



E-Mental Health Strategy for Australia

June 2012
Australian Government
Department of Health and Ageing

Australian Government

E-Mental Health Strategy for Australia

Foreword – by Minister Butler

Australia is recognised by many as a leader in treating and caring for people with mental illness, and the Gillard Government has committed to an ambitious package of mental health reforms to further build that reputation. This has included a record \$2.2 billion investment in mental health services, support and care, and a renewed commitment to improvement, transparency and quality in their delivery.

This reform agenda gives us an opportunity and presents us with a challenge: to remain alert and alive to innovative ways to further improve our mental health system. Online mental health services offer such an approach – both as an alternative, and as an adjunct, to face-to-face mental health care. We know that such services can be both popular and effective, especially in the treatment of high prevalence, mild to moderate disorders such as anxiety and depression.

The Australian Government already funds a number of online mental health and telephone crisis support services, and we know that these work well. The power and reach of this Government's National Broadband Network will increasingly bring faster online speeds and a greater range of services, which will in turn support new online treatment options for a growing online audience.

Building on these investments, we are now planning for the next phase of growth with an e-Mental Health Strategy that sets out our vision for the future, and a path to get there.

This Strategy builds on work we have already done to bring services together, and will help to embed e-mental health into the broader primary mental health care system. Over time, we want to see e-mental health entrenched in practitioners' thinking as an appropriate form of treatment. This Strategy will support the development of a mature e-mental health care system, offering high quality services to consumers and carers.

Our touchstones for our e-mental health investments are threefold: access, quality, and integration.

Access to services will be improved by ensuring that people who need help can find services when they need them, regardless of where they live. This includes both existing funded services such as Lifeline and eheadspace, as well as the Government's new Virtual Clinic, which will provide free, real time online or phone counselling with trained counsellors. It is anticipated that the Virtual Clinic will be operational later in 2012.

Quality will be improved by investing in services with a proven track record of delivering clinically appropriate care. Our new e-Mental Health Portal – *mindhealthconnect* – will provide a gateway for consumers and carers to improve access to quality services and information that they can trust.

Integration of services will be improved by offering complementary treatment and support both on- and offline. Over time, as the Personally Controlled Electronic Health (eHealth) Record system rolls out, it will help to further enhance the integration of care for people with mental illness and assist to empower consumers through improved access to information about their care.

In order to achieve these goals, we must also continue to promote e-mental health services amongst consumers, carers and families, and to the broader health workforce. Alongside *mindhealthconnect*, we will also establish a new e-mental health support service to work with health professionals in building strong referral pathways between online and offline services.

This Strategy represents the beginning of a new chapter in Australia's e-mental health system. Building on our strengths, it will help Australia develop accessible, high quality, innovative and effective online and telephone services for people experiencing mental health problems. Simply put, our aim is to deliver appropriate and high quality care seamlessly and conveniently throughout Australia.

The Hon Mark Butler MP
Minister for Mental Health and Ageing
Minister for Social Inclusion
Minister Assisting the Prime Minister for Mental Health Reform

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E-Mental Health Strategy for Australia

Part One – Why have a strategy?

The Australian Government, through this Strategy, is moving from funding a small number of proven and successful online mental health and telephone crisis support services, to a respected, evidence based, accessible, professionally recognised and integrated e-mental health service environment.

Research in Australia and internationally shows that outcomes for those who participate in online therapies are broadly comparable to those of face to face services using similar treatment techniques. E-mental health services are accessible, allowing people to access these services at a time and place that is convenient to them, and offer an effective alternative to conventional treatments for people who live in areas with limited services, have difficulty with transport or are reluctant to engage with face to face services.

Underpinning this expansion is the current investment that has been undertaken by the Australian Government through a number of e-mental health services under the *Telephone Counselling, Self Help and Web-based Support Programme*, which commenced in 2006. This program has demonstrated the value of e-mental health services and provided insight into service gaps and future opportunities for the continued development of online and telephone services.

Consumers currently seeking online mental health assistance have little guidance in knowing where to look for and identifying proven and effective services, appropriate for their needs. The Australian Government recognises that access to appropriate services and the opportunity to engage professional, online and telephone support is essential to assist people with mental health disorders. The investments being made in support of this Strategy will improve access to e-mental health services.

This E-Mental Health Strategy for Australia will also provide guidance on the investment and development of online health services, leading to the establishment of online services as an integral part of the primary mental health care system and the growth of our new e-mental health sector. Consumers, carers, policy makers, health practitioners, researchers and the wider community will find the information outlined in this Strategy useful – particularly in its background about existing e-mental health services and the future plans for improving access to online services, continued investment in the innovation of new services and planned linkages with the traditional health care system.

Part Two – Background and vision

Mental Health in Australia¹

Approximately 17.2 per cent or 3.8 million Australians are estimated to be affected by mental illness in any one year – meaning that they experience symptoms at diagnostic levels, for either brief or extended periods. This estimate excludes dementia and alcohol/drug-related disorders, except where these are concurrent with a mental disorder. The figure rises to about 20 per cent, or 4.4 million people, when alcohol and drug-related conditions are included.

