RACGP

e-Mental health

A guide for GPs

www.racgp.org.au

Healthy Profession.
Healthy Australia.

e-Mental health: A guide for GPs

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

Recommended citation

The Royal Australian College of General Practitioners. e-Mental health: A guide for GPs. East Melbourne, Vic: RACGP, 2018

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002 Australia

Tel 03 8699 0510
Fax 03 9696 7511
www.racgp.org.au

ABN: 34 000 223 807

ISBN 978-0-86906-435-1 (web)
ISBN 978-0-86906-443-6 (print)

Published September 2015, updated September 2018

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, preset and future.

Acknowledgements

The publication of this guide was made possible through funding and support from Black Dog Institute as part of *e-Mental Health in Practice*, an initiative funded by the Australian Government.

The Royal Australian College of General Practitioners (RACGP) gratefully acknowledges the generous efforts of the following contributors to *e-Mental health: A guide for GPs* (the Guide).

e-Mental health guide steering group members

Dr Caroline Johnson
Chair, e-Mental health guide steering group
Clinical Lead for Mental Health, RACGP Expert Committee for Quality Care

Dr Catherine Andronis
General practitioner (GP), Victoria
Member, GP and Psychiatry Liaison Committee, RACGP Victorian Faculty

Dr James Antoniadis
Psychodynamic psychotherapist, Victoria
Foundation Chair, RACGP National Faculty of Specific Interests Psychological Medicine working group
Member, General Practice Mental Health Standards Collaboration (GPMHSC) Committee
Member, GP and Psychiatry Liaison Committee, RACGP Victorian Faculty

Professor Jane Gunn
University of Melbourne

Dr Cate Howell OAM, CSM
GP, South Australia
Adelaide to Outback GP Training Program

Dr Jan Orman
GP, New South Wales
Black Dog Institute

Reviewers

Dr Sara Bird and Dr Jane Deacon
MDA National

Dr Penelope Burns
University of Western Sydney

Members of the RACGP Expert Committee for eHealth and Practice Systems

Members of the RACGP Expert Committee for Quality Care

Contents

Executive summary

What is e-mental health?

The term electronic mental health (e-mental health) refers to the use of the internet and related technologies to deliver mental health information, services and care.[1–3] The use of online interventions for the prevention and treatment of mental illness is one of the major applications of e-mental health.

There is strong evidence to suggest that these e-mental health interventions are effective for use in the management of mild to moderate depression and anxiety,[4–14] and can be disseminated in the primary care setting.[15,16]

Benefits of e-mental health

- **Convenient and flexible** – can be accessed anytime and anywhere, and material can be reviewed as often as required.
- **Low or no service cost to patients** – many interventions are free, although related costs such as mobile data or internet download limits should be taken into account.
- **Fills service gaps** – can provide an introduction to therapy, or an alternative for people averse to face-to-face treatment.
- **Saves practitioners' time** – allows mental health professionals to focus on patients for whom e-mental health approaches are not appropriate, thereby reducing wait lists.
- **Cost-effective to the health system** – inexpensive to deliver and can be disseminated to large populations.
- **Easily accessible** – can provide support to patients who are unable to attend face-to-face treatment.

Patients who are most suitable for e-mental health

While evidence has yet to identify ideal candidates for e-mental health, it is likely that these interventions are an appropriate option for people who have an increased risk of developing mental illness, or who are already experiencing mild to moderate symptoms of mental illness. There is less evidence for the use of e-mental health interventions with people who have complex or severe mental illness, comorbid personality disorders, substance dependence, or people who have an elevated risk of self-harm or suicide and require urgent clinical management.

Key e-mental health resources

eMHPrac
E-MENTAL HEALTH IN PRACTICE
eMHPrac is funded by the Australian Government

BLACK DOG INSTITUTE

A project funded by the Australian Government to provide free e-mental health training support for health practitioners, including GPs

www.emhprac.org.au

Use for

- Watching introductory videos
- Reading introductory fact sheets
- Reading a guide to resources with content arranged by diagnosis, target audience and mode of delivery

Under the eMHPrac project, e-mental health promotion, training and support for GPs are led by Black Dog Institute

www.blackdoginstitute.org.au/emhprac

Use for

- Viewing webinars
- Joining an online community with GP discussion forums, blog posts and useful links
- Completing e-learning modules
- Downloading resources
- Following links to particular interventions and supporting evidence

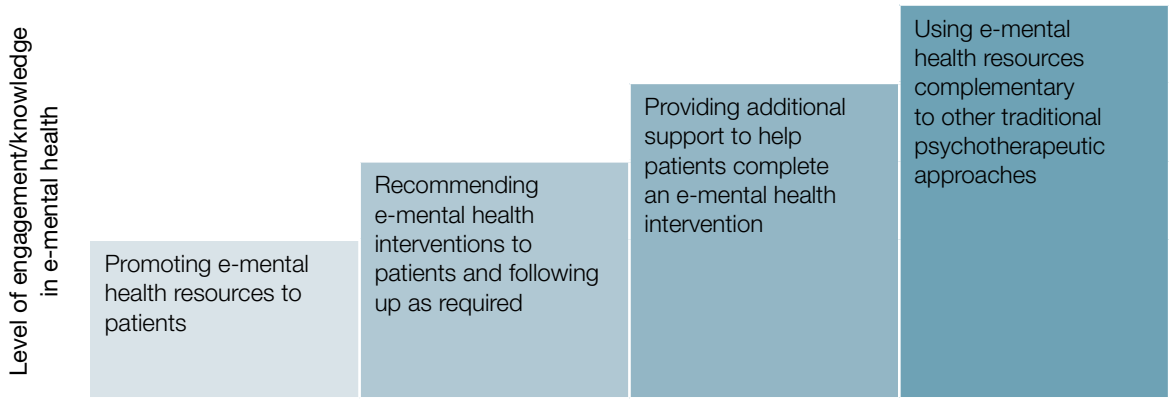
Head to Health

Head to Health is an online portal to digital mental health care funded by the Federal Government. It provides reliable information about mental health and a range of mental health conditions. It also provides an interactive chatbot and a set of filters that allow users to find evidence-based online resources and treatment programs to meet their specific needs.

