University of Southern Queensland

Digital models of care for child and adolescent anxiety

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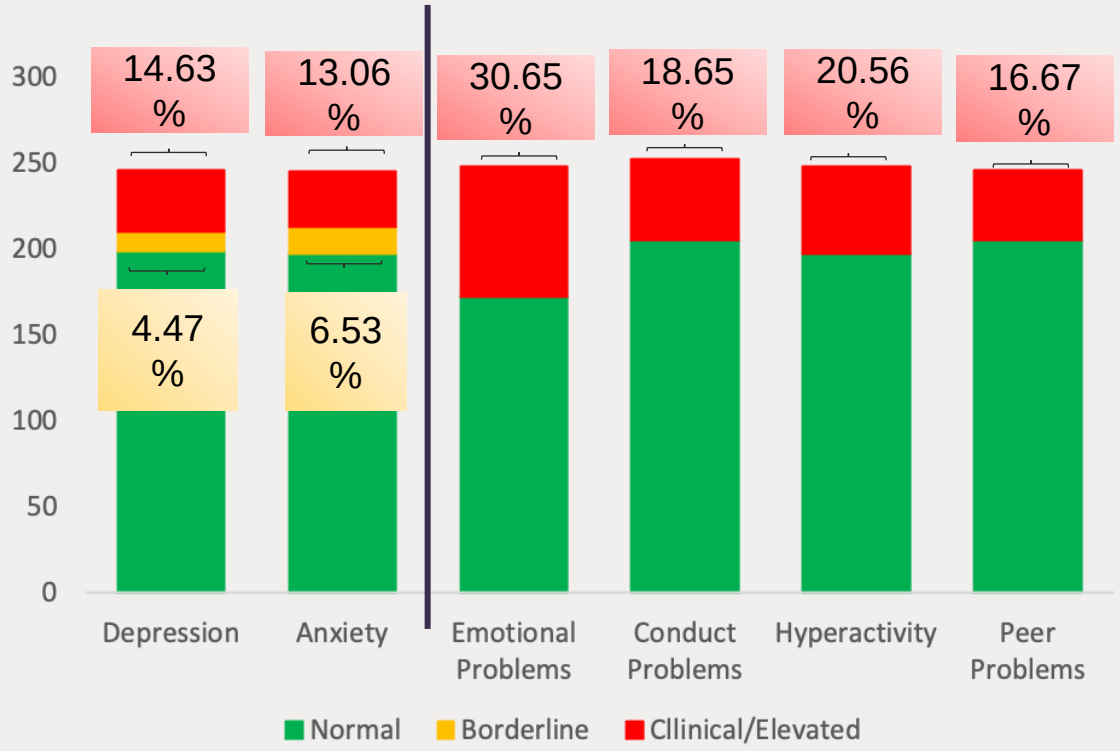
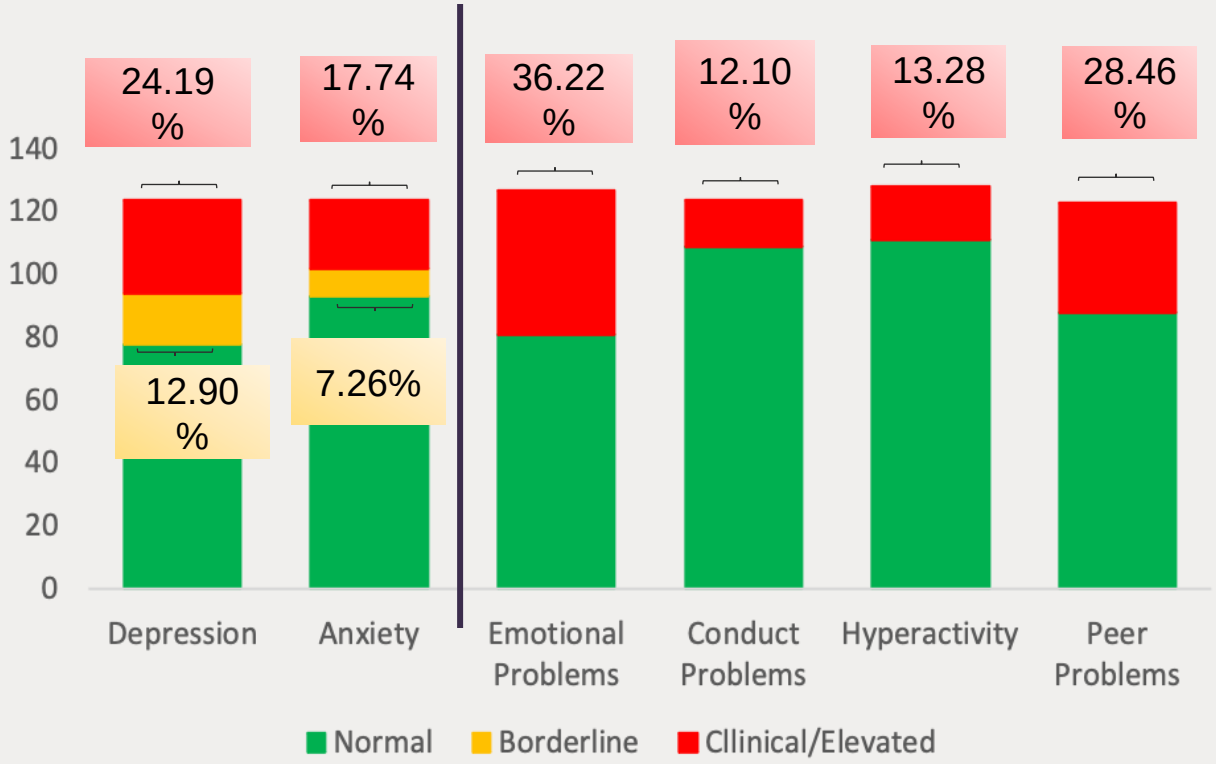
The University of Southern Queensland acknowledges the First Nations of southern Queensland and their ongoing connection to Country, lands, and waterways. Further, we recognise Aboriginal and Torres Strait Islander peoples as the first educators and researchers of Australia. We pay deep respect to Elders past and present.