A further 15 per cent of the population have experienced a mental disorder previously in their lives but not had symptoms over the past 12 months at a level that would warrant a formal diagnosis. In total, approximately one in three (32 per cent) of Australians will experience a mental illness during their lives. When alcohol and drug use disorders are included, this figure rises to 45 per cent of the population.

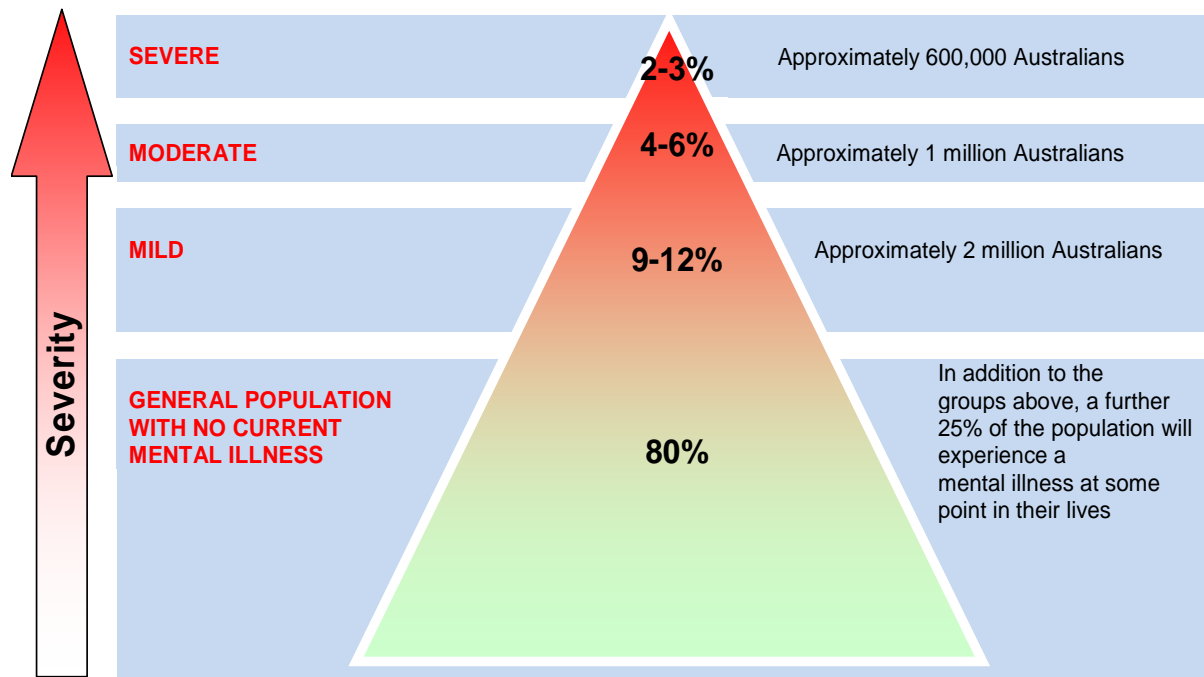
Anxiety disorders and depression are the most common disorders, affecting approximately 9 per cent and 7 per cent, respectively, of the adult population each year. Collectively referred to as ‘high prevalence’ illnesses, these disorders include diverse conditions (for example, post traumatic stress disorder, panic disorder, agoraphobia, obsessive compulsive disorder and depression), with differing treatment requirements and outcomes. It is these disorders, in mild to moderate severity, that the evidence shows can be effectively treated through online programs.

Mental illness also includes other less common or ‘low prevalence’ conditions such as schizophrenia and bipolar disorder. Together, these two disorders affect approximately 1 per cent of the adult population in any one year, and 2 per cent over the course of a lifetime. Prevalence rates vary across the lifespan and are highest in the early adult years, the period during which people are usually completing education, establishing families and independent working lives.

The diagram below summarises the national picture of prevalence of mental disorders in the population showing the splits by severity levels.

¹ Information Paper 1: Clinical Categorisation of Mental Illness, Department of Health and Ageing November 2011.

12-month prevalence estimates of mental illness in the population by severity level, based on diagnosis, disability and chronicity



Source: COAG National Action Plan on Mental Health 2006-2011 Third progress report June 2011.

Overview of E-Mental Health

As technological efficiency develops, we increasingly conduct our business over the telephone or online. We do this because it is efficient and convenient. In recent years, these benefits have been transferred to the health sector with many medical and general health services now conducted through digital platforms such as internet and mobile based services. Health services for people with mental health disorders have increasingly expanded into online environments leading to the development of formal e-health services.

E-health services provide treatment and support to people with mental health disorders through telephone, mobile phone, computer and online applications, and can range from the provision of information, peer support services, virtual applications and games, through to real time interaction with trained clinicians. The treatment of mental health disorders through traditional techniques such as cognitive behavioural therapy has been shown to be effective in an online environment for high prevalence conditions.

In 2006, the Australian Government invested in e-mental health support through the development of a number of projects funded by the Australian Government under the *Telephone Counselling, Self Help and Web-based Support Programme*. Australia's universities, the non-government sector and the private sector, to a lesser extent, have been trialling e-mental health services. A list of the primary e-mental health projects funded by the Australian Government is at [Appendix A](#).

A recent review of the *Telephone Counselling, Self Help and Web-based Support Programme* has confirmed the value and importance of e-mental health. Early work in e-mental health by a group of Australian academics and non-government sector leaders, has strongly advocated for a structured approach to the development of this new e-mental health sector. The *E-Mental Health: A 2020 Vision and Strategy for Australia*² identifies many of the key components of a fully developed e-mental health system.

Given the importance of the e-mental health sector and the range of stakeholders with an interest in its successful development, the Government has established an E-Mental Health Expert Advisory Committee. The Committee provides advice to the Department of Health and Ageing on the design and development of a national e-mental health portal and this Strategy. The Committee comprises experts involved with existing e-mental health services, including some of the authors of the “2020 Vision” paper and consumer and carer representatives. The membership of the Committee is at [Appendix B](#).

The Government’s E-Mental Health Strategy for Australia builds on work already undertaken in the area of online mental health services and sets out key elements of the Australian Government’s approach to future planning and development of these services. Improved e-mental health services lead to improved mental health outcomes. Through the scaling up of existing services and the utilisation of new technologies, a mature e-mental health system can be developed, offering high quality services to consumers and carers in a timely and efficient fashion, integrated into the broader primary health care system.

The e-mental health system will also be closely integrated with wider health services, including Personally Controlled Electronic Health Records. As a consumer-centred system, responsive to input from users, the e-mental health system will be adaptive and innovative and ensure that the support and well-being of consumers remains a priority. Taking advantage of the National Broadband Network and the convergence of various platforms (fixed line, mobile and wireless), to deliver a multifaceted service, the e-mental health system will also include provision to monitor and provide feedback on the usefulness of this Strategy to consumers.

Strategic Context

The Australian Government has embarked on a planned approach to improving access to services in e-mental health with a view to increasing availability in the community. The Government is committed to ensuring that evidence based, e-mental health services are available for people with a mental health disorder. It is essential that consumers are assured of the capacity of online and telephone e-mental health services to maintain confidentiality and offer a secure, therapeutic environment while providing an opportunity for consumers to share information with other treating professionals as needed. It is also important that these services are linked with the wider health services available in the community, that health workers involved in providing face-to-face health services are aware of and are trained to work alongside online services, and that training is given to health providers working within these online services.

² E-Mental Health: A 2020 Vision and Strategy for Australia, available at: http://www.ehub.anu.edu.au/pdf/Emental_Health_2020_Vision_and_Strategy_for_Australia.pdf

The value of e-mental health – Who is it for?

E-mental health services are aimed at people experiencing mild to moderate symptoms of mental illness, particularly those who are experiencing stress, anxiety or depression. Research shows that e-mental health interventions are effective for this group of people. E-mental health services are designed to complement, rather than replace established mental health services. Many consumers will continue to receive support through traditional clinician led services, and online services users who are identified as requiring a higher level of support will be directed to appropriate face-to-face services.

E-mental health provides a platform to reach people experiencing mental illness and has the potential to address the low take-up rate in mental health. It is estimated that, even with improvements in access resulting from the *Better Access* initiative, only about 46 per cent of people with a mental health disorder accessed treatment in 2010.³

The major advantage of e-mental health services for those who do not require a clinician or real time help is convenience. People can access services from home at a time that is suitable for them. There is no need to take time off work or other commitments. Furthermore, the potentially anonymous nature of online services, and the high household use of the internet in Australia, makes e-mental health options ideal for people who would rather access services at a distance, or who are reluctant to use face-to-face mental health services for reasons of stigma or preference.

It is also particularly advantageous for those who have transport difficulties, who live in more remote locations or experience social isolation. In addition, research studies suggest that the outcomes for those who participate in online cognitive behavioural therapy are comparable to outcomes from face to face services using the same approach particularly for the high prevalence disorders such as anxiety and depression.⁴

Importantly, e-mental health is cost-effective and can reduce some of the workforce issues that are faced in training a workforce that has been limited to face-to-face methods of delivery. Consumers can be assisted through this low cost but effective mechanism. As it can be used in a “stepped” approach, it can facilitate access for those who have more complex or immediate needs for whom more intensive face-to-face services may be appropriate. E-mental health is expected to form an additional layer of service in the health system. It will be the first point of contact for many and will respond to low to medium intensity needs which might otherwise be the concern of face-to-face services. This will complement existing mental health services by freeing up clinician resources to focus on assisting those with high intensity needs.

³ National Mental Health Reform 2011-12: Strengthening primary mental health care services at: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/nmhr11-12~nmhr11-12-priorities~Strengthening>

⁴ See, for example, Andrews G and Titov N, “Is internet treatment for depressive and anxiety disorders ready for prime time?” 2010 Medical Journal of Australia Supplement 7 June 2010 Volume 192 Number 11 S45-S52

Health Reform Agenda

E-mental health services operate in a wider health system which itself is undergoing change. The National Health Reform Agreement 2011 provides for a range of important reforms in public hospital funding and a strengthened primary health care system, including expansion of Medicare Locals. The Government is also committed to significant further investment under National Mental Health Reform in the 2011-12 Budget. This provides additional services for people with complex needs, further support for employment participation for people with mental illness and additional services for family mental health support and for youth mental health centres (**headspace**) among other investments.

The Australian Government's plan to develop the e-mental health sector will take account of these changes. In particular, e-mental health needs to be closely integrated with new and expanded primary care and specialist mental health services, as well as with the existing network of providers who come in contact with people experiencing mental illness, such as general practitioners and psychologists, not-for-profit mental health and substance abuse services, and homeless support service providers. Establishing links in these areas will ensure that e-mental health is entrenched in health professionals' thinking so that they refer consumers to e-mental health services where appropriate. It will also mean that people who are using e-mental health services can readily find their way to the face-to-face services they need, when they need them.

In planning the future of e-mental health, there are also opportunities to anticipate the convergence of other electronic technologies and e-services. Important developments in this area include electronic health records and the National Broadband Network.

Personally Controlled Electronic Health Records are expected to be implemented progressively from 2012-13 and be available for those Australians who choose to opt in. This initiative will build on the introduction of the Individual Health Care Identifiers measure which will provide every Australian with a 16-digit electronic health number. Personally controlled electronic health records will include summaries of consumers' health information including medications, immunisations and medical test results, and will provide secure access for consumers and health care providers.

It will be important for e-mental health services to plan for the implementation of electronic health records in the design of services so as to allow for easy transfer of mental health information to electronic health records, should that be agreed in the future. E-health services also offer the opportunity to provide information on online mental health service outcomes for consumers and government. Designed well, and with appropriate safeguards concerning the privacy of personal information, information about the effectiveness of services can be collected as part of service delivery.

The National Broadband Network, as it is rolled out across the country, will provide fast and reliable services that will support existing e-mental health services. These services include online chat or web counselling - that is, real time, text-based conversation with a worker associated with the e-mental health service, as well as automated interactive programs that are tailored to individuals. Voice interaction will also be available, but video counselling will initially be limited. Fast and reliable broadband will make it easier to offer higher level services where these are found to be useful: including real-time video conferencing with a mental health clinician should a consumer require this kind of assistance.

Building Blocks for e-Mental Health Services

In Australia the e-mental health system has developed within a research framework which has led to variations in the way services have evolved. As a result, important online building blocks such as user privacy and the security of personal information have been developed inconsistently. A well developed e-mental health system requires the establishment of agreed standards for user privacy and security of personal information which must also be compatible with wider developments in e-health. This involves leveraging the work undertaken by the National E-Health Transition Authority regarding overall security and access principles for e-health. Further to this, there is an opportunity to plan for future inter-operability with the personally controlled electronic health records system, giving consumers the opportunity to include e-mental health service interactions on their personal health records.

Quality and safety are related to issues of privacy and security. Users of any health service need to be assured that services adhere to basic standards of quality and safety and users of e-mental health services are no different. Within the current community of practice there have been calls for guidelines to be developed and a reference group to be established to review and ratify online services. A quality assurance framework to address these issues is essential for e-mental health services.

Vision and Future Direction

It is expected that e-mental health services will play an increasingly significant role in mental health care in Australia. E-mental health services are uniquely placed to reach those people who are currently not accessing services, overcoming issues of distance, cost and stigma. It is expected that e-mental health will make a major contribution by utilising evidence-based online interventions and complement face-to-face services to improve health outcomes.

To achieve this purpose, there will need to be a vibrant e-mental health community of practitioners and availability of access for consumers and carers, to high quality, trusted services. It is envisioned that with investment, these services will evolve and grow in concert with emerging communications technologies.

A successful and mature e-mental health system will also need to be supported by structures designed to promote good governance, marketing, training, research, quality assurance and the integration of e-mental health within the primary health care sector. This also requires investment.

Part Three - Key areas for action

The Australian Government has invested \$70.4 million to date in developing and funding telephone crisis and e-mental health services over the last 6 years from 2006-07 to 30 June 2012. This investment has given rise to several online automated therapies and phone services, supported by research, and has proven to be effective therapy for those with low to mild severity, high prevalence disorders and those experiencing psychosocial distress.

The Government will invest a further \$110.4 million over the next 4 years 2012-13 to 2015-16, to build a mature online mental health care environment. This investment is in addition to that already being provided for the youth specific online mental health service through **ehespace**. This service is already operational and is popular with young people who are comfortable with using new technology.

This investment, inline with the objectives of the Strategy, will introduce new features to the online mental health care sector from 2012-13. These activities will improve consumer access to evidence based services and support, provide a greater range of service options in the online environment, and provide further guidance to the future development of the online e-mental health environment.

Youth-focused telephone and online counselling service

The youth-focused telephone and online counselling service is intended to enable young people aged 12-25 to access e-mental health services that are specifically designed for their needs and ways of communicating. This service will be linked to the national e-mental health portal. The **ehespace** National Youth Mental Health Foundation was selected by tender to set up and run this service and operations commenced in 2011. The Government has provided \$12.3 million from 2010-11 to 2013-14 for this youth specific on line service. The youth-focused telephone and online counselling service, called **ehespace**, can be contacted at: <http://www.ehespace.org.au/> or on: **1800 650 890**.

Improving Access and Services

The E-Mental Health Portal

The first of these new features will be the establishment of an e-mental health portal – an Australian first in the field of online health services. The portal will provide accessible pathways for consumers and carers to navigate and use the online services they need.

The portal is central to the success of this Strategy as it will bring together, in one site, reliable information and access to a range of evidence based mental health support and therapy services.

The Australian Government will invest \$12 million in funds already provided to the National Health Call Centre Network for mental health activities, to build and operate the e-mental health portal. The Government has also allocated \$14.4 million to an online mental health portal in the 2011 Budget. This funding will be allocated to improve the range of services available through the portal and the promotion of linkages between the portal services with more traditional mental health services.

The portal is currently under development, with design specifications informed by the E-Mental Health Expert Advisory Committee, and it is anticipated that the first stage will be operational in July 2012, with further functionality and additional services being added over the next year.

E-Mental Health Portal

The national e-mental health portal will be established to provide a visible, signposted, online gateway to a suite of self-directed support, mental health information, and low-intensity services. The portal will be a point of referral for the use of general practitioners, carers, service providers and organisations such as Lifeline, as well as for self-referring individuals. The portal will:

- provide information and resource material concerning mental health;
- provide a guided search tool to assess a person's mental health needs and provide information and referral to further on-line assistance;
- provide links to a variety of self help online programs;
- provide an additional avenue to traditional face-to-face services should individuals making inquiries through the portal require or prefer this approach; and
- allow for ongoing consumer feedback.

The portal will be operational by mid 2012.

User Access

The establishment of the e-mental health portal will provide Australian consumers and health professionals with an authoritative source of trusted information and access to evidence based, automated, online and crisis support services.

While the portal will assist consumers by providing a gateway to evidence based services, consumers and carers will also be able to access these services through self referral directly to one of the e-mental health services or by referral from another health provider, such as a general practitioner or psychologist, to either the e-mental health portal or directly to a specific e-mental health service.