Deciding how to use e-mental health

There is a range of applications for e-mental health interventions. Programs can be used for prevention or early intervention, first-line treatment, adjunctive treatment and as a tool for relapse prevention.

GPs can choose the level at which they would like to use e-mental health.[17]



The type of support GPs provide to patients who are using e-mental health might be related to whether they recommend self-help interventions or human-supported interventions.[18,19]

Self-help interventions:

- are accessed through a publically-available website
- are usually offered at no cost to users
- offer users only automated feedback.

Human-supported interventions:

- are generally accessed through a password-protected website
- occasionally require the user to register and complete a screening questionnaire and/or request referral from a health practitioner
- occasionally require payment from users
- offer feedback or support from a health professional or another person as part of the program.

Takeaway messages for practice

Talking to patients about e-mental health

- You can introduce your patients to e-mental health by promoting resources in the waiting area of the clinic or on the clinic's website, training other staff in the use of e-mental health, providing fact sheets and logging in to particular programs with patients during the consultation.
- In recommending e-mental health to your patients, consider discussing:
  - the benefits and limitations
  - potential financial costs, including mobile or internet data charges
  - the need to refer to the terms and conditions of service before agreeing to treatment
  - the extent to which you will be involved in the delivery of treatment and support you will provide

  - the schedule for follow-up
  - processes for arranging alternative treatment and crisis support
  - how you will handle information you receive from the service as a referring provider.
- Patients are more likely to use e-mental health if they have positive expectations about the treatment, belief in the credibility of the program and a feeling that the benefits of the treatment outweigh the costs.

Managing patients who are using e-mental health

- A GP Mental Health Treatment Plan can be used to document an e-mental health recommendation, outline the schedule for follow-up and present the plan for alternative or additional referral in the event that the recommendation is not suitable or effective.
- After recommending that a patient use an e-mental health intervention, you should ensure the patient is followed up in a timely manner and the treatment plan is adjusted in the event the patient is unwilling to engage, still unwell, or deteriorating.
- Patients might drop out of e-mental health interventions for the same reasons they drop out of face-to-face therapy. However, some people dislike the lack of therapist contact inherent to e-mental health interventions.
- Providing additional support might help people to stay in e-mental health treatment. This might be as simple as providing regular reminders to continue use of the program.

The Guide: An introduction

What is e-mental health?

The term e-mental health refers to the use of the internet and related electronic communication technologies to deliver mental health information, services and care.[1–3]

Various e-mental health applications have been developed, including:[18]

- instant messaging or video-based counselling services (also known as telehealth, telemedicine or telepsychiatry)
- consumer information portals
- online support groups, forums and social networks
- online assessment or diagnostic tools
- blogs and podcasts
- therapeutic gaming programs, robotic simulation and virtual reality systems.

e-Mental health: A guide for GPs (the Guide) will focus on e-mental health interventions, which are highly structured online programs that aim to improve users' mental health by enhancing their knowledge and skills.[18] These programs generally rely on a framework of cognitive behavioural therapy (CBT), but they may also include elements of other established psychological treatments traditionally delivered in a face-to-face format, such as acceptance and commitment therapy, interpersonal psychotherapy, solution-focused therapy, mindfulness-based therapies and motivational interviewing. e-Mental health interventions are sometimes called computerised or internet CBT (cCBT or iCBT), web-based or internet-based therapy, or e-interventions.

To use an e-mental health intervention, the user will visit a secure website via a computer, smartphone or tablet to view and download educational material and engage in therapeutic activities. Most programs are arranged into a series of lessons or modules accessed in a particular order, with 'homework' activities to assist the individual to consolidate learning and practice new skills.[20] Many use a range of multimedia, such as text, graphics, audio and video, and interactive elements, such as self-assessment and self-monitoring tools.[18]

What is the purpose of the Guide?

The RACGP has developed the Guide to assist you in using e-mental health interventions with your patients when it is safe to do so.

e-Mental health is an emerging area of practice. The Guide is intended to provide advice of a general nature in the absence of a significant body of evidence on how to use e-mental health resources in the primary care setting. While exploring the efficacy of individual interventions is beyond the scope of this document, the Guide signposts important resources and places to find further information.

Why should GPs consider using e-mental health?

Efficacy

A growing body of evidence from controlled efficacy trials suggests that e-mental health interventions are effective for the management of mild to moderate depression and anxiety.[4–14] There is now also evidence to demonstrate that e-mental health interventions for depression[15] and anxiety[16] can be effectively disseminated within the context of the primary care setting, and the RACGP has endorsed the use of e-mental health interventions for depression and anxiety in the Handbook of Non-Drug Interventions (*HANDI*).[21] Further research is needed on the most effective ways to implement the use of e-mental health interventions in general practice.

Benefits

e-Mental health interventions:

- present a convenient and flexible option, granting patients the freedom to decide when and where treatment will take place[5] and to review educational material as often as they like[15]
- can be provided at low or no service cost to patients (although related costs such as mobile data charges should be taken into account)[5]
- can provide an introduction to therapy for individuals who are experiencing mental health issues for the first time[22,23] or who have long-standing mental health issues but have never sought professional assistance[24]
- can provide an alternative for patients who are averse to face-to-face treatment, such as those who have tried traditional approaches in the past without success, or who are reluctant to attend due to feelings of shame, embarrassment, stigma, or concerns about confidentiality[5]
- may allow mental health professionals to focus efforts on the face-to-face treatment of patients for whom e-mental health approaches are not appropriate,[25] thereby reducing wait lists
- provide a cost-effective solution to the health system when used with the appropriate target group in that they are inexpensive to deliver once established and can be disseminated to large populations[8]
- can resolve access issues in situations where specialist referral is difficult, such as in rural and remote areas[26,27] and some lower socioeconomic areas,[28] or where patients are prevented from attending for face-to-face therapy as a result of transport difficulties, lack of child care, pain, physical incapacity or anxiety.[29]

Which patients are most suitable for e-mental health?

Evidence has yet to identify ideal candidates for e-mental health.[30]

As a primary treatment pathway, e-mental health interventions are likely to be an appropriate option for people who have an increased risk of developing mental illness or mild to moderate symptoms of mental illness.[24,31]

There is less evidence for the use of e-mental health for certain populations, in part because research protocols typically exclude higher-risk groups from clinical trials. Alternatives or adjunctive treatment pathways should be considered for people who have:[15,21,31,32]

- complex and/or severe mental illness
- comorbid personality disorders and/or substance dependence
- an elevated risk of self-harm or suicide and require urgent clinical management.

