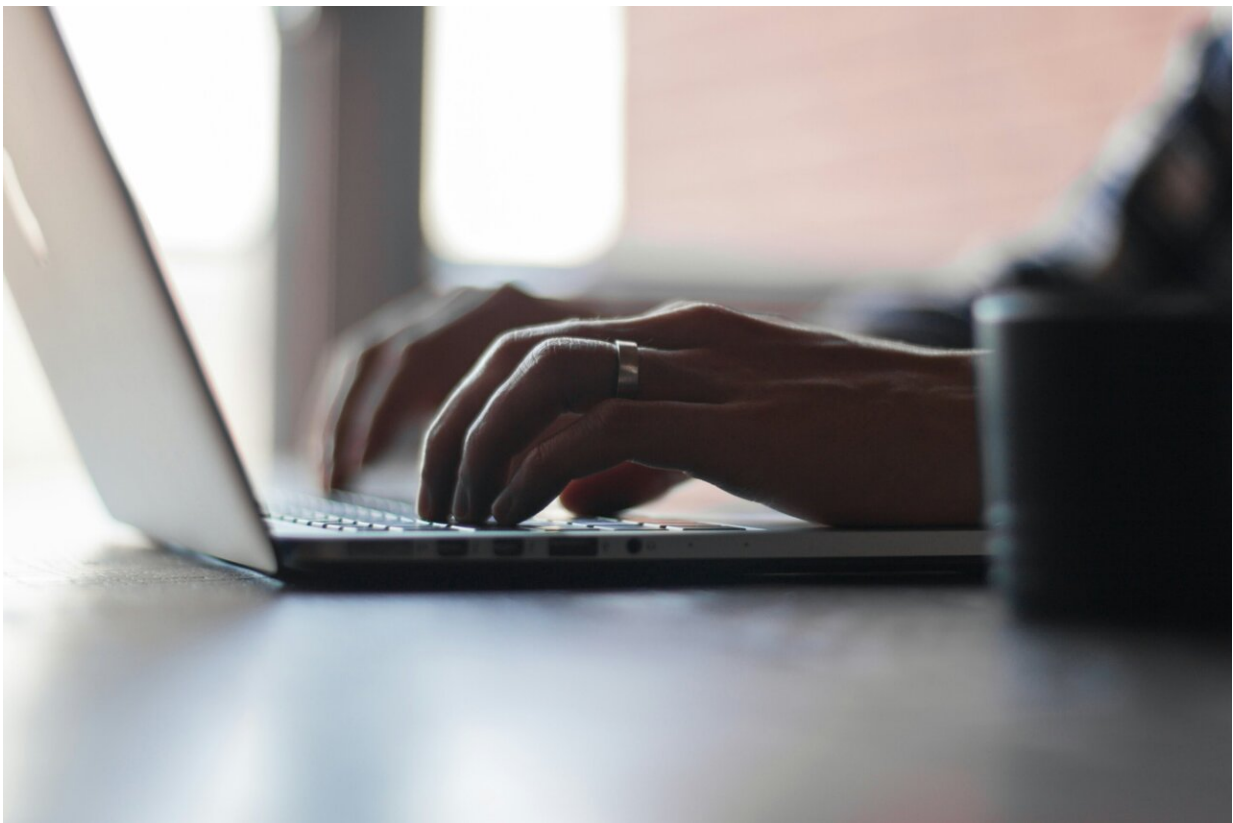


Australia is getting a new digital mental health service. Will it help? Here's what the evidence says

May 29 2024, by Peter Baldwin



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In this year's budget, the federal government announced one of the biggest changes to the mental health system in nearly two decades: a [digital early intervention service](#) to relieve Australians' early psychological distress before it builds into mental illness.

Starting in 2026, and based on the United Kingdom's [Talking Therapies model](#), the service is [expected to offer](#) a combination of apps, websites and free telehealth [therapy](#) sessions that deliver a type of cognitive behavioral therapy called "low-intensity psychological interventions."

The idea is that if we detect psychological distress early, we can prevent some people developing mental illness, and allow [mental health experts](#) more time to spend with complex patients.

It sounds good in theory, but it doesn't always work in practice. Here's what the evidence from the UK and elsewhere shows so far—and what we can learn for Australia's rollout.

What are the benefits of these programs?

In theory, low-intensity psychological interventions that combine [digital tools](#) and telehealth sessions offer patients the same "dose" of treatment while needing [less therapist time](#) than conventional psychological treatments. These time savings mean [more clinical hours](#) for therapists to see more patients.

Research shows low-intensity interventions can help people improve patients' mental health, while addressing some [big problems in the mental health system](#) such as therapist shortages, long waitlists and the increasing cost of more in-depth therapies.

Looking at service data from UK Talking Therapies clinics, [around 50%](#) of UK patients said their mental health was better after four to six sessions with a therapist, either in-person or online depending on availability.

Similar benefits have been shown in [other large studies](#) of similar interventions, with most patients getting better within seven therapy sessions.

The Talking Therapies model has translated well to other European countries such as [Norway](#) and [Spain](#), and we have good reason to think it will work in Australia. In [Beyond Blue's NewAccess](#) service, which trialled the model at three sites from 2013-16, most patients saw real improvements in their anxiety and depression.

What are the downsides?

[NHS data](#) show 30-50% of people who use low-intensity psychological interventions don't respond well due to a [range of factors](#) like age, employment status, or disability.

The [federal government](#) estimates [around 150,000](#) Australians will use the new service each year.

So if non-response rates are similar here, around 45,000-75,000 Australians will still need a higher intensity level of care to get well, putting them back on already intolerable waitlists. The upcoming walk-in Medicare mental health services [may not have capacity](#) to help.

While services like UK's Talking Therapies are meant to reduce these waiting times [this isn't always the case](#), particularly in areas where it's hard to access mental health care. And once in care, patients don't always get the care they want or deserve.

A wholly digital service risks alienating some consumers. Blending limited therapist support with apps and websites [can be highly effective](#), but not everyone has high speed Internet access and some Australians [prefer no therapy to digital therapy](#).

The UK's Talking Therapies [doesn't](#) seem to address the social determinants of [mental illness](#), such as lack of social connection, unemployment and poverty. We have already seen these impacts in Australia, with [single or unemployed people](#) in the NewAccess trial benefiting less than people with relationships or jobs.

Even more worrying, large-scale mental health services aren't always culturally responsive. Data from the UK's Talking Therapies [shows](#) cultural minorities not only get less benefit than white people, they're more likely to get worse after treatment. First Nations and culturally and linguistically diverse Australians deserve better.

We're going to need a bigger workforce

A [safe, effective](#) Australian Talking Therapies service will need skilled therapists.

However, the mental health [workforce is lagging](#) well behind demand and the government has shown little appetite for investing in training.

Psychologists were excluded from the [recently announced Commonwealth Prac Payment scheme](#), which pays students to undertake university placements.

And it's unclear if any funding for the early [intervention](#) service will go to expanding the existing psychology workforce. It [already delivers](#) around half of all Medicare mental health services in Australia and is qualified to provide low-intensity psychological interventions.

Low-intensity psychological interventions can work in Australia, but they can't replace the bigger, more urgent reform our mental health system needs. More care for some people isn't enough; we need better mental health for everyone.

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