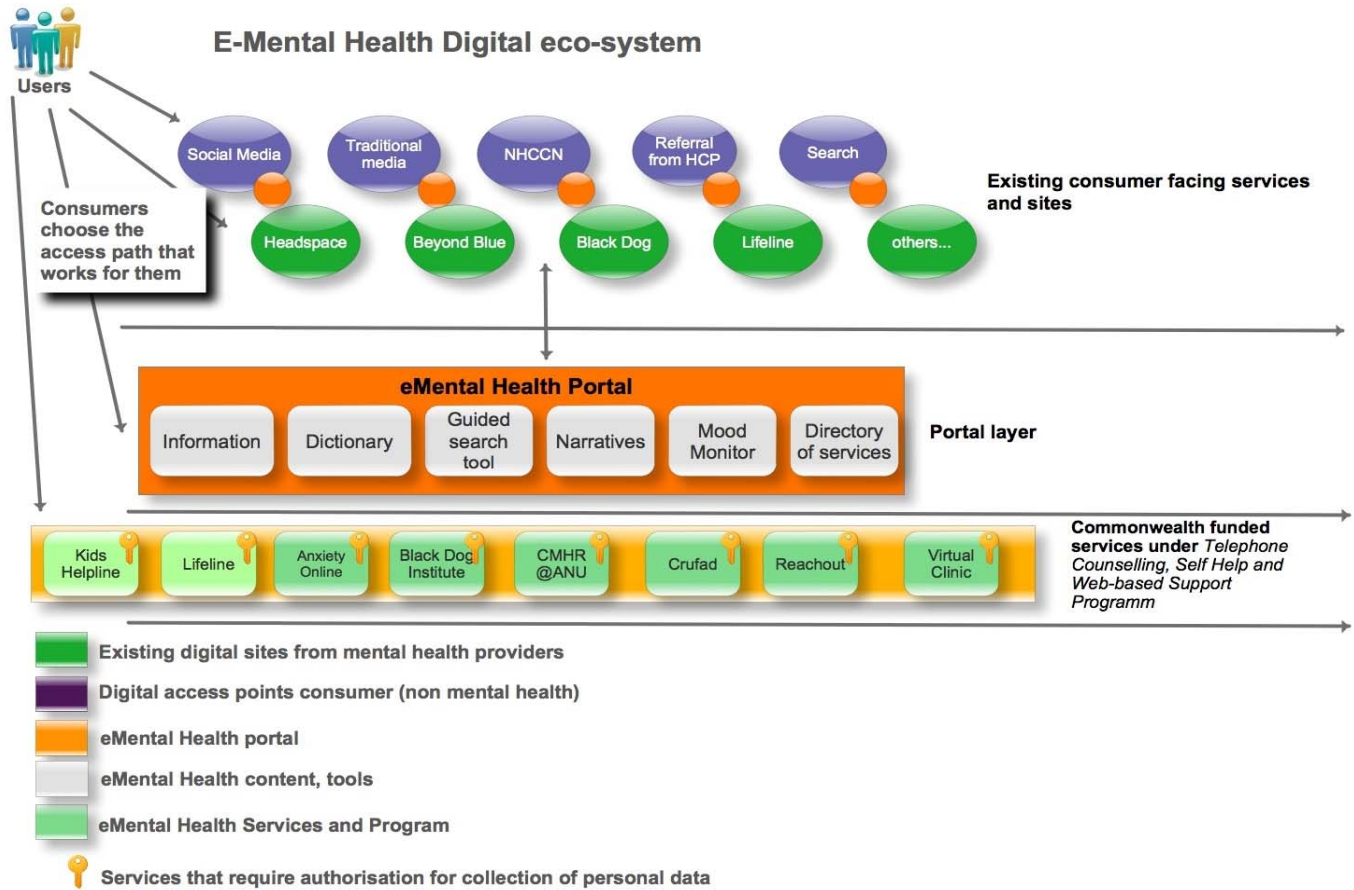
Information for Consumers and Carers

Information about mental health and e-mental health services will be available on the e-mental health portal. There will be four key components of the portal information services:

- (1) Information which promotes a greater understanding of mental health, its dimensions and the value of early intervention.
- (2) An overview of mental illness, including information about diagnoses and treatment.
- (3) An e-mental health overview including: how it works, the evidence of the success of cognitive behavioural therapy (and other therapies which are shown to be effective) , the advantage of e-mental health in empowering consumers, and the nature of stepped services.
- (4) Overview of services in the portal and how to access them.

The portal will include a guided search tool which will provide feedback to users on the best online service options available to them.

Individual users will find their way to the portal and then to services linked to the portal as demonstrated in the diagram below.



More e-mental health services – the Virtual Clinic

The Government has allocated approximately \$20 million from 2011-12 to 2013-14 to the establishment of a Virtual Clinic. This Clinic will provide another therapy option for people looking for online or phone counselling. At present the Government’s investment in mental health has provided several services which provide automated cognitive behavioural therapy (CBT). The Virtual Clinic will provide real-time online counselling or phone counselling with a trained CBT counsellor.

The Virtual Clinic will provide a stepped care approach which allows an individual to begin therapy with the Virtual Clinic and be referred to other mental health care services if needed. The Virtual Clinic will provide free counselling, at an arranged time and it will allow consumers to work with the same counsellor if they wish.

Virtual Clinic

The national online counselling service (Virtual Clinic) will assist people with mild to moderate symptoms of mental illness. The Virtual Clinic will be linked to the national e-mental health portal and will have the capacity to respond to up to 50,000 people over five years with its current level of funding. As a 'stepped service' it will provide access to services that match the level of need so a consumer can step up from low intensity (self directed) services to one on one clinician support if required. The Virtual Clinic will be delivered by a provider through a select open tender process and will commence in the second half of 2012.

The Clinic is designed for those with mild to moderate anxiety, depression or related disorders. It is anticipated that people using the service will require between 3- 5 sessions to be effectively assisted. The Clinic will assess consumer's needs on their first visit and gauge what level of care they might need.

This new Clinic will provide Australians with access to counselling services without the need to travel, reducing the time and costs for care.

More online mental health support services

The Australian Government has allocated \$38.6 million through the *Telephone Counselling, Self Help and Web-based Support Programme* from 2012-13 to 2014-15 for the provision of online mental health and crisis support programs. Through this program, the Government will continue with the projects already providing crisis support and online e-mental health therapy (see [Appendix A](#)) and will expand and diversify the range of services funded through this program with a new grant funding round to be finalised in mid 2012-13.

Services currently funded under the *Telephone Counselling, Self-help and web-based support Programme* will form the first services available through the new e-mental health portal when it goes live in mid 2012.

E-Mental Health Support Service

The Australian Government will establish an E-Mental Health Support Service to work with traditional primary health care providers to promote online services and develop strong linkages between the two sectors. The service will also provide practical support in building the e-mental health environment, through advice on effective programs and on operating secure and effective mental health support in an online environment. The service will also have a role in supporting health professionals using these online services and provide training where appropriate.

The E-Mental Health Support Service will play a key role in the development and expansion of the e-mental health sector. It will have a range of responsibilities, including but not limited to:

- clinician support, including promotion of e-mental health services to health professionals, and workforce training including support for Indigenous mental health workers;
- establishment of referral pathways from traditional primary health care services to the e-mental health service environment and vice versa; and
- advice on quality assurance standards in the online environment.