Mental Health in Young People

- 1 in 7 (13.9%) 4-17 year olds had mental disorder in last 12 months
- Anxiety – 7.9%
- Depression – 2.8%



Children (Primary School Age)



Adolescents (High School Age)

The case for technology

1. Only 56% of young people with mental disorders report using services in previous 12 mths
2. Only 2.2% access specialist child and adolescent mental health care
3. Digital and low-intensity services are recommended by govt to ensure access to care in a timely manner
4. Evidence base growing internationally

20 years of research

Innovative Mental Health Solutions

1. Co-designing digital assessments and treatment programs aimed at increasing accessibility and overcoming health inequity
2. Establishing an evidence-base in variety of contexts
3. Extending, refining and enhancing: establish multiple models of care
4. Dissemination and working towards integration into routine health service delivery / community contexts

Context and environment matters

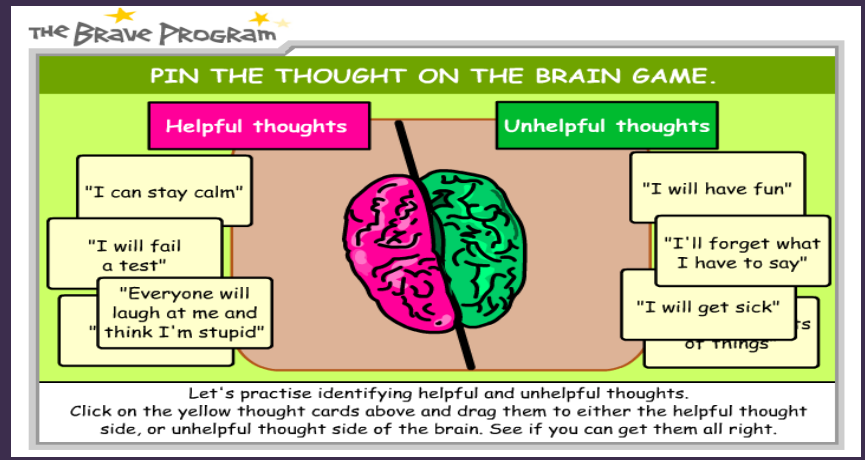
2001	2022
Era of floppy discs, CD rom, dial up internet	Era of mobile and wearable devices, constantly connected users
Core question - Internet-based or CD-ROM? Internet was the risky choice!	Now – app or website? Website is risky choice!
Users and clinicians very resistant	Increasing awareness and willingness
Digital accessibility and infrastructure lacking	Pandemic-induced reliance on telehealth and digital services + marked increase in connectivity

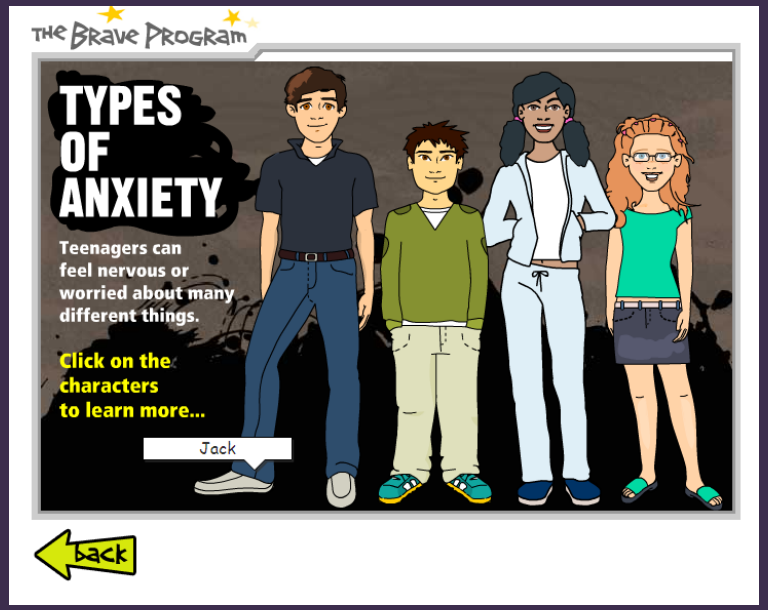
Digital CBT for child and adolescent anxiety

