lifelinefoundation

RESEARCH & KNOWLEDGE TO SAVE LIVES

DISCUSSION PAPER

TeleHealth & eMental Health in Australia

April 2013

Table of Contents

1. Introduction

This Discussion Paper reflects the issues and questions raised in a Roundtable hosted by the Lifeline Foundation in June 2012 on the general topic of Telehealth and Mental Health in Australia.

Preparation of the Discussion Paper was undertaken by Sebastian Rosenberg, a Canberra-based consultant with considerable experience in mental health policy.

The Lifeline Foundation for Suicide Prevention operates to harness knowledge about crisis intervention and community based suicide prevention responses, drawing on an emerging evidence base that Lifeline itself contributes to through its service operations. The Lifeline Foundation draws on Australian and international expertise and is supported by an Expert Advisory Group made up of notable academics and professional practitioners.

Lifeline is an interested stakeholder in the development of Telehealth; as a telephone crisis line provider and more recently an online crisis chat and information provider, Lifeline has contributed to the historic growth of telecommunications based services. As a crisis response organisation, Lifeline has a keen interest in the growth of Telehealth services that may assist its callers and contacts with longer term help.

This Roundtable brought together many participants in Telehealth, and in particular, eMental Health, for discussion and exchange of views about the issues facing the development of these services to best meet consumer preferences and health outcomes.

Feedback on the issues that have been framed in this Discussion Paper is sought to foster further consideration of the opportunities and challenges facing Telehealth – and its application to mental health improvement in Australia.

Your Chance to Comment

Comments in response to this discussion paper may be sent to foundation@lifeline.org.au

2. Definition of Telehealth

The International Organisation for Standardisation defines telehealth as the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance [i]. In this sense, telehealth can be seen as an element of 'e-health', the more general term used to describe the combined use of electronic communication and information technology in the health sector - the use in the health sector of digital data-transmitted, stored and retrieved electronically-for clinical, educational and administrative purposes, both at the local site and at a distance [ii].

The focus of the Roundtable was on the application of telehealth for mental health purposes – the term eMental Health conveys the concept of online, telephone and mobile device modes of delivery across the spectrum of mental health services.

The Roundtable noted that technological advances increasingly mean a convergence between telephone, text and video.

3. Overview of Scottish Experience

One of the main opportunities of this roundtable was to learn from the visit of Dr Stella Clark, Clinical Lead for Mental Health within National Health Service 24, the part of the NHS which focuses on telehealth.

The roundtable began with a presentation by Dr Clark who outlined some of the key preconditions to successful take up of telehealth strategies, as follows:

- Political support – understanding of and enduring support for deployment telehealth strategies by ministers and others in parliament;
- Strong clinical leadership – driven by a vision of the possibilities for telehealth;
- Clear benefits – a clear understanding and measurement of the benefits to be derived to the mental health system through deployment of telehealth and for these to be described in plans and policies;
- Adequate funding – in this case Scotland was able to draw on some EU funding to get programs started;
- Strong academic support – to monitor, evaluate and independently report on progress.

4. Background

eHealth and Mental Health

Australian telehealth service providers would welcome the opportunity to further consider the scope and possibilities for the application of tele-health services to mental health. This is an area where the technology is moving much faster than the policy, funding or service responses.

Australia has also been thinking about strategies for e-mental health for at least a decade with an e-mental health discussion paper produced back in 2002 [iii]. An eMental Health Advisory Group operated between 2007 and 2010. This Group submitted a paper to the Government on what it saw as key elements for an eMental Health Strategy in Australia. The Department of Health and Ageing established an e-Mental Health Expert Advisory Committee to provide advice on the high level design and implementation of Australia's first national e-mental health portal. Consumers and telehealth providers of mental health care are very supportive of this development and keen to participate.

An eMental Health Strategy for Australia was released by the Australian Government in June 2012, and reflected contributions from the Expert Advisory Committee. This Strategy is available from the Department of Health and Ageing.

Consumer Trends

As acknowledged by the National Institute of Clinical Studies, the internet has become a preferred source of information for many people seeking health information because it offers an immediate, on-demand service, convenience, anonymity and the capacity to share experiences with others [iv]. Online applications therefore can support self directed education about health issues; for mental health this raises the prospect of enhanced consumer awareness of mental health issues and treatments, and supported self-management tools to maintain mentally healthy activities and lifestyles. The ANU Centre for Mental Health Research in particular has operated in Australian research circles to advance these understandings of the benefits of telehealth for mental health.

The trend towards using these services is increasing. A 2011 Nielsen study showed that searching for health and medical information was among the top 10 internet activities for online Australians over 16 years of age [v].

There are several organisations across Australia providing telehealth support to thousands of people with mental health problems each week. A national survey of 270 mental health organisations and key individuals in 2004 identified the implementation of early-intervention strategies and the development of innovative services as the top two priorities to drive genuine mental health reform in Australia [vi]. Telehealth can play a central role here because it is so well suited to consumer help seeking and information/literacy development in mental health. There is an emerging evidence base to show that telehealth delivery of interventions and treatments for high prevalence mental health disorders, depression and anxiety, is comparative in effectiveness with face to face delivery of these services.