Practice tip

Although patients will need to have adequate literacy skills to use e-mental health interventions, various international programs are offered in a range of languages other than English.

Exploring the world of e-mental health

Step 1: Finding your bearings

In order to explore the potential for e-mental health in your practice, you will first need an understanding of the landscape.

eMHPrac
E-MENTAL HEALTH IN PRACTICE
eMHPrac is funded by the Australian Government

Funded by the Australian Government, the e-Mental Health In Practice (eMHPrac) project aims to educate health practitioners about the availability and utility of e-mental health tools and services.

Under the eMHPrac project, training and support for GPs are led by Black Dog Institute.

The team behind eMHPrac have developed a number of introductory resources for GPs who are new to e-mental health, including GP fact sheets, videos and a printable directory of Australian interventions that can be used to match patients to programs.

Step 2: Getting to know particular services

e-Mental health services vary in their purpose, mode of delivery, intended audience, theoretical basis, style, duration, level of complexity, language options, level of security, cost, quality and efficacy.

One of the best ways to get to know an e-mental health intervention is to explore it for yourself. Registering with the service allows you to examine its content, format and features.

If you are unsure where to find an appropriate e-mental health intervention to use with your patients, there are two Australian information portals that can help you to narrow down the field of options.

Head to Health

Head to Health is an online portal to digital mental health care funded by the Federal Government. It provides reliable information about mental health and a range of mental health conditions. It also provides an interactive chatbot and a set of filters that allow users to find evidence-based online resources and treatment programs to meet their specific needs.

Practice tip

Open the Head to Health website on your desktop to show your patient how to use the search facilities on the site. You can also use the Head to Health site to save information about your own favourite programs to print out and give to your patients.

Step 3: Learning more through further education and training

GPs who are interested in learning more about particular e-mental health interventions and related clinical practice issues have several high-quality resources at their disposal.

Black Dog Institute has developed a series of live eMHPrac webinars for GPs. Freely available as online recordings, these webinars aim to explore the use of e-mental health resources in the primary care setting. Topics include using e-mental health interventions for various mental illnesses and with specific populations, blending online therapy with face-to-face care, and online self-care for GPs.

Black Dog Institute has also created an accredited six-hour online education program for GPs which provides more detailed information about e-mental health interventions and their use in general practice. Each of the modules is accredited separately, but all six can be completed together as an active learning module.

gplearning has developed a mental health skills training program that includes a four-hour module, 'Managing depression in general practice'. Four case studies are used to explore the presentation and management of depression in different patient groups. Relevant e-mental health resources are presented at appropriate points throughout each case study in order to show GPs how they can fit into the management plan for patients with depression. The program includes links to useful tools, videos and important websites. The tools and resources most applicable for the age group of the patient are explored in more detail throughout the case studies.

Practice tip

Register with the eMHPrac/Black Dog Institute Mental Health Community of Practice to share information and knowledge about e-mental health through multidisciplinary discussion forums.

Deciding how to use e-mental health

Applications

e-Mental health interventions can be used in a variety of different ways across the care continuum.

Prevention and early intervention	To teach psychological concepts and build resilience[33–38]
Primary treatment	As a first-line strategy for mild to moderate mental illness. Under this stepped care model, patients who do not make clinically significant and reliable treatment gains after receiving e-mental health would be referred to another form of treatment (eg face-to-face therapy or pharmacotherapy)[39–41]
Adjunctive treatment	Complementary to another treatment for patients with more severe or chronic mental illness[42]
Maintenance	To prevent relapse of mental illness[43]

Selecting a practice model

There are various ways in which GPs might integrate e-mental health into their day-to-day practice. You can choose to use these services in a way that suits your skills, interests and working environment.[32]

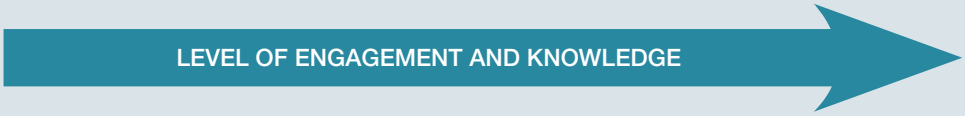
A group of Australian researchers has proposed a framework for using e-mental health services in the primary care setting.[17] Five models are outlined in *Table 1*, each requiring a different level of engagement and knowledge on the part of the GP.

The first three approaches involve recommending e-mental health to patients. This may simply involve providing information about e-mental health resources (the 'promotion' model), or suggesting a particular intervention and providing some level of support to the patient while they are receiving the intervention (the 'case management' and 'coaching' models).

GPs who are already delivering focused psychological strategies or other brief psychological interventions might use either the 'symptom-focused' or 'comprehensive therapy' model. These models are informed by an integrative approach in which the practice of therapy is informed by a range of different theories and techniques.[44] Under these models, GPs would use e-mental health tools and resources to supplement their delivery of face-to-face therapy.

Table 1. A framework for the use of e-mental health in the primary care setting[17]

Promotion model	Case management model	Coaching model	Symptom-focused model	Comprehensive therapy model
Providing information about high-quality e-mental health resources as required	Recommending an e-mental health intervention to the patient and following up as required	Supporting the patient to complete an e-mental health intervention	Using e-mental health resources to enhance or extend a discrete program of face-to-face therapy	Using e-mental health resources as one part of a comprehensive therapeutic intervention
Case study: Corey	**Case study: Judy**	**Case study: Bill**	**Case study: Kate**	**Case study: Tom**



Considering the level of support you will provide

You will next need to decide on the type of support you will provide your patients using e-mental health:[17]

- **Promotion model** – you may guide patients to where they can find useful information about e-mental health, or provide brief information about particular high-quality interventions.
- **Case management model** – your role might involve pre-assessment or post-assessment, referring patients to an e-mental health intervention based on an assessment of their needs, following up with patients and arranging for alternative referrals if the treatment is ineffective.
- **Coaching model** – your role will involve assessment and follow-up, but you might also check in with patients more frequently, show them how to use the intervention, provide emotional and technical support while they are using the intervention, remind them to continue treatment between appointments, and address any barriers to use of the intervention that arise along the way.
- **Symptom-focused model or comprehensive therapy model** – your role would be that of a primary therapist, designing and delivering an intervention that includes both e-mental health and traditional therapeutic techniques. You may meet with the patient on a regular basis for therapy sessions and follow up on the patient's progress against particular assignments completed outside of sessions.

