



About Telehealth: empowering the youth workforce with knowledge

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Mental Health and Addiction Project

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Introduction

- Why I'm giving this talk
- Whakarongorau Aotearoa
- Mental Health Innovations / Shout (UK, Canada, Ireland, NZ)
- Lifeline Aotearoa / PSN
- Youthline
- Awareness
- Your backgrounds and experience



- The mental health and addiction needs of young people aged 12 to 24 years.
- Youth Primary Mental Health and Addiction project.
- The aim of this mahi is to support the clinical and non-clinical workforce for new Youth primary mental health and addiction services that are rolling out as part of the Access and Choice programme.
- Empowering the workforce
- On-Line Telehealth

What I'll cover...

Mental health, mental illness and wellbeing

Background

What is telehealth?

Why is this knowledge important

Research

Guidance

Useful resources

Questions

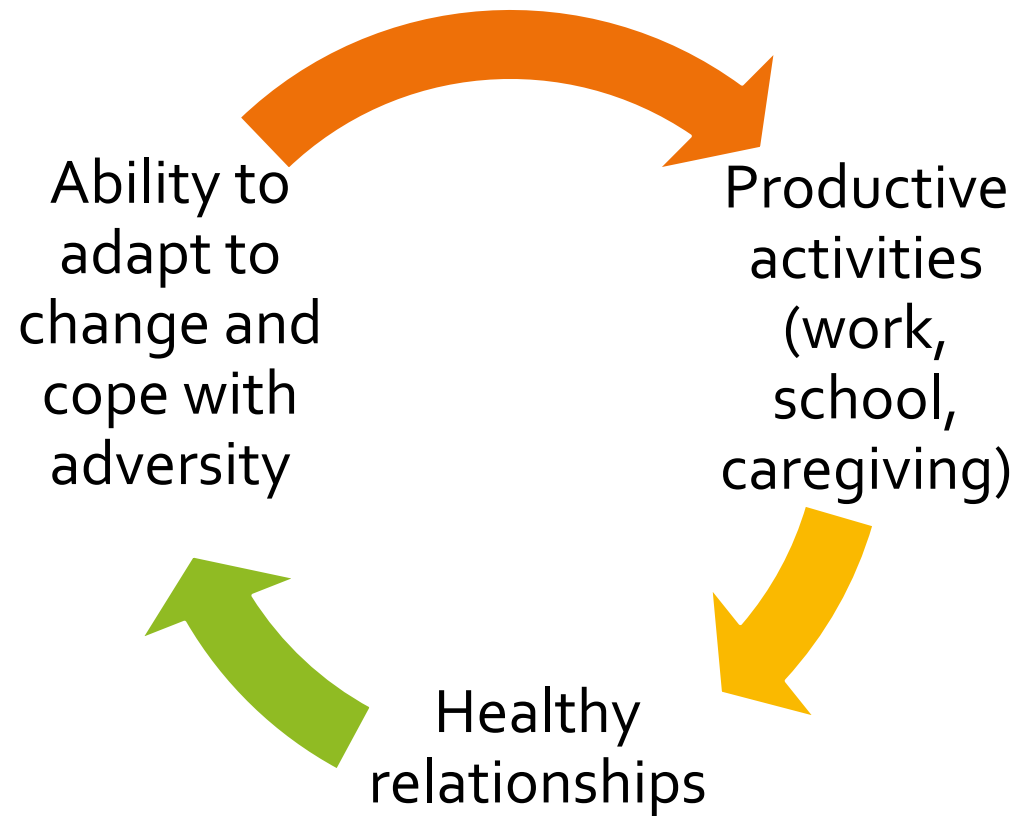
What is mental health?

- a state of well-being in which every individual realises his or her (or their) own potential
- can cope with the normal stresses of life
- can work productively and fruitfully
- is able to make a contribution to her, his (or their) community

(WHO, 2014)



Mental Health involves effective functioning in daily activities resulting in:



Māori worldview of mental health and wellbeing

Te whare tapa whā is a model of the 4 dimensions of wellbeing developed by Sir Mason Durie in 1984 to provide a Māori perspective on health. The 4 dimensions are:

- [taha tinana](#) (physical wellbeing)
- [taha hinengaro](#) (mental wellbeing)
- [taha wairua](#) (spiritual wellbeing)
- [taha whānau](#) (family wellbeing)

With 4 walls, the wharenuī (meeting house) is a symbol of these 4 dimensions. The wharenuī's connection with the [whenua](#) (land) forms the foundation for the other 4 dimensions.

By nurturing and strengthening all 5 dimensions, you support your health and wellbeing, as well as the health and wellbeing of your whānau.



Background...

Prior to the
pandemic...

The situation now...

How the response to the pandemic exacerbated poor mental health

- A key factor in the increased '*prevalence of anxiety and depressive disorders worldwide*' was **immobility**
- Lockdowns - a necessary response in the global attempts to manage the pandemic
- 'Short term', immobility meant '*people avoided social contact and felt less anxious as a result*'

However, *decreased mobility* led to:

- a reduction in physical activity
- social isolation
- disruption of school and work-related activities
- reduced peer interaction and learning
- **restricted access to (mental) health care**

(Lancet Psychiatry, Lokman & Bockting, July 2022)

(Lancet Psychiatry,
Lokman & Bockting,
July 2022...cont'd)

- *After the COVID-19 pandemic is over, affected individuals will most likely not return to their normal (mental) lives*
- *Common mental disorders can take a long time to subside*
- *a previous episode is among the largest risk factors for depression and anxiety disorders, millions of individuals who have had these conditions during the pandemic will have them again—and multiple times—during their lives*
- *COVID-19 will therefore have changed the mental health landscape of the coming decades*

[Lokman J & Bockting C Pathways to depressive and anxiety disorders during and after the COVID-19 pandemic Lancet Psychiatry July 2022](#)

Stats NZ 2021 Wellbeing Statistics

- More than 28% of NZ population reported poor mental wellbeing; nearly 5% more than 2018 survey (change primarily in the 25-44 age group)
- Loneliness increased; women more likely than men to be lonely
- LGBT+ persons, sole parents, disabled persons aged 15 to 64, female and Māori had poorer mental health than the general population
- Males, those living rurally, aged 65-74, recent migrants, and the Taranaki region had better mental health than the general population
- 81% of population aged 15 and over were satisfied with their lives (unchanged from 2018 survey)
- [Statistics NZ Wellbeing 2021](#)

What is
telehealth?



Telehealth...

Has been around for decades

Impact of COVID-19 resulted in tremendous growth in the adoption of telehealth, telemedicine, and digital health, HMD or RHM devices

Growth largely driven by the necessity to follow home isolation guidance, social distancing requirements

...to reduce risk of transmission, limit unnecessary exposure to healthcare settings; take the pressure off hospitals

Telehealth: *Electronic and telecommunications technologies and services used to provide care and services at-a-distance, including non-clinical services*

Telemedicine: *the practice of medicine using technology to deliver care at a distance (AAFP)*

E-health: *...the use digital technologies for health purposes. Can include email, text messaging, push notifications, mobile-based applications, etc.*

mHealth: *involving the use of mobile devices*

Digital health: *a broad umbrella term encompassing e-health. Digital health plays a significant role in supporting and advancing health systems and public health generally and increasing equity in access to services (WHO)*

Definitions

What factors are important when thinking about what people might need when they are seeking help? Particularly the demographic you are supporting - YOUTH



Potential
barriers to
accessing help
from statutory
services

knowledge of, and problems accessing services

lack of services

negative reactions from others, stigma

fear of confidentiality being breached

shame; guilt

cultural/language barriers

Benefits of telehealth services

'Immediacy' – being able to seek help when they need it, no matter where they are

Help in the palm of their hand / at their fingertips

Using a mode of communication that they prefer and that they are comfortable with

Having options

Not having to speak to someone f2f

Confidentiality

Services are often free



Whakarongorau
Aotearoa//
New Zealand
Telehealth
Services//

Let's look at one telehealth option in New Zealand

Free to the public, virtual physical and mental health and addiction support and information services, 24 hours a day, 7 days a week, 365 days a year

Government funded

Delivered by approx. 2,500 professionals across 7 digital channels, incl. phone, webchat, image upload, text, email

Also respond to local and national health emergencies by providing virtual support

Connected to emergency services – police, ambulance

COVID Healthline, the COVID Vaccination Healthline, and the COVID Welfare service.

Whakarongorau Aotearoa clinical teams

registered nurses

mental health nurses

psychologists

psychotherapists

psychiatrists

counsellors

doctors

paramedics

poisons officers

health advisors

family and sexual harm professionals

emergency triage nurses

clinical governance group



Webchat



Depression Helpline



NEED TO TALK?



EARLY MENTAL HEALTH RESPONSE



Safe to talk
Kōrero mai ka ora

Whakarongorau Aotearoa NZ National Telehealth Services

Free health advice when you need it



Healthline
0800 611 116
www.healthline.govt.nz

AnxietyNZ
TRUST

Other NZ Telehealth Services



LIFELINE
AOTEAROA

Lifeline (phone, text) <https://www.lifeline.org.nz/>

Youthline (phone, text, email, online chat) <https://www.youthline.co.nz/>

Suicide Crisis Helpline <https://www.lifeline.org.nz/services/suicide-crisis-helpline/>

EDANZ Helpline <https://www.ed.org.nz/>

What's Up (phone, online chat) <https://whatsup.co.nz/>

OUTLine NZ (phone) <https://outline.org.nz/>

Anxiety NZ Trust (phone) <https://www.anxiety.org.nz/>

Samaritans (phone) <https://www.samaritans.org.nz/>

Mental Health Foundation NZ: <https://mentalhealth.org.nz/helplines>



samaritans
Aotearoa New Zealand

Top presenting issues w/c 04/07/22

- Suicide (34.9%)
- Depression/Sadness (31.5%)
- Anxiety and Stress (30.1%)
- Relationship (24.9%)
- Isolation/Loneliness (15.9%)
- Self-harm (14.6%)
- Covid (3.2%)

**MENTAL
HEALTH
INNOVATIONS**

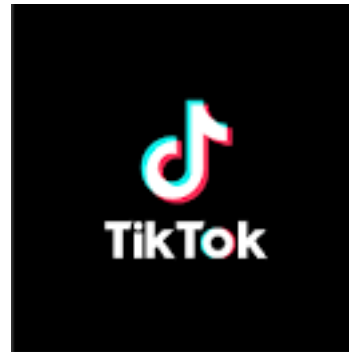
Registered charity: 1175670

shout

CRISIS TEXT LINE |

shout

- Approx. 2,000 text conversations daily (24/7)
- On average between 1% and 2% Active Rescues daily
- De-escalation Model delivered by trained Volunteers
- Supervised by clinicians both in NZ and the UK
- Texter numbers can reflect what is unfolding both nationally and internationally, on social media, politically, conflict around the world, etc., for example...



Let's talk
about how
people are
supported
when they
call/text a crisis
or help line

- Many people contact services in crisis
 - Focus on helping the service user to feel calm, in control, with a plan as to what they will do when the conversation ends
 - Empathy, compassion, non judgemental, congruent
 - 'Listening' skills; reflecting; reframing; validating; acknowledging; reflecting strengths
- (1) Build rapport
 - (2) Explore
 - (3) Identify the Goal
 - (4) Discover next steps
 - (5) End the conversation



Supporting 'at risk' telehealth service users

- Suicidal ideation risk assessment
 - **Thoughts**
 - **Plan**
 - **Means**
 - **Timeframe**
- Continue with de-escalation; connection
- Encourage service user to call emergency services themselves
- Call Emergency Services

Triggers

Distraction

People/places

Support people

Professionals

Emergency support

Mental Health Foundation Personal Safety Plan

HealthEd Personal Safety Plan

Safety planning

Feedback from service users

“Thank you for your help,
you're a great person. You
helped four children keep
their dad today.
Hero.”

“Without you I wouldn't have a plan to move forward. Talking to someone helped me so much and having someone say ‘I believe in you’ is amazing.”

“ Thank you so much for
helping me with exam
stress. It means the world.
What you are all doing is
amazing. ”

"Thank you. It felt nice
to get that off my chest.
I have never told anyone
about those feelings."



