

The Other Pandemic: Mental Health

Digital therapeutics are enabling the normalisation of mental health from dirty secret to a health condition like any other.

Prepared by ANDHealth, with the support of Austrade. Our thanks to our annual HLTH journalist-in-residence Rachel Williamson.

Mental health is being recognised at all levels of society, after the collectively-felt trauma of COVID-19 gave all of us an insight into how it feels to be lonely, depressed, sad, and anxious.

The post-pandemic mental health ramifications are expected to have a years-long tail -- some of it good, such as the Australian government's [\\$2.3 billion spend](#) on a mental health and suicide prevention plan this year. And some of it bad: 43% of Australians told the Australian Bureau of Statistics in January 2021 their mental health [had worsened](#) during the pandemic, or was "fair to poor", and two-thirds said they're using coping strategies.

Australia faces similar challenges for mental health to those outlined at the US-based HLTH 2021 conference in October: treatment deserts, a lack of clinicians to handle the spike in demand, and problems in making therapy accessible to marginalised populations.

Digital therapeutics (DTx) are part of the solution, opening treatment to people who don't live near clinicians trained to handle their condition -- or in the case of children, their age group -- and making mental illness just another health condition, without the historical stigma.

As it is, the last two years have already forced mental health professionals to rethink therapy, from in person one-on-one sessions to include telehealth, virtual, chat, coaching, and even peer support groups.

"When mental health becomes universalised and we no longer separate it from health, and we start to really conceptualise how we make sure that anyone can access any kind of care, wellness, primary prevention, and given we have the ability to deliver confidential secure interactions with mental health professionals 24/7, that is going to help people come out of their shell," said Varun Choudhary, chief medical officer of Talkspace, during the *Being Seen: Connecting in Mental Health* session at HLTH 2021.

Changing of the Guard

Before the pandemic, for most people mental health treatment involved visiting a clinician's office.

Yet also before the pandemic tech options were arising that sought new ways to manage and treat mental illness, such as meditation apps and gamified virtual diagnoses and treatments -- as has been emerging in Australia.



In the US, there is a growing divide between consumer-oriented technologies and PDT -- prescription digital therapeutics.

At HLTH, PDT was the route most speakers attending had taken, partly because it offers a more certain pathway to revenue than competing for the consumer market in app stores, and partly because they can access clinician referrals.

Furthermore, investors are increasingly looking for products and services that are reimbursable, which in the case of DTx, unlike pharmaceuticals, doesn't necessarily mean FDA-approved; to be reimbursed in the US, payers (and to date, only private health insurance reimburses DTx) review new DTx and consider any FDA submissions, clinical data and health economic outcomes.

Examples of the kinds of innovations launched in the US include Akili Interactive which created the first FDA-approved paediatric video game for autism. Happify Health launched a PDT called Ensemble for major depressive disorder. And Woebot has a consumer-focused mental health app that is free but is designing a PDT product too.

Happify Health Chief Science Officer Acacia Parks says the difference between PDT and consumer apps is the technology can ask people to do more -- patients are more willing to undertake longer and more assessments, and put in more effort, because they perceive a prescribed product as more serious and have also taken an extra step to access that level of care.

The next frontier of PDT in mental health is around what happens after the prescribed period -- what kind of maintenance is needed? Do people need the equivalent of 'boosters'? And who will pay for that?

Which is where a consumer app may have more flexibility: Woebot CEO Michael Evers says they design for the episodic nature of mental health, with a more intense intervention earlier but with the understanding that mental health is a continuous process, so making the service available later on a spectrum between maintenance and occasional periods of high intervention.

Engagement is as ever a major topic of discussion around DTx. Akili Interactive chief marketing officer Meghan Rivera says helping patients to incorporate the technology into their routine helps -- and the more parents are involved with that, the better.

For adults, who don't have that kind of familial support, digital therapeutics need to work with their day-to-day activities to help fit the technology into a routine.

What both PDT and consumer DTx need however, is a long-term commitment from payers that they will continue to offer the infrastructure for reimbursement as we move on from the pandemic.



Will The Kids Be Alright?

Paediatric mental health was already in crisis before the pandemic began.

In the US, one fifth of children had a diagnosable condition yet 80% were not able to access care, due to a severe shortage of clinicians who are concentrated in small pockets of the country.

In Australia, 14% of 4-11 year olds were [estimated to have a mental health condition](#) in 2013-14 but the pandemic has deepened that crisis: an [ANU analysis](#) shows more than 60% of parents and carers of children aged 5-18 years believe their kids have worsening mental health conditions. Parental concern among Aboriginal and Torres Strait Islander parents and carers is even higher.

Kids Helpline data released in June showed teenagers aged 13-18 years accounted for [75% of all suicide crisis interventions](#) between December 2020 and May 2021. Very young children in the US are experiencing speech and learning delays, and anxiety is appearing in children as young as six.

This is creating a new field for DTx companies as treating children is different to treating adults -- even rapport building is different with children.

Where adult companies tend to anchor their therapies around a single condition, usually anxiety or depression, paediatric conditions tend to come with comorbidities which means therapies must combine a range of resources from sleep coaches to clinician support, says Naomi Allen, CEO and cofounder of virtual paediatric behavioural therapy company Brightline.

"The way that you wrap the resources around a child is very different to the one-to-one care that has historically been successful when treating adults," she says.

The different needs of children is leading to more peer-to-peer DTx solutions, while Woebot's Evers says showing children that a product is relevant to what they're feeling in that moment before asking them to use a tool, underpins engagement and the relationship.

- **Stigma**

Teens are normalising mental health conversations in ways adults are yet to, says Maya Enista Smith, executive director of the Born This Way Foundation.

"Young people are talking about their mental health, they're prioritising it," she says.

"Young people will still go to their peers first... so we need to equip young people to have potentially life-saving conversations. When we had kids we all learned about the Heimlich manoeuvre and CPR, but we never learned how to deal with someone having a panic attack."

Smith recommends creating a mental health first aid course to help children and adults navigate this new landscape.



Naomi Allen, CEO and cofounder of virtual paediatric behavioural therapy company Brightline, says adult stigma around paediatric medication and treatments forced them to offer short courses of skill building this year rather than months-long medication-aided programs.

- **Zoom Dysmorphia and the tech generation**

Rates of adolescent anxiety and eating disorders have skyrocketed as worries about COVID-19, but also weight gain and going back to school, have taken a toll, says Patricia Ibeziako, Associate Professor of Psychiatry Boston Children's Hospital at the Harvard Medical School.

Teen girls are most vulnerable to Zoom Dysmorphia, the nickname for the breakdown in how we perceive our own image during hours of video calls.

But it's not all bad: tech is reducing care deserts.

"Huge swathes of the US have zero practitioners in their county of paediatrically trained behavioural and mental health experts. Now families have become acclimated to Zoom and can integrate remote learning and virtual care to their kids' lives," says Allen.

"We're seeing tremendous data that shows this idea of virtual-first helps to increase access especially in underserved populations in a way that families and kids really respond to."

To date, the DTx aimed at children have focused on specific narrow slices of conditions. Allen believes finding a way to plug a range of DTx into a broad platform will be the next step in adding value to this field, but it's one that's still wide open for new ideas to emerge.

But as digital therapies emerge so do data risks. There are [calls now in Australia](#) to further strengthen safeguards specifically for services used by children and teenagers to protect them from data leaks that could follow them throughout their lives.

When Mental Health Becomes CSR

Corporate Australia has traditionally taken a hands-off approach to employee healthcare, but mental health is one area in which it is becoming increasingly involved as bosses recognise how important mental wellness is to people being able to do their job.

Indeed, the top perks featured by companies in the 2021 Australian Financial Review BOSS Best Places to Work list were [entirely focused on mental health](#) and the corporate wellness industry has exploded.

The [Productivity Commission](#) estimates mental illness and suicide cost the economy \$200-220 billion every year -- before the pandemic. This year the Victoria Government [had to bail out](#) its workers compensation scheme WorkCover to the tune of \$550 million as mental health claims soared.



The trick is to go beyond window dressing and offer solutions to employees that actually work.

April Koh, CEO and cofounder of mental wellbeing employee assistance program (EAP) Spring Health, told the HLTH conference that most digital health innovation has been built in service of the 1% of Silicon Valley tech workers. Yet the broader corporate world is populated by a vast range of people.

She says companies wanting to engage with employee mental health must ask EAP vendors whether they have experience working with populations that look like their staff, and must require a level of personalisation in that offer -- a mediation app might work for some employees but it will never work for all of them.

- **Language is important**

Companies in the US are taking the lead in shifting the linguistic goalposts around mental health in order to remove some of the stigma around addressing it, and thus reduce another element in the rising cost burden of employee health insurance.

Delta Airlines rebranded mental health into "emotional wellbeing" to capture the everyday elements of taking care of yourself and prevention, while offering services for employees with more serious conditions.

Employee performance enhancement platform BetterUp went with "mental fitness" to shift the concept from health condition to aspirational, incorporating ways to improve your communication skills or be a better parent at home.

Koh says new terminology means additional populations of employees feel more comfortable accessing mental health services.

- **Bosses**

But no employee will feel comfortable talking about their mental health in the workplace in the same way as, say, chronic diseases like diabetes, until they can be sure it won't affect their employment and promotion prospects. That begins with bosses.

BetterUp president Omar Dawood says managers need to be taught how to talk about mental health and how to publicly embrace their own vulnerabilities. And to take basic actions, like proactively calling people who are working from home or working through an intense two-week sprint.

The other element is data. Koh says they can give managers a view of what kinds of mental health conditions present in their employee population, which can then drive strategies around how to address those in the workplace.



Missing The Marginalised

In the US, people who are marginalised are up to four times more likely to be diagnosed with depression, substance abuse or another mental health condition, but also less likely to access and get help.

Here, telehealth can be a gamechanger in one critical way: matching patients with clinicians of the same background.

"The reason I think technology is such an important component to look at solutions is because it really increases the pool of people who can help treat," says Varun Choudhary, chief medical officer of online and mobile therapy company Talkspace

He says the company has more than 3000 behavioural health clinicians across the US, of whom 40% identify as Black, Indigenous or People of Colour (POC).

Norman Kim, deputy director of Ayana Therapy which matches people from marginalised and intersectional communities with care, says tech can also be a problem.

"Technology represents an important way to eliminate so many barriers but I think an important part of the conversation is that tech in itself is a barrier," he says, as people need to have the means to buy the technology in the first place.

Mental health equity starts with - as with many aspects of healthcare - data, says Danny Gladden, behavioral health director at IT company Cerner.

"We must use data to inform organisational policy and inform the services we are going to provide, to inform the investments that we are going to engage in," he says, by looking at all elements of a person's life from the biological aspects of the problem to social care, food, relationships, trauma history.

"Treating depression cannot be treated without ensuring they are safe and have access to food."

The Pandemic's Toll

COVID-19 created a second pandemic of mental health around the world, but it also raised the conversation to the highest levels of government and spurred new ways of attacking treatment and diagnoses.

The challenge is that there is an urgent need to coordinate mental health and physical healthcare and take a whole person view that manages mind and body together.

What COVID-19 uncovered is a critical shortage of mental health workers, making it critical to continue advances in telemedicine to manage the current tsunami, especially for children and young people.



The emergence of telehealth as a government-subsidised -- