Depression is prevalent in young people, with estimates that about 5% of 13-17 year olds will experience depression in one year.

Depression is recognized as an important issue by young people themselves. 57% report they know a young person who had attempted or completed suicide (Youth Poll 2005).

The issues identified as of greatest importance by young people were drug and alcohol use, depression and suicide (ahead of not securing a job or sexuality) National Youth Survey (2004)
There are effective treatments for depression. These include a range of talking therapies, including cognitive behaviour therapy.

Yet very few seek or obtain help. Less than 40% of those with depression get help from a health professional. Young people do not seek help from GPs preferring to get support from their friends, family, followed by the internet, magazines, and school counselors. Many cannot label depression (Burns and Rapee, 2006), and do not know what treatments might be effective.
Million dollar question

How can we delivery effective treatments to so many young people given they don’t seek help, they don’t seek help from health professionals, they don’t go to GPs, they don’t know what they have or what they need to do, and we don’t have the workforce even if help were sought?

Solution

Design an internet application which offers cognitive behaviour therapy (an effective treatment), evaluate whether it works, see if it is cost effective, and offer it free on the world wide web.

This endeavour will be the main basis of my talk but first!
Why the internet? The Internet provides a means of accessing young people.

Estimated 817 million users worldwide Feb 2005
http://www.internetworldstats.com/top20.htm with
13,410, 816 Australians (65.4%). 6th highest internet penetration

75% internet users have sought health information on the net (Pew Internet Poll)

Young people are the heaviest users of the Internet

The internet provides a platform to deliver interactive software and has enormous reach.

The internet is engaging.

Alien Song

©1999 victor navone
What do we know about the way young people interact on the internet?

Majority have access: 2% have wireless
Both parents and children say they are less careful than should be on the internet (62%)
67% see it as a positive medium in lives
26-75% seek health information
20% seek help for difficult health issues - depression, drug use and sex health
Most aim to communicate with friends and participate in online communities.

There is rapid growth in the use of the Internet using interventions
Web therapy papers as a function of year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Publications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>13</td>
</tr>
<tr>
<td>1997</td>
<td>21</td>
</tr>
<tr>
<td>1998</td>
<td>40</td>
</tr>
<tr>
<td>1999</td>
<td>27</td>
</tr>
<tr>
<td>2000</td>
<td>81</td>
</tr>
<tr>
<td>2001</td>
<td>106</td>
</tr>
<tr>
<td>2002</td>
<td>129</td>
</tr>
<tr>
<td>2003 est</td>
<td>152</td>
</tr>
</tbody>
</table>

Society for Internet interventions ISRII
2004-2007
A range of international internet interventions for young people

Websites to reduce suicide ideation (Pim Cuipers and Ad Kerkhof) (Netherlands)
Websites for encopresis (Lee Ritterband) (USA)*
Websites with e-support for adolescents with mentally ill family member (Louisa Drost) Netherlands
Websites for alcohol use for young people (Riper, Netherlands)*
Websites offering support after brain injury: USA: Net Family Problem Solving (FPS) to reduce parental distress after brain injury* (but included videoconferencing).
Websites to promote health and wellbeing in space crews (James Carter) (USA)
Websites for eating disorders (Barr Taylor-Standford, USA)

* Denotes at least one RCT to evaluate effectiveness

What is happening in Australia for young people?

INTERNET INTERVENTIONS
MoodGYM and the Youth Mood Project* (ACT)
Internet BRAVE Net CP for childhood anxiety (Spence et al., 2006)* (NSW)
Marie Teeson/ Gavin Andrews Climate for Schools: Alcohol* (NSW)
Sophie Reid and mobile phones for depression (VIC)
Ron Rapee and others at Macquarie University for anxiety
http://www.psy.mq.edu.au/brave/ (NSW)
Dan Costin and e-health cards for help seeking (ACT)*
Susan Paxton: Eating disorders (VIC)*
Reachout! GAME- interactive game currently being evaluated by Swinbourne University (NSW-VIC)
Anxiety and Panic in Young People Kenardy (QLD)
What is happening in Australia for young people?

EDUCATION INTERVENTIONS
BluePages in combination with MoodGYM (Tromsø, Norway)*

YOUTH HEALTH SITES
Kids Help Line
Ybblue
Reachout!