Potential benefits associated with technology

- instant communication with family and friends around the world;
- the ability to play and be creative;
- **access to high-quality information;**
- the ability to socialise in a different environment;
- **online support for a range of health concerns and identity**

Potential challenges associated with technology

C/YP with mental health challenges such as depression, anxiety and developmental conditions such as ADHD

Engaging with digital technology can come at the expense of face-to-face interactions, exercise and sleep

Distressing online content

Online bullying

Risk of exploitation including sexual exploitation

Money can be quickly and easily spent online - game purchases, online gambling, prescription and illegal drugs

Evidence to suggest that engaging with digital technology can affect weight, mood, thoughts of suicide and self-harm and body image

Digital self-harm

- Research on digital self-harm is in the early stages of development.
- ***The anonymous or pseudonymous*** (false name) ***posting of hurtful or negative information about oneself on the internet and social media platforms*** (Meldrum et al 2020)
- Digital self-harm is the anonymous online posting or sharing of mean or negative online content about oneself (or self-bullying) [Netsafe, NZ, Nov 2021]
- ***Online communication and activity that leads to, supports, or exacerbates, non-suicidal yet intentional harm or impairment of the physical wellbeing of an individual*** (Pater & Mynatt, 2017)
- people engaging in digital self-harm often engage in offline self-harm; association with self-harm (Tan & Chiang, 2022)

Working online and remotely

ADVANTAGES:

- Connecting with youth in a communication mode of their choice
- Choice of where they (and you) locate yourself while connecting
- Connecting with those who do not want to meet f2f
- Opportunity to connect with those struggling with social interaction, anxiety, depression, etc
- Manage your own time; keep a balance

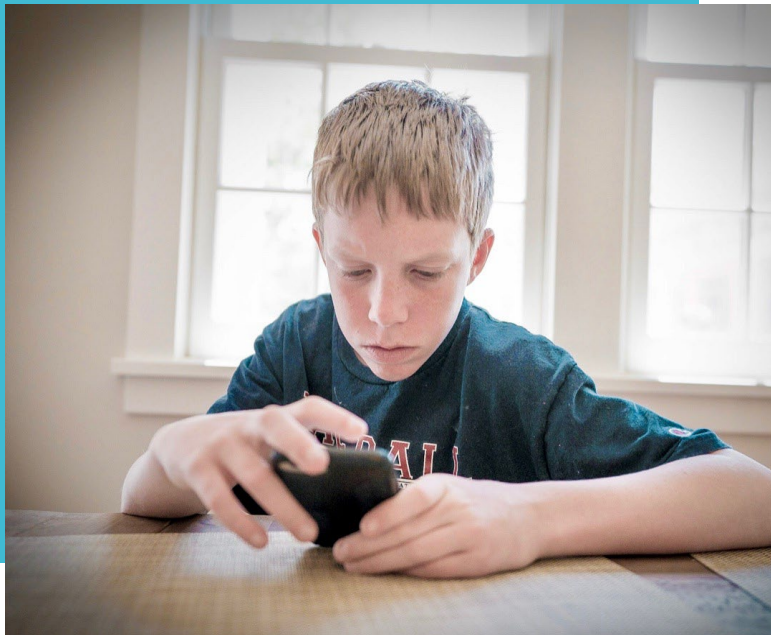
CHALLENGES:

- Lose the advantages of sight, hearing that you have in f2f interactions
- Interaction with your professional peers
- Ensuring you keep a balance in your life

What would I recommend?

- If you're able to do so, get some experience as a volunteer or a paid professional with one of NZ's telehealth services
- Exposure to training, supervision, peer support
- Ensure that the youth you work with are aware of the telehealth services available to them
- Encourage them to utilise these services when they need them, especially when their usual support is not available
- Keep up to date with developments in telehealth

The single most common finding across decades of resilience research is that children who end up doing well have had **at least one stable and committed relationship with a supportive parent, caregiver, or other adult**



Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13. <http://www.developingchild.harvard.edu> Centre on the Developing Child at Harvard University

Self-care

Nothing is more important

Look out for signs of burn-out

Consult around at-risk cases or concerns; supervision

Know your self-care routine; your people; your hobbies and interests; your time-out, your guilty pleasures

Keep up to date but don't overwhelm yourself

Family and self first