Self-help versus human-supported interventions

The type of support you provide to your patient might also be related to whether you recommend a self-help intervention or a human-supported intervention.

Table 2. Types of e-mental health interventions and related access and support issues[18, 19]

Type of intervention	Access	Support provided by the service	Support provided by the GP
Self-help intervention	Offered to the public through an open-access website (no clinician referral required) Usually offered at no cost to the user	Automated feedback is provided through pop-up boxes, generic emails or SMS Automated feedback might consist of: • reminders • corrective, confirmatory or diagnostic feedback • more prescriptive and elaborate responses, such as specific recommendations for change tailored to the individual	You will need to determine how to best support patients in the knowledge that the support provided by the service is minimal
Human-supported intervention	Usually offered to specific individuals through a password-protected website Usually requires screening and registration Occasionally requires referral from a clinician Occasionally requires user payment	Feedback is provided by a health professional or another person as part of the program (occasionally in addition to automated feedback) Human support might consist of: • reminders • technical support • moderation of in-program chatrooms/boards • one-to-one discussion and feedback Feedback may be offered in real time or at a delay	You can take cues from the service to determine how best to support patients Visit the service's website to read more about the level of support they provide Enquire about what you can do to support patients while they are receiving the intervention

Patient safety

As the primary treating clinician, you will need to make arrangements for regular follow-up to assess the patient's response to treatment, as you would with a patient for whom you have prescribed medication. e-Mental health programs are not designed to respond to crisis situations,[45] so there must be other systems in place to manage an escalation of symptoms. Refer to 'Following up with patients' for more information.

Talking to patients about e-mental health

Starting the conversation

e-Mental health is not for everyone. Some people will prefer an alternative treatment pathway; however, many patients might be unaware there is a range of effective e-mental health interventions available to them.[46]

You can promote e-mental health to your patients by:[17,47]

- asking practice staff to display e-mental health information for patients in waiting areas
- including links to information portals such as Head to Health on your clinic's website
- training other practice staff in the use of e-mental health resources
- providing written information to patients; for example, Black Dog Institute fact sheets for consumers, 'e-Mental Health and Depression' and 'e-Mental Health and Anxiety'
- logging in to a particular e-mental health intervention during your consultation in order to give a tour and demonstrate some of the program's features.

Topics to cover in recommending e-mental health

It is good practice for GPs to consider the following points when recommending an e-mental health intervention to patients:[29]

- Provide information about the benefits and limitations of e-mental health interventions and their alternatives to help patients make informed choices about whether this option is right for them.
- Alert the patient to possible costs (eg service fees associated with human-supported interventions and internet data charges).
- Advise the patient to carefully read the terms and conditions of service before agreeing to proceed with the use of the intervention.
- Explain the extent to which you will be involved in the delivery of treatment and the support you will provide during use of the intervention.
- Establish clear timeframes for follow-up and schedule an appointment for review (eg two weeks after the initial consultation).
- Inform patients of what they should do if they want an alternative treatment, if their symptoms appear to be worsening, or if they are experiencing a crisis and require immediate assistance.
- For programs in which you have signed up as the patient's referring clinician, you may be sent alerts when the patient completes an in-program assessment or appears to have discontinued treatment. This feature is only available in certain interventions and will be explained to you and your patient upon sign-up. You should notify your patients about how you will handle any information you receive as part of this process (eg include it in their file) and how you will respond (eg call them to arrange a follow-up appointment).

Encouraging patients to start using e-mental health

Given the patient's care may not be overseen by another health professional while they are using an e-mental health intervention, you will need to play an active role in encouraging patients to begin and stay in treatment.

Table 3. Patient beliefs that increase e-mental health engagement and related suggestions for GPs

Patient beliefs that increase engagement[48–52]	Suggestions for GPs to support engagement[53]
Positive expectations about treatment outcomes	Ensuring the patient has realistic expectations of the treatment Addressing misconceptions about e-mental health treatment Setting realistic goals for treatment Demonstrating applicability of the therapeutic tasks to the patient's life
Belief in the credibility of the program	Expressing confidence in the program Including the program in a GP Mental Health Treatment Plan, with arrangements for proactive follow-up Providing written information about the recommended program (eg a brochure, email or SMS) Showing the patient how to use Head to Health to review the efficacy of the program
Belief that the benefits of the program outweigh the costs (eg time and effort, financial outlay, challenge of learning new skills, stigma, risk of completing the program without any improvement)	Discussing the patient's concerns about e-mental health and the recommended intervention Highlighting the benefits to the patient in engaging in treatment (eg positive feelings associated with taking action to address issues, having a safe space to share thoughts and feelings)[50] Helping the patient identify solutions to potential barriers that might arise in starting treatment (eg helping the patient schedule appointments to complete the program using a diary or calendar) Enlisting the patient's family (with the patient's consent) to help them engage with the program

Management of patients who are using e-mental health

Building e-mental health into the treatment plan

While it is not a requirement that an e-mental health recommendation be documented in a GP Mental Health Treatment Plan, this can be a useful way to articulate the plan for the patient's care. Such a document would include the plan for follow-up and alternative referral options in the event that e-mental health is not suitable or effective.

The General Practice Mental Health Standards Collaboration (GPMHSC) has developed a series of GP Mental Health Treatment Plan templates to support GPs in the management of patients with a mental health issue. These templates include prompts to consider e-mental health interventions and can be adapted to suit your needs and those of your patients and practice.

