeh
@Orygen_Aus



Prof Mario Alvarez-Jimenez

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Dr Sally Hunt

University of Newcastle
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@uni_Newcastle



Jason Grimes

headspace
@headspace_aus



Dr Shelley Rowe

Brain and Mind Centre
@Shelley_C_Rowe
@BrainMind_Usyd



A/Prof Liz Scott

Uspace
@StVHealthAust

Facilitated by Professor Ian Hickie AM, Co-Director of Health and Policy, Brain and Mind Centre
@Ian_Hickie , @BrainMind_Usyd

Flip The Clinic YMH panellists

Associate Professor Jo Robinson

Head, Suicide Prevention Research

[@JoRobinson_Aus](#)

[@Orygen_Aus](#)

[@chatsafe_au](#)

Zoe Teh

Research Assistant (previous Youth Advisor)

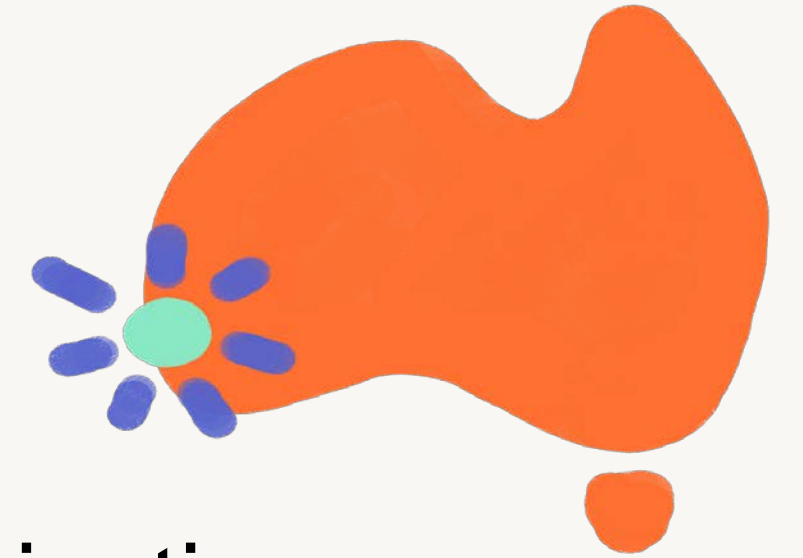
[@ZoeDTeh](#)

[@Orygen_Aus](#)

[@chatsafe_au](#)

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The #chatsafe Project



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

But...

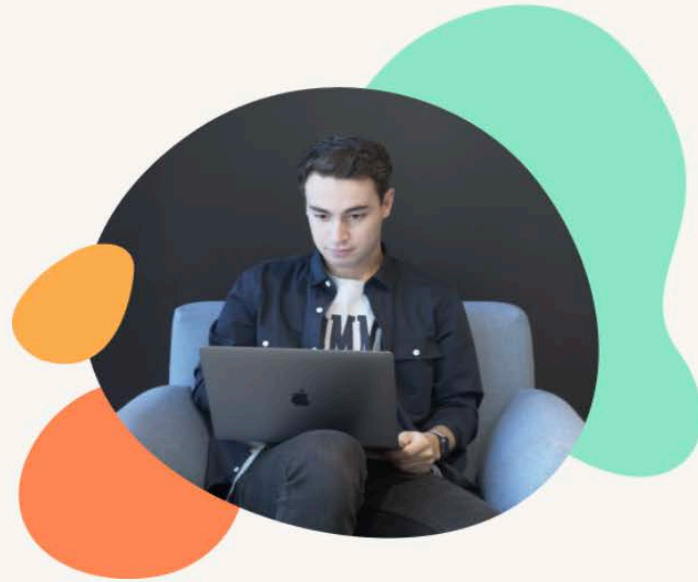
- Could #chatsafe be used as part of a **real-time response** following a suicide or suicide attempt?
- Could #chatsafe also be used as a **soft entry point** to clinical care?

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.



chatsafe_au Creating a safe space online where you and others can share positive stories and memories can be a helpful way to remember someone who has died by suicide 💙



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



#chatsafe

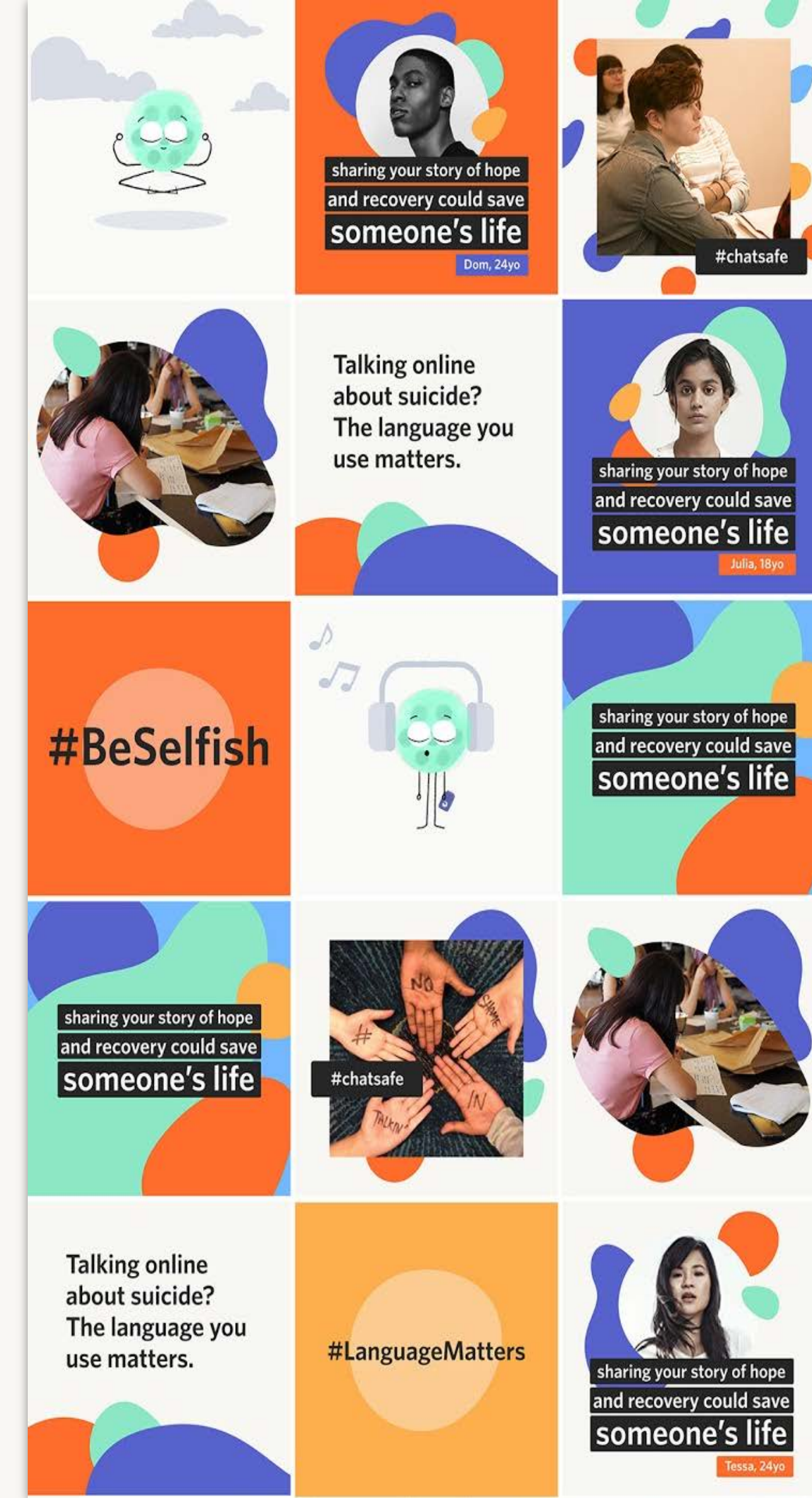


#chatsafe



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

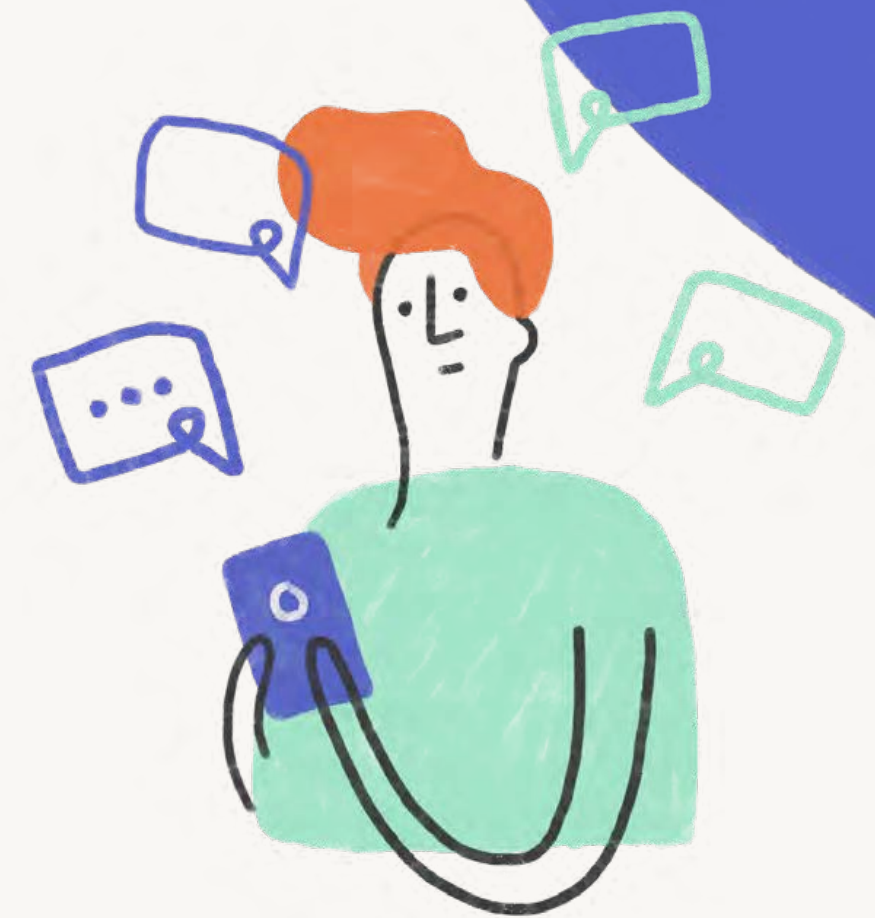
A guide for communities

Social media can play an important role in helping to prevent suicide clusters. Learn how with our guide for communities.



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

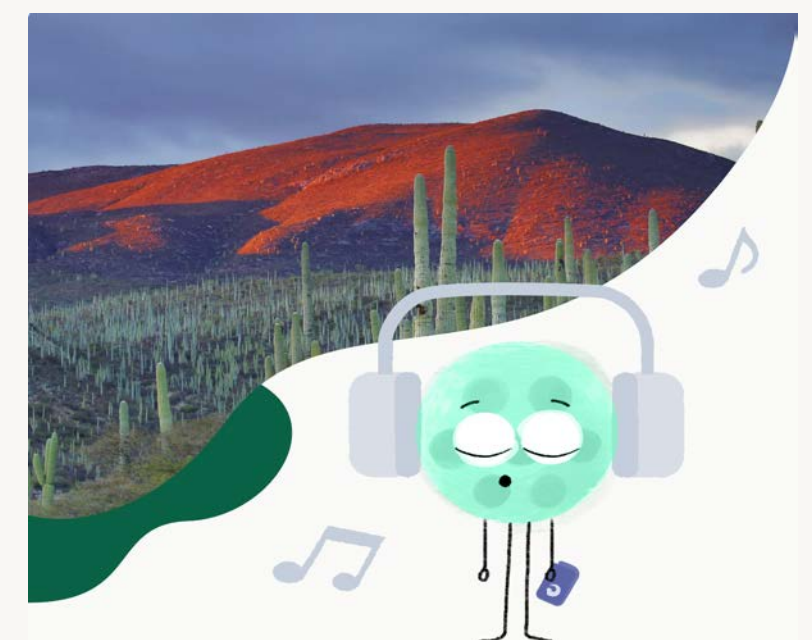
- It is **safe to talk about suicide** publicly and to use social media platforms for suicide prevention
- Social media can reach large numbers of young people **quickly** and in a way that is **acceptable**
- Young people are 'over' awareness campaigns; they want to actually **'do'** something
- Specifically 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!**



#chatsafe



Prata om självmord
online? Språket du
använder spelar
roll.