A challenge for consumers, however, is that telehealth services are offered by many providers and through separate 'channels'. There is a multitude of phone numbers, websites and mobile device applications for telehealth services. The recent Federal Government 'portal' on eMental Health Services, www.mindhealthconnect.org.au, is a step towards assisting consumers to find quality services. The ANU website www.beacon.anu.educ.au also provides a service for consumers to find quality services.

With the growth in telehealth services there is now a need to develop approaches to better coordinate internet and telephone technologies and services, so they can fit in to normal health service arrangements or produce new ways of providing mental health care. This is becoming more urgent as consumer demand for this kind of information and service outstrips system capacity. The industry is in fact in 'catch-up mode' with consumer behaviour and preferences ahead of both policy and service delivery.

5. Key Issues

Key issues raised by participants at the Roundtable were as follows.

Service Integration

Many providers in eMental Health recognise that service integration is already emerging as a challenge. There is no overall design to the development of the eMental Health sector in Australia. In particular, the linkages between non-professional and professional or clinical services are emerging rather than working to a design. While market selection of competitive services/programs, and the introduction of standards for quality assurance, are important drivers, so too for an emerging sector could a design overlay be applied – so that roles and respective specialisation, entry points and referral protocols could be developed as the sector matures.

Telehealth service providers often experience difficulties in identifying quality services that can provide longer term community support or follow up to clients, for example, subsequent to an episode of suicidality. There is limited coordination also between acute hospital care and either care in the community or primary care. The common consumer experience in mental health is that the system operates as a maze [vii]. These underlying challenges in the Australian mental health system are being magnified with the growth of Telehealth services and capabilities.

Triage/Role Delineation

The development of Australia's eMental Health system has been rather organic. As such, there is no clear role delineation, with services covering overlapping territory. There is considerable willingness on the part of telehealth providers to consider better joined up approaches to service delivery, permitting better triaging of clients to the service most appropriate for their needs. This requires some cross-sector planning and development.

Scope and nature of services – early intervention, chronic, acute

The extent to which eMental Health services can and do operate across all facets of mental health should be better understood. There are crisis and suicide-intervention services. There are also support groups providing ongoing, often peer support to people with chronic conditions. Treatment services such as CBT programs are being offered online and now through mobile device applications. The evidence about the effectiveness of eMental Health in preventing mental illnesses is now well understood [viii], though Australian application of such programs has been very limited.

Furthermore, eMental Health is not restricted to conventional 'mental health' services but could include housing, disability, community, employment and other aspects. There is considerable scope to tailor eMental Health Services to operate in the context of emerging non-health issues for individuals and families, and then draw the linkages towards mental health considerations, thereby effectively addressing social determinants of mental health while also enabling access to mental health services as appropriate.

Who uses telehealth and who misses out?

There is a genuine prospect that telehealth services can reach new clients. While the overall use of mental health services remains low in Australia, particularly for some groups such as young men [ix], little is known about the demographics of the users of telehealth services. There is an urgent requirement for research to address this knowledge gap and this is a key aspect of the work of the newly formed Young and Well Cooperative Research Centre The YAW-CRC has as its focus exploring the role of technologies in improving young people's mental health and wellbeing [x].

Telehealth is not cheap care

One of the key attractions of telehealth services is their capacity to reach a wide audience cost effectively and may thereby help manage health delivery costs. Targeting consumers at an early stage using telehealth may also prevent symptoms from developing into disorders necessitating more expensive treatment. There is also some evidence from the literature that technology-based disease management designed to improve self management is cost effective [xi].

An unfortunate by-product of these advantages has been a misunderstanding that somehow telehealth services are cheap. This outlook does not adequately recognised that the requirements for trained personnel delivering quality, evidence-based care and with effective platforms for follow-up and referral will demand proper investment. Cost effectiveness in telehealth should not be equated with simple cost efficiency, or a focus on the 'cheapest' delivery possible.

A service system without health professionals or a gateway?

The Australian health system has traditionally relied heavily on face to face contacts between patients and health professionals. There is increasing evidence that automated programs of mental health care are effective in a variety of circumstances, obviating the requirement, at least to some extent, for face to face contact [xii]. The dimensions of the possibilities arising from this evidence are yet to be properly explored. There are particular ramifications for Australia, where there are remote populations largely un-serviced by face to face mental health care.

Telehealth offers the opportunity to develop new models of low intensity support services. How can such services develop, who manages the intake and what is the role of health professionals in such services? Or are such services restricting consumer access away from health professionals and towards non-registered professionals? Such decisions need, at least in part, to be informed by consumer choice.

For some people, face to face care will remain the critical and central element of care. However, particularly when considering the evidence about positive impact of telehealth in mental health, up to 22% of depression could be prevented each year [xiii] if proven programs were scaled up to meet broader community needs. This cannot be achieved within the existing paradigm of face-to-face care.