Following up with patients

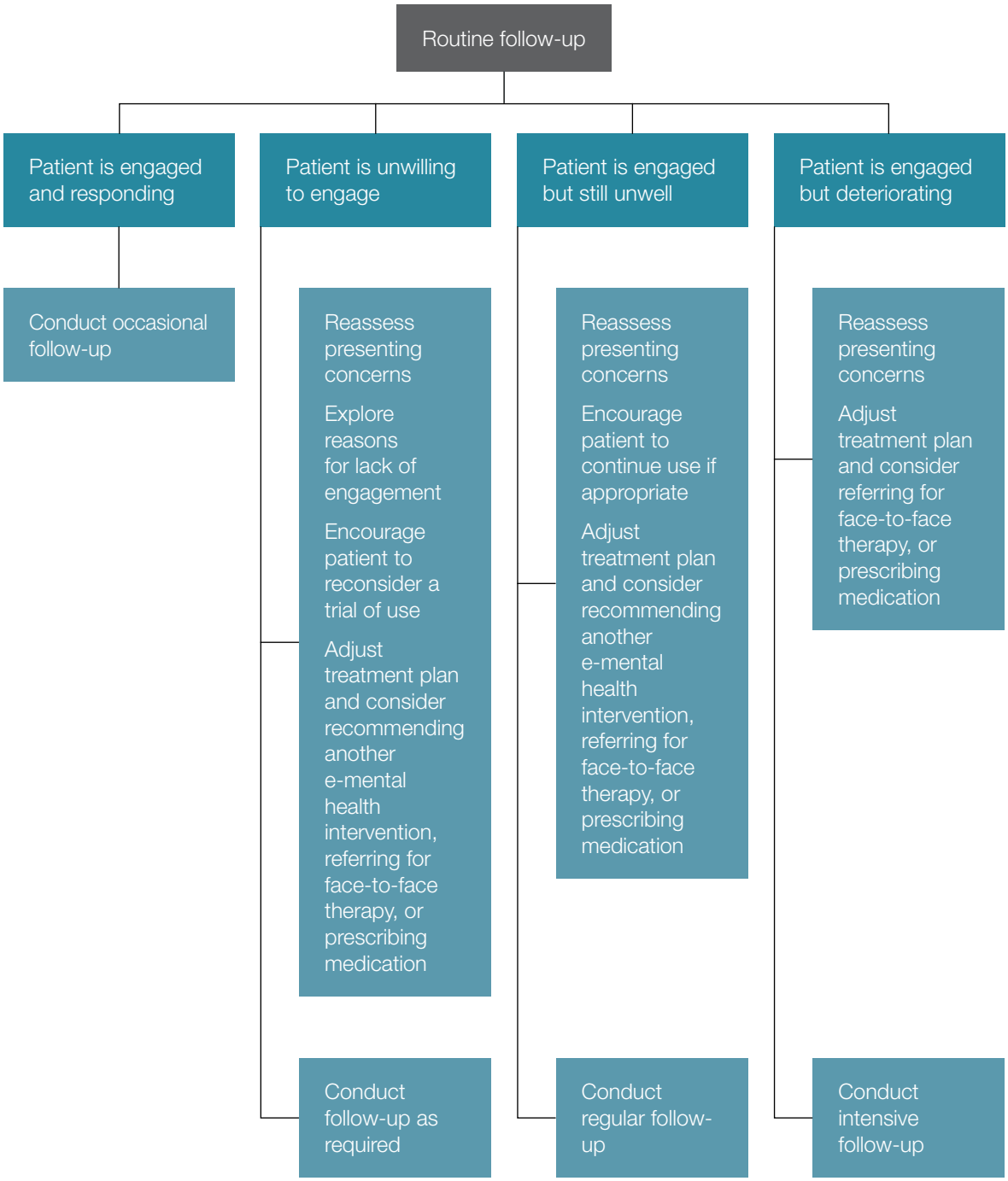
As with any individual who has a mental health issue, patients who have started an e-mental health treatment program should be followed up in a timely manner. Checking in with patients two weeks after recommending an e-mental health intervention, for example, allows you to determine whether they are engaged and responding to treatment. Decisions can then be made about patients' ongoing management.[54]

Monitoring self-harm and suicidal ideation is crucial. If the patient appears to have an elevated risk at follow-up, take action in line with your existing practice protocols and revise the treatment plan.[53]

Practice tip

Many patients, particularly those experiencing depression, might have difficulties with motivation or concentration during their use of the recommended intervention. To counter these issues, set realistic goals for treatment and encourage patients to print material to use as a memory aide.

Figure 1. A model for follow-up of patients using e-mental health interventions[54]



Adapted with permission from Orman J, O'Dea B, Shand F, Berk M, Proudfoot J, Christensen H. e-Mental health for mood and anxiety disorders in general practice. Aust Fam Physician 2014;43(12):832–37. Available at www.racgp.org.au/afp/2014/december/e-mental-health-for-mood-and-anxiety-disorders-in-general-practice

Why some patients drop out

The exact reasons users drop out of e-mental health interventions remain unclear.

People may drop out of e-mental health for the same reasons they drop out of face-to-face therapy. They might lack time to engage in the treatment, experience a change in circumstances, or have problems in accessing the service. Some might make early treatment gains and decide they no longer need to use the program, while others might quit because they are not experiencing any benefit.[55] However, the lack of face-to-face contact with a therapist might also present a barrier for some patients.[55,56]

Keeping patients engaged over time

Research shows that e-mental health treatment is most likely to be successful when the patient has some level of additional support from a clinician,[11] although the optimal amount of therapist contact is uncertain.[57]

Simply reminding patients to use the service periodically might improve the individual's chances of following the treatment through to completion.[58–60] Reminders might take the form of a brief phone call, postcard, SMS or email. GPs might arrange for the practice nurse to make contact with the patient shortly after engagement to check progress and address any technical problems in accessing the service.

GPs considering the use of an automated reminder system should refer to the following RACGP resources:

- *Using email in general practice*
- *Digital business kit: Using technology to deliver healthcare*
- *Standards for general practices (4th edition)*

Practice tip

In addition to reminding patients to log in, GPs might also provide prompts to complete 'homework' activities, make an appointment at the clinic to review progress, or print out material from the program to discuss at the next appointment.

Appendices

Appendix 1: Glossary

Case management model: A model for the use of e-mental health in the primary care setting that involves recommending particular e-mental health interventions to patients and following up as required.

Coaching model: A model for the use of e-mental health in the primary care setting that involves providing support to patients to help them engage with and complete e-mental health interventions.

Cognitive behavioural therapy (CBT): A short-term, evidence-based, structured form of psychotherapy that helps the individual to identify and change unhelpful thoughts and behaviours.