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:

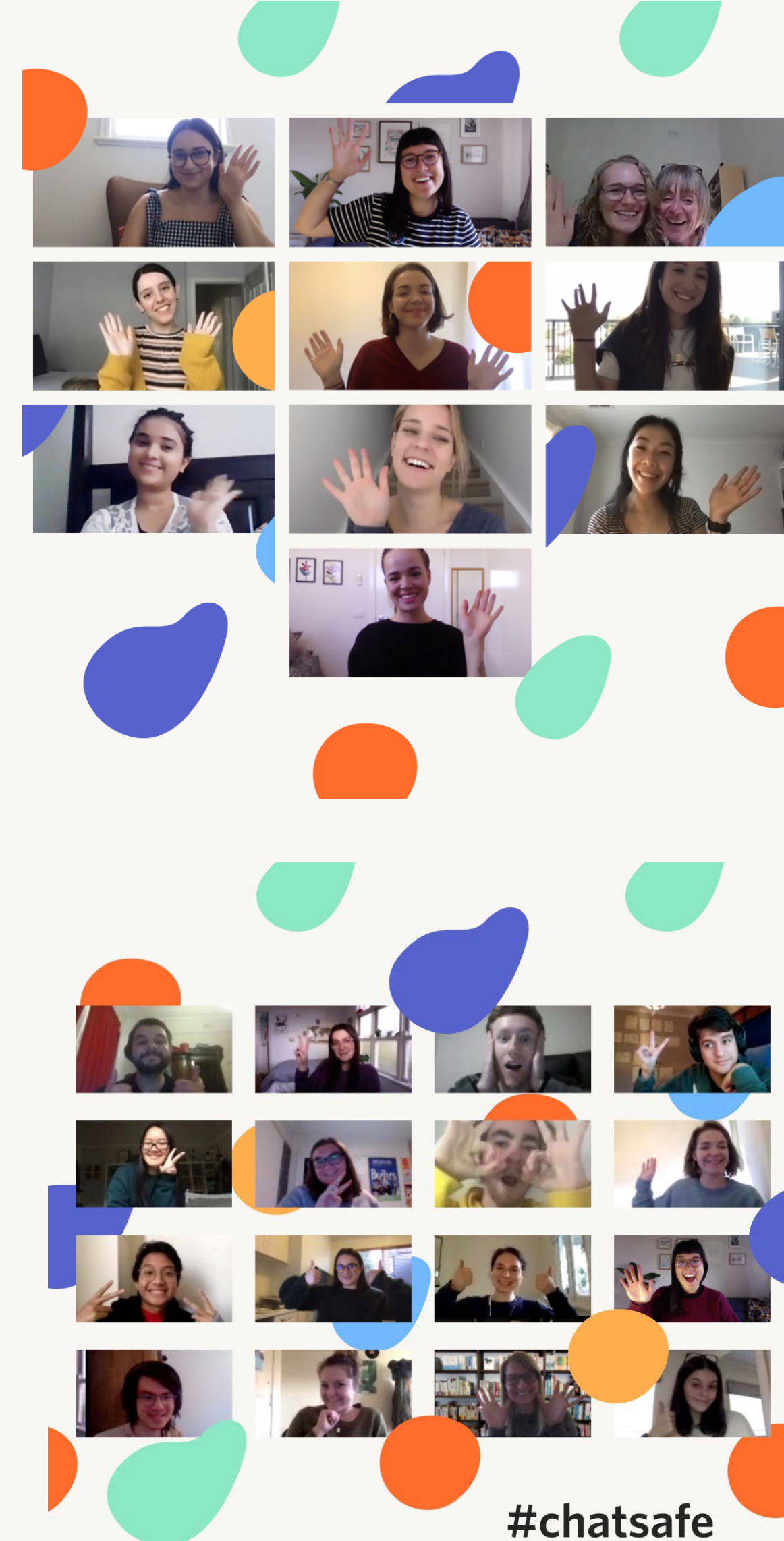
@chatsafe_au

@JoRobinson_Aus

@ZoeDTeh

<https://www.orygen.org.au/chatsafe>

<https://www.facebook.com/safety/wellbeing/suicideprevention/forme>



Flip The Clinic YMH panellist

Professor Mario Alvarez-Jimenez

Director, eOrygen; NHMRC Investigator

[@MarioAlvarezJi1](#)

[@Orygen_Aus](#)

Join the conversation #FlipTheClinic

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 services¹
- ✗ **Long wait times**
90% of headspace centres have reported that wait times are a major concern²

RECEIVING CLINICAL SUPPORT

- ✗ **Poor continuity of care**
40% only attend 1 or 2 sessions with headspace³
18% get discharged because they run out of sessions³
- ✗ **Limited effects on clinical and functional recovery**