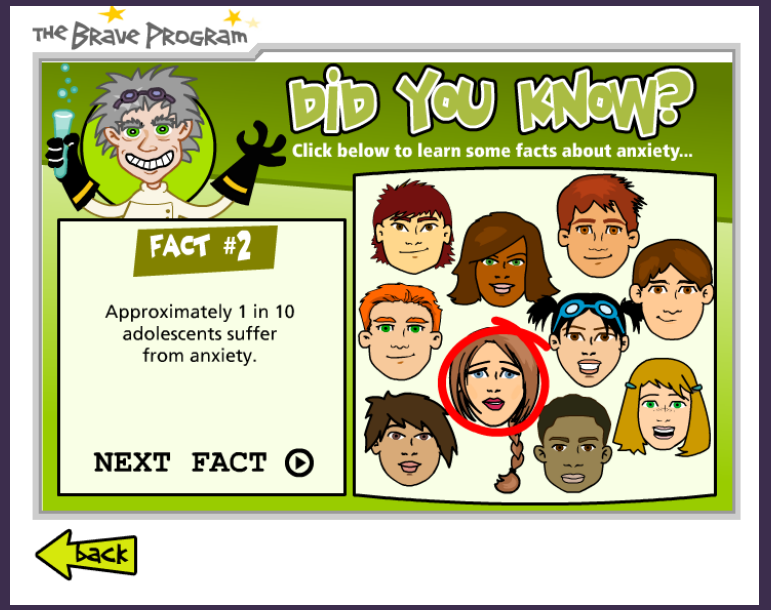
- Online, CBT program for child and adolescent anxiety
  - Children and Adolescents (10 sessions)
  - Parents of Children (6 sessions)
  - Parents of Adolescents (5 sessions)
  - Parents of Pre-schoolers (4 sessions)

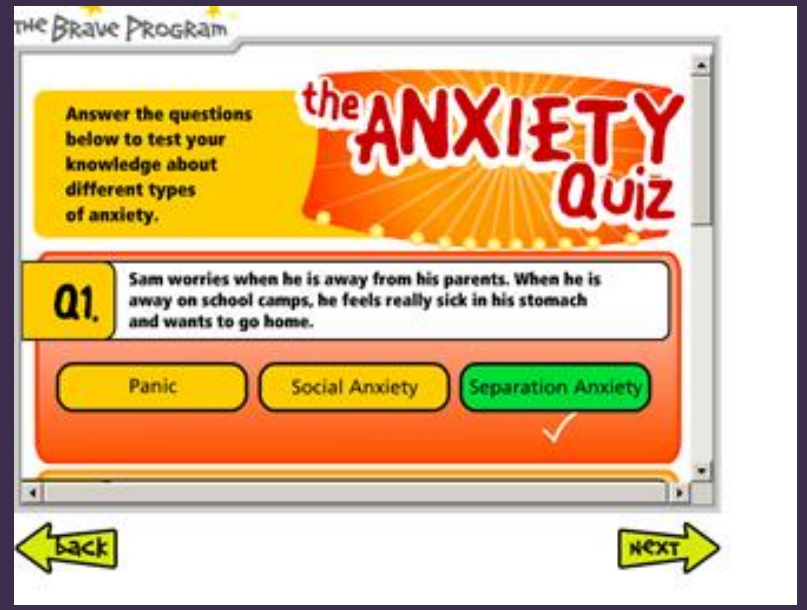

THE BRAVE PROGRAM
Remember
Remember the BRAVE steps below.
B ... stands for ... Body Signs
R ... stands for ... Relax
A ... stands for ... Activate helpful thoughts
V ... stands for ... Victory over fears
E ... stands for ... Enjoy yourself


THE BRAVE PROGRAM
Congratulations! You have completed your job on Spaceship Pegasus. The BRAVE plan you made for Lexx Lightsabre will mean his Mission to Mars is a great success. Commander Comet, Lexx, Data, Solar and Wintu Pintu are very grateful for your help.


THE BRAVE PROGRAM
PIN THE THOUGHT ON THE BRAIN GAME.
Helpful thoughts
Unhelpful thoughts
"I can stay calm"
"I will fail a test"
"Everyone will laugh at me and think I'm stupid"
"I will have fun"
"I'll forget what I have to say"
"I will get sick"
Let's practise identifying helpful and unhelpful thoughts.
Click on the yellow thought cards above and drag them to either the helpful thought side, or unhelpful thought side of the brain. See if you can get them all right.