Integration of Services and Data

America's Rand Corporation has found that the creation of a unique patient identifier would facilitate a reduction in medical errors, simplify the use of electronic medical records, increase overall efficiency and help protect patient privacy [xiv]. NHS Scotland uses a Community Health Index (CHI) on all clinical communications and it is used in all electronic records. It is one of the key components of the Telehealth service system.

In Telehealth service development, a unique patient identifier will support integration of care and support for individuals across telehealth services, but also between telehealth and more conventional face to face services, including linkages back to GPs and primary health care.

Australia's health system is not characterised by data contiguity. Rather, the common situation is for state, federal, public, private and non-government health data sets to operate in isolation from one another, often supported in this divergence by unhelpful legislation. Governments have struggled to reform this situation.

A further consideration is that de-identified data sets on service activity and use allow for greater monitoring of service effectiveness and measurement of the economic, health and social benefits from various service configurations. This research and evidence based approach to measuring total health system perform allows telehealth components of the system to be examined against the business case for their propagation, and to ensure that consumer requirements are actually being met.

Common data sets on user profiles and service activity across telehealth services could also be explored to support sector wide or sub-sector analysis of trends and reach.

6. Potential for Targets in Telehealth

The roundtable heard of the Scottish approach to telehealth accountability and measurement based around the acronym HEAT [xv]:

> **Health improvement** - improving life expectancy and healthy life expectancy - for example, a reduction in the suicide rate between 2002 and 2013 by 20%;
>
> **Efficiency** - focusing on improving the efficiency and effectiveness of the NHS;
>
> **Access** - ensuring quicker and easier access to NHS Services - for example, an access service level target of 90% of calls answered within 30 seconds; and
>
> **Treatment** - ensuring patients receive high quality services that are appropriate to their needs – for example, to support shifting the balance of care by diverting 75% of [Category C] calls transferred from the Scottish Ambulance Service (SAS) to primary care or home care outcomes.

Accountability remains a critical gap in Australian mental health, particularly in moving away from simple output counting to more of an appreciation of the actual impact of care on the lives of people with a mental illness. Telehealth needs to be part of any consideration of new national, validated approaches to the collection of experiences of care for mental health consumers and carers, of which there are nascent examples in both NSW [xvi] and Victoria [xvii].

References

i ISO use the definition first developed here: GATES (1994), *Global Access Telehealth and Education System, Final Report,* The International Space University. Summer Session, The Universitat Autônoma de Barcelona, Spain.

ii John Mitchell, *From Telehealth to E-health: the unstoppable rise of E-health,* Federal Australian Department of Communications, Information Technology and the Arts (DOCITA) Commonwealth of Australia, Canberra, 1999

iii Christensen H, Griffiths KM, Evans K, *e-Mental Health in Australia: Implications of the Internet and Related Technologies for Policy*, ISC Discussion Paper No 3. Commonwealth Department of Health and Ageing, Canberra, 2002.

iv National Institute of Clinical Studies 2003, *The impact of the Internet on consumers' health behaviour,* prepared by the Centre for General Practice and the Centre for Evidence-based practice, University of Queensland. NICS, Melbourne.

v See here:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Health_information_and_health_products_online?open, accessed June 2012

vi Ian B Hickie, Tracey A Davenport, Georgina M Luscombe, Grace L Groom and Patrick D McGorry, *Australian mental health reform: time for real outcomes*, Med J Aust 2005; 182 (8): 401-406.

vii *Not For Service: Experiences of Injustice and Despair in Mental Health Care in Australia*, Canberra: Mental Health Council of Australia, 2005

viii Ricardo F. Muñoz, Pim Cuijpers, Filip Smit, Alinne Z. Barrera, and Yan Leykin, *Prevention of Major Depression*, Annual Review of Clinical Psychology Vol. 6: 181-212, April 2010

ix *National Survey of Mental Health and Wellbeing 2007*, Australian Bureau of Statistics, Canberra, 2008

x For more information on the Young and Well Cooperative Research Centre, see here: http://www.yawcrc.org.au/

xi Christensen H, Griffiths KM, Evans K, 2002.

xii Kylie Bennett, Julia Reynolds, Helen Christensen and Kathleen M Griffiths *e-hub: an online self-help mental health service in the community* Med J Aust 2010; 192 (11): 48.

xiii Ricardo F. Muñoz et al, 2010

xiv Richard Hillestad, James H. Bigelow, Basit Chaudhry et al *Identity Crisis, An Examination of the Costs and Benefits of a Unique Patient Identifier for the U.S. Health Care System*, , RAND Corporation, Santa Monica, USA, 2008

xv See local delivery plan 2011-12 for Scotland's NHS 24 Telehealth Service here: http://www.nhs24.com/AboutUs/NHS24Board/~/media/NHS24/AboutUs/NHS%2024%20Board/Local%20Delivery%20Plan/Local%20Delivery%20Plan%20201112%20PDF.ashx, accessed June 2012.

xvi See MH-CoPES at http://www.nswcag.org.au/mh_copes.html, accessed June 2012.

xvii See Consumer Research and Evaluation Unit in Victoria at http://www.vmiac.org.au/research.html, accessed June 2012