PART B Submission

Title: Help for health anxiety: Results from a randomised controlled trial comparing internet-delivered cognitive behavioural therapy for severe health anxiety versus anxiety psychoeducation

1. Briefly describe your research (maximum 400 words)

My research spans the fields of health psychology and clinical psychology. It focuses on using the internet as a platform of treatment delivery to improve access to evidence-based psychological treatments for adults with anxiety and depressive disorders. I also use the internet to develop and test new treatments for depression and anxiety, including the value of adding therapeutic enhancers in combination with best-practice CBT interventions. Together with collaborators I have developed 7 new online programs for the treatment of mental and physical health problems including transdiagnostic treatment for mixed depression and anxiety, illness anxiety disorder, chronic pain, perinatal mental health, and more recently a cancer-tailored treatment for people with early-stage cancer and cancer survivors suffering from depression and anxiety. My work has demonstrated strong evidence for the use of online programs for the treatment of depression and anxiety both in clinical trial settings and in routine care in Australian primary care settings. By delivering treatment online, it ensures that people in need receive best-practice evidence-based care, regardless of where they live, their financial circumstances, and their access to face-to-face care. In addition, my research has focused on finding innovative ways to improve existing 'best-practice' treatments for these psychological disorders with the ultimate aim of improving outcomes for patients. For example, my recent work has focused on evaluating whether combining mindfulness mediation within existing cognitive behavioural therapy treatment programs improves outcomes and reduces relapse rates for patients. In addition, I have also conducted research to explore whether online programs are effective for the treatment of depression in the context of chronic diseases such as osteoarthritis and diabetes. These studies have shown promising findings, and present a new approach to overcome the low rates of treatment of mental health problems in medical settings. The focus of the present study an evaluation of the efficacy of the first internet-delivered CBT program for the treatment of health anxiety (now called illness anxiety disorder). This represents the first clinical trial to evaluate the efficacy of iCBT for health anxiety outside of Sweden, and provides supporting evidence for the utility of this treatment modality, and the potential of this program to reduce the burden of health anxiety in the community.

2. Describe how your research illustrates Innovation, Best Practice or Excellence (maximum 200 words)

My research represents an innovative new approach to deliver best-practice psychological treatment for health anxiety. I have transformed gold-standard face-to-face CBT into the first English-language internet-delivered CBT (iCBT) program tailored for health anxiety (illness anxiety disorder). My research project is the first clinical trial to evaluate iCBT for health
anxiety outside of Sweden, and the first study to compare iCBT for health anxiety to an active placebo control group (receiving anxiety psychoeducation). CBT - the gold-standard treatment for health anxiety - is difficult for patients to access due to the lack of skilled therapists. Internet CBT overcomes many barriers to treatment, fidelity is ensured, access is optimised, programs are highly scalable, and it can be delivered at the first point of contact to these patients who typically present to medical settings (e.g., emergency, primary care) rather than psychiatric services. This trial provides the necessary supporting evidence showing that internet CBT is an effective treatment for health anxiety. This new program will be made available via This Way Up Clinic for all patients living in Australian and New Zealand to access, ensuring that patients living with this condition are able to access affordable, convenient evidence-based treatment.

3. **Summarise the potential contribution to and/or implications for society (maximum 200 words)**

Health anxiety (now illness anxiety disorder) is common affecting 1 in 20 individuals in their lifetime. Health anxiety is over-represented in medical clinics: 1 in 10 people attending primary care visits suffer from health anxiety, and 1 in 4 suffer from health anxiety in tertiary medical clinics (e.g., neurology). Health anxiety is not only debilitating for sufferers, it causes considerable economic burden, as people with this condition use twice the health care services per year compared to people with well-defined medical conditions. In their quest to alleviate their fears of illness, people with health anxiety request excessive tests and investigations and unnecessary treatments. This program represents the first scalable low-cost accessible evidence-based CBT program for the treatment of health anxiety. It will enable individuals suffering from health anxiety to access specialist tailored treatment for their condition. It will reduce the burden of health anxiety on the individual and their loved ones, but also reduce the high costs associated with excessive health service use.

4. **Describe any contribution by Mental Health consumers/persons with lived experience other than as subjects (e.g. reference group, researcher) (Maximum 200 words)**

Mental health consumers are actively engaged in research projects conducted at CRUfAD. During program development, we engage consumers in providing their feedback on early drafts of the online programs in the form of focus groups, and pilot studies. Consumer feedback is actively sought and incorporated into later drafts of the programs, to ensure our programs are continually improved and acceptable to consumers. For example, in our development of a cancer-tailored online program for anxiety and depression that incorporates components of health anxiety treatment, we engaged consumer advisory groups on 1) writing the initial grant application, 2) conducted focus groups to obtain feedback on the program from 20 consumers, 3) in-depth feedback from two members of the Joint Consumer Advisory Committee on the entire content of the program. For the Health Anxiety program, we actively
engaged consumers to provide feedback on the content of the program in a pilot trial, and obtained written feedback about suggested improvements to the content. The feedback obtained in the pilot study with consumers has resulted in substantial changes to the content of early version of the program, including additional components, extended time periods to complete the program, and more clinician input throughout the program.
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Current Positions
1. National Health and Medical Research Council (NHMRC) Early Career Postdoctoral Research Fellow and Clinical Psychologist | UNSW Faculty of Medicine at St Vincent’s Hospital | Darlinghurst, 2010, AUSTRALIA

Previous Positions
1. Investigator Scientist | Medical Research Council Cognition and Brain Sciences Unit (MRC-CBU) | Cambridge, United Kingdom
2. Clinical Psychologist | Clinical Research Unit for Anxiety and Depression (CRUfAD) | UNSW at St Vincent's Hospital | Darlinghurst, 2010, AUSTRALIA

Qualifications
2011 PhD/Master of Psychology (Clinical), School of Psychology, UNSW, Sydney, Australia
2007 Bachelor of Psychology (Honours Class 1 with the University Medal, mark: 97), School of Psychology, UNSW, Sydney, Australia

Funding (past 5 years)
Competitive Grant Funding Received

4. Brain Sciences Seed Funding Award, UNSW: 2015, $12,000. Investigators: O’Dea, Perry, Werner-Seidler, Kelly, Batterham, Calear, Nickerson, Newby, & Mason.
7. Faculty of Medicine Fellowship Enhancement Scheme Award: 2013-2016, $32,128.
8. Australian Postgraduate Award, 2007-2010, $80,000.
9. Faculty of Science Postgraduate Research Competition Prize – First Place, 2010, $5000.

Travel Grants/Awards

1. Ian Potter Travel and Conference Grant, 2013, $3000.
2. American Association for Psychological Science Travel Assistance Award, 2010 $200USD.
5. The University Medal (i.e., awarded for outstanding academic performance in B. Psych (Hons) degree), UNSW, 2006.
7. The Staff Prize for Third Year Psychology (i.e., the highest average performance in Research Methods and five other 3rd year psychology courses completed within a single year), UNSW, 2005

Publications

Published Articles


**Presentations:**

Presented research findings at 21 local and international conferences including the World Congress for Behavioural and Cognitive Therapies (WCBCT), the European Association for Behavioural and Cognitive Therapies, the Society for Mental Health Research, and the Australian Association for Cognitive and Behavioural Therapies.

**Supervision**

Primary PhD Supervisor to one PhD candidate, and secondary supervisor to 3 PhD candidates.

**Teaching Appointments**

1. Invited Guest Lecturer for Experimental and Clinical Psychology (ECP2), in the Masters of Clinical Psychology Program (School of Psychology, UNSW).
2. Adjunct Lecturer, Phase 2 Society and Health, Undergraduate Medicine Program (Faculty of Medicine, UNSW).
3. Graduate Teaching Assistant, 2nd and 3rd year Psychology Courses (Psychopathology, Research Methods and Statistics, and Developmental Psychology)

**Professional Roles/Activities**

- Associate Editorial Board, Behaviour Research and Therapy (2015-current).
- Member of the Organising Committee for St Vincent’s Research Week (2015).
- Member of the NSW AACBT Branch Organising Committee (2015-current).
- Assistant Chair of the Online Treatment for Depression and Anxiety Working Group (Cancer Institute of NSW Translation Grant) (2015-current).
- Participated in NHMRC Grant Reviewer Pilot Training Program (2014).
- Symposium Chair and Convenor (October, 2013). *CBT via the internet and mobile phone: outcomes, innovations, and clinical applications.* The 36th annual AACBT Conference, Adelaide, Australia.
- Symposium Chair and Convenor (October, 2011). *Computerised cognitive bias modification (CBM): a novel intervention for depression and pain management?* The 34th Annual AACBT Conference, Sydney, Australia.
REFEREES

Removed for privacy
Components of the Health Anxiety Program

1. **ONLINE QUESTIONNAIRES**
   - Our online questionnaires help to establish how you are feeling.
   - Results from the questionnaires are then shared back to your clinician after each lesson.

2. **LESSONS IN THE FORM OF COMIC-BASED STORIES**
   - Our lessons are in a comic-based format so you can follow the journey of a character as they learn skills to combat anxiety and depression.
   - How they are maintained, practical skills to manage and reduce difficulties, and how to prevent symptoms from returning.

3. **HOMEWORK**
   - Download our summaries and activities to reinforce what you learnt in each lesson.

4. **EXTRA RESOURCES**
   - Download additional activities and information that you can complete between lessons.

Examples of lesson slides from Health Anxiety Program:

- Welcome to our online program for health anxiety.
- Congratulations on getting started and having the courage to deal with what's worrying you.

- This program was written for people who worry a lot about disease, disability, and death.
- The course will teach you practical techniques to better manage your symptoms so they don’t interfere in your life as much.
Examples of lesson slides from Health Anxiety Program

Examples of action plans/homework summaries from Health Anxiety Program