

eMHPrac - training and supporting health practitioners in the use of digital mental health services.

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Additional Information

Context
The Australian Government has invested in the development and delivery of a range of electronic mental health services including phone lines, web chats, online programs and apps. These services overcome many of the barriers to mental health support such as stigma, cost and location. A substantial body of literature now exists supporting the safety and efficacy of digital mental health (dMH) services.

To improve uptake of these evidence-based dMH services the Government outlined the E-Mental Health Strategy. The strategy comprised three actions: 1) creation of an online portal to facilitate access to dMH services (Head to Health); 2) creation of a virtual clinic to provide online and phone counselling for mild to moderate anxiety or depression (MindSpot), and; 3) establishment of an e-mental health support service to support health professionals in using dMH and to establish referral pathways (eMHPrac).

The eMHPrac support service is comprised of a consortium of partners led by Queensland University of Technology (QUT). Other partners include Black Dog Institute (BDI), Menzies School of Health Research (Menzies) and University Centre for Rural Health - North Coast (UCRH). The unique role of each partner is outlined later in this document.

Objectives and Activities

eMHPrac offers workforce training in using dMH with patients/clients and facilitates translation of knowledge to practice through mentoring via an online Community of Practice and through post-training support. eMHPrac aims to:

1. Raise awareness of dMH resources.
2. Increase knowledge and confidence in using and referring to dMH.
4. Provide support in navigating the expansive world of dMH resources and implementing them in practice.
5. Raise awareness of and build skills in using Indigenous specific dMH tools with Aboriginal and Torres Strait Islander people.
6. Provide advice to Government on most effective ways to support dMH in practice.

As will be discussed in more detail in the following sections, eMHPrac achieves these aims through a wide variety of activities that include workshops, presentations, trade exhibits, webinars, podcasts, online modules, brochures, factsheets, videos, support forums, the eMHPrac and WellMob websites, newsletters, blogs, advertisements and sitting on Department of Health advisory committees. eMHPrac has built strong relationships with key organisations in the sector to ensure a united approach to supporting consumer access to evidence-based dMH.

Criteria

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

eMHPrac has made a significant contribution to the field of mental health on a national level through widespread dissemination of workforce training on dMH using a variety of innovative and responsive methods (see Appendix 1 for photos of the eMHPrac team in action). Building the knowledge of the Australian mental health workforce in the existence and potential uses of dMH services and building their confidence in referring to and using them, will ultimately improve consumer access to evidence-based mental health care. The scale and depth of this contribution is summarised below.

Promotion of dMH to raise awareness and increase knowledge

- Widespread promotion of Australian dMH services and Head to Health through trade exhibits and conference presentations around Australia - 180 conferences with over 96,000+ attendees.
- Development of the eMHPrac website for health practitioners (Appendix 2) https://www.emhprac.org.au/ launched in September 2015. The website provides a single platform for practitioners to access information about dMH, supporting evidence, upcoming events, information and training resources and a searchable directory of services.
- Creation and widespread distribution of our hardcopy “A Guide to Digital Mental Health Resources”. This booklet is highly sought after with frequent requests for bulk orders for distribution throughout organisations. The guide provides a comprehensive summary of available dMH services presented in different groupings to make searching fast and intuitive (see Appendix 3 for sample images). Practitioners value having a resource readily to hand that they can quickly consult when wanting to make a referral or when they do not have access to the internet. Over 93,000 copies of the guide have been distributed to date and over 3,000 copies have been downloaded directly from the eMHPrac website. Brief and targeted versions of the guide have also been created for faster reference or for distributing to patients/clients.
- Other activities include distribution of electronic newsletters (300+), blog posts (14+), information articles (140+), advertisements in journals and on social media (236+) and journal publications (19 to date).

Training and support of GPs and allied health practitioners to build knowledge, skills and confidence

- Delivery of a high number and range of face-to-face training workshops and presentations to GPs and Allied Health practitioners (1008 workshops/presentations to 21,000+ attendees).
- Delivery of online training options including 55 live webinars (attended by 12,000+ practitioners - 43 available as recordings), 35 podcasts (with 34,000
listens), 12 online modules (completed by 7000+ participants) and 20 factsheets available for download from the eMHPrac website (25,000+ downloads).

- Establishment of a Community of Practice for health professionals (with over 5300 members).
- Creation of an eMHPrac focused webpage on the BDI website to house all information and resources related to BDI eMHPrac activities (Appendix 4) (https://www.blackdoginstitute.org.au/education-services/e-mental-health-in-practice/).

Indigenous training and support

- Development of the WellMob website (launched in July 2020) providing a single portal for accessing information about all dMH resources targeting social and emotional wellbeing for Aboriginal and Torres Strait Islander people (see Appendix 5 for sample screenshots) https://wellmob.org.au/
- Delivery of 116 Indigenous specific workshops and presentations to 1500+ participants with approximately half identifying as Aboriginal or Torres Strait Islander. These workshops focused on implementation of Indigenous specific dMH tools in work with Indigenous clients.
- Implementation of an organisational readiness program to assist Indigenous health care organisations with implementation of dMH. Training was provided to all organisation staff and then support and mentoring offered for several months to assist practitioners in embedding dMH into their routine care.

Partnerships and consultation

- Ongoing positive relationships with key dMH service providers to ensure eMHPrac activities reflect the most accurate and up-to-date information about services and that training meets the objectives the service has for promotion and dissemination. Fostering these positive relationships also facilitates collection of data relating to consumer uptake and health practitioner referral for each of the key dMH services, enabling eMHPrac to track changes in consumer engagement and referral sources over time.
- High levels of engagement with the Department of Health, service providers, primary health networks and other key stakeholders. These relationships ensure the activities undertaken by eMHPrac are considerate of and responsive to the needs of practitioners and organisations on the ground. Regular communication with the Department of Health ensures that relevant information and recommendations are fed back rapidly.
- Contribute to Government planning and policy relating to eMH implementation in Australia as a member of a number of Departmental Advisory Committees.

Supporting rapid shift to dMH technologies in response to COVID-19.
When the onset of COVID-19 forced many practitioners to convert to remote delivery of services, eMHPrac was inundated with requests for advice and support from
health practitioners, peer workers, consumer advocates and a range of other professions (e.g., education sector, workplace wellness etc) in how to use dMH to support patients/clients during these challenging times. eMHPrac responded rapidly by increasing the number of webinars, podcasts, videos and training resources relevant to the experiences of practitioners navigating dMH in a COVID-19 affected service environment. A COVID-19 relevant dMH resource guide was created and regularly updated providing a readily accessible directory of treatment and support options including COVID-19 specific dMH services. This was disseminated widely through mental health networks and directly to major organisations including schools, Universities and the hospitality sector (to name a few examples). Over 4,700 copies were also downloaded directly from the eMHPrac website.

Publications
To contribute to the knowledge base of dMH implementation, the eMHPrac team regularly publishes findings and opinion pieces. A collective list of publications of all partners is provided in Appendix 6.

2. Evidence of innovation and/or recognised best practice.
The eMHPrac service is an innovation in itself. There is no equivalent service anywhere else in the world. This is one of the ways in which Australia is a leader in the use of dMH approaches. eMHPrac as a service has demonstrated innovation through adoption of a variety of approaches to training and promotion to maximise accessibility and reach. eMHPrac has actively sought practitioner input and feedback through regular surveys, workshop/webinar evaluations and through connecting with practitioners on the ground at trade exhibits and conferences. Approaches to delivery of information have been innovated based on feedback provided by practitioners, ensuring materials and methods are responsive to the needs of practitioners and address the barriers that may exist to training access.

Online formats
Delivering face-to-face training workshops can be expensive and has inherent limitations in the number of practitioners that can be reached based on cost and geographics. Many practitioners are unable to engage with this format of training due to rural and remote location and inability to take time out from their workday. To overcome these barriers and increase access to training, eMHPrac offers regular webinars at varying times including after hours. These are recorded and made available for later viewing. Online modules offer another pathway to training for practitioners who are interested in learning more about dMH and how to use it. Modules can be accessed at any time and completed at the practitioner’s own pace. eMHPrac offers 6 modules targeted to general practitioners, 5 modules targeted to allied health professionals and 1 module targeted to general health workers.

Brief and focused materials
Another barrier to practitioner engagement in training is lack of time. Many practitioners have patient/client loads that do not allow a portion of time away for
professional development, or they cannot afford to lose the associated income. Other commitments may prevent them from being able to participate outside of usual work hours. To support practitioners in accessing information and advice about dMH readily and rapidly, eMHPrac has created a wide array of online resources that deliver brief and focused information on specific topics related to dMH. These resources include brochures, factsheets and videos which can be readily accessed from the eMHPrac or relevant partner websites.

Multiple methods to access
Practitioners vary in their preferred styles of communication. Some prefer traditional methods of sharing information and knowledge, such as face-to-face training workshops, while others prefer the convenience of online methods. eMHPrac offers both to ensure that all practitioners have opportunity to engage in dMH training that matches their preferred communication and learning style. Similarly, eMHPrac offers both hard copy and online versions of resources for practitioners who may prefer a more traditional paper-based guide to refer to. All of eMHPrac’s brochures can be viewed and downloaded online but can also be requested in hard copy. As mentioned earlier, eMHPrac’s ‘A Guide to Digital Mental Health Resources’ has been incredibly popular with practitioners with over 93,000 copies distributed. Practitioners report finding it to be a handy tool when wanting to find a dMH program without having to access a computer or the Internet.

‘Fingertip’ resources
Not all practitioners have access to a computer or the internet in their work, yet many still want to be able to discuss dMH options with their patients/clients. To overcome this barrier, eMHPrac offers a range of ‘fingertip’ resources that practitioners can print, or request hard copies of, to quickly refer to or hand out to clients. These include a range of brochures, brief guides and factsheets. The ‘Managing Your Mental Health Online’ factsheet (Appendix 7) has been one of the more popular, being downloaded over 1,000 times since December 2019.

While not being a literal fingertip resource, podcasts enable convenient access to information and commentary about a variety of dMH topics and can be accessed readily at the fingertips through any smartphone.

Reaching out to practitioners
Despite efforts over the last 8 years there remain large proportions of practitioners who have no or only limited knowledge of dMH, or who resist engaging with it. eMHPrac makes concerted efforts to reach out to GPs and other health professionals. One of the innovative ways in which eMHPrac does this is through targeted social media advertising. eMHPrac has also established a database of practitioners based on contacts made through training and trade exhibits and sends monthly e-mail newsletters alerting practitioners to dMH relevant news such as new programs, Government announcements and relevant articles.
Supporting translation to practice
Both the Menzies and UCRH teams have trialled the provision of post-training support in improving translation of knowledge to practice. Menzies have done this through exploring implementation within organisations using a theoretical framework. Their evaluation demonstrated that staff at participating Indigenous primary healthcare organisations who received training in dMH followed by ongoing support and mentoring showed greater uptake of dMH and greater organisational readiness.

Similarly, UCRH offered training participants the opportunity to access post-workshop support in the form of fortnightly emails for 3 months or emails plus a video call or emails plus a phone call. Their evaluation is not yet complete. Moving forward, eMHPrac plans to more widely adopt innovative organisation-level training and support across a broader range of practitioner groups and client populations.

3. Evidence of participation of mental health consumers.
Mental health consumers
Across the partners involved in delivering eMHPrac, the inclusion of mental health consumers in the planning and design of service delivery was most extensively employed by UCRH. UCRH invited mental health consumers and professionals to participate in ‘learning circles’ where their opinions were sought on dMH apps for Indigenous people and what training for health professionals should include. The outcomes of these consultations informed the development of the content of the training package as well as the structure and supervisory support.

In relation to the wider service, the mental health consumer perspective is included by the participation of esteemed consumer advocate Ingrid Ozols, who sits on the eMHPrac Expert Advisory Group (EAG). Since the start of eMHPrac, Ingrid has been involved in development of training materials, shared delivery of workshop presentations and promotion of eMHPrac activities and resources.

Practitioners as consumers
For eMHPrac, health practitioners and people working with the social and emotional wellbeing of Aboriginal and Torres Strait Islander people are the service consumers. Practitioners as consumers have been included and consulted in a number of ways from the commencement of the service.

UCRH engaged health professionals who work with Aboriginal and Torres Strait Islander people in the North Coast region of NSW to participate in ‘learning circles’ to contribute opinions and ideas on the suitability of dMH for the Indigenous population and how training programs for health professionals should be structured and delivered. Feedback from health professionals during the consultation process was a driving force in identifying the need for a ‘one-stop-shop’ website to easily access culturally relevant digital resource to use with their clients and community. Health and wellbeing workers from across Australia were consulted during the development process of WellMob, with reference groups established in Larrakia (Darwin), Kaurna

(Adelaide) and Bundjalung country. The workers were active participants in the development process, providing ideas and feedback at every stage.

Menzies established Indigenous e-working groups with organisations in NT who had agreed to receive dMH training. These meetings invited worker input into the design and delivery of training and explored challenges and barriers unique to each organisation and ways in which training could be adapted to address these. QUT established similar groups in far north Queensland with Indigenous health organisations interested in receiving dMH training. Regular consultations were conducted during the planning and development phase with input informing the structure and content of training.

BDI recently established an advisory group comprised entirely of general practitioners who have been more directly involved in contributing to development of specific resources such as the Working Towards Wellbeing video series.

4. Evidence of partnerships and linkages with all key stakeholders

eMHPrac itself is a collaborative service being comprised of a consortium of partners. As mentioned earlier, it is led by QUT in partnership with BDI, Menzies and UCRH. The partners have worked together since the start of the eMHPrac in 2013. Australian National University was an original partner until 2016. The Australian Indigenous HealthInfoNet has also contracted as a smaller partner since 2019 to host and maintain the WellMob site of Indigenous-specific social and emotional wellbeing online resources.

Each partner has their own particular focus. QUT is responsible for the overall governance and focuses on training and promotion relating to dMH to all health practitioners, including low intensity support workers. BDI provides online and face-to-face training for GPs and allied health practitioners, and Menzies and UCRH provide training and support for practitioners working with Indigenous clients. All partners work closely together on a range of eMHPrac activities. For example, BDI and UCRH recently collaborated on the delivery of webinars about the new WellMob site. UCRH also utilised support from the BDI GP Advisory Group, Menzies’ network of Indigenous health workers and QUT health practitioner networks in the development and promotion of WellMob. Team members from all partner organisations participate in shared training workshops, conference presentations and trade exhibits.

An Expert Advisory Group (EAG) was established for the overall eMHPrac service. The EAG meets annually to provide guidance and expertise and to share sector information. The group is comprised of key stakeholders in the dMH field: MindSpot, THIS WAY UP, The Royal Australian College of General Practitioners, the Australian Psychological Society, BeyondBlue, Headspace, a consumer representative, and a Commonwealth Department of Health representative. BDI also has a GP Advisory Group, and Menzies and UCRH have Advisory Groups consisting of representatives
from Indigenous organisations. These partners have strong connections with Lowitja, Headspace, The National Aboriginal Community Controlled Health Organisation, Institute of Urban Indigenous Health, Gayaa Dhuwi (Proud Spirit) Australia, and National Indigenous Australians Agency.

eMHPrac has ongoing communication about training and promotion of digital mental health with other professional organisations including the Australian College of Rural and Remote Medicine, Rural Doctors Network, the Australian Psychological Society, and The Australian Association for Cognitive Behavioural Therapy. We also have close links with the Australian and New Zealand Mental Health Association and participate in many of their conferences. eMHPrac also engages with consumer organisations including the National Mental Health Consumer and Carer Forum, Mental Health Australia and Mental Health in Multicultural Australia. eMHPrac also has close links with many Australian and international university researchers in order to stay current with emerging research in the digital mental health field.

eMHPrac collaborates closely with all the key Australian digital mental health service providers. Engagement occurs via a range of avenues, ranging from collection of registration data to the sharing of training and marketing resources. These services include: MindSpot, THIS WAY UP, Mental Health Online, BeyondBlue, Lifeline, Kids Helpline, ReachOut, Headspace, Black Dog Institute, ANU’s eHub, Blue Knot, Butterfly Foundation, QLD, 100Respect, On The Line, Perinatal Anxiety and Depression Australia, BRAVE Online, Smiling Mind, and RUOK.

eMHPrac engages with both federal and state Government departments for training and promotional activities. A close working relationship exists with eMHPrac staff and the Digital Mental Health and Head to Health teams at the Commonwealth Department of Health. eMHPrac is a member of the National Digital Mental Health Advisory Group which provides guidance on the new National Safety and Quality Digital Mental Health Standards developed by the Australian Commission on Safety and Quality in Health Care and the National Mental Health Commission.

The eMHPrac consortium have continued to develop and maintain strong collaborative partnerships with the majority of the 31 Primary Health Networks (PHNs) across Australia. Regular contact occurs regarding the planning and delivery of workshops, promotion of webinars and modules, and the Mental Health Community of Support.

5. Verification of effectiveness

Consumer uptake and referrals

The ultimate purpose of raising awareness of dMH amongst health practitioners is to improve access for mental health consumers to evidence-based treatment and support. eMHPrac evaluates the effectiveness of this by examining trends in user uptake of the key Australian dMH services. Participating programs include Baby Steps, Bite Back, BRAVE, eCentre Clinic, eCouch, Mental Health Online, MindSpot,
MoodGym, MumMoodBooster, Mum2BMoodBooster, MyCompass, On Track, THIS WAY UP. Participating webchat/phone include Blue Knot, Butterfly Foundation, Kids Helpline, Lifeline, QLife.

Metrics of user engagement such as registrations, phone calls, web chats and site visits have been collected from each service annually since eMHPrac commenced in 2013. Numbers of registrations arising from a health practitioner referral is also recorded where applicable. The following figure depicts changes in user engagement and health practitioner referral since eMHPrac commenced in 2013 until 2020 (data for the 2020-21 period is still being collected).

The following table gives absolute numbers for the first and most recent years for direct comparison.

<table>
<thead>
<tr>
<th></th>
<th>Year 1 2013/14</th>
<th>Year 7 2019/20</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs</td>
<td>45,367</td>
<td>134,155</td>
<td>196%</td>
</tr>
<tr>
<td>Webchat</td>
<td>71,485</td>
<td>166,440</td>
<td>133%</td>
</tr>
<tr>
<td>Phone</td>
<td>896,846</td>
<td>1,084,434</td>
<td>21%</td>
</tr>
<tr>
<td>HP Referrals to Programs</td>
<td>11,101</td>
<td>32,487</td>
<td>195%</td>
</tr>
</tbody>
</table>

As evidenced, since eMHPrac commenced activities to raise awareness of dMH and build confidence and knowledge in its use, there has been a substantial increase in consumer usage of dMH, particularly of programs with a near tripling of registrations. A large rise in webchat use was also observed as well as phonelines, though not as pronounced. Health practitioner referrals also rose substantially to the same magnitude as program registrations, suggesting a link between the two.

These numbers refer to new registrations per year, and do not include continuing users or people obtaining information or advice who do not register.
Training evaluations
Another way in which the effectiveness of eMHP Prac activities is measured is through administration of pre- and post-training evaluations assessing knowledge, confidence and intentions to use dMH. These evaluations have consistently shown positive changes across all variables following training. Examples of these findings are presented as space does not permit a full reporting of all outcomes.

The following figures depict the evaluation results of QUT-led training workshops with Indigenous health workers and allied health professionals. Significant increases in both knowledge of dMH and confidence in using it were observed.

![Knowledge of dMH](image1)

![Confidence to use dMH](image2)

Similar results have been found by other eMHP Prac partners, such as BDI. After delivering a series of workshops and webinars for health professionals within five PHNs, there was a rise in the proportion of practitioners reporting a high level of confidence in recommending dMH tools to patients/clients, as demonstrated in the following figure.