Comprehensive therapy model: A model for the use of e-mental health in the primary care setting that involves using e-mental health resources as one part of a comprehensive therapeutic intervention.

e-Mental health (electronic mental health): The use of the internet and related electronic communication technologies to deliver mental health information, services and care. This term encompasses a range of different applications, including e-mental health interventions.

e-Mental health intervention: A highly structured, interactive online program accessed via a computer, smartphone or tablet that aims to improve users' mental health by enhancing their knowledge and skills through educational and therapeutic activities.

Human-supported e-mental health intervention: An e-mental health intervention that is usually offered to specific individuals after screening and registration in which feedback is provided to the user by a health professional or another person as part of the program.

Information portal: A website in which information and resources on a particular topic from a diverse range of sources are collated as a gateway or entry-point to this content. Head to Health is an Australian portal for e-mental health resources and interventions that can be used by consumers and clinicians.

Integrative approach: A mode of therapy in which the therapist's practice is informed by a range of different psychological theories and techniques.

Promotion model: A model for the use of e-mental health in the primary care setting that involves providing information to patients about high-quality e-mental health resources.

Psychoeducation: Education for patients and/or their families or carers about aspects of mental health and management of particular conditions, such as symptoms and causes of mental illness and treatment concepts.

Self-help e-mental health intervention: An e-mental health intervention that is available to the general public through an open-access website in which automated feedback might be offered to the user.

Stepped care model: A model of healthcare delivery in which patients are first offered the simplest, least intrusive treatment (eg an e-mental health intervention). Patients who do not make clinically significant treatment gains after a certain period of time are offered an alternative form of treatment (eg face-to-face therapy or pharmacotherapy).

Symptom-focused model: A model for the use of e-mental health in the primary care setting that involves using e-mental health resources to enhance or extend a discrete program of face-to-face therapy.

Appendix 2: Case studies

The following case studies demonstrate how e-mental health resources can be used with patients under each clinical practice model outlined in the framework developed by Reynolds et al in the *Journal of Medical Internet Research Mental Health.*[17]

1. **Promotion model**

   Corey is an 18-year-old Year 12 student. She presents with persistent upper respiratory tract infection (URTI) symptoms, saying her mother is wondering if she needs antibiotics. After discussing that issue, her GP asks her how her studies are progressing. Corey admits that she is quite anxious but tells her GP that she has been feeling better since her teacher told her about an online program called myCompass. She has spent some time completing the modules about stress management and problem solving and has found that tracking her mood on her phone has helped her work out a study timetable that suits her better and keeps her feeling well.

2. **Case management model**

   Judy, 53, has been living with anxiety and mood fluctuation since a motor vehicle accident five years ago, which resulted in ongoing pain from the injuries she sustained. She has tried face-to-face therapy, but has not felt comfortable talking to the people she has seen so far. Judy's GP recommended that she try an online program and, after looking at Head to Health as her GP suggested, she opted to try the MindSpot virtual clinic's wellbeing program. After two weeks Judy returned to her GP as planned to say that she felt much more comfortable with the therapist at arm's length. She had been placed in the post-traumatic stress disorder (PTSD) program and was happy to continue. Judy returned to her GP two months later with a printout of her end-of-program assessment, which showed marked improvement in her levels of distress and Judy agreed that she was feeling better and, although not 'cured', she felt more in control of her symptoms.

3. **Coaching model**

   Bill is a 68-year-old retired school teacher who has had an interesting and varied career, including volunteer teaching in Africa. He was an elite athlete in his youth and a keen mountaineer in his middle years. Bill recently required knee replacements, which he chose to have bilaterally and, unfortunately, postoperative bleeding into one of his knees has made his recovery unpleasant and prolonged. Usually a buoyant and gregarious person, Bill has begun to feel low about recovering his normal functioning and his wife reports that he is reluctant to go to physiotherapy or do his exercises.

   His GP recognises that Bill's low mood is now interfering with his recovery and convinces Bill that a trial of antidepressant medications may be helpful for both his mood and his pain. In conjunction with these medications, Bill's GP recommends that he look at an online program (eg e-couch or This Way Up clinic's depression program) that may help him develop some new strategies while he waits for the medications to take effect. The GP arranges for Bill to return in a week's time to monitor medication side effects and check in on his progress with the online help.

   On review, Bill admits he has not looked at the e-mental health information yet. His GP logs on to the program on his desktop to show Bill what it looks like and arranges with Bill for him to complete the first module and come back to discuss his progress. Bill thereafter agrees to see the GP fortnightly for review. With his GP's support, Bill makes good progress through the program, his mood improves and he never gets around to taking the antidepressants.

4. **Symptom-focused model**

   Kate is a 35-year-old mother of two. She has experienced a number of episodes of depression in the past, including an episode after the birth of her second child, who is now six years old. Kate has presented on this occasion with low mood and anxiety that has escalated since financial pressures demanded that she return to full-time work. Medications don't seem to be helping as they have in the past.

   Kate has begun to see a psychologist and has realised that she needs to talk more about her childhood issues, something touched upon but never fully explored in previous treatments. Unfortunately, Kate does not have the means or the time to have enough sessions to address these issues, as well as to review the cognitive behavioural strategies that she previously learned to use to manage her depression. In collaboration with her psychologist, Kate has agreed to enrol in an online CBT-based depression management program and focus on deeper issues in her face-to-face sessions with the psychologist. She is finding this quite useful.

5. **Comprehensive therapy model**

   Tom is a 38-year-old car salesman with a long history of depression and substance misuse. He is currently at risk of losing his licence after a drink driving offence. Tom has so far avoided the physical and mental problems experienced by his father and two of his brothers as a result of their alcohol use. Tom's father, a Vietnam veteran with a history of violence in the home, left the family by the time Tom was seven years old, but his older brothers grew up under their father's influence.

   Tom's second marriage is currently in jeopardy as his wife is not able to cope with his erratic behaviour and constant drinking. She is very concerned for the wellbeing of their six-year-old son, who has been tearful and anxious because of Tom's constant criticism. Tom is still moderately depressed despite antidepressant medications, but no longer suicidal. He has seen a psychiatrist and agreed to undertake drug and alcohol counselling. He and his wife have been referred for relationship counselling.

