

# Appendix 3: Digital and telehealth service options

Description of the initiative and problem definition	
<p><b>What is this initiative seeking funding for?</b></p>	<p>Digital technologies create huge opportunities to empower New Zealanders to live well, stay well and get well; to strengthen links with their whānau, communities and support networks; to improve equity; and to transform health service delivery. New Zealand is embracing new technology to deliver a better healthcare system, using technologies to bring care closer to where people live, learn, work and play.</p> <p>This package seeks funding for two components of e-mental health: digital services and telehealth. Research has shown that e-mental health services can be both effective and cost-effective for the treatment of depression and anxiety. However, to have optimal impact in reducing the burden of depression, strategies for wider reach and uptake are needed.</p> <p>This proposed approach links a package of e-mental health initiatives with investment in a range of tailored telehealth supports to offer follow-up telehealth support to those using self-supporting e-therapy options alongside promotion to optimise uptake. This combined approach offers an opportunity to augment the digital and e-therapy package.</p> <p><b>Digital service components</b></p> <ul style="list-style-type: none"> <li>• Development of a digital e-mental health<sup>1</sup> portal - allows apps and e-programmes to be identified, curated by Government, and 'prescribed' by health professionals or self-selected</li> <li>• Distance counselling for adults</li> <li>• s 9(2)(f)(iv) [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> </ul> <p><b>Telehealth components</b></p> <ul style="list-style-type: none"> <li>• Scaling up of existing telehealth services: an additional 10.8 FTE and adding services to the existing platform to provide capacity for an additional 4900 a month, or an extra 58,000 a year. Service levels will be raised by 16%. Includes targeted promotions.</li> <li>• Telehealth services for out-of-hours, between appointment and post discharge support</li> </ul> <p>This initiative relates to two of the Budget 2019 priorities, namely:</p> <ul style="list-style-type: none"> <li>• Supporting mental wellbeing for all New Zealanders, with a special focus on under 24s</li> <li>• Supporting a thriving nation in the digital age through innovation, social and economic opportunities</li> </ul>
<p><b>Why is it required?</b></p>	<p>The vast majority of people with common mental health issues receive treatment and interventions in the community. Digital technologies are changing the way that people manage their health and wellbeing. E-mental health approaches offer the potential to help expand access to treatment by allowing people to access treatment via computerised programmes and communications. People</p>

<sup>1</sup> E-mental health approaches have been classified as computerised and internet-based interventions, mobile phone interventions, including apps and text messaging, and games, including virtual reality.

expect to have the choice to manage their health and wellbeing in the same way as having control over their own health information, using health apps on their phone, or being part of online support communities.

The use of digital health is growing and is supported by an emerging evidence base. Digital initiatives offer the ability to address service gaps (for example in reaching rural communities) through delivery of distance therapy to reduce access barriers and bring support closer to home. Distance therapy reduces financial, physical, geographic and psychological barriers and can improve adherence/completion rates.

E-therapy options available in New Zealand are not coordinated, and government and the health sector do not have a consolidated view on the most appropriate tools to direct those seeking support to access. This initiative provides an opportunity to consolidate our thinking and to build a 'hub' that brings trusted mental health and wellbeing resources together with approved mental health and e-therapy options into a single portal.

**E-therapy** may be used both as a preventative approach (contributing to building resilience and developing skills to maintain mental health), and as an early intervention to provide support to people already experiencing 'mild to moderate' mental disorders. It can be used on its own, or as a complement to other interventions/approaches. E-therapy is relatively low cost and very scalable, particularly if it is self-supporting (that is, not dependent on a supporting workforce).

There is evidence that internet-based CBT interventions appear to be as equally effective as face-to-face CBT for depressive symptoms amongst adults<sup>2</sup>. Findings indicate that computerised and internet based interventions with therapist or other contact, and interventions with a longer duration resulted in better outcomes for depression amongst adults. Supported or guided interventions for depression resulted in better outcomes and adherence to interventions.<sup>3</sup> Mobile or smartphone apps appear to have a small to moderate effect on depression and anxiety outcomes when compared to active controls, while automated mobile messages have a moderate effect on alcohol consumption.

**Young people:** a wide variety of e-mental health approaches via games, mobile phones, and internet have been trialled on youth populations. For depression and anxiety outcomes, computerised or internet-based CBT approaches, such as SPARX, have a moderate to large effect on depression and anxiety scores compared to non-therapeutic and waitlist control conditions.<sup>4 5 6</sup>

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<sup>2</sup> Andersson, G., Topooco, N., Havik, O., & Nordgreen, T. (2016). Internet-supported versus face-to-face cognitive behavior therapy for depression. *Expert Review of Neurotherapeutics*, 16(1), 55-60. doi: 10.1586/14737175.2015.1125783

<sup>3</sup> Baumeister, H., Reichler, L., Munzinger, M., & Lin, J. (2014). The impact of guidance on Internet-based mental health interventions A systematic review. *Internet Interventions*, 1(4), 205-215.

<sup>4</sup> Ebert, D. D., Zarski, A. C., Christensen, H., Stikkelbroek, Y., Cuijpers, P., Berking, M., & Riper, H. (2015). Internet and computer-based cognitive behavioral therapy for anxiety and depression in youth: a metaanalysis of randomized controlled outcome trials. *PLoS One*, 10(3), e0119895. doi: 10.1371/journal.pone.0119895

<sup>5</sup> Pennant, M. E., Loucas, C. E., Whittington, C., Creswell, C., Fonagy, P., Fuggle, P., . . . Kendall, T. (2015). Computerised therapies for anxiety and depression in children and young people: A systematic review and meta-analysis. *Behaviour research and therapy*, 67, 1-18.

<sup>6</sup> Vigerland, S., Lenhard, F., Bonnert, M., Lalouni, M., Hedman, E., Ahlen, J., . . . Ljotsson, B. (2016). Internetdelivered cognitive behavior therapy for children and adolescents: A systematic review and metaanalysis. *Clin Psychol Rev*, 50, 1-10. doi: 10.1016/j.cpr.2016.09.005

It is important to note that some reviews indicate computerised and internet based interventions have little or no effect on measures of substance use, suicide ideation or resiliency.<sup>7</sup>

**Need for more research:** the potential is huge, however, we need more research to determine the effectiveness of e-mental health approaches for psychosocial outcomes, children and indigenous populations, and the cost-effectiveness. There is a need for local research to prioritise the mental health needs of youth and Māori people who may have less access to mental health services.<sup>8</sup>

**Expanding Telehealth:**

New Zealand’s National Telehealth Service (the NTS) launched on 1 November 2015. All NTS services are government funded, free to access and available 24 hours a day, seven days a week, 365 days a year. Teams of registered nurses, health advisors, mental health nurses, psychologists, psychotherapists, counsellors, and other clinical staff provide professional, free, 24-hour health, mental health, and addictions support across a range of channels including phone, text, webchat and email.

Current NTS mental health and addiction services include:

- 1737 Need to Talk? (1737) (which was successfully developed as a brand-neutral front door for anyone to access support from a trained counsellor)
- the depression helpline, the alcohol and drug helpline, the gambling helpline
- the Early Mental Health Response: a service providing faster and more appropriate help to people in social and psychological distress who call 111 to access New Zealand Police or Ambulance
- an Expert Advice Line to support community and social services.

There were over 634,000 contacts to the national telehealth services in the 12 months to 30 June 2018. Registered nurses gave health advice to around 290,000 people, over 30,000 people started their quit smoking journey, and over 60,000 people were supported by the mental health counselling team.

Scaling up of existing telehealth services will result in an additional 10.8 FTE and adding services to the existing platform translating to an additional 58,000 contacts per year (includes additional targeted services and platform). The NTS also has potential to provide out-of-hours, between appointment, and post discharge support.

NTS mental health and addiction services are designed to allow for integration with local services and primary care (for example, the NTS has ability to send consult summaries to general practice). There is potential for services to refer in, and for the NTS services to refer out.

**Implementation, Monitoring and Evaluation**

**How will the initiative be delivered?**

**Digital:**

Will require a market procurement overseen by the Ministry using current procurement processes:

<sup>7</sup> Te Pou (2017); Effectiveness of e-mental health approaches, Rapid Review (unpublished, prepared for the Ministry of Health)

<sup>8</sup> Te Pou (2017); Effectiveness of e-mental health approaches, Rapid Review (unpublished, prepared for the Ministry of Health)

	<ul style="list-style-type: none"> <li>• Development of a digital e-mental health portal - allows apps and e-programmes to be identified, curated by Government, and 'prescribed' by health professionals or self-selected</li> <li>• s 9(2)(f)(iv)</li> <li>• Distance counselling</li> <li>• </li> </ul> <p>The Ministry of Health will work closely with the Health Promotion Agency and other social sector partners (for example, Education) to promote existing tools. The Ministry will work closely with current providers to enhance current tools, and to address the evidence gaps.</p> <p><b>Telehealth:</b></p> <p>Direct scaling of existing services. The NTS has enabled a scalable clinical and technology platform to further develop innovative digital health services, allowing flexibility in the way the platform can respond to the changing needs of New Zealanders and the health system, whilst maximising economies of scale to deliver value over time.</p> <p>The NTS consolidates a range of health-funded helplines on one technology and clinically-supported platform. The integrated platform ensures every person who makes contact, no matter what phone line or channel they use, is supported by a health professional who can best assist with their needs.</p> <p>The service is contracted in a way to ensure that the capacity, infrastructure and capability is available to the whole health system. Services can also change resource allocation in response to changing needs in the community. The NTS platform was designed as a system enabler to develop and innovate for the benefit of the larger health system in New Zealand.</p>
<p><b>How will the implementation of the initiative be monitored?</b></p>	<p>The provider/s will report to the Ministry on an agreed schedule. Where applicable, reporting will include progress against or contribution to national performance measures and health targets. Overall the contract will include key deliverables included in the service specification with development milestones for the programme of work. Regular reporting to an agreed schedule will be included at the contract stage.</p> <p>For scaling of telehealth services, monitoring will be incorporated into existing mechanisms.</p>
<p><b>Describe how the initiative will be evaluated</b></p>	<p><b>Digital:</b></p> <p>Performance measures may include: Quantity (how many) – reach and volume</p> <ul style="list-style-type: none"> <li>• access and awareness of messages</li> <li>• access of websites</li> <li>• digital rating scales</li> </ul> <p>Having established baseline measures, impact measures include measures of changes for:</p> <ul style="list-style-type: none"> <li>• individuals</li> <li>• population level</li> </ul> <p>Where possible, outcome measures will be used. Evaluation will use standardised measures of impact and effectiveness. Evaluation will determine the effectiveness of e-mental health approaches for psychosocial outcomes, cost-effectiveness, children and indigenous populations.</p> <p><b>Telehealth:</b></p> <p>Evaluation will be incorporated into existing evaluation mechanisms.</p>

**Detailed funding breakdown**

Please provide a breakdown of the costs of this initiative

§ 9(2)(f)(iv)

**Options for scaling and phasing**

Scaling, phasing or deferring - including 75% and 50% scenarios