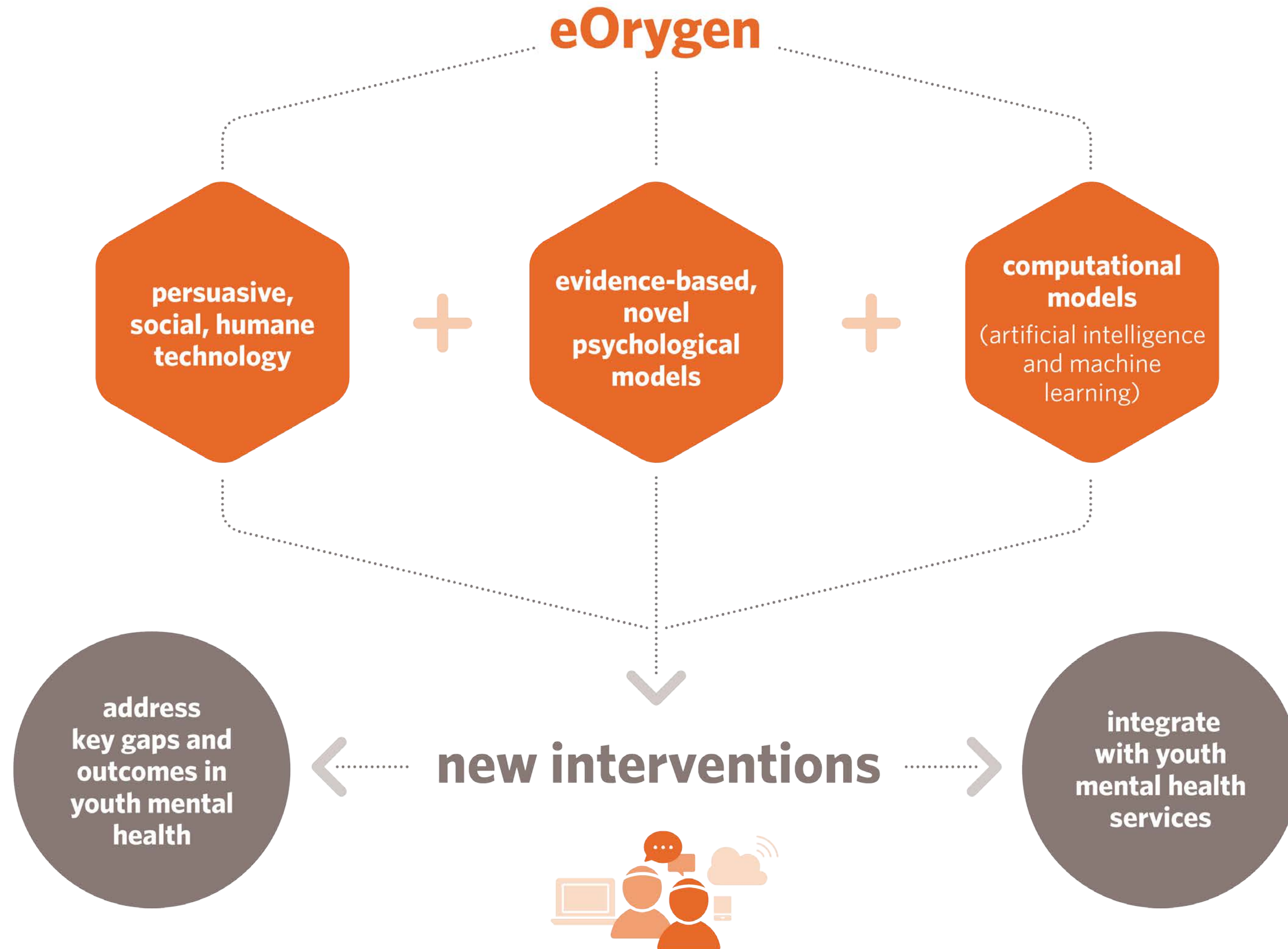
AFTER RECEIVING SUPPORT

- ✗ **A failure of relapse prevention**
Up to 80% of young people will suffer relapses⁵

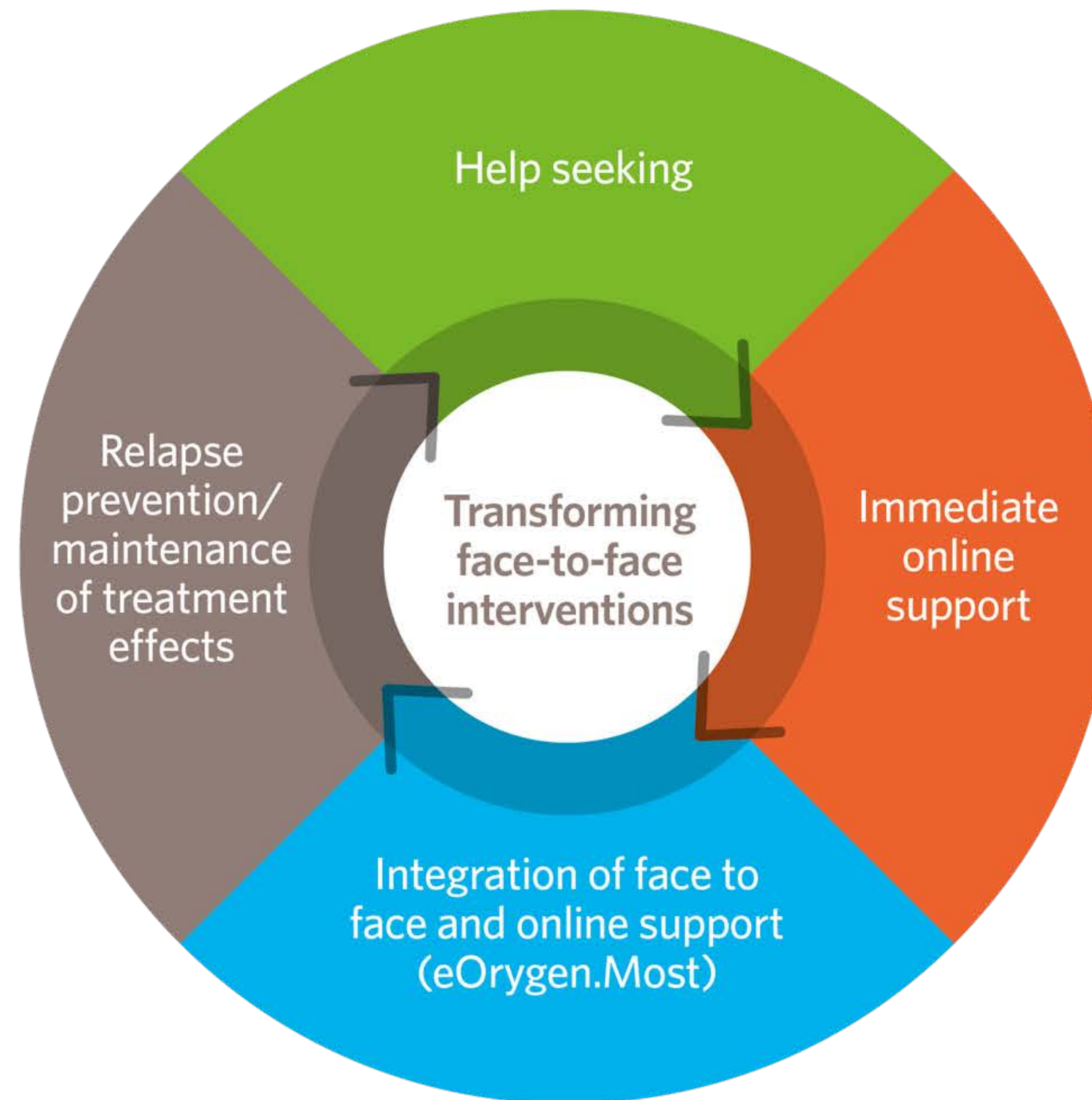
- ✗ **Research translation failure; 17 year delay, 85% of findings never make it to clinical practice⁶**

¹ Orygen specialised services data; ² headspace report April 2019; ³ Rickwood et al 2015; ⁴ Van Os et al 2019; ⁵ Kennard et al 2014; ⁶ Grimshaw et al 2012