   Tom's therapist chooses to refer him to an online support and treatment program for people suffering from alcohol misuse and depression. She uses her face-to-face sessions with him to reinforce what he has learned and discuss how his own experience and the things he is learning resonate with his past experience of his father and older brothers. Tom's wife also looks at the program, which provides a starting point for discussion in their sessions together with the therapist.

   At their therapist's suggestion, Tom's wife seeks some support from a moderated forum for carers and together they undertake an online parenting skills program. Issues arising from these online contacts are discussed within the therapy sessions. Meanwhile, with Tom managing to curtail his alcohol consumption, more conventional face-to-face relationship counselling is undertaken.

References

1. Eysenbach G. What is e-health? J Med Internet Res 2001;3(2):e20.
2. Oh H, Rizo C, Enkin M, Jadad A. What is eHealth (3): A systematic review of published definitions. J Med Internet Res 2005;7(1):e1.
3. Riper H, Andersson G, Christensen H, Cuijpers P, Lange A, Eysenbach G. Theme issue on e-mental health: A growing field in internet research. J Med Internet Res 2010;12(5):e74.
4. Andersson G, Cuijpers P. Internet-based and other computerized psychological treatments for adult depression: A meta-analysis. Cogn Behav Ther 2009;38(4):196–205.
5. Andrews G, Cuijpers P, Craske MG, McEvoy P, Titov N. Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: Ameta-analysis. PLoS ONE 2010;5(10):e13196.
6. Arnberg FK, Linton SJ, Hultcrantz M, Heintz E, Jonsson U. Internet-delivered psychological treatments for mood and anxiety disorders: A systematic review of their efficacy, safety, and cost-effectiveness. PLoS ONE 2014;9(5):e98118.
7. Griffiths KM, Farrer L, Christensen H. The efficacy of internet interventions for depression and anxiety disorders: A review of randomised controlled trials. Med J Aust 2010;192(11 Suppl):S4–11.
8. Hedman E, Ljotsson B, Lindefors N. Cognitive behavior therapy via the Internet: A systematic review of applications, clinical efficacy and cost-effectiveness. Expert Rev Pharmacoecon Outcomes Res 2012;12(6):745–64.
9. Johansson R, Andersson G. Internet-based psychological treatments for depression. Expert Rev Neurother 2012;12(7):861–69.
10. Richards D, Richardson T. Computer-based psychological treatments for depression: A systematic review and meta-analysis. Clin Psychol Rev 2012;32(4):329–42.
11. Spek V, Cuijpers P, Nyklicek I, Riper H, Keyzer J, Pop V. Internet-based cognitive behaviour therapy for symptoms of depression and anxiety: A meta-analysis. Psychol Med 2007;37(3):319–28.
12. Foroushani PS, Schneider J, Assareh N. Meta-review of the effectiveness of computerised CBT in treating depression. BMC Psychiatry 2011;11:131.
13. Mayo-Wilson E, Montgomery P. Media-delivered cognitive behavioural therapy and behavioural therapy (self-help) for anxiety disorders in adults. Cochrane Database Syst Rev 2013;9:CD005330.
14. Cuijpers P, Marks IM, van Straten A, Cavanagh K, Gega L, Andersson G. Computer-aided psychotherapy for anxiety disorders: A meta-analytic review. Cogn Behav Ther 2009;38(2):66–82.
15. Andrews G, Williams AD. Up-scaling clinician assisted internet cognitive behavioural therapy (iCBT) for depression: A model for dissemination into primary care. Clin Psychol Rev 2014; DOI: 10.1016/j.cpr.2014.05.006.
16. Andersson G, Hedman E. Effectiveness of guided internet-based cognitive behavior therapy in regular clinical settings. Verhaltenstherapie 2013;23(3):140–48.
17. Reynolds J, Griffiths KM, Cunningham JA, Bennett K, Bennett A. Clinical practice models for the use of e-mental health resources in primary health care by health professionals and peer workers: A conceptual framework. JMIR Mental Health 2015;2(1):e6.
18. Barak A, Klein B, Proudfoot JG. Defining internet-supported therapeutic interventions. Ann Behav Med 2009;38(1):4–17.
19. Batterham PJ, Sunderland M, Calear AL, et al. Developing a roadmap for the translation of e-mental health services for depression. Aust N Z J Psychiatry 2015. PII:0004867415582054.
20. Andrews G. We can manage depression better with technology. Aust Fam Physician 2014;43(12):838–41.
21. The Royal Australian College of General Practitioners. Internet based or computerised CBT (iCBT or cCBT): depression and anxiety. The handbook of non-drug interventions (HANDI). Melbourne: RACGP, 2015.
22. Taylor-Rodgers E, Batterham PJ. Evaluation of an online psychoeducation intervention to promote mental health help seeking attitudes and intentions among young adults: randomised controlled trial. J Affect Disord 2014;168:65–71.
23. Andersson G, Cuijpers P. Pros and cons of online cognitive-behavioural therapy. Br J Psychiatry 2008;193(4):270–71.
24. Andersson G, Titov N. Advantages and limitations of Internet-based interventions for common mental disorders. World Psychiatry 2014;13(1):4–11.
25. Proudfoot JG. Computer-based treatment for anxiety and depression: Is it feasible? Is it effective? Neurosci Biobehav Rev 2004;28(3):353–63.
26. Griffiths KM, Christensen H. Internet-based mental health programs: A powerful tool in the rural medical kit. Aust J Rural Health 2007;15(2):81–7.
27. Handley TE, Kay-Lambkin FJ, Inder KJ, Attia JR, Lewin TJ, Kelly BJ. Feasibility of internet-delivered mental health treatments for rural populations. Soc Psychiatry Psychiatr Epidemiol 2014;49(2):275–82.
28. Meadows G, Enticott J, Inder B, Russell G, Gurr R. Better access to mental health care and the failure of the Medicare principle of universality. Med J Aust 2015;202(4):190–94.
29. Dever Fitzgerald T, Hunter PV, Hadjistavropoulos T, Koocher GP. Ethical and legal considerations for internet-based psychotherapy. Cogn Behav Ther 2010;39(3):173–87.
30. Klein B. e-Interventions and psychology: Time to log on. InPsych 2010;32(1):20–2.
31. Handbook of Non Drug Interventions (HANDI) Project Team. Internet-based cognitive behaviour therapy for depression and anxiety. Aust Fam Physician 2013;42(11):803–04.
32. Reynolds J, Griffiths K, Christensen H. Anxiety and depression : Online resources and management tools. Aust Fam Physician 2011;40(6):382–86.
33. Christensen H, Griffiths KM, Jorm AF. Delivering interventions for depression by using the internet: Randomised controlled trial. BMJ 2004;328(7434):265.
34. O'Kearney R, Kang K, Christensen H, Griffiths K. A controlled trial of a school-based Internet program for reducing depressive symptoms in adolescent girls. Depress Anxiety 2009;26(1):65–72.
35. Manicavasagar V, Horswood D, Burckhardt R, Lum A, Hadzi-Pavlovic D, Parker G. Feasibility and effectiveness of a web-based positive psychology program for youth mental health: A randomized controlled trial. J Med Internet Res 2014;16(6):e140.
36. Lintvedt OK, Griffiths KM, Sørensen K, et al. Evaluating the effectiveness and efficacy of unguided internet-based self-help intervention for the prevention of depression: A randomized controlled trial. Clin Psychol Psychother 2013;20(1):10–27.
37. O'Kearney R, Gibson M, Christensen H, Griffiths KM. Effects of a cognitive-behavioural internet program on depression, vulnerability to depression and stigma in adolescent males: A school-based controlled trial. Cogn Behav Ther 2006;35(1):43–54.
38. Powell J, Hamborg T, Stallard N, et al. Effectiveness of a web-based cognitive-behavioral tool to improve mental well-being in the general population: Randomized controlled trial. J Med Internet Res 2012;15(1):e2.
39. Bower P, Gilbody S. Stepped care in psychological therapies: Access, effectiveness and efficiency. Br J Psychiatry 2005;186(1):11–7.
40. National Institute for Health and Clinical Excellence. Depression in adults: the treatment and management of depression in adults. London: NICE, 2009.
41. Clark DM. Implementing NICE guidelines for the psychological treatment of depression and anxiety disorders: The IAPT experience. Int Rev Psychiatry 2011;23(4):318–27.
42. Scogin FR, Hanson A, Welsh D. Self-administered treatment in stepped-care models of depression treatment. J Clin Psychol 2003;59(3):341–49.

