

General Practice Liaison Officer Program presents

Connecting The Dots

Navigating Mental Health in Primary Care



Digital Mental Health resources

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BRISBANE NORTH
An Australian Government Initiative

 **Queensland Government**
Metro North Health

Integrating Digital Resources into Mental Health Care

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Funded by the Australian Dept of Health since 2013

- Deliver promotion, training and support on digital mental health to health practitioners nationwide
GPs, Allied Health, Service Providers working with First Nations peoples
- Track uptake and referral to Australian digital mental health services
- Advise government on digital mental health policy



What do we mean by “Digital Mental Health”?

- Crisis lines
- Screening and referral services
- Websites for psychoeducation
- Moderated websites for peer support
- Apps for symptom management
- Online treatment programs – self guided (eg. THIS WAY UP) or with guidance from the program (eg. MindSpot)

Benefits and Limitations of Digital Mental Health

- Available from anywhere 24/7
- Low cost/free
- A range of different options
- Overcomes stigma or embarrassment
- Easy 'first step' into psychological intervention
- Normalises symptoms and provides hope, empowerment
- Can provide more information than time-limited f2f sessions
- Can be used alongside traditional services, or while waiting for a service
- Mostly no referral needed
- Digital literacy
- Educational level
- Language and disability barriers
- Privacy risks
- Severity of issue

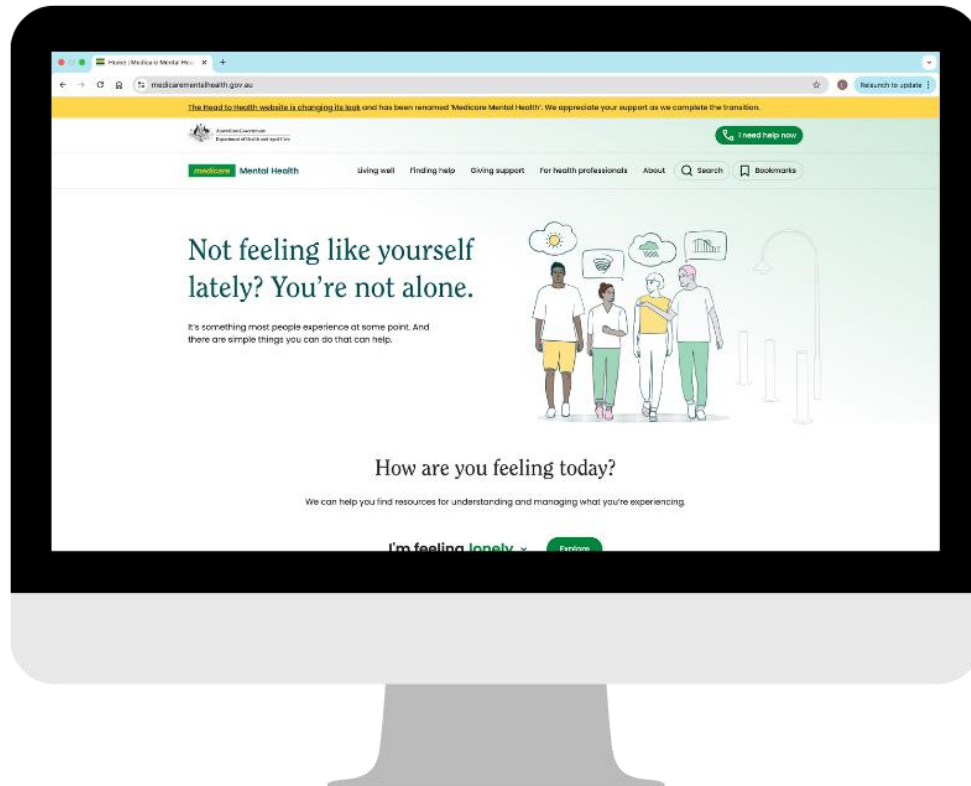
Digital mental health is not a panacea and it's okay if it's not suitable for everyone. It can be a stand-alone self-help option but it works best with guidance from you

Safety and Quality Standards

- Accreditation to the NSQDMH Standards provides assurances to service users that a digital mental health service provider meets expected standards for safety and quality.
- Government funded services required to be accredited
- Developed in collaboration with consumers, carers, families, clinicians, service providers and technical experts.



