

Online Stepped Care in General Practice for Adults with Anxiety and Depression

StepCare



The problem:

These illnesses **lower quality of life**, increase the risk of **suicide**, and worsen outcomes of other **physical** and mental health problems.

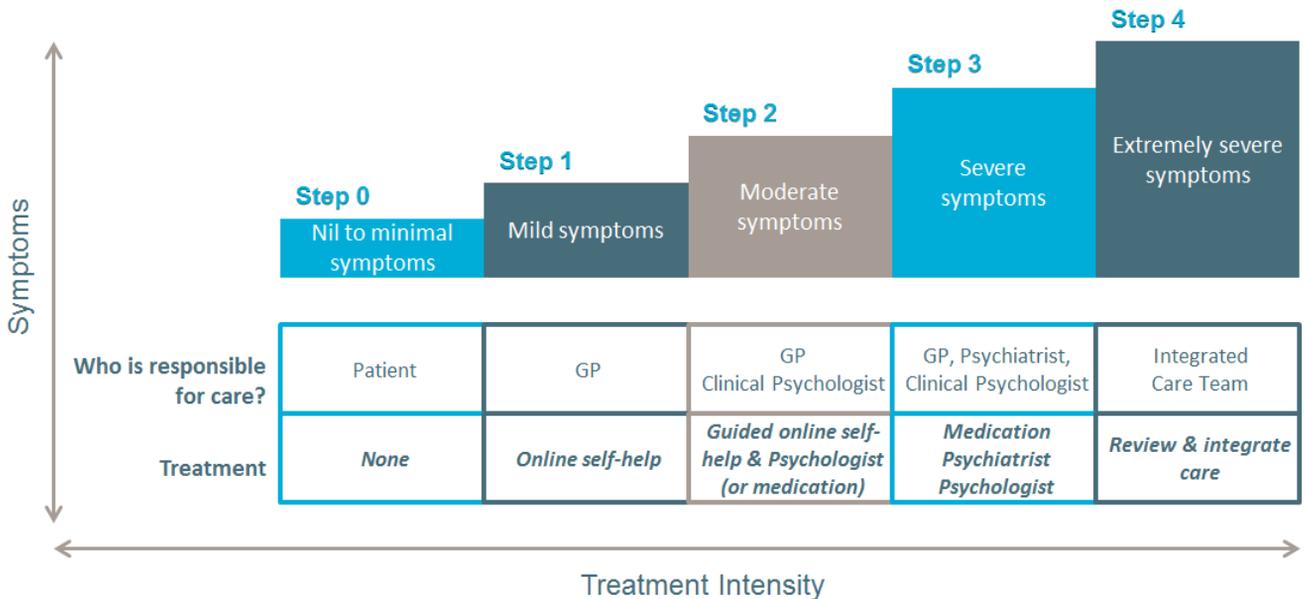


The majority of Australians with anxiety & depression **do not seek treatment.**

A solution:



- ▶ Given that depression and anxiety are among the most common illnesses in primary care, general practitioners are ideally placed to facilitate better mental health outcomes.
- ▶ Stepped care approaches offer a solution to providing accessible, efficient and effective mental health services.



StepCare treatment recommendations

STEP 0 (MINIMAL): feedback to patient and GP but no treatment recommendation or monitoring.

STEP 1 (MILD) Recommendation: Refer to online self-help program

- GP refers patient to automated eMental Health program. Free program tailored to patient's symptoms
- Patient works through eMental Health program at own pace and convenience. Patient is monitored fortnightly
- If symptoms have not improved or deteriorated, GP reviews and steps up patient to Step 2

STEP 2 (MODERATE) Recommendation: Refer to online therapy or psychologist (also consider medication)

- Patient is referred to online therapy (self or clinician guided), or patient receives 5 psychologist sessions initially
- At least fortnightly review by GP is recommended for moderately severe depression
- If no improvement or deterioration, GP reviews & may prescribe another 5 sessions if seeing a psychologist or step up to Step 3

STEP 3 (SEVERE) Recommendation: Prescribe medication & refer to psychologist and/or psychiatrist

- GPs are advised to review patients with severe depression weekly, at least initially
- If symptoms don't improve or deteriorate on a therapeutic dose of antidepressant medication, GP to review

Risk/Deterioration: GPs and patients receive feedback suggesting review with crisis contact details (e.g., 000, lifeline, suicide call back service). GPs can refer to Black Dog Institute's clinics, psychiatrist, tele-psychiatry and/or phone consultation. Or Acute Public Mental Service or Hospital Emergency Department for urgent review and recommendations.

INTEGRATED CARE & GP ROLE: GPs maintain clinical responsibility for the patient throughout the service. GPs refer to their preferred psychologist or psychiatrist and prescribe medication. At assessment and review GPs use clinical expertise to ensure accurate diagnosis and to step up, down and integrate care as indicated by treatments already prescribed, patient preference, previous treatment experience, service accessibility, cost, low social support, treatment outcome, treatment adherence, presence or history of suicidality, psychotic features, cognitive impairment, other disability or comorbid disorders (e.g., PTSD, OCD or substance misuse).