QUALITY INDICATORS
Tim Edwards- Hart: Site evaluation tool

BULLETIN BOARDS AND ONLINE GROUPS
BlueBoard?

OTHER INTERNET INTERVENTIONS: Young People?
Francis Kay Lambkin, Amanda Baker and co-morbidity interventions
Sue Lauder Moodswings (Young People)
Judy Proodfoot Bipolar Disorder: Volunteers

Watch this space: Headspace?
Useful list of references: Azy Barak
http://construct.haifa.ac.il/~azy/refchild.htm
Today's talk: a case study of MoodGYM

- Describe the MoodGYM program
- Examine whether it is effective
- Whether it works in the real world?
- Cost effective
- Do people use it?
- Can we tell if people change who use it?
- In what sort of settings can it be used effectively for young people?
- Is there a case for standards and dissemination?

www.moodgym.anu.edu.au
Log on and introduction
MEET THE CHARACTERS

Click on the thumbnails below to learn about the characters in MoodGYM.

Meet ELLE who is gorgeous looking, talented, good at work, attractive to men but feels like a fraud. Feels one day, people are going to find out that she really is stupid, unattractive, emotionally void, ugly etc. It is only a matter of time. Maybe we are all a bit like ELLE sometimes.

View your Depression and Anxiety Quiz answers

View your Worrying Thoughts Quiz answers
EXERCISE: DEPRESSION QUIZ

Do you feel happy, miserable, stressed, worried or nervous? Take the following quizzes to get an indication of your mood and anxiety levels. They measure the extent to which you may have thoughts or emotions that make you vulnerable to emotional upset. Once you have answered these questions (MoodGYM will provide a score for you) you can compare yourself with others.

**NB.** These quizzes must be completed before you progress further in the Program. Please answer all questions.

Note that scores from these sets of questions have been validated both by our Centre and others around the world. This means that the scores accurately reflect levels of emotional feeling, in this case, feelings of depression and anxiety.

### DEPRESSION QUIZ

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been lacking in energy?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you lost interest in things?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you lost confidence in yourself?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Have you felt hopeless?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Have you had difficulty concentrating?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you lost weight (due to poor appetite)?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you been waking early?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you felt slowed up?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Have you tended to feel worse in the morning?</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
This exercise illustrates how people's feelings are related to how they think.

**VIEW THE THOUGHTS OF EACH THINKER**

*Poor the negative thinker, he needs to practice his WUTIKUF.*

For the thinker it is not the event (people looking at him) that triggered the misery, it was his interpretation of these events that led (or didn't lead) to his misery.
The WUTIFUW (what you think is what you feel) can be simply illustrated with the following diagram:

![Diagram showing the process: EVENTS → THOUGHTS → FEELINGS → BEHAVIORS]

Events trigger your thoughts which then produce your feelings which may then determine your behaviours. Events do not directly produce your emotions.

Want to WUTIFUW? Let's try this with some very unpleasant events.
First, pick an event:

1. You make a mistake, get intimate with a male/female sleaze and regret it immediately.
2. You have a job interview, and you are so nervous you completely stuff it up (turn up late, fail to answer questions correctly, generate awkward silences).
3. Your partner tells you he/she has had a relationship with someone else and

Congratulations!!
You have just completed the feelings module.
Thoughts module
Goldberg Anxiety and Depression Scale 2
Warpy Thoughts Questionnaire 1
Identifying dysfunctional thoughts
Methods to contest such thoughts
EXERCISE: DEPRESSION QUIZ

Do you feel happy, miserable, stressed, worried or nervous? Take the following quizzes to get an indication of your mood and anxiety levels. They measure the extent to which you may have thoughts or emotions that make you vulnerable to emotional upset. Once you have answered these questions (MoodGYM will provide a score for you) you can compare yourself with others.

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DEPRESSION QUIZ

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</tbody>
</table>
OK, let's start by looking at common warped thoughts. MoodGym uses a list of typical errors developed by David Burns (Feeling Good, the new Mood Therapy).

**DAVID BURNS’ WARPED THOUGHTS**

Click to each type of thinking, and then click for examples from the site characters.

<table>
<thead>
<tr>
<th>WARPED THOUGHT</th>
<th>DEFINITION</th>
<th>EXAMPLES FOR EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>All or None Thinking</td>
<td>Everything is perceived to be either all on or all off; if something isn’t fully completed or right, it is entirely unfinished or wrong.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td>Overgeneralization</td>
<td>One example of a mistake or error is interpreted as a pattern of mistakes, and errors.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td>Mental Filter</td>
<td>One (negative) part of the picture is examined to the exclusion of the larger positive part.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td>Disqualifying the Positive</td>
<td>Dismissing or ignoring any positive comment/achievement/compliment.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td>Jumping to Conclusions</td>
<td>You think negatively about something without supporting evidence. There are two errors: Mind reading: You think without any evidence that someone is thinking negatively about you. The fortune teller error: You truly believe that you know what will happen in the future, without evidence.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td>Magnification or Minimization</td>
<td>This is making small things much larger than they deserve, and making others things much smaller than they are in reality.</td>
<td>![Example Image]</td>
</tr>
</tbody>
</table>

What chance do I have of getting that job, I know they will hate me straight away (Mind reading).
WARPY THOUGHTS TEST
(MoodGYM recommends you complete this quiz at least once as it is an essential part of your workbook)

The need for approval from others.

If people criticize me, I am not a worthwhile person.
1. strongly agree
2. agree
3. neither agree or disagree
4. disagree
5. strongly disagree

Other people's approval is very important to me.
1. strongly agree
2. agree
3. neither agree or disagree
4. disagree
5. strongly disagree

I can make everyone like me if I just try hard enough.
1. strongly agree
2. agree
3. neither agree or disagree
4. disagree
5. strongly disagree

The most important thing in the world to me is to be accepted by other people.
1. strongly agree
2. agree
3. neither agree or disagree
4. disagree
5. strongly disagree

I find it impossible to go against other people's wishes.
1. strongly agree
2. agree
3. neither agree or disagree
4. disagree
5. strongly disagree

Unless I get constant praise I feel that I am not worthwhile.
1. strongly agree
2. agree
3. neither agree or disagree
4. disagree
5. strongly disagree

WARPY THOUGHTS TEST
(MoodGYM recommends you complete this quiz at least once as it is an essential part of your workbook)

20%  24%  16%  12%  10%  8%  6%  4%  2%  0%

The need for approval from others.  The need to be loved.  The need to succeed.  The need to be perfect.  The sense of being alive.  Influence others.  Responsible for other people's emotional reactions.  Happiness is contingent upon external things.  The sense of feeling deserving.  Skirt again

Next - view the character's results.
Unwarping Module

Goldberg Anxiety and Depression Scale 3
Other methods for overcoming warpy thoughts
Individualized on the basis of The Warpy Thoughts Questionnaire: Need for approval, need for love, need for success, etc.
eg. Being a reporter, assertiveness, self-esteem training
De stressing module
Goldberg Anxiety and Depression Scale 4
Life Event Stress (Tennant and Andrews)
Relaxation (relaxation, meditation, music)
Pleasant Events Schedule (Lewinsohn)
Parental style and stress (MOPS, Parker)
DE-STRESSING module
KNOWING WHAT MAKES YOU UPSET
GETTING OFF THE ESCALATOR, LEARNING TO RELAX

Enter:

Welcome to Relax Fest, the game where our contestants prove just how much about relaxation they actually know!

I can't wait to start, so without further ado, let's get into it!
Relationships Module
Goldberg Anxiety and Depression Scale 5
Warpy Thoughts Questionnaire 2
Simple problem solving
Typical responses to relationship break-up
WORK BOOK CONTENTS

PRELIMINARY QUIZES
First Depression and Anxiety Quiz
First Worry Thoughts Test

FEELINGS MODULE
Identifying Negative Thoughts
Add Talk Quiz
Bad Hair Day
Three essential tools of an emotional kind

THOUGHTS MODULE
Depression and Anxiety Quiz
Identify the Types of Worrying Thoughts
Unraveling the Worry
Worry Thoughts Test
My scores on the worry thoughts test
What do I think I’m afraid of?
Being nice to myself for a change

UNWRAPPING MODULE
Depression and Anxiety Quiz
The reporter’s notebook
I too have some positive features
Surveying the scene
It’s not only all I want to
The phantom and the phantoms
Near death experience
Waste plan to overcome perfectionism
Seeing the alternatives
Preference Extends Schedule

Your Workbook explained
Your Depression and Anxiety Quiz Results
Your Depression and Anxiety Quiz Results

This graph displays your scores on the Depression and Anxiety quizzes that you complete at the beginning of each module. The blue bar represents your score on the Depression quiz, and the green bar represents your score on the Anxiety quiz. The higher the bar, the higher the number of symptoms you indicated that you had in that quiz.

At the bottom of the graph, the name of the module is shown. As you progress through MoodGYM and complete more Depression and Anxiety quizzes, your results will be added to the graph, so that you can compare your quiz results across the MoodGYM program.

Added features
MoodGYM CERTIFICATE OF COMPLETION

This is to certify that
having completed the MoodGYM training program

moodgym
this Thursday, 28 October 2004

is
CERTIFIED UNWARPED!

With the authority of the MoodGYM personal trainers and that award on this day

[Signatures]

MoodGYM was developed by the Centre for Mental Health Research at the Australian National University. All correspondence concerning MoodGYM is directed to Moodgym@anu.edu.au.
What does the back end look like?

How do we collect the data?

Moodgym application on server with a database server and firewall.

Administrator updates webpages, downloads user data and sets up new trials.
Does it work?

Efficacy, as established in RCTs
Effectiveness, through evaluations of community users
Cost-effectiveness
Scalability to a mass audience
Popularity
And as short as it need be
Efficacy

Christensen, Griffiths and Jorm BMJ, 2004; Mackinnon et al., in press. 12 month data shown above.
It is effective

No significant difference between RCT trial participants and ‘free range users’.


Change over five modules

Public n=115  Trial n=41
Cost-effectiveness analysis

Specify comparators:
- individual, face-to-face CBT with a psychiatrist (P-CBT)
- GP visits with drug therapy (GP-DRUG)

Need estimates of:
- cost of MoodGYM and comparators
- effectiveness of MoodGYM and comparators
the unit cost of therapy is assumed to be constant and independent of the number of patients treated

\[ AC = f(n) \]

- M-CBT
- P-CBT
- GP-DRUG

\[ n_1, n_2 \]
Results – break-even throughput

\[ n_1 = 359 \]
\[ n_2 = 753 \]

Throughput of completers has exceeded these levels.

MoodGYM is less costly than P-CBT and GP-DRUG.

Site is cost-effective

The efficacy of M-CBT, as demonstrated in an RCT of the program, is comparable with that of P-CBT and GP-DRUG.

Throughput levels for MoodGYM result in a unit cost of therapy which is lower than for P-CBT and GP-DRUG.

Therefore, in cost-effectiveness terms, M-CBT is dominant – it is less costly and at least equally effective as the two comparator therapies.
Scalability

Stats downloaded 20-08-07 for 2007. Monthly visits=34,000

Usage by country

Usage by Country for July 2007

- Australia (27%)
- US Commercial (27%)
- Unresolved/Unknown (14%)
- Network (13%)
- United Kingdom (12%)
- New Zealand (Rotorua) (1%)
- Canada (1%)
- Other (5%)
Dose response effects and how much is enough

Analysis was undertaken using SAS Proc Mixed (9.1) which can handle planned missingness (due to the non-administration of particular modules in some conditions).

Least Squares means for Goldberg Depression Scale as a function of Module completed. Treatment by Time is statistically significant.
Effective?

- Depression and dysfunctional thinking improve
- A single module of brief CBT is not effective relative to other versions in reducing depression symptoms.
- Extended CBT with or without behaviour strategies results in greatest reduction of depression symptoms
- The stress reduction modules do not add

Drop out on open access is high

Eysenbach, G. 2005 The Law of Attrition, JMIR, 7 (1):e5,
"Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments"¹

Studies consistently find significant cost-savings and increases in the effectiveness of health interventions that are attributable to low-cost interventions for improving adherence. Without a system that addresses the determinants of adherence, advances in biomedical technology will fail to realize their potential to reduce the burden of chronic illness. Access to medications is necessary but insufficient in itself for the successful treatment of disease.

¹Haynes RB. Interventions for helping patients to follow prescriptions for medications. Cochrane Database of Systematic Reviews, 2001, Issue 1.

**Theoretical models**

**Figure 3** The five dimensions of adherence

- Health system/HCT-factors
- Social/economic factors
- Condition-related factors
- Therapy-related factors
- Patient-related factors
Patient related factors

Education, age, location
Patient expectations of treatment

Condition related factors

Symptom severity
Dysfunctional thinking levels
Therapy related factors

- Length of treatment
- Experience of the intervention and improvement

Health systems effects

- Provision of support through care management: tracking by telephone or email
- Endorsement of the program by a health professional
Environments likely to facilitate adherence

General practice environments (Christensen, Griffiths, Hickie and Moore, 2007: Pilot study in GP practices).
Community call centre environments (Farrer, Christensen, Griffiths, Mackinnon and O’Neil)
School environments (Neil, Christensen, Griffiths, Mackinnon and O’Kearney).

The YouthMood Project:

An Evaluation of MoodGYM with an Adolescent Population

Alison Neil, Helen Christensen, Kathleen Griffiths, Andrew Mackinnon and Richard O’Kearney.
## Australian School Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Program type</th>
<th>No. published trials</th>
<th>Data on efficacy / effectiveness available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Coping with Depression (Australian Version)</td>
<td>Treatment</td>
<td>1</td>
<td>No evidence</td>
</tr>
<tr>
<td>Adolescents Coping with Emotions (ACE)</td>
<td>Indicated</td>
<td>3</td>
<td>Promising</td>
</tr>
<tr>
<td>Aussie Optimism</td>
<td>Universal</td>
<td>3</td>
<td>Promising</td>
</tr>
<tr>
<td>Best of Coping</td>
<td>Universal</td>
<td>4</td>
<td>Insufficient data</td>
</tr>
<tr>
<td>Beyondblue Schools Project</td>
<td>Universal</td>
<td>0</td>
<td>Insufficient data</td>
</tr>
<tr>
<td>Cool Kids Program</td>
<td>Indicated</td>
<td>1</td>
<td>Promising</td>
</tr>
<tr>
<td>FRIENDS</td>
<td>Universal</td>
<td>7</td>
<td>Strong</td>
</tr>
<tr>
<td>MindMatters</td>
<td>Universal</td>
<td>0</td>
<td>Insufficient data</td>
</tr>
<tr>
<td>MoodGYM</td>
<td>Universal</td>
<td>2</td>
<td>Promising</td>
</tr>
<tr>
<td>NSW School-Link Program</td>
<td>Universal</td>
<td>0</td>
<td>Insufficient data</td>
</tr>
<tr>
<td>Penn Prevention Program (Australia)</td>
<td>Universal</td>
<td>1</td>
<td>No evidence</td>
</tr>
<tr>
<td>Problem Solving for Life</td>
<td>Universal</td>
<td>2</td>
<td>Promising</td>
</tr>
<tr>
<td>Resourceful Adolescent Program (RAP)</td>
<td>Universal</td>
<td>4</td>
<td>Strong</td>
</tr>
</tbody>
</table>


## Aims

To establish whether MoodGYM is effective in reducing students’ vulnerability to depression and anxiety.

To test MoodGYM with a larger and more diverse sample, following promising results from the pilot studies.

To use a universal intervention with the help of classroom teachers.

Participants

- 30 schools participated
- 56% of participants were female
- 17% lived on a farm or rural property
- Mean age = 14.33 years
- 30% previously depressed
- 34% received help from a doctor or counsellor

Measures
Intervention -
The MoodGYM Program

http://moodgym.anu.edu.au

Online CBT program

Five Modules: Feelings, Thoughts, Unwarping, Destressing and Relationships

Interactive quizzes and exercises

---

Procedure

Consent obtained
(n = 1450)

All schools complete pre-intervention questionnaire
(n = 1346)

Group A
Completes MoodGYM
(n = 529)

Group A
Completes post-intervention questionnaire
(n = 445)

Group A
Completes 6-month follow-up questionnaire
(n = 426)

Group B
Completes usual classes

Group B
Completes post-intervention questionnaire
(n = 805)

Group B
Completes 6-month follow-up questionnaire
(n = 735)

Group B
Completes MoodGYM
Data Analysis

Mixed models repeated measures ANOVA

Repeated measures
Students clustered within classes

ICC \sim 0.03

Class effects minimal

ITT analysis

Mixed Model ANOVA - Depression

F(2, 1215.57) = 1.61, p = 0.20
Follow-up ES = \sim 0.20
Mixed Model ANOVA - Anxiety

\[ F(2, 1224.82) = 12.26, \ p < 0.001 \]
Follow-up ES = ~ 0.30

Mixed Model ANOVA - ‘Clinical’ Sub-group

\[ F(2, 292.97) = 2.30, \ p = 0.10 \]
Follow-up ES = ~ 0.30

\[ F(2, 290.60) = 1.37, \ p = 0.25 \]
Follow-up ES = ~ 0.30
Conclusions

Effective classroom resource

Suitable for a variety of classroom environments

Developing classroom support materials

Evaluation of classroom materials

Models for dissemination: Simplified criteria for effectiveness (Flay et al. 2004)

Provision of manuals and technical support  YES
Evidence of delivery in the real world to target  YES
Levels of exposure, engagement, adherence YES
Two RCTs in identified settings YES
Replication with different samples YES
Cost effectiveness  YES
Dose analysis  YES
Demonstration of public health impact NO
Simplified criteria for dissemination

- Provision of provider support and fidelity: **YES**
- Evidence of scalability: **YES**
- Clear cost information available: **NO**
- Monitoring and evaluation tools: **YES**
- Factors to assure sustainability: **Possibly?**

Conclusions

- The internet has a place in offering both self-help and materials to be used in clinical settings.
- The internet may have a role in potentiating initial help seeking-or in recovery. This is an area that might be developed for early psychosis?
- There is evidence that self-help interventions are effective for anxiety and depression.
- This area is rapidly growing but research at the adolescent level is difficult.
A final word...
Terms of use and privacy
Assessment instruments

Goldberg Anxiety and Depression Scales
Prime MD PHQ Panic Items (2)
Social anxiety item FQ (1)
Small animal phobia (1)
Stages of change
Perceived stigma
Help from people –
Knowledge of treatments: Medical psych lifestyle
Marital status, separation, loss
Substance use
Mental Health literacy

Welcome to the 'Beat Depression' Armchair!

Do you wonder if you might be depressed? Perhaps you know you are depressed and would like help?

In this section of e-couch you will learn about:
- Depression and whether you (or someone you know) might have depression
- Which treatments work for depression

Symptoms

- What is depression?
- How is it diagnosed?
- Finding help
- How common is it?
- How disabling?
- Risks & causes
- Treatments
- How I'm feeling
- Feedback
- What I think
- Still to come...

These three feelings are accompanied by other problems feelings and thoughts and behaviour. These can include difficulty concentrating, feeling empty, feeling anxious, or other problems with eating, sleeping, and relationship difficulties. If you experience these feelings for a period of time, it's important to talk to someone who can help you.
Tailoring: symptom information is used to determine the delivery of “specialized” information on web pages.

Targetting: group membership is used to determine the delivery of “targetted” information on web pages.

**Depression Stream**

Assessment of MHL
- Mental Health literacy

Assessment of MHL
- Stigma intervention

Assessment of stigma and pre-intervention symptoms

Toolbox
- CBT
- IPT
- Relaxation
- Activity

Risk factors
- Predictive tests
- Treatments that work
Full functionality with trials running simultaneously and administrators provided with access to research data.

Where to from here- research questions?

Research and development of:

The integration of applications into mainstream services as adjuncts

The use a ‘new class of health worker’ to implement evidence based applications

The creation of new services through the development of virtual clinics with a consumer focus

The evaluation of short interventions for mental health outcomes
Moodgym and BluePages

Contributors


Funding: NHMRC, ACT Department of Health and Community Care, Fairfax Family Foundation, ARC Linkage, Department of Health and Ageing. Ecouch: beyondblue