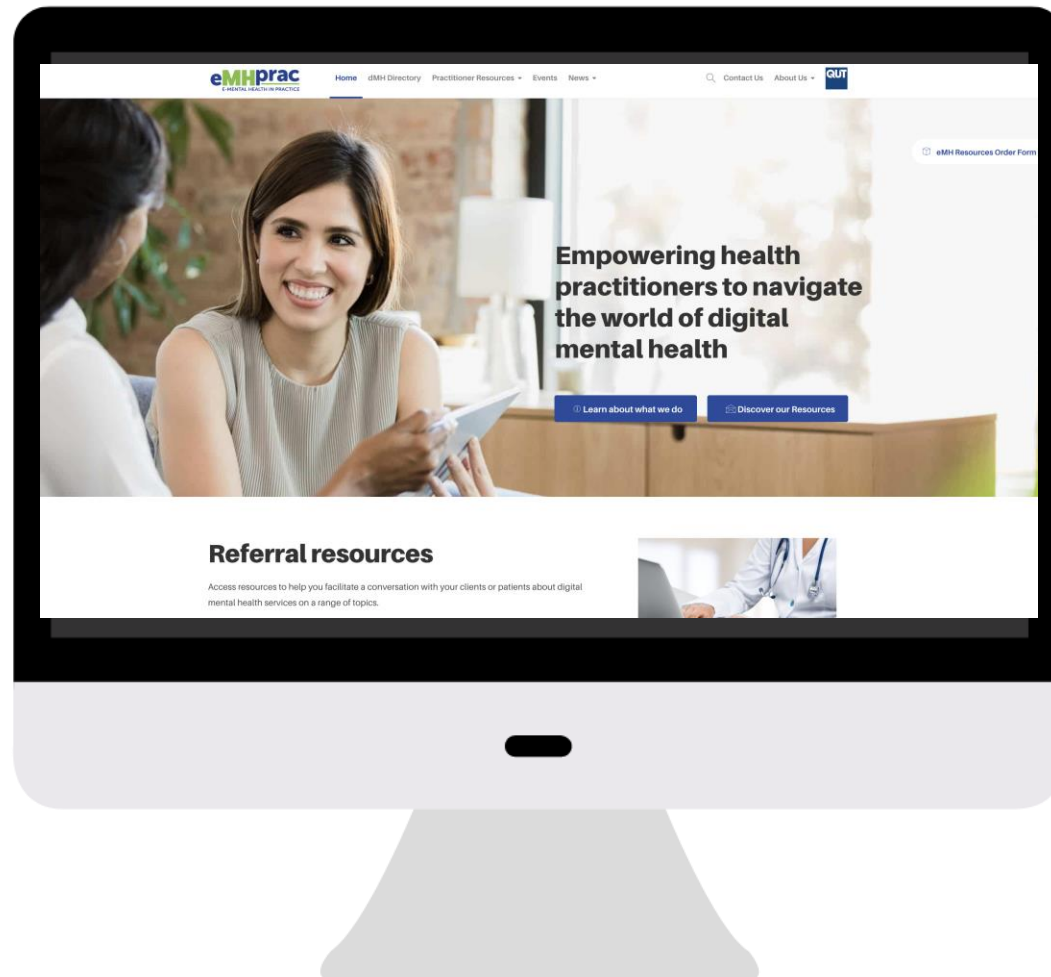
Medicare Mental Health (previously Head to Health)



- On average 1,200 visitors per day
- 2,500 referrals to digital and online resources per month
- Top search terms: anxiety, depression, mental wellbeing and carers