THE BRAVE PROGRAM
TYPES OF ANXIETY
Teenagers can feel nervous or worried about many different things.
Click on the characters to learn more...
Jack
back


THE BRAVE PROGRAM
DID YOU KNOW?
Click below to learn some facts about anxiety...
FACT #2
Approximately 1 in 10 adolescents suffer from anxiety.
NEXT FACT
back


THE BRAVE PROGRAM
Answer the questions below to test your knowledge about different types of anxiety.
the ANXIETY Quiz
Q1.
Sam worries when he is away from his parents. When he is away on school camps, he feels really sick in his stomach and wants to go home.
Panic
Social Anxiety
Separation Anxiety
back
NEXT

Digital service delivery models

- Systematically developed and evaluated over the past 20 years
- 8 RCTs supporting program + real world open trials
- Progressively testing different models of health care

Blended digital and Face-to-face

Digital + email therapist support

Open-access, nationwide self-help digital

Stepped-Care digital

Blended Care and Therapist-Assisted ICBT

	Blended Care	ICBT for Child Anxiety	ICBT for adolescent Anxiety
N	63	73	115
Age	7-14	7-12	12-18
Conditions	Group CBT Blended ICBT and F2F group CBT WLC	Full ICBT (minimal therapist assist) WLC	Full ICBT (minimal therapist assist) Individual F2F WLC
Results	Clinic and Blended > WLC No diff b/w Clinic and Blended Similar response rates to literature <u>Free of Primary Anxiety Dx</u> *Blended:* 56% (post-Tx), 61% (6-mth) *Clinic:* 65% (post-Tx), 78.8% (6-mth) *WLC:* 13% (post-Tx)	ICBT > WLC ICBT need longer to complete sessions – 'follow-up' better indicator <u>Free of Primary Anxiety Dx</u> *ICBT:* 30% (12-wk)*, 75% (6-mth) *WLC:* 10% (post-Tx) *many hadn't completed program	F2F and ICBT > WLC No diff b/w F2F and ICBT ICBT slower to progress <u>Free of Primary Anxiety Dx</u> *ICBT:* 36.6% (12-wk)*, 62.2% (6-mth), 78.4 (12-mth) *Clinic:* 32.5% (post-Tx), 58.3% (6-mth), 80.6 (12-mth) *WLC:* 4.2% (post-Tx)
Citation	Spence et al. (2006). Journal of Consulting and Clinical Psychology	March et al. (2009). Journal of Pediatric Psychology	Spence et al. (2011). Journal of Consulting and Clinical Psychology

Digital Models of Care

Blended digital and F2F

- Efficacy
- Engagement
- Therapist time
- Reach

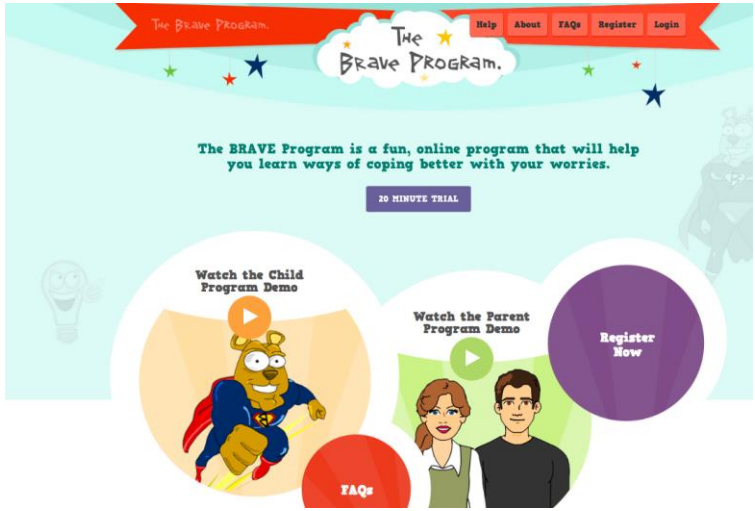
Digital + email therapist support

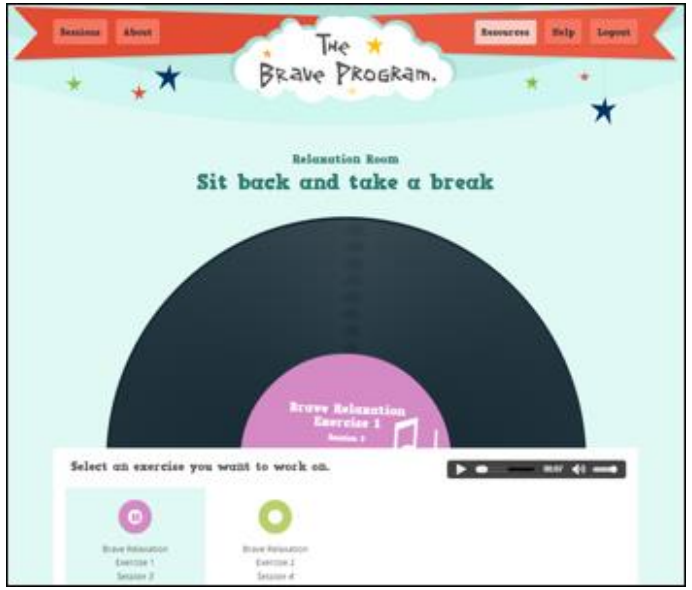
- Efficacy, little slower
- Engagement
- Therapist time
- Reach

