

## **Successes & challenges in use of the Internet to manage mental health conditions**

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## **Use of the Internet to deliver mental health services**

- **Overview on current status of Internet – based methods for treatment of mental health conditions**
- **Follows earlier review of telemental health**
- **Potential benefits - better access to mental health services, more efficient use of resources**
- **Still uncertainty on**
  - effectiveness, efficiency of Internet approaches
  - how they should best be delivered

## Methods

- **Studies reporting clinical or administrative outcomes for patients/ clients**
- **Literature searches to June 2009**
- **Comparisons of Internet application with alternative approach; non-controlled studies with  $\geq 20$  subjects**
- **Study quality assessed - both study design and study performance**
- **If related studies, details from most recent publication**

## Details considered

- **Judgments if Internet application:**
  - **successful**
  - **suitable for routine use**
- **Type of comparison made**
- **Level of support of clients by health professionals**

## Conditions covered in studies

- Social phobias - 9
- Depression - 9
- Eating disorders - 6
- Alcohol abuse - 5
- Post-traumatic stress - 3
- Schizophrenia - 1

## Quality of reviewed studies

<i>Quality</i>	<i>Confidence in study findings</i>	<i># studies</i>
High	High, no important limitations	5
Good	Some uncertainty	17
Fair - good	Limitations to consider if implementing findings	5
Poor - fair	Substantial limitations, use cautiously	6

## Success of Internet approaches

<i>Condition</i>	<i>Success</i>	<i>Potential success</i>	<i>Unsuccessful</i>
Social phobia	7	1	1
Depression	7	1	1
Eating disorders	2	2	2
Alcohol abuse	4	1	
P. traumatic stress	2	1	
Schizophrenia		1	
<i>Totals</i>	22	7	4

## Qualifications to indications of success

- Not always clear if benefits were clinically significant
- Applications would not necessarily succeed outside context of clinical trial
- Type of comparator
- Length of follow up
- Adherence to the interventions

## Comparators used in studies

<i>Comparator</i>	<i># studies</i>
Wait list, usual care	18
Same intervention, non - Internet	2
Different intervention, non - Internet	3
Second Internet approach	7
No comparator	5

## Length of follow up

- Follow up after treatment short for most studies
- But increasing evidence on longer term outcomes
- Twelve studies had follow up of 6 months, six of these 12 months or longer
- In general, benefits following treatment maintained

## Adherence to treatment

- Poor adherence in many studies, participants not completing treatment
- Reflects nature of study populations rather than use of the Internet:
- *“nothing particularly non-adherent about an Internet intervention per se when delivered in the context of an RCT”* (Christensen et al. 2008)

and

- dropout for open access websites much higher, but also high for FTF health services

## Level of support for study participants

<i>Type of interaction</i>	<i># of studies</i>
Therapist feedback, no FTF contact	10
Minimal therapist interaction by email	7
More extensive interaction with health care professional	6
Instruction on use of website	4
No interaction with the study team	6

## State of play

- **Good quality studies show promise of the Internet for provision of mental health services.**
- **Success in improving access for persons who would otherwise be difficult to reach**
- **Limited information on comparison with alternatives, longer term outcomes, economic aspects**
- **Extent of therapist interaction needs further study**
- **Further work needed in 29 (88%) of applications**

## Other issues

- **Relationship of Internet approaches to other mental health services**
- **How their use and outcomes will be monitored**
- **How they will be supported financially**
- **Selection of appropriate options by those seeking treatment through the Internet**