![Figure 9: Self-rated confidence before and after the workshop](image3)

Ninety per cent of workshop participants reported that they recognised that there are reliable online resources to help patients with mild to moderate mental health conditions, and 86% could identify at least three online programs that may be useful in their practice. Eighty-six per cent stated that they would recommend the training to a colleague, indicating workshop content is relevant and valuable to health...
professional audiences. These positive attitudes are consistent with the high degree of positive feedback to training workshops across the service, as evidenced in the samples provided in Appendix 8.

Website engagement
Since launching in September 2015, the eMHPrac website (as at December 2020) had had over 140,000 site visits, over 268,000 page views and over 104,000 users. There were over 25,000 downloads from the website since December 2019 (when this metric started being recorded). The figure following shows the annual rise in website page views over time, with an exponential increase in the 2019/20 year in response to adoption of innovative marketing and advertising strategies to reach greater numbers of practitioners.

The WellMob website has shown similarly high levels of engagement since launching in July 2020. Within the first 6 months the website had achieved over 32,000 site visits (25,000 being unique users), 123,000 page views, and 3,300 conversions (where users took action of some kind to further engage with an element of the site).

Translation of knowledge to practice
The success of eMHPrac in achieving a translation of knowledge dissemination to actual implementation in practice has been demonstrated by the rise in health practitioner referrals to dMH programs over time, demonstrating they are applying the learning and discussing dMH with patients/clients more often than previously. It is also demonstrated in the outcomes of the organisation-based training workshops led by Menzies School of Health Research which demonstrated that practitioners who received training made greater use of dMH resources in their work. Covid-19 was also found to have a catalyst effect on implementation, with practitioners reporting a rapid translation of knowledge to practice and increased use of dMH tools in practice when adapting to remote delivery of services5.

Conclusion
The E-Mental Health in Practice (eMHPPrac) Service is funded by the Australian Department of Health to raise awareness of dMH amongst health care professionals and to provide training and support in how dMH can be used in clinical care. Since commencing in 2013, eMHPPrac has delivered high numbers of awareness, support and training programs for GPs, Allied Health Professionals and service providers working with Aboriginal and Torres Strait Islander people.

eMHPPrac has made a significant contribution to workforce development through:

- The delivery of free and readily accessible training workshops, webinars and education materials that were developed for practitioners and in consultation with practitioners to be responsive to their needs and learning preferences.
- Innovation of education and training approaches to ensure training is accessible, relevant, and overcomes many of the barriers to accessing professional development opportunities.
- An emphasis on translating knowledge to practice by providing demonstration and support in introducing dMH to patients/clients and using it within the practitioner’s own clinical practice.

Over the last 8 years eMHPPrac has steadily built a reputation for being a trustworthy and impartial source of dMH information. The service is regularly sought out by health practitioners and other professionals working with vulnerable groups for advice relating to dMH programs and requests for training.

Referees
1. Professor Nick Titov – Executive Director of MindSpot and PORTS
2. Ms Ingrid Ozols AM - Director of Mental Health at Work and consumer advocate
Appendix of Support Material

Appendix 1: eMHPrac Team in Action

eMHPrac Launch Canberra June 2014

National Indigenous NDIS Conference
Brisbane December 2018

TheMHS Adelaide 2018

Adelaide R&R October 2019

Bamaga Training Workshop October 2017
Appendix 2: eMHPrac website

Home page

eMH Directory

Resource Library
Appendix 3: eMHPPrac Resource Guide

E-Mental Health Resources - Crisis Support

CRISIS

Re: 1300 RESPECT
Phone and online counseling service to assist people experiencing sexual, domestic and family violence.

Beyond Blue Support Service
Phone and online counseling for people going through a tough time.

CrisisLine Phone and online counseling services, andocus and services linkages.
http://www.crisisline.org.au/ 1300 22 46 64

Kids HelpLine Phone and online counseling for children ages 5-18.