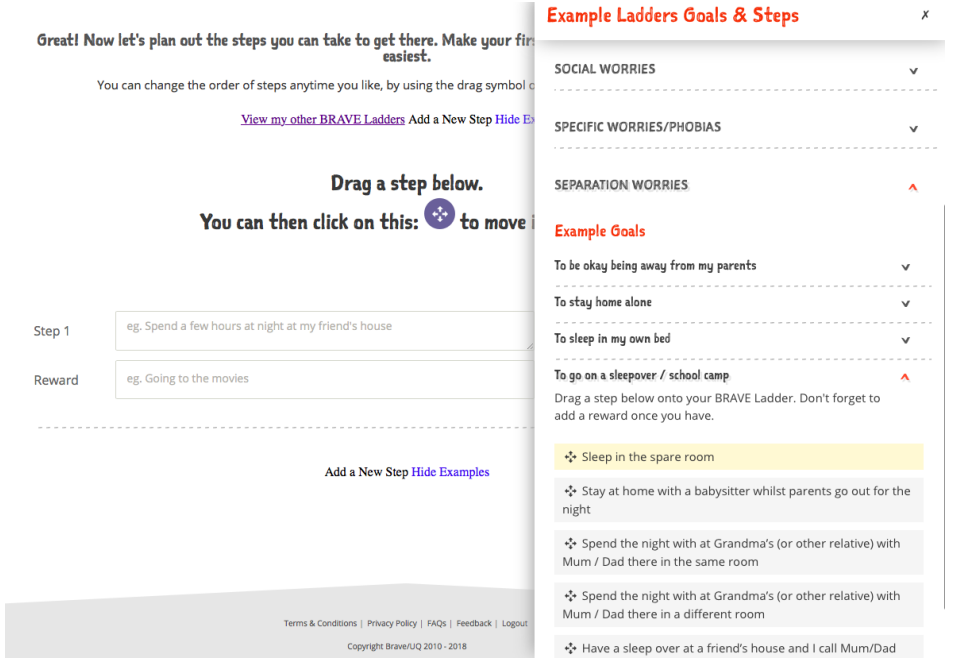
Open-access self-help digital

Stepped-Care digital

Self-help models of care

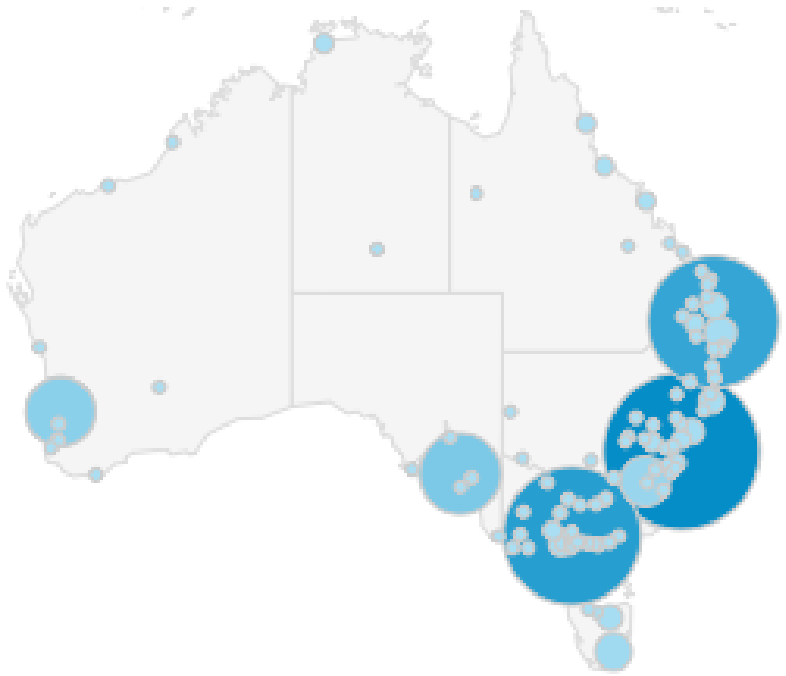


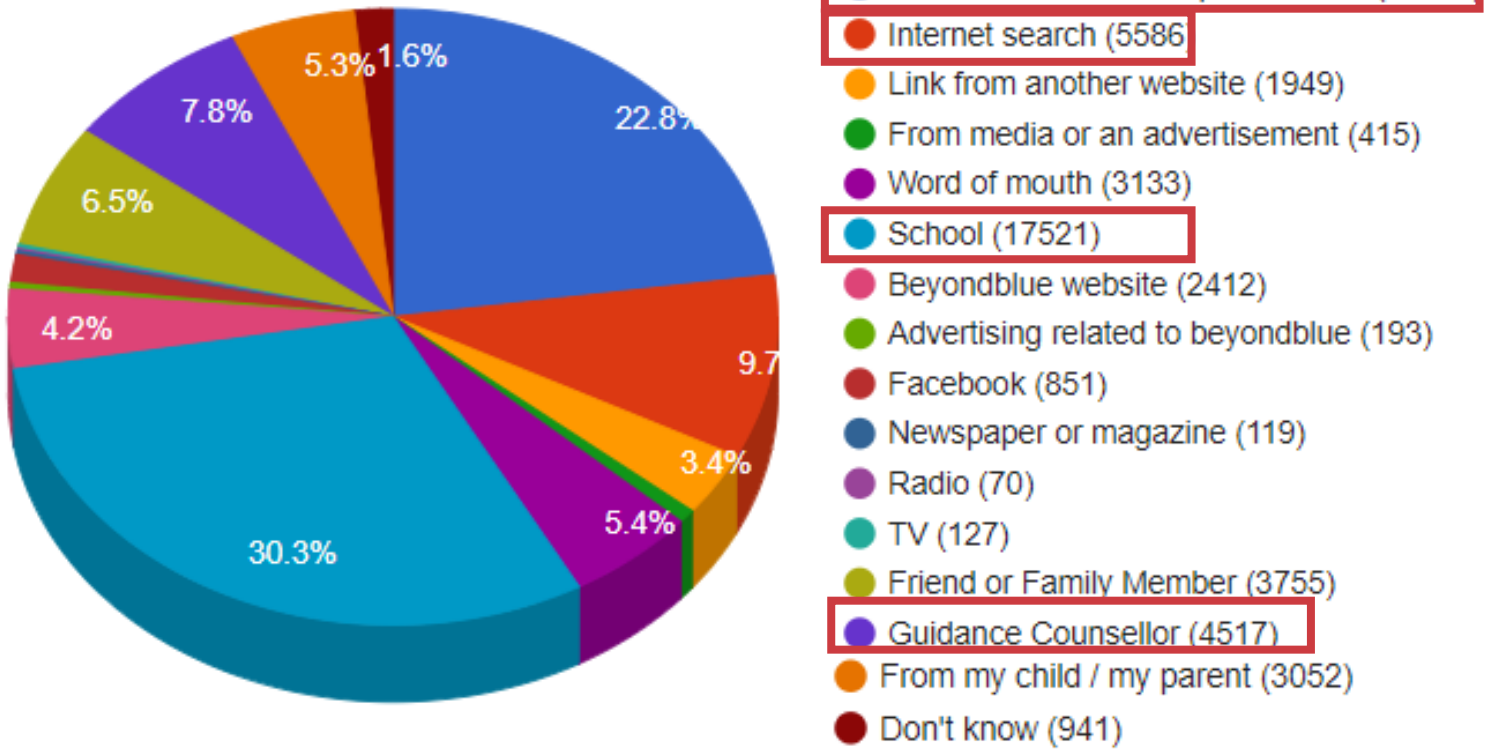




How our nationwide model of care is used