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

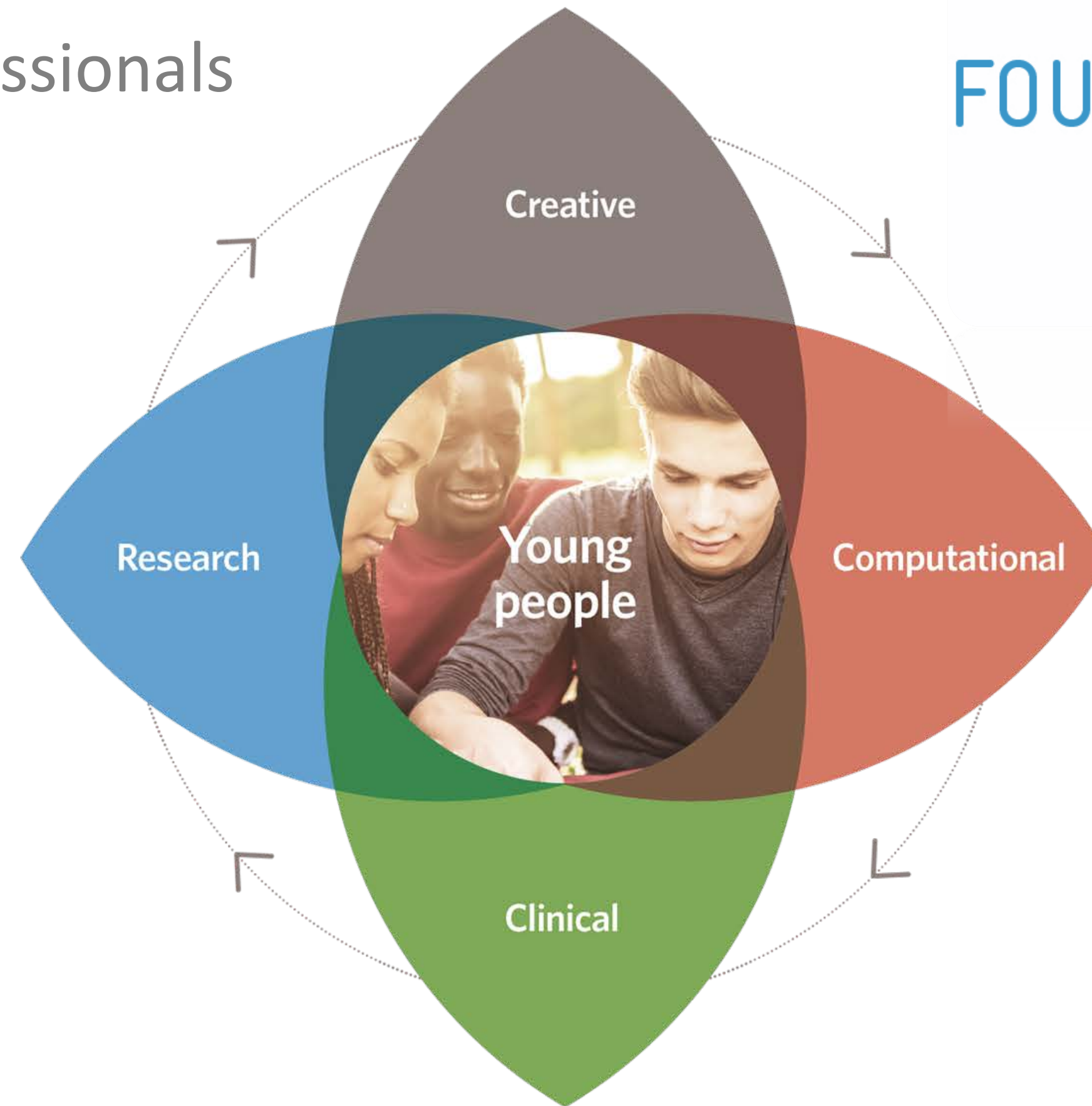


An integrative approach to transform youth mental health services



46 researchers and professionals
15 different disciplines

TELSTRA
FOUNDATION



Creative

- creative writing
- therapy comics
- graphic medicine

Computational

- human/computer interaction
- online and mobile technologies
- machine learning
- artificial intelligence
- sentiment analysis

Clinical

- clinical psychology
- recovery models
- novel therapy models

Research

- rigorous evaluation
- theory driven
- testable models of engagement and behavioural change



Over
500
consultations

CBT
Meta-cognitive therapy
Powered by Evidence-based psychological

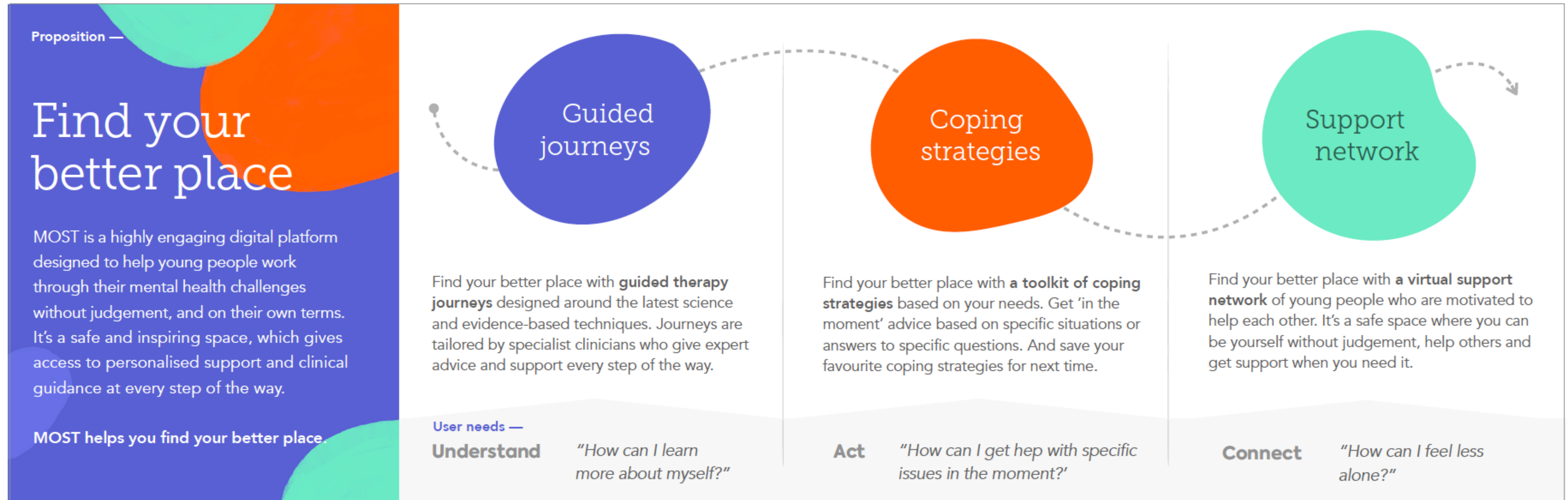
Rumination
Social connection

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)

comics

moderation

MOST 4.0: Dec 2019 (20 months in the making)



