Google Me Happy!
Piloting Google Plus for Young Australian Mental Health Support @ Kids Helpline

In Collaboration with: The University of Sydney and UNSW BlackDog Institute

Dr Andrew Campbell
Discipline of Behavioural & Social Sciences in Health
Social Networking Potential for Mental Health Management

› Social Networking & Social Media for mental health have been used in the following formats:
  - YouTube Messages
  - Forum Discussion
  - Postings of Photo Messages
  - Resource Links

› It has not been used much, if at all, for peer-to-peer support groups, monitored by expert counsellors.

Why? Because we need professionals to run this expertly!

› If we can develop a successful model to deliver group counselling and monitored peer support, we can unlock all the tools on social networking for youth mental health management.
The Problem

› 1 in 3 Young Australian’s experience anxiety or depression between ages of 12-25 (Rickwood, et.al, 2005; McGorry, et.al, 2007)

› 2 in 3 Young people have a social networking account (Pew Internet Research, 2013).

› Engaging young people in psycho-education and/or early treatment for the symptoms they experience has been key to preventing chronic mood and affective disorders across the lifespan (Scott, et.al, 2009)

The problems we now need to address are 3 fold:

› 1. Keeping Young Australians engaged in mental health wellbeing maintenance beyond initial psycho-education and/or treatment.

› 2. Offering uncomplicated and inviting ‘check up’ support at any age in their development.

› 3. Empowering through peer groups about maintaining mental health ‘prevention and fitness’ - not just from authority figures!
The Kids Helpline Social Network Support Model (Trial) a.k.a “Buddy Help”

Contact service via Phone/Web/Email

Engage with counsellor

Return to service as individual needs

Proposed Service Model for Counselling Support

Contact service via Phone/Web/Email

Engage with counsellor

Return to service as individual needs and offered to join a private and monitored, peer-social network site group

Can engage with other clients going through the same problems and form new friendships

- Share stories
- Play games
- Post inspirational and topical photos or videos
- Engage in group counselling

Accessibility and Safety

1. Clients are assigned a pseudonym and allocated to age specific 'topic' groups that are specific to their problem (e.g. depression, anxiety, bullying, sexuality, drug/alcohol, relationships, etc.)

2. Social Network is monitored 24/7 with safety instructions given to members on how to help someone in the circle if in crisis (e.g. call the counselling line)

3. Clients agree to remain anonymous in the social network and can return to one-on-one web-counselling at any time

Dr Andrew Campbell andrew.campbell@sydney.edu.au
What Does It Look Like??

[Image of a computer screen showing Google+ and Facebook interfaces, with annotations on the screen.]

Dr Andrew Campbell  andrew.campbell@sydney.edu.au
Social Networking for Mental Health Management

› BURNING QUESTIONS!

1. Why not use Facebook?
2. What about ensuring user privacy?
3. Will parents know?
4. What if the technology changes during the study?
5. Is it safe from online predators and cyber-bullies?
6. Is this sustainable both technically and financially?
The Approach

1. Develop a Google+ Peer and Counsellor Community run by Kids Help Line (KHL) Counsellors 24/7

2. Recruit (13-25yrs) volunteer ‘wait-list’ participants from KHL Counselling service (one-on-one counselling) to join specific community groups containing young people and 1 x facilitator (e.g. depression peer group or anxiety peer group n= 20 x 2) N= 40

3. Over 3 month period (August – Oct 2014) compare engagement/support preference with specific peer community group(s) with only counselling (one-on-one) engagement.
Hypotheses

› **Ha1:** Google+ Peer Group “Buddy Help” for depression/anxiety will encourage greater returns to Kids Helpline over 3 month period than to counselling services alone.

› **Ha2:** Combined Counselling (one-on-one) counselling with “Buddy Help” for depression/anxiety will prove more effective in relieving perceived symptoms than one-on-one counselling services alone.

› **Measures**
- Demographics (age, gender, postcode)
- Rosenberg Self-Esteem Scale
- Revised Children's Manifest Anxiety Scale (RCMAS)
- Centre for Epidemiological Studies – Depression Scale for Children (CES-DC)
- Multidimensional Scale of Perceived Social Support (MSPSS)
- Open ended question on the use of the circles
Collaboration and Future Plans


2. Seek further funding to develop a KHL operated and tested version of Google+ Community Peer Group for longitudinal evaluation RCT (3 year study leading to role out of new service)

3. Publish findings as best practice for continuing e-Mental health support using online services engaging young people in mental health.
Kids Helpline

We care.
We listen.
Uniqueness of KHL

Professional
- Qualified & Experienced Counsellors
- Matrix of Supervision

Child Centred
- Strengths Based Framework
- Empowering the Child

Safe
- Confidentiality
- Duty of Care

Sustainable
- 23 Years of Operation
Timeline

Kids Helpline Opens
25 March 1991

1 Million contacts reached
1993

Web Counselling launched
2000

Kids Helpline @ School launched
2013

1993
Kids Helpline becomes a national service

1999
Email Counselling launched

2014
BuddyHelp launches
Growth of Web Counselling

[Graph showing the growth of web counselling from 1999 to 2013, with a significant increase in the use of web counselling over time.]
Growth of Mobile

- Calls from Landlines
- Calls from Mobiles

Year: 2005 to 2014
A Support Service

so far in 2014

68%
of Counselling Contacts have been repeat sessions with returning clients

Mental Health Assessed

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>32%</td>
</tr>
<tr>
<td>2013</td>
<td>32%</td>
</tr>
<tr>
<td>2012</td>
<td>33%</td>
</tr>
<tr>
<td>2011</td>
<td>32%</td>
</tr>
</tbody>
</table>
total responses

7,539,225