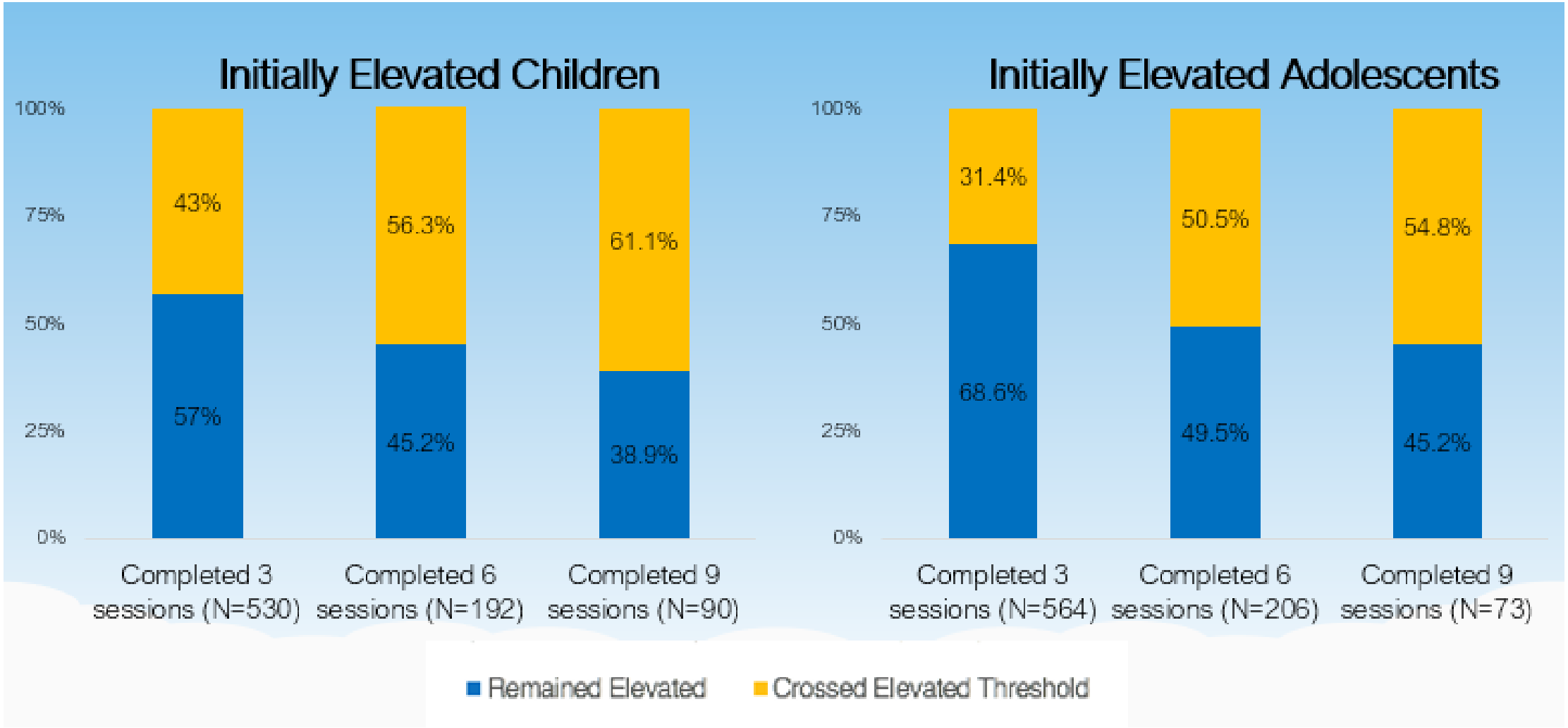
71,185 users



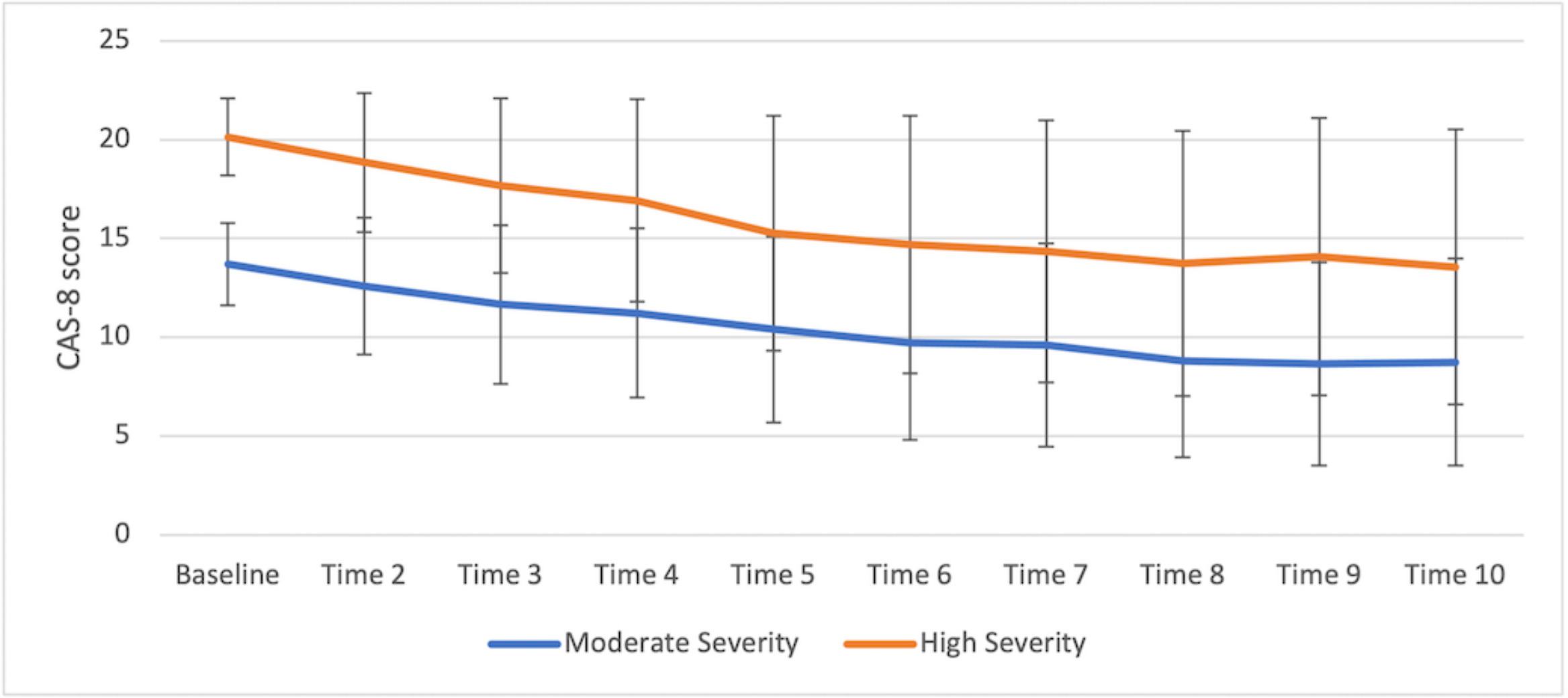


~25,000 users from regional and remote areas

Crossing Elevated Threshold



Trajectories of change



Digital Models of Care

Blended digital and F2F

- Efficacy
- Engagement
- Therapist time
- Reach

Digital + email therapist support

- Efficacy, little slower
- Engagement
- Therapist time
- Reach

>71,000 users

Open-access self-help digital

- Efficacy, but slower
- Engagement
- Therapist time
- Reach

Stepped-Care digital

Is stepped-care an option?