43. Hollandare F, Johnsson S, Randestad M, et al. Randomized trial of Internet-based relapse prevention for partially remitted depression. Acta Psychiatr Scand 2011;124(4):285–94.
44. Corey G. Theory and practice of counselling and psychotherapy. 9th ed. Belmont: Brooks/Cole, 2013.
45. Moock J. Support from the internet for individuals with mental disorders: Advantages and disadvantages of e-mental health service delivery. Front Public Health 2014;2:65.
46. Neal DM, Campbell AJ, Williams LY, Liu Y, Nussbaumer D. "I did not realize so many options are available": Cognitive authority, emerging adults, and e-mental health. Library and Information Science Research 2011;33(1):25–33.
47. Casey LM, Joy A, Clough BA. The impact of information on attitudes toward e-mental health services. Cyberpsychol Behav Soc Netw 2013;16(8):593–98.
48. Cavanagh K. Turn on, tune in and (don't) drop out: Engagement, adherence, attrition, and alliance with internet-based interventions. In: Bennett-Levy J, Richards D, Farrand P, et al., editors. Oxford Guide to Low Intensity CBT Interventions. Oxford: Oxford University Press, 2010;227–33.
49. Mohr CD, Cuijpers P, Lehman K. Supportive accountability: A model for providing human support to enhance adherence to eHealth interventions. J Med Internet Res 2011;13(1):e30.
50. Lillevoll KR, Wilhelmsen M, Kolstrup N, et al. Patients' experiences of helpfulness in guided internet-based treatment for depression: Qualitative study of integrated therapeutic dimensions. J Med Internet Res 2013;15(6):e126.
51. Wilhelmsen M, Lillevoll K, Risor MB, et al. Motivation to persist with internet-based cognitive behavioural treatment using blended care: A qualitative study. BMC Psychiatry 2013;13:296.
52. Ritterband LM, Thorndike FP, Vasquez D, Saylor D. Treatment credibility and satisfaction with internet interventions. In: Bennett-Levy J, Richards D, Farrand P, et al., editors. Oxford Guide to Low Intensity CBT Interventions. Oxford: Oxford University Press, 2010;235–40.
53. Proudfoot J, Klein B, Andersson G, et al. Guided CBT internet interventions: Specific issues in supporting clients with depression, anxiety and comorbid conditions. In: Bennett-Levy J, Richards D, Farrand P, et al., editors. Oxford Guide to Low Intensity CBT Interventions. Oxford: Oxford University Press, 2010;247–52.
54. Orman J, O'Dea B, Shand F, Berk M, Proudfoot J, Christensen H. e-Mental health for mood and anxiety disorders in general practice. Aust Fam Physician 2014;43(12):832–37.
55. Christensen H, Griffiths KM, Farrer L. Adherence in internet interventions for anxiety and depression: systematic review. J Med Internet Res 2009;11(2):e13.
56. Waller R, Gilbody S. Barriers to the uptake of computerized cognitive behavioural therapy: A systematic review of the quantitative and qualitative evidence. Psychol Med 2009;39(5):705–12.
57. Palmqvist B, Carlbring P, Andersson G. Internet-delivered treatments with or without therapist input: Does the therapist factor have implications for efficacy and cost? Expert Rev of Pharmacoecon Outcomes Res 2007;7(3):291–97.
58. Clarke G, Eubanks D, Reid E, et al. Overcoming depression on the internet (ODIN) (2): A randomized trial of a self-help depression skills program with reminders. J Med Internet Res 2005;7(2):e16.
59. Titov N, Dear BF, Johnston L, et al. Improving adherence and clinical outcomes in self-guided internet treatment for anxiety and depression: Randomised controlled trial. PLoS ONE 2013;8(7):e62873.
60. Musiat P, Tarrier N. Collateral outcomes in e-mental health: A systematic review of the evidence for added benefits of computerized cognitive behavior therapy interventions for mental health. Psychol Med 2014;44(15):3137–50.

RACGP

Healthy Profession.
Healthy Australia.