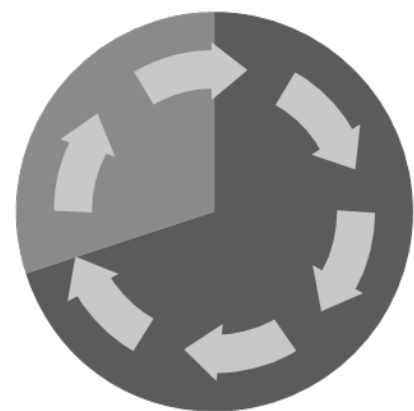
- ✓ Therapeutic alliance
- ✓ Tailoring of interventions (Therapist and AI)
- ✓ Salient experience and therapeutic network

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**

1 Orygen specialised services data; 2 headspace report April 2019; 3 Rickwood et al 2015; 4 Van Os et al 2019; 5 Kennard et al 2014; 6 Grimshaw et al 2012

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

**REVOLUTION
IN MIND** *ory
gen*

THANK YOU

Flip The Clinic YMH panellist

Dr Sally Hunt

Clinical Psychologist & Senior Lecturer, University of Newcastle

@sally_hunt
@uni_Newcastle

Join the conversation #FlipTheClinic

THE FRUSTRATIONS THAT LED TO DEVELOPMENT OF eCLiPSE



eCLiPSE IS BORN

<https://eclipse.org.au/>

EASE OF ACCESS

- Central point of access for a range of evidence based tools



END USER APPROVED

- Positive focus group feedback

CHOOSE YOUR OWN ADVENTURE

- Support for mental health and substance use problems
- Fact sheets
- Self help tools
- Connect with clinicians
- Service finder

SELF ASSESSMENT

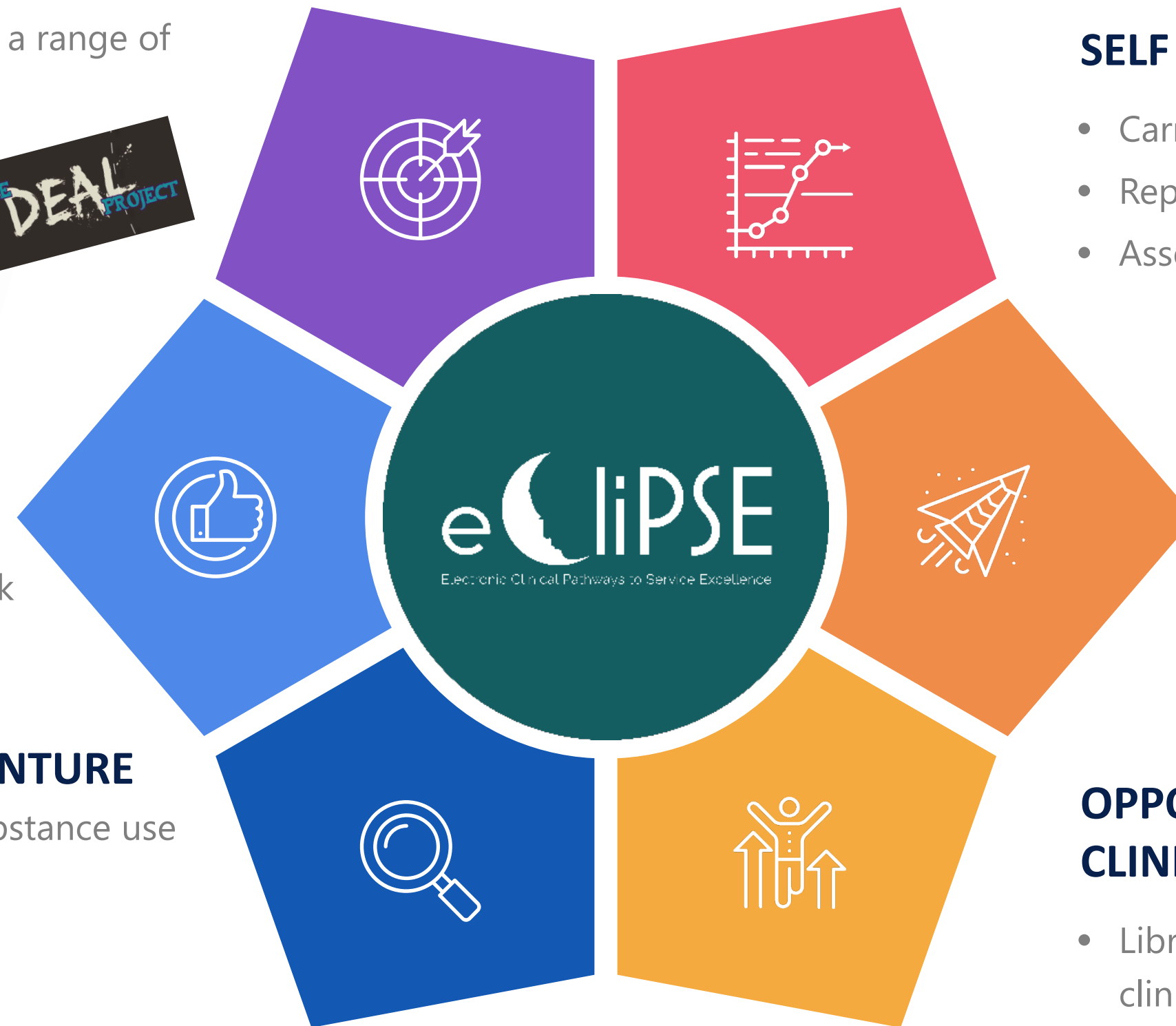
- Carry out self-assessment of symptoms
- Repeat assessment and track symptoms over time
- Assessment results used to suggest programs

AGILE PLATFORM

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

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

<https://eclipse.org.au/>

- Crome, E., Baillie, A., Teesson, M., Kay-Lambkin, F., & Deady, M. (2016). Implementation of evidence-based interventions: Barriers and opportunities. *Innovations and Future Directions in the Behavioural and Cognitive Therapies*, 277.
- Kay-Lambkin, F.J., Baker, A.L., Geddes, J., SA Hunt, KL Woodcock, M Teesson, *et al.* The iTreAD project: a study protocol for a randomised controlled clinical trial of online treatment and social networking for binge drinking and depression in young people. *BMC Public Health* **15**, 1025 (2015).
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- Deady, M., Mills, K. L., Teesson, M., & Kay-Lambkin, F. (2016). An online intervention for co-occurring depression and problematic alcohol use in young people: primary outcomes from a randomized controlled trial. *Journal of medical Internet research*, 18(3), e71.
- Tait, R. J., McKetin, R., Kay-Lambkin, F., Carron-Arthur, B., Bennett, A., Bennett, K., ... & Griffiths, K. M. (2014). A web-based intervention for users of amphetamine-type stimulants: 3-month outcomes of a randomized controlled trial. *JMIR mental health*, 1(1), e1.