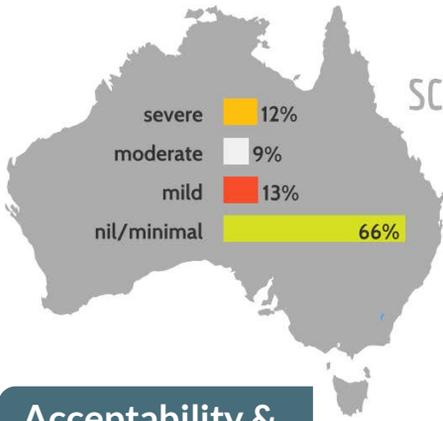
Online therapies

Recommending evidence-based online mental health therapy for patients with **mild and moderate symptoms** is a vital part of stepped care.

- ▶ Benefits: high fidelity, reduced cost, accessibility, convenience
- ▶ Shown to lead to improvements in patient outcomes comparable to face to face therapy
- ▶ Allows more intensive services (e.g. psychologist/psychiatrist sessions) available for those that need it most
- ▶ Research shows that a therapeutic alliance is developed as part of online programs and often people like not dealing with individual clinician's style/personality
- ▶ Offer a more structured best practice manualised approach than some untrained clinicians
- ▶ Can be used in conjunction with medication, psychological therapy or psychiatric consultation

Phase 1 results

SCREENING RESULTS



Figures are in line with national population-wide mental health statistics indicating the service is appropriately implemented as a practice wide screener (rather than targeting certain patients).

DEMOGRAPHICS



Acceptability & Feasibility

How acceptable to you was the service?



93%

'acceptable'

90%

'acceptable' to 'slightly acceptable'

90%

'acceptable'

Do you think the service works well?



87%

'agree' to 'somewhat agree'

90%

'agree' to 'somewhat agree'

70%

'agree' to 'somewhat agree'

Identification & Management

82%

91%

StepCare assists GPs in **identification** and **management** of people with anxiety and depression

Recommended online therapy programs

myCompass

- ▶ RCT has demonstrated significant improvement in symptoms of depression, anxiety and stress and improved work and social functioning persisting for 3 months.

Users

- ▶ There are currently more than 17,000 registered users of the myCompass program, with numbers steadily increasing.

Developed by

- ▶ Black Dog Institute

- ▶ Current projects targeting the effectiveness of myCompass in people at particularly high risk of common mental health problems, including men and people living with diabetes

MindSpot

- ▶ RCT shows On average, people experience at least a 50% reduction in symptoms of anxiety and depression with similar outcomes regardless of age, location (rural versus urban), or ethnicity.
- ▶ 95% of people report that they would refer a friend

Users

- ▶ To date, the MindSpot Clinic has provided services to 40,000 Australians, with about 350 new people each week.
- ▶ Online courses have been found to be clinically effective in more than 45 clinical trials

Developed by

- ▶ Macquarie University

Evidence for e-mental health – general

- Andersson, G., & Hedman, E. (2013). Effectiveness of guided internet-based cognitive behavior therapy in regular clinical settings. *Verhaltenstherapie*, 23(3), 140-148.
- Newby JM, Mackenzie A, Williams AD, McIntyre K, Watts S, Wong N, Andrews G: Internet cognitive behavioural therapy for mixed anxiety and depression: a randomized controlled trial and evidence of effectiveness in primary care. *Psychol Med* 2013; 18:1-14.
- Williams AD, Andrews G: The effectiveness of internet cognitive behavioural therapy (iCBT) for depression in primary care: a quality assurance study. *PLoS One* 2013;8:e57447. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3579844/>

Evidence for MindSpot

- Titov N, Andrews G, Kemp A, Robinson E: Characteristics of adults with anxiety or depression treated at an internet clinic: comparison with a national survey and an outpatient clinic. *PLoS One* 2010b;5:e10885
- Titov N, Andrews G, Davies M, McIntyre K, Robinson E, Solley K: Internet treatment for depression: a randomized controlled trial comparing clinician vs. technician assistance. *PLoS One* 2010a;5:e10939.

Evidence for myCompass

- Proudfoot, J., Clarke, J., Birch, M. R., Whitton, A. E., Parker, G., Manicavasagar, V., & Hadzi-Pavlovic, D. (2013). Impact of a mobile phone and web program on symptom and functional outcomes for people with mild-to-moderate depression, anxiety and stress: a randomised controlled trial. *BMC psychiatry*, 13(1), 312.
- Clarke, J., Proudfoot, J., Birch, M. R., Whitton, A. E., Parker, G., Manicavasagar, V., ... & Hadzi-Pavlovic, D. (2014). Effects of mental health self-efficacy on outcomes of a mobile phone and web intervention for mild-to-moderate depression, anxiety and stress: secondary analysis of a randomised controlled trial. *BMC psychiatry*, 14(1), 272.

Evidence for stepped care models

- van Straten, A., Hill, J., Richards, D. A., & Cuijpers, P. (2015). Stepped care treatment delivery for depression: a systematic review and meta-analysis. *Psychological medicine*, 45(02), 231-246.
- van't Veer-Tazelaar, P., Smit, F., van Hout, H., van Oppen, P., van der Horst, H., Beekman, A., & van Marwijk, H. (2010). Cost-effectiveness of a stepped care intervention to prevent depression and anxiety in late life: randomised trial. *The British Journal of Psychiatry*, 196(4), 319-325.
- van Straten, A., Seekles, W., van't Veer-Tazelaar, N. J., Beekman, A. T., & Cuijpers, P. (2010). Stepped care for depression in primary care: what should be offered and how?. *Medical Journal of Australia*, 192(11), S36.