E-Mental Health Support Service

The E-Mental Health Support Service will provide a range of support services in areas that cover the following: engagement of general practitioners and allied health professionals; the use of relevant technologies; workforce training; advice on quality assurance and new innovations in this field. It will also be expected to establish close links with a wide range of other relevant e-health organisations. The E-Mental Health Support Service will be managed by a provider to be selected by an open tender process and will commence in late 2012.

Enlisting the support of health professionals

Crucial to the success of e-mental health services will be the participation of medical and allied health professionals working in primary care services. Their participation in making appropriate referrals and in providing follow-up services to those who have come through e-mental health services will affect both level of take-up and the effectiveness of these services. A key to their participation will be the way e-mental health services are integrated with mainstream health services, particularly general practice, and this is more than simply educating health professionals about the value of e-mental health.

General practitioners and allied mental health workers already have an important role to play in responding to mental health issues through the Better Access initiative and the Access to Allied Psychological Services program. In this context, there will need to be clear processes that integrate e-mental health services with general practice and other health services designed for people with mental illness. The E-Mental Health Support Service will lead this work.

Workforce training

The service will develop and provide online mental health training for health professionals working with Aboriginal and Torres Strait Islander peoples as one of its first priorities.

In the longer term, the service will provide advice on what basic training is required for all mental health professionals in their undergraduate training. It will also examine what specialist skills in cognitive behavioural therapy are required for workers who provide clinical support to online counselling services. Advice will also be provided on supply of appropriately qualified clinicians and if specialised training needs to be put in place to meet demand for these services as they grow.

Improving quality assurance

Quality assurance will be an important aspect of support for clinicians and consumers engaged with e-mental health services. An e-mental health quality assurance framework will need to reference other quality assurance arrangements in the health system but there are a number of issues that relate specifically to the electronic environment, including privacy and security of personal information. Standards of practice will need to be developed in these areas and others crucial to the effectiveness of e-mental health services, such as the way stepped services are provided, safety net arrangements for people who need immediate intervention and referral protocols. The E-Mental Health Support Service will provide advice on mechanisms for quality assurance across services delivered online and work with other government agencies which have responsibilities in this area.

The Australian Government will allocate funds for the Support Service from the 2011-12 Budget measure that involves the establishment of the Single Online Mental Health Portal.

Promotion of the E-Mental Health Service Environment

A marketing strategy will be developed to ensure entry points and pathways through the e-mental health system are known to consumers and carers, and key health professionals in the primary health system. Targeted and consistent messages about the effectiveness of e-mental health will also be developed and broadcast.

The existing online mental health services are generally not well signposted. Engaging with consumers, carers and the wider community of potential users will therefore involve a focus on publicising e-mental health services and ensuring there are a range of places where people can find information on e-mental health and gain access to services. This will require a national approach and development of a range of strategies, including consistent badging, support of e-mental health ‘champions’, promotion of positive media stories and creation of information material that consumers will be able to find at key mental health gateways. The Government will invest in a marketing strategy for this new online environment.

The Future

A particular strength of the e-mental health system, as it has grown in Australia, is that it is largely research-based. A number of the existing services are associated with Australian universities and have been established with a research focus in mind. With the maturing of the e-mental health system as foreshadowed in this Strategy, there will be a need to take a whole system view about its effectiveness. The development of a system wide evaluation framework through advice from the E-Mental Health Support Service will be an important component of the evaluation of the Strategy.

There is still much to learn about how e-mental health services can be developed and promoted to assist as many people as possible. For example, it is not clear whether the balance of existing services is optimal in terms of their target groups and target disorders. It is difficult to assess whether there are gaps in current service provision. Similarly, there is a lack of sufficient evidence to indicate whether existing services are meeting a full spectrum of need from the provision of information to voice and video interaction with a health worker/professional.

Further new systems such as the National Broadband Network are going to give rise to new functionality which will make other interventions for mental health care possible. New technologies will need to be explored and developed as we move into the next decade.

The challenges engaging with some hard-to-reach population groups with new technology will also be an area that will need future attention and investment.

The Australian Government has made a record commitment to improving our mental health care services and this Strategy is one example of the innovative ways that we can work together to improve access to effective mental health care.

Appendix A. Primary E-Mental Health Services in Australia

[excluding websites that offer static information and/or telephone counselling and do not include interactive services]

Website details	Target client group	Range of disorders addressed	Type of service
<p>Anxiety Online http://www.anxietyonline.org.au/ [Swinburne University of Technology]</p>	<p>People of all ages [Also offers a clinician resources section]</p>	<ul style="list-style-type: none"> - Generalised anxiety disorder - Social anxiety disorder - Obsessive compulsive disorder - Post-traumatic stress disorder - Panic disorder 	<ul style="list-style-type: none"> - Information about anxiety disorders - Self administered assessment and diagnosis - Treatment programs, both self help and therapist assisted (for people with moderate to severe symptoms and at low cost)
<p>Beyondblue http://www.beyondblue.org.au *this project is funded under the National Depression Initiative.</p>	<p>People of all ages</p>	<ul style="list-style-type: none"> - Depression, anxiety and related disorders - Post-natal Depression 	<ul style="list-style-type: none"> - Providing information for people living with depression, anxiety and related disorders, and their carers on effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers. - A key goal of raising community awareness about depression and anxiety, and reducing stigma associated with the illness.