Flip The Clinic YMH panellist

Jason Grimes

Centre Manager, headspace Grafton

@headspace_aus

Join the conversation #FlipTheClinic

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 Kms. (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 Strait 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



* Quickstats.censusdata.abs.gov.au. 2020. 2016 Census Quickstats: Clarence Valley (A). [online]
Available at:
<https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA11730> [Accessed 19 May 2020].

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

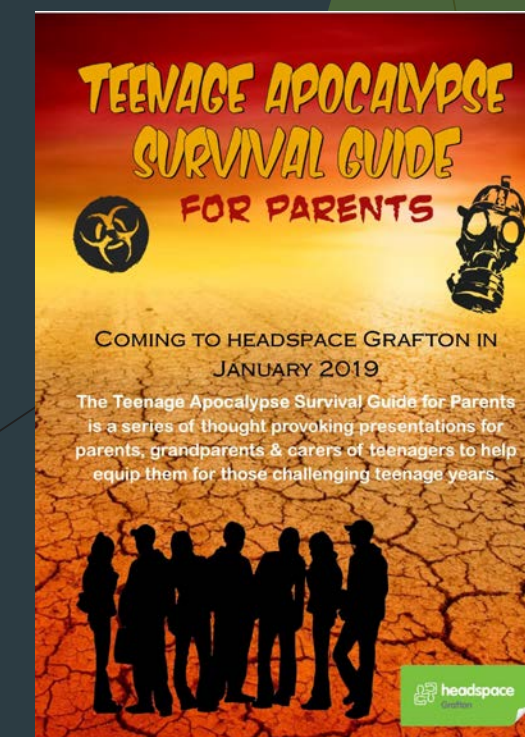


Community Engaged



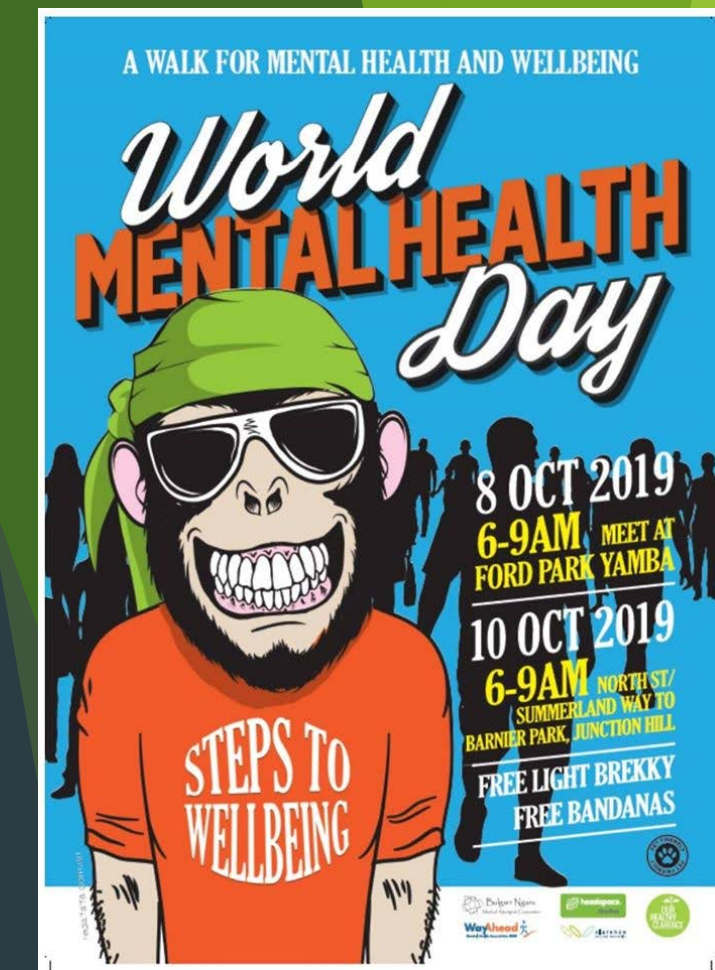
- ▶ Waves of Wellness & One Wave
- ▶ Dance With Pride
- ▶ Caring in Construction
- ▶ Mental health first aid (All Forms)
- ▶ Mind blank
- ▶ One Stop Shop
- ▶ Baygal-Bundjalung Rising Warriors
- ▶ Local Sporting Clubs
- ▶ Bush Fire Evacuation Centre 2019
- ▶ Burn Free
- ▶ Mid-Week Art Jams
- ▶ Artist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



Flip The Clinic YMH panellist

Dr Shelley Rowe

Postdoctoral Research Fellow, Brain and Mind Centre

@Shelley_C_Rowe

@BrainMind_Usyd

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Situation report

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

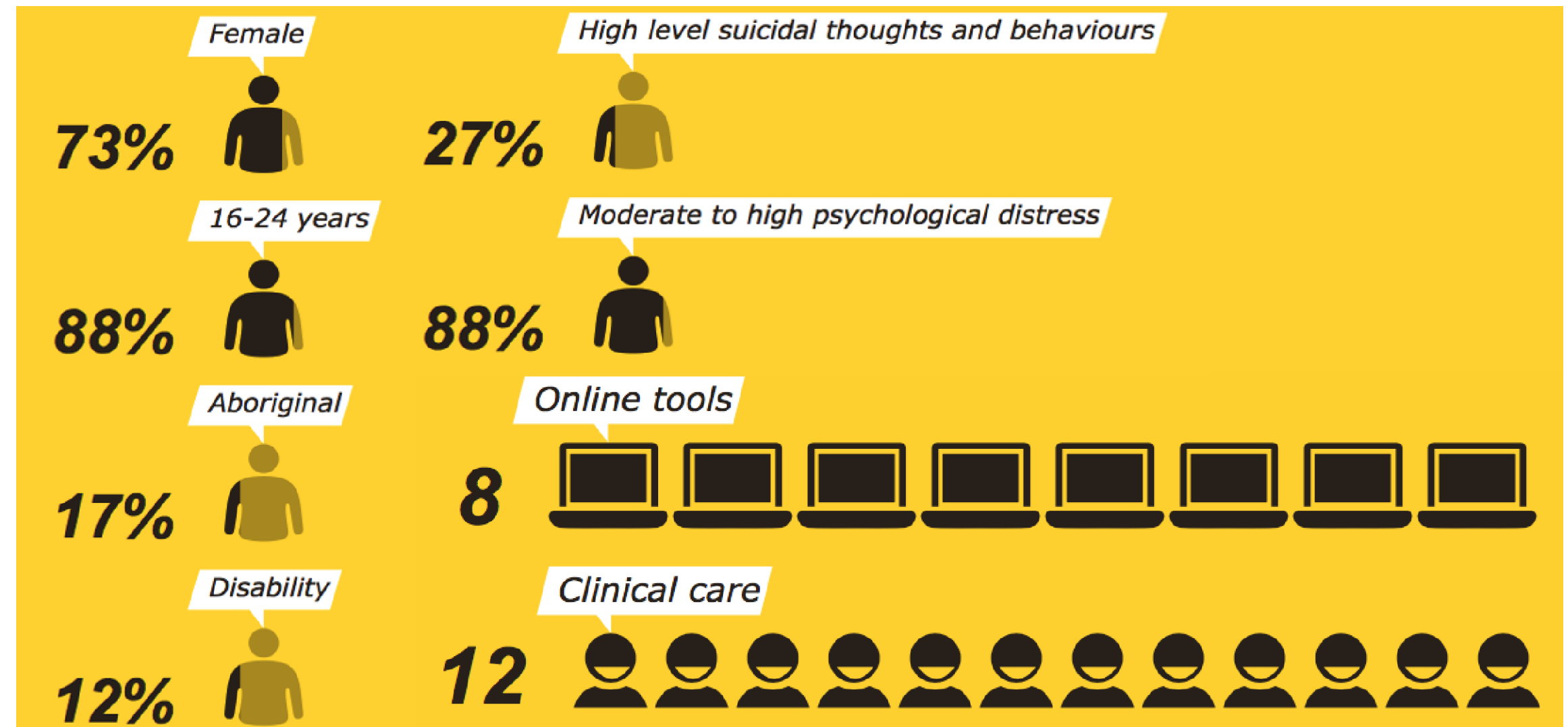
- A higher rate of deaths attributed to suicide (AIHW, 2011)
- A higher rate of alcohol and other drug use and misuse (AIHW, 2019)
- A lower rate of mental health professionals (AIHW, 2018)

