**Part B. Smooth Sailing: The design and delivery of an online school-based mental health service for adolescents**

**Summary of research (400 words)**

**Problem**: Adolescence is a key period of psychological vulnerability as 50% of all mental illnesses emerged before age 18 and suicide is the leading cause of death. Early intervention is key; however, youth services are lacking. Due to a range of factors, less than 40% seek help. This means that for many, mental illness remains untreated, leading to lifelong disability. The school is an ideal setting for early intervention due to unparalleled access to youth. Schools have recognised the need for mental healthcare, mandating wellbeing policies and implementing programs. However, many programs lack scientific evidence and do not facilitate direct access to care. As such, help-seeking and treatment rates remain poor. The Internet presents a viable solution due to its low cost, ease of access, demonstrated clinical effectiveness of online therapy, and young peoples' preferences for receiving mental healthcare in this way. Despite this, we are yet to see a schools-based approach to mental healthcare that attempts to capitalise on the advantages of the Internet.

**Solution**: Smooth Sailing is a three-year project (2016 – 2018) in which O'Dea was awarded $517 000 to design, deliver, and evaluate Australia's first online schools-based mental health service which aims to increase help-seeking and lower depression and anxiety. Coined a "virtual clinic", students are invited to register to Smooth Sailing in the classroom via the website. They then complete a brief online screener. Using clinically informed algorithms, Smooth Sailing automatically allocates each student to one of five steps based on symptom severity. Smooth Sailing then gives each student a personalised online program consisting of psycho-education, online cognitive behavioural therapy, and external resources. For students at Steps 3 and 4, or those with suicidality, the school counsellor is automatically notified and face-to-face care is facilitated. Smooth Sailing also delivers fortnightly "check-ups" via SMS or email to monitor students' progress and encourage them to engage with their care plan.

**Outcomes**: In phase 1 (consumer consultation), 92% (N=61) of youth, 94% of teachers (N=18), and 76% of school counsellors (N=179) reported highly favourable attitudes towards Smooth Sailing. In phase 2 (pilot study), students who used Smooth Sailing for 6 weeks (N=58) reported significantly greater help seeking attitudes, and 78% maintained or improved their mental health. To date, results have been submitted to three conferences (two national, one international) and publications are currently in preparation. Phase 3 (2018) will involve a large randomised controlled trial in 24 schools.

**Describe how your research illustrates the category of Innovation (200 words)**

Smooth Sailing is innovative because it:

- *Utilises the popularity, scalability, and accessibility of the Internet to deliver a contemporary mental health service.* Unlike traditional face-to-face services, Smooth Sailing can be offered to a large number of youth at very low cost. Smooth Sailing is highly sustainable yet effective and attractive to large numbers of youth.
- *Offers a service that reaches out directly to young people in an acceptable and preferential way.* The majority of youth do not actively seek help for mental health due to embarrassment and lack of access. Young people prefer seeking help via the Internet. Smooth Sailing is delivered on the web and administered inside the school classroom - a place where young people spend a lot of time, and such care can be normalised.
- *Tackles the issues of an under-resourced and overburdened mental health workforce.* Smooth Sailing reallocates care in a more equitable and efficient way. The use of electronic monitoring

and alerts ensures that school counsellors can better identify, track, and respond to at-risk youth.
- *Is a world first.* Smooth Sailing presents a new solution to tackling the burden of mental health. It positions Australia as a leader in the field of youth mental health.

## Potential Impact (200 words)

- *Increased detection of mental health issues.* Smooth Sailing has been successfully implemented in three high schools with an additional two underway. Smooth Sailing detected elevated symptoms in 27% of students screened. In almost all cases, these students were not already known to the school counsellor.
- *Improved ability to manage suicide risk.* The automated alert system within Smooth Sailing immediately emails the school counsellor when a student is at risk for suicide or severe depression/anxiety. To date, Smooth Sailing has identified and alerted 22 instances of high risk, significantly improving schools' ability to intervene in a timely manner.
- *Improved resource allocation.* The stepping process within Smooth Sailing allocates the school counsellor to the students in most need while also assuring the others are being monitored and cared for appropriately. Smooth Sailing has enabled the 10% with "moderate-severe" symptoms to be prioritised, while still providing evidence-based care to the 17% with "mild" symptoms.
- *Reduced mental health symptoms and improved help-seeking attitudes.* Smooth Sailing provides each student with a personalised package of online treatment, psycho-education, and face-to-face therapy where necessary. After a 6-week pilot of Smooth Sailing, mental health was improved or maintained in 78% of participants. Attitudes to help-seeking also significantly improved.

## Consumers Contribution (200 words)

A range of consumers were actively involved in the design and delivery of Smooth Sailing. In the first six months of the project, O'Dea and her team identified the various consumer stakeholder groups, and scoped their service considerations. This was done using an array of methods including presentations, focus groups, interviews, surveys, and workshops. In total, over 300 consumers contributed to the design of Smooth Sailing. Specific examples include:

- Participatory service design workshops with 61 high school students from six high schools.
- Interviews with 14 parents, 18 teachers, 29 school counsellors, and 11 General Practitioners to measure attitudes towards mental healthcare in the school context. Concerns about risk, privacy, consent, and duty of care, were then addressed in the design process.
- A large online survey was administered to 150 NSW school counsellors to gain further feedback on the service model.
- A total of 58 youth were involved in pilot testing the virtual clinic, and up to 2000 will be invited into the final evaluation.
- After the pilot study, 26 parents agreed to complete an additional survey on their experiences with the service. Participating school counsellors were also interviewed about their service experience.