Mindline Australia
Phone and online counseling service, counseling, telephone and online counseling.
http://www.mindline.org.au/counselling.html 13 13 14

Mensline Australia
Phone and online counseling service, counseling, telephone and online counseling.
http://www.mensline.org.au/ 1300 66 49

Na To Violence
Phone and online counseling service, counseling, telephone and online counseling.
http://www.crisisline.org.au/ 1300 22 46 64

Rape and Domestic Violence Services AUS.
Phone and online counseling service for people of all genders whose lives have been impacted by sexual assault, violence, or domestic violence.
http://www.rdvsa.org.au/ 1300 35 76 84

Same-Sex Counselling Links
Assistance, support, finding male volunteers, emotional support and counseling services for the LGBTIQA+ community.
http://www.rdvsa.org.au/ 1300 35 76 84

Suicide Call Back Service
Phone and online counseling service for people at risk of suicide or those bereaved by suicide. Registration required for online counseling.
http://www.suicidecallbackservice.org.au/ 1300 659 467

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Natural Disasters

Crisis

Crisis 7

Natural Disasters 8

Natural Disasters

A Guide to Digital Mental Health Resources

February 2021
www.emhprac.org.au
Appendix 4: Black Dog Institute Website

Connecting health professionals to online programs, resources and primary care information.

Australia is moving towards a stepped care model of mental health treatment where the needs of each patient are matched with the intensity of care they receive. e-Mental health treatments are an appropriate treatment option for many patients with mild to moderate conditions and, in some cases, may be the only treatment that a patient requires.

e-Mental Health in Practice, or eMHPrac, is a suite of online training modules, webinars and e-resources.

Podcasts, Blogs, and Webinars

Keeping health professionals updated with research into eMental Health and practical advice.

Based on the webinars developed by the eMHPrac team, this series of 30-minute podcast episodes will keep you up-to-date with the latest eMental Health research and information on incorporating eMental Health into your practice.

Subscribe on Apple and Spotify podcasts

Latest episodes

Using online resources for Aboriginal and Torres Strait Islander mental health & wellbeing

In this podcast based on a recent webinar, we partner with UCDH to talk about how frontline health and community workers can use digital wellbeing tools to help keep our Indigenous mob feeling ‘deadly’ (feeling great!).

Host | David Edwards

Guest experts | David Edwards, Tiaane Schaffer, Nathan Bramston, Samantha Wild
Appendix 5: WellMob Website

Home page

e-health topic – Mind

Resource listing
Appendix 6: List of eMHPrac publications

1. Edwards, D & Singer J (2020). “Just ‘cause you make it look black, doesn’t make it black’: why the WellMob site was launched. Croakey independent, in-depth social journalism for health.


Appendix 7: Managing Your Mental Health Online Factsheet

### Digital Mental Health Gateway
- **Head to Health**
  - A website that links Australians to free or low-cost online and phone mental health services, information and resources.
  - [headtohealth.gov.au](http://headtohealth.gov.au)

### Phone and Online Counselling
- **Lifeline** 13 11 14
  - 24/7 phone counselling, and online crisis support chat available each evening.

- **Suicide Call Back Service** 1300 659 467
  - National 24/7 professional telephone & online counselling for anyone affected by suicide.

- **Beyond Blue Support Service** 1300 22 4636
  - Telephone (24/7), online and email counselling, and moderated forums.

- **1800RESPECT** 1800 737 732
  - 24/7 phone & online counselling for people seeking for domestic violence situations.

- **MensLine Australia** 1800 78 99 78
  - Advice, therapy and support for men with families and relationship concerns.

- **QLife 1800 184 527**
  - Online chat or phone counselling for lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

- **Open Arms** 1800 011 046
  - Phone and online counselling for veterans and their families.

- **SANEsafe Australia** 1800 18 7261
  - Phone counselling and moderated forums providing peer-to-peer support.

- **FriendLine** 1800 424 287
  - A national support line “ready for a cuppa and a conversation” with trained volunteers.

### Apps
- **MoodMission**
  - A free app designed to help individuals overcome low moods and anxiety by discovering new coping strategies.

- **Daybreak**
  - A website and app which supports individuals to cut back or take a break from using alcohol.

- **Smiling Mind**
  - A free website and app teaching mindfulness meditation to young people and adults.

- **BeyondNow**
  - A free app and online tool that helps users create a safety plan for when experiencing suicidal thoughts.