BRAVE Stepped-Care

5 sessions of self-guided ICBT (BRAVE Self-Help)
Open-access
High reach, High Accessibility
Potential moderate impact
Low-cost

Mid-treatment assessment

Responders

Continue with BRAVE Self-Help

*5 additional sessions of self-guided ICBT
*Open-access
high reach, high accessibility
*Potential moderate impact
*Low-cost
*Allows ongoing anonymity

Nonresponders

Step-up to BRAVE Therapist-Supported

*5 sessions of therapist supported ICBT
***Requires video or email support by clinician**
*Can still be **delivered remotely**
*Required internet/phone connection
*Reduces accessibility somewhat
***Potential higher impact**
***Higher-cost**, but reserves it for those who need it most
*Can be integrated with private or community **services**

* Therapist support provided by email/message modality.

*Therapist reviews user responses in program and provides support and encouragement via email/message.

*One-way communication (not chat-based).

*One telephone session to support implementation of exposure hierarchy.

*Support continues for remainder of sessions.

*Therapist support provided by videoconferencing modality.

*Therapist reviews user responses in program and provides support and encouragement via videconferencing at a set appointment time each week.

*Therapist uses screen sharing as needed to revisit techniques in the program and complete activities.

*One telephone session to support implementation of exposure hierarchy.

*Support continues for remainder of sessions.

Predictors of Stepping up / drop-out

- Factors predicting STEP-UP to therapist-support
  - Type of primary anxiety diagnosis
    - GAD & Separation more likely to be stepped-up than social
  - Higher baseline severity
  - Higher interference at home (parent rated)

- Factor predicting DROP-OUT
  - Poorer overall functioning at baseline
  - Lower treatment expectations

Stepped-Care Benefits

- Reassuring to know support is there later if needed
- Autonomy over treatment
- Convenience of self-help

Stepped-Care Challenges

- Low engagement with initial treatment
- Difficult for complex cases (e.g. GAD, family chaos)
- Many require additional treatment (stepping-up)
- Clinicians report difficulty suddenly building rapport half way through treatment

Alternative models?

Email Support

- Good for CYP who want to want to remain anonymous
- Might not be enough for those CYP who are really struggling with the techniques
- Good for families who don't have great internet access/bandwidth
- Unsuitable for young CYP who don't have their own email
- Can manage many clients at the same time
- Relies heavily on parent involvement, particularly for younger children
- CYP enjoy receiving regular feedback from their support person
- Clinician might not be able to get a good read on family context and environment
- Some CYP found email less threatening/confronting compared to previous F2F contact
- CYP can read when they have time and fit around family commitments

Videoconferencing Support

- Great for helping CYP who have struggled with specific treatment components like exposure hierarchies (via screensharing)
- Can be too confronting for those who choose self-help for a reason
- Great for screensharing progress charts, pinpoint triggers & brainstorm strategies
- Problematic for busy or chaotic families - often cancel or no show
- Good for families who need set appointments to stay engaged
- Unsuitable for young CYP don't have stable internet access or their own device
- Adds a human touch for those who respond well to therapist interaction
- Being at home and having parent nearby helped CYP feel relaxed and comfortable

Blended digital and F2F

- Efficacy
- Engagement
- Therapist time
- Reach

Digital + email therapist support

- Efficacy, little slower
- Engagement
- Therapist time
- Reach

Digital + videoconf therapist support

- BEST efficacy, little slower
- Engagement
- Therapist time
- Reach

Stepped-Care digital

- Efficacy, little slower
- Engagement
- Therapist time
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>71,000 users

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Summary

Stepped-care seems to be a feasible way to integrate digital mental health interventions into clinical practice

Self-help is sufficient for some, and the choice for many

Email-based therapist support is enough to enhance efficiency of ICBT for non-responders

Video-conferencing support produces the best long term results, but isn’t what everyone wants

A step-down or blended digital/videoconferencing sessions model might be more powerful, but potentially less appealing to CYP.

The future?

- **School/Community settings**
  - Delivered one on one by School mental health professionals (Psychologists, Counsellors, Nurses, Learning and Support Teachers)
  - Delivered in small groups to targeted samples
- **Wait list reduction**
  - While waiting for F2F
- **Standalone therapy via distance**
- **Nationwide low intensity, first line treatment**

One, some or all!

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