medicarementalhealth.gov.au

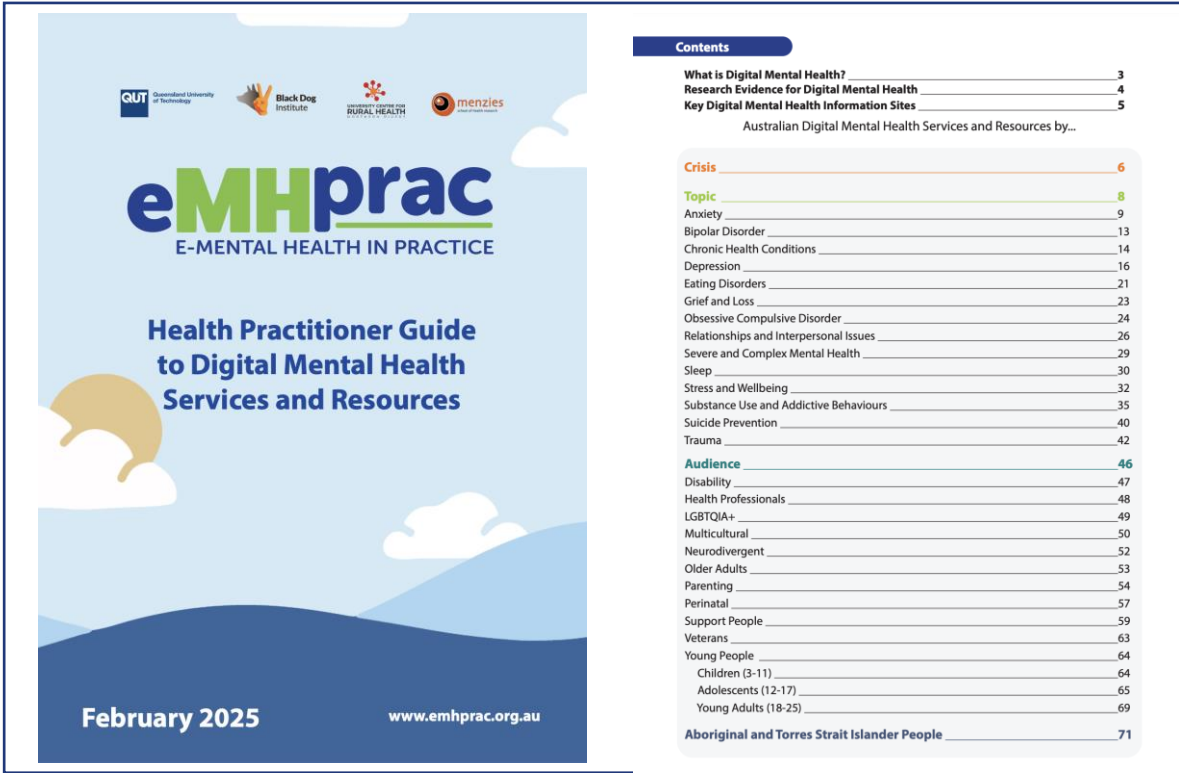
Finding Resources - eMHPrac Website



- Directory of dMH services
- Practitioner resources
 - Resource Guide
 - Brochures
 - Referral resources
 - Training (webinar/modules)
 - Podcast
- Blog, newsletters
- 8,000 sessions a month
- 23K downloads in 2024

emhprac.org.au

Popular Resources



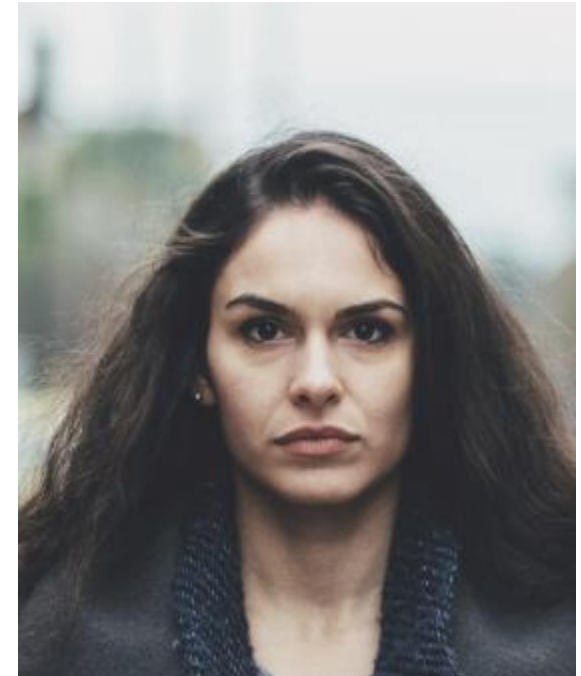
Let's use what we know to help someone

- Kylie
- Eric

Clinical Scenario 1

Kylie is a 36 year old mother of 2 children aged 12 and 7. She has lived alone since her divorce 3 years ago. She is fit and healthy and works part time as a librarian in the local high school. You supported Kylie through her divorce and know her to be a resilient person. Kylie has come to ask you for some sleeping tablets.

One month ago Kylie's mother was diagnosed with early dementia and Kylie has been quite upset. Last week Kylie had what she thinks was a panic attack in the supermarket although she has never had a panic attack before. She is also concerned because she has noticed that her children have not been behaving well during that time and she thinks her anxiety might be affecting them. Her older daughter Rosey has become quite withdrawn and will not see her friends



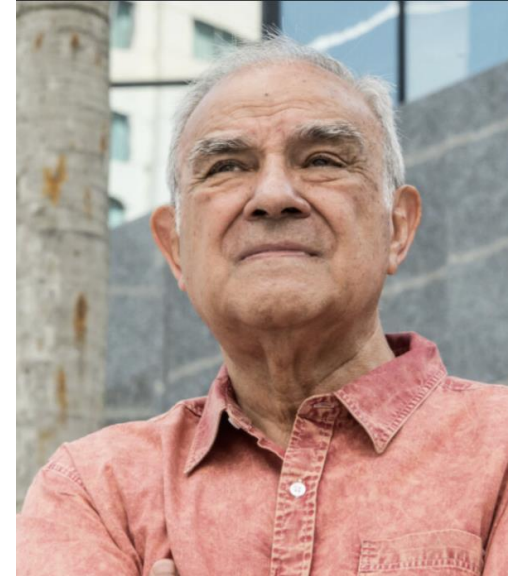
- Can you find any digital resources that might be useful here?
- How would you introduce the idea of using them to Kylie.

Clinical Scenario 2

Eric is a 67-year-old retired council worker who sees you on a regular basis for management of his blood pressure and cholesterol. He is a “secret smoker” consuming about 10 cigarettes a day. He has a terrible family history of cardiovascular disease with both his parents dying in their early sixties.

Eric did not look at all well when you saw him last. There was nothing of concern on physical examination or in his blood tests, but he seems sluggish and was not as well groomed as usual. He says he is struggling to find things to do that he is interested in and it’s getting hard to make himself get out of bed in the morning. His wife thinks he might be depressed but Eric thinks he is “just getting old” and is not keen to accept that he might be psychologically unwell. He has never been depressed before despite lots of hardship.

In addition, Eric’s adult son has just found out, to his delight, that the family have Aboriginal heritage, despite Eric’s lifelong desire to conceal it.



- Can you find any digital resources that might be useful in your work with Eric?
- How would you introduce the idea to him and how would you encourage his use of the resources.