### Aboriginal and Torres Strait Islanders
- **WellMob**
  - [WellMob](http://www.wellmob.com.au/)
  - Social, emotional and cultural wellbeing online resources for Aboriginal and Torres Strait Islander peoples.

- **iBobby**
  - Wellbeing and suicide prevention self-help app for young Aboriginal and Torres Strait Islander Australians.

### Programs
- **MindSpot**
  - Free clinician supported online programs for stress, worry, anxiety and depression in adults aged 18+.

  - **THIS WAY UP**
    - A range of self-paced online CBT courses for stress, insomnia, anxiety and depression. Courses can be done as self-help or guided by your own clinician. Courses are either free or low cost.

- **Mental Health Online**
  - Free online programs for a range of issues, with self-guided or therapist support options.

- **MyCompass**
  - A free, online interactive self-help CBT service for people with mild to moderate depression, anxiety and stress. It’s also appropriate for people who simply want to build good mental health.

- **MoodGYM**
  - A free, interactive program based on Cognitive-Behavioural Therapy (CBT) and Interpersonal Therapy (IPT) to help prevent and manage symptoms of depression and anxiety.

- **e-Couch**
  - A free, self-help program with modules for depression, generalized anxiety & worry, social anxiety, relationship break down, and loss & grief.

- **Healthy Mind**
  - An Easy Read program to help people with intellectual disability to recognise and regulate thoughts and feelings.

- **ParentWorks**
  - Online program for parents and caregivers providing evidence-based parenting strategies.

- **Centre for Clinical Interventions**
  - Free downloadable self-help workbooks and modules for a range of mental health and wellbeing issues.

### Young People
- **Kids HelpLine** 1800 55 1800
  - 24/7 phone and online counselling for youth (8-25yrs).

- **Niggle**
  - A free app for youth designed as a self-help toolkit for all things related to mental, social and emotional wellbeing.

- **eheadspace**
  - Internet chat, email or phone support for young people (12-25yrs) with a range of issues.

- **ReachOut**
  - Practical tools, support and moderated forums to help youth get through everything from everyday issues to tough times.

- **The BRAVE Program**
  - Prevention, intervention, and treatment of anxiety in young people.

- **BITE BACK**
  - Free online activities, psychoeducation and positive psychology aiming to promote wellbeing and resilience in young people.
Appendix 8: Quotes from training participants

“It’s great to get the practical examples of ways to use the digital resources and tools – really helpful.”  *Psychologist*

“Feel I have learnt a lot of new things and gained enthusiasm to implement”  *School Counsellor*

“It was a great course. The presenters were so good. It was very practical, they got us to do things then and there”  *School Psychologist*

“The way it was presented was very supportive”  *Aboriginal Health Worker*

“I have loved this presentation. I already feel more confident to explore due to how the case studies talked through the process. I loved the coaching and performance principles embed in the use of digital platforms.”  *Psychologist*

“It was a fantastic webinar, the information was terrific, and talk about good timing, I am going to alert my work colleagues to watch this gem”  *Social Worker*

“This was some of the best training I’ve done”  *Aboriginal Health Worker*

“Wow, what perfect timing to reinforce the learning I have self-directed myself to undertake! I am just starting the online modules, and already discovering so much I wasn’t aware of – like these resources for GPs, and the range of digital CBT tools available for patients. I will definitely be making use of these things in practice from now on!”  *GP*

“This is a wonderful webinar with psychologists providing their own pragmatic approaches to introducing and using e-Mental Health into daily practice”  *Psychologist*

“I’ve thoroughly enjoyed and appreciated the modules. I was already recommending eMH to a few patients but wasn’t very confident as I has no actual teaching on how to apply it. I now feel more confident and also can see how to integrate eMH into treatment for mental health consultations. So glad I did this course. It’s brilliant.”  *GP*

Fantastic session, thank you all.”  *Psychologist*

Very insightful and great sharing.”  *Psychologist*

“These resources will be very useful in my work”  *School Counsellor*
Great to have case studies, excellent session.”  *Psychologist*

“Thank you for providing real examples, rather than just theory! This is really insightful.”  *Psychologist*