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



MENTAL HEALTH SYMPOSIUM PAPER

AJRH The Australian Journal of Rural Health WILEY

Co-designing the InnoWell Platform to deliver the right mental health care first time to regional youth

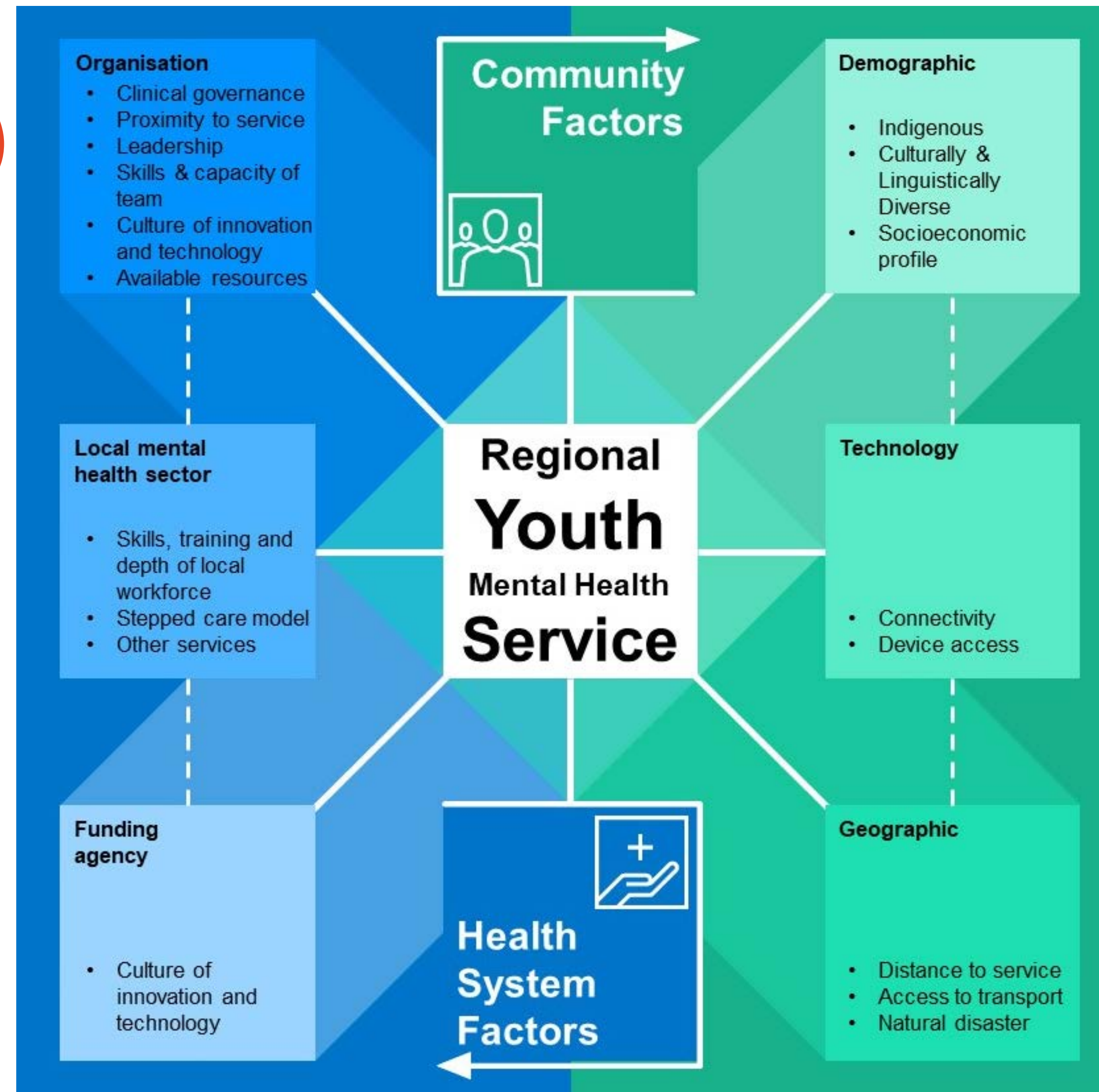
Shelley C. Rowe PhD¹ | Tracey A. Davenport EMBA¹ | Michael A. Easton MMHN² |
Tanya A. Jackson BSW(Hons)² | Jennifer Melsness MPH² | Antonia Ottavio
Grad.Cert Mgt² | Jenny Sinclair BEd(Vocational)³ | Ian B. Hickie AM MD¹

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?



Flip The Clinic YMH panellist

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.

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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**
- National Indigenous Critical Response Service: **1800 805 801**
- 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:

sydney.edu.au/brain-mind/news-and-events/events/digihealth.html



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With special thanks to research partners such as:

