



E-Mental health resources available to DVA patients

DVA patients can access effective internet and related electronic communication technologies, services and care.

Programs can be used for early intervention, as first-line or adjunctive therapies or as a tool to reduce relapse. Online programs enable people, especially those in rural or remote areas, to access help that is convenient and flexible in a private and confidential manner.¹

The DVA Mental Health Services and Resources for Health Providers and their Clients provides a comprehensive list of services, websites, apps and publications for providers as well as clients, and how to access each one. It is available at: <http://at-ease.dva.gov.au/professionals/files/2015/12/DVA-Mental-Health-Services-and-Resources-Dec-2015.pdf>

Veterans with depression might not present with a complaint of depression; they might seek help for other complaints, including insomnia or pain, or they might be excessively worried about physical ailments.²

Consider the **ADF Post-discharge GP Health Assessment** for your veteran patients to help identify and diagnose physical and mental health problems.

The assessment is funded under the health assessment items 701, 703, 705 and 707 on the Medicare Benefits Schedule and can be accessed at: <http://at-ease.dva.gov.au/professionals/files/2015/08/GP-Health-Assessment-Tool-updated-15-July-15.pdf>

For detailed information about the assessment, go to: <http://at-ease.dva.gov.au/professionals/assess-and-treat/adf-post-discharge-gp-health-assessment/>

Encourage your DVA patients to visit the DVA portal to access online programs and mobile apps:
<http://at-ease.dva.gov.au/professionals/clinical-resources/depression/>



Online programs

- **High Res website** offers a range of free interactive tools and self-help resources for DVA patients to help manage stress and build resilience.
- **MoodGYM** is a free cognitive behavioural therapy (CBT)-based program that enables patients to learn and practise skills to prevent and manage symptoms of depression and anxiety. It can be accessed anytime, is anonymous and has been scientifically evaluated.
- **This Way Up Clinic** is a CBT-based program that patients can undertake themselves as a self-help course on a desktop or mobile device, or a clinician can prescribe the course and supervise their patients as they work through the lessons. There is a small cost to access the program.
- **eCouch** is an interactive CBT and interpersonal therapy-based program for depression, anxiety, relationship difficulties and grief.
- **MindSpot Clinic** is a free telephone and online assessment, treatment and referral service for people with depression or anxiety.

Mobile device apps

- **LifeArmor** provides information on depression, sleep, post-traumatic stress disorder and relationship issues to DVA patients. It is available for Apple and Android products.
- **T2 Mood Tracker** allows DVA patients to self-monitor and track changes in their emotional state. It is available for Apple and Android products.
- **High Res** offers a range of interactive tools, self-help resources and videos which have been specifically developed for DVA patients to help manage stress and build resilience. It is available for free from the iOS App Store and Google Play.
- **Operation Life** is a mobile app designed to help DVA patients deal with suicidal thoughts and is recommended to be used with the support of a clinician. The app provides on-the-go access to emergency and professional support and self-help tools to help stay calm and take action to stay safe.





Other E-Mental health resources available

NewAccess is a confidential *beyondblue* project for people with mild to moderate depression who are currently not seeing a psychologist or psychiatrist, and have not seen one in the last six months. The service provides a trained coach who completes an initial assessment and delivers six free sessions tailored to the needs of the person over the telephone, via the internet or face-to-face. The program delivers low intensity CBT, including graded exposure and behavioural activation, support in accessing community networks and educational programs. It also provides ongoing supervision to promote adherence. The program is aimed at people who might be reluctant or unable to access mental health services, for example, men and people in rural

communities, where access to traditional mental health services is often lower than in cities.^{3, 4} It is currently accessible in Brisbane North, Brisbane South, Canberra, South Australia, Riverina/Murrumbidgee, South Western Sydney, Central and Eastern Sydney, North Coast NSW and surrounding areas. For further information, access the website at: <https://www.beyondblue.org.au/get-support/newaccess>

Encourage your patient to develop a plan to help manage symptoms of depression and to stay well. **The Stay well plan** at *beyondblue* helps people to identify personal triggers and early warning signs of a potential relapse, and enables coping mechanisms to be implemented

promptly. Access *Staying well: recovering from anxiety and depression* at: www.beyondblue.org.au/get-support/recovery-and-staying-well/staying-well

MyCompass is a free, personalised self-help CBT-based program for people with mild to moderate depression, anxiety or stress that can be accessed via a mobile phone, computer or tablet. Developed by the *Black Dog Institute*, it is supported by the Department of Health and is available 24 hours a day, seven days a week at: <https://www.mycompass.org.au/>

Beacon is a website that provides global resources for mental health, at: <https://beacon.anu.edu.au/>

Psychological therapies for treating depression

- Behavioural Activation** is as effective as CBT, does not require a highly trained professional to deliver the program, and is free via the *NewAccess* program by *beyondblue*.³ It takes the approach that depressed mood is a common outcome from negative or stressful life events. It encourages and guides patients to gradually participate in activities that are enjoyable to them, while aiming to reverse the pattern of avoidance, withdrawal and inactivity that contributes to worsening depression.³

- Cognitive Behavioural Therapy** includes structured problem solving, activity scheduling and cognitive therapy to address and modify excessively negative thoughts and behaviours that help to maintain depression.² CBT is well suited to be delivered electronically, especially for patients with mild depression where face-to-face contact might not be needed or wanted.
- Mindfulness-Based Cognitive Therapy** teaches the patient self-awareness and how to focus on the present moment to avoid

thinking about unpleasant thoughts and feelings associated with the past or future.² MBCT and Interpersonal Therapy are as effective as second generation antidepressants in reducing relapse from treated depression.⁵

- Interpersonal Psychotherapy** helps the patient to understand the link between mood and interpersonal relationships, and to develop skills to better cope with grief and conflict, role transition and to improve relationships.²

Full reference list available on the website: www.veteransmates.net.au



References

Achieving best outcomes for depression

- Foreign Affairs, Defence and Trade Committee. Mental health of Australian Defence Force members and veterans. Commonwealth of Australia. March 2016. Canberra, ACT.
- Lu C and Roughead E. New users of antidepressant medications: first episode duration and predictors of discontinuation. *Eur J Clin Pharmacol*. 2012; 68: 65-71.
- DVA Health Claims Database, University of South Australia, QUMPRC. [Accessed September 2017].
- Bauer M, Pfennig A, Severus E, Whybrow P, Angst J, Moller H on behalf of the Task Force on Unipolar Depressive Disorders. World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for biological treatment of unipolar depressive disorders, part 1: update 2013 on the acute and continuation treatment of unipolar depressive disorders. *The World Journal of Biological Psychiatry*. 2013; 14: 334-85.
- Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. *Australian and New Zealand Journal of Psychiatry*. 2015; 49(12): 1087-1206.
- National Institute for Health and Care Excellence. Depression in adults: recognition and management. United Kingdom. 2009. Available at: <https://www.nice.org.uk/guidance/cg90/resources/depression-in-adults-recognition-and-management-97574263674> [Accessed September 2017].
- Taylor D, Paton C and Kapur S. The Maudsley Prescribing Guidelines in Psychiatry. 12th Edn. Oxford, United Kingdom. Wiley Blackwell. 2015.
- Cuijpers P, Dekker J, Hollon S and Andersson G. Adding psychotherapy to pharmacotherapy in the treatment of depressive disorders in adults: a meta-analysis. *J Clin Psychiatry*. 2009; 70: 1219-29.
- Richards D, Ekers D, McMillan D, Taylor R, Byford S, Warren F, et al. Cost and Outcome of Behavioural Activation versus Cognitive Behavioural Therapy for Depression (COBRA): a randomised, controlled, non-inferiority trial. *The Lancet*. 2016; 388: 871-880.
- Cromarty P, Drummond A, Francis T, Watson J and Battersby M. NewAccess for depression and anxiety: adapting the UK Improving Access to Psychological Therapies Program across Australia. *Australasian Psychiatry*. 2016; 24(5): 489-92.
- Anderson J, Galvez V, Loo C and Mitchell P. Adult depression: a step-by-step guide to treatment. *Medicine Today*. 2015; 16(11): 16-24.
- Sukhato K, Lotrakul M, Dellow A, Ittasakul P, Thakkinstian A and Anothaisintawee T. Efficacy of home-based non-pharmacological interventions for depression: a systematic review and network meta-analysis of randomised controlled trials. *BMJ*. 2017; 7: e014499. doi:10.1136/bmjopen-2016-014499.
- Australian Government Department of Veterans' Affairs. Notes for Allied Health Providers: Section One: General. Canberra, ACT. 2016.
- Schuch F, Vancampfort D, Richards J, Rosenbaum S, Ward P and Stubbs B. Exercise as a treatment for depression: a meta-analysis adjusting for publication bias. *Journal of Psychiatric Research*. 2016; 77: 42-51.
- Mammen G and Faulkner G. Physical activity and the prevention of depression: a systematic review of prospective studies. *American Journal of Preventive Medicine*. 2013; 45 (5): 649-57.
- Davey C and Chanen A. The unfulfilled promise of the antidepressant medications. *The Medical Journal of Australia*. 2016; 204 (9): 348-50.
- Fournier J, DeRubeis R, Hollon S, Dimidjian S, Amsterdam J, Shelton R, et al. Antidepressant drug effects and depression severity: a patient-level meta-analysis. *JAMA*. 2010; 303 (1): 47-53.
- Mohammed M, Moles R and Chen T. Medication-related burden and patients' lived experience with medicine: a systematic review and metasynthesis of qualitative studies. *BMJ Open*. 2016; 6: e010035. doi:10.1136/bmjopen-2015-010035.
- Australian Medicines Handbook. Adelaide. Australian Medicines Handbook Pty Ltd. 2017.
- Ishizaki J and Mimura M. Dysthymia and apathy: diagnosis and treatment. *Depress Res Treat*. 2011; Article ID 893905, doi: 10.1155/2011/893905.
- Cuijpers P and Smit F. Subthreshold depression as a risk indicator for major depressive disorder: a systematic review of prospective studies. *Acta Psychiatr Scand*. 2004; 109: 325-331.
- Buntrock C, Ebert D, Lehr D, Smit F, Riper H, Berking M, et al. Effect of a web-based guided self-help intervention for prevention of major depression in adults with subthreshold depression: a randomized clinical trial. *JAMA*. 2016; 315 (17): 1854-63.
- Karsten J, Hartman C, Smit J, Zitman F, Beekman A, Cuijpers P, et al. Psychiatric history and subthreshold symptoms as predictors of the occurrence of depressive or anxiety disorder within 2 years. *Br J Psychiatry*. 2011; 198: 206-12.
- Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited. March 2017. Available at: <http://online.tg.org.au/ip/desktop/index.htm> [Accessed July 2017].
- Australian Centre for Posttraumatic Mental Health. Mental Health Advice Book for Practitioners Helping Veterans with Common Mental Health Problems, Australian Government Department of Veterans' Affairs. Canberra, ACT. 2012. Available at: <http://at-ease.dva.gov.au/professionals/files/2014/09/P01621-Mental-Health-Advice-Book.pdf> [Accessed September 2017].
- Anderson C, Kirkpatrick S, Ridge D, Kokanovic R and Tanner C. Starting antidepressant use: a qualitative synthesis of UK and Australian data. *BMJ Open*. 2015; 5: e008636.
- Keks N, Hope J and Keogh S. Switching and stopping antidepressants. *Australian Prescriber*. 2016; 39: 76-83.
- Van der Kooy K, van Hout H, Marwijk H, Marten H, Stehouwer C and Beekman A. Depression and the risk for cardiovascular diseases: systematic review and meta analysis. *Int J Geriatr Psychiatry*. 2007; 22: 613-26.
- Litchman J, Bigger J, Blumenthal J, Frasure-Smith N, Kaufmann P, Lespérance F, et al. Depression and coronary heart disease. *Circulation*. 2008; 118: 1768-1775.
- Haddad P and Anderson I. Recognising and managing antidepressant discontinuation symptoms. *Advances in Psychiatric Treatment*. 2007; 13: 447-457.



Insert: E-Mental health resources available to DVA patients

- Johnson C, Andronis C, Antoniadis J, Gunn J, Howell C and Orman J. e-Mental health: a guide for GPs. Melbourne, Vic. The Royal Australian College of General Practitioners. 2015. Available at: <http://www.racgp.org.au/download/Documents/Guidelines/e-Mental%20health/e-mentalhealthguide.pdf> [Accessed September 2017].
- Australian Centre for Posttraumatic Mental Health. Mental Health Advice Book for Practitioners Helping Veterans with Common Mental Health Problems, Australian Government Department of Veterans' Affairs, Canberra, ACT. 2012. Available at: <http://at-ease.dva.gov.au/professionals/files/2014/09/P01621-Mental-Health-Advice-Book.pdf> [Accessed September 2017].
- Richards D, Ekers D, McMillan D, Taylor R, Byford S, Warren F, et al. Cost and Outcome of Behavioural Activation versus Cognitive Behavioural Therapy for Depression (COBRA): a randomised, controlled, non-inferiority trial. *The Lancet*. 2016; 388: 871-880.
- Cromarty P, Drummond A, Francis T, Watson J and Battersby M. NewAccess for depression and anxiety: adapting the UK Improving Access to Psychological Therapies Program across Australia. *Australasian Psychiatry*. 2016; 24(5): 489-92.
- Kuyken W, Hayes R, Barrett B, Byng R, Dalgleish T, Kessler D, et al. Effectiveness and cost-effectiveness of mindfulness-based cognitive therapy compared with maintenance antidepressant treatment in the prevention of depressive relapse or recurrence (PREVENT): a randomised controlled trial. *The Lancet*. 2015; 386: 63-73.