<p>Black Dog Institute http://www.blackdoginstitute.org.au/ [Attached to the Prince of Wales Hospital and affiliated with the University of New South Wales]</p>	<p>People of all ages</p>	<p>Depression Bipolar Disorder Anxiety Stress Wellbeing</p>	<ul style="list-style-type: none"> - 'myCompass' – mobile phone and computer self-monitoring and self-management program for people with moderate stress, anxiety and depression. - 'Biteback' - interactive environment for young people to improve their wellbeing and build community networks. - Information on depression and bipolar disorders and information about when and where to seek help - Self testing tools for depression, bipolar disorder and depression in pregnancy -Mood Assessment Program (online) –via referral
<p>Centre for Mental Health Research http://cmhr.anu.edu.au/ [ANU]</p>	<p>People of all ages</p>	<p>Depression, anxiety and generalised personal stresses such as relationship breakdown, loss and grief</p>	<ul style="list-style-type: none"> - e-couch (self help interactive program) directed at depression, anxiety and related disorders - MoodGym (self directed online modules using cognitive based therapy) - Bluepages (information/resources, includes 'quiz' to test for depression) - Blueboard (online community) - Beacon (portal to online mental and physical health applications rated by experts)

<p>Crufad http://www.crufad.com/ [St Vincent's Hospital/University of NSW] [Crufad previously called Climate Mental Health]</p>	<p>People of all ages, with specialist services for adults [Also offers a clinician resources section]</p>	<p>Anxiety and depressive disorders</p>	<ul style="list-style-type: none"> - Self guided clinic (involves online course and offline exercises) - Virtual clinic (involves online sessions and homework for a range of issues). Clinicians involved in monitoring progress - Specialist clinic for adults with anxiety disorders (online and face-to-face small groups)
<p>GP Care http://www.crufad.org/index.php/clinician-services/gpcare [Clinician component of Crufad]</p>			
<p>headspace http://www.headspace.org.au/ Phone number for services: 1800 650 890 [National Youth Mental Health Foundation]</p> <p>*this project is funded under a 2010-11 Budget measure - <i>National Health and Hospitals Network – Mental Health – more youth friendly mental health services.</i></p>	<p>Young people aged 12-25</p>	<p>Broadly based personal stresses, not specific mental health disorders. Focus on mental health and wellbeing</p>	<p>Non-crisis online and telephone mental health support and counselling. The service provides assisted referrals to traditional services (headspace centres, other face to face services, other online services, crisis services such as Kids Helpline and LifeLine) as well as offering support to navigate the mental health system.</p>

<p><i>Kids Helpline</i> http://www.kidshelp.com.au/teens/ [Boystown]</p>	<p>Young people aged 5-25</p>	<p>Broadly based personal stresses, not specific mental health disorders</p>	<ul style="list-style-type: none"> -Phone counselling -Web counselling (real time live chat) - Email counselling - Web forums
<p><i>Lifeline Australia</i> http://www.lifeline.org.au/ Phone number for services: 131114</p>	<p>Crisis support for people of all ages</p>	<p>Broadly based – suicide prevention and related issues</p>	<ul style="list-style-type: none"> - Information services through the Mental Health Resource Centre - Directory of services - Telephone counselling/crisis support [Supported by trial of email and sms] - Links to other sites, including online counselling sites (based on topics of interest)
<p><i>Reachout</i> http://au.reachout.com/ [Inspire Foundation]</p>	<p>Young people aged 14-25</p>	<p>Generic mental health issues</p>	<ul style="list-style-type: none"> - Information on a range of mental health issues - Self-guided matching of information with individual circumstances - Online access to community forum and blog

Appendix B

Membership of the E-Mental Health Expert Advisory Committee

Ms Sue Campion A/g First Assistant Secretary Mental Health and Drug Treatment Division (Chair).

Professor Helen Christensen, Director Black Dog Institute

Associate Professor Judy Proudfoot, e-health Director of the Black Dog Institute

Professor Gavin Andrews, Director of the University of New South Wales School of Psychiatry at St Vincent's Hospital;

Associate Professor Jane Burns, Co-operative Research Centre for Young People, Technology and Wellbeing Project.

Mr Clinton Schultz, Australian Indigenous Psychologists Association,

Associate Professor James Bennett-Levy, University of Sydney and Southern Cross University,

Dr Maggie Jamieson, CEO of Lifeline

Ms Clare Shann, Deputy CEO Beyondblue

Ms Margaret Springgay, carer representative from the Mental Health Council of Australia

Mr Evan Bichara, consumer representative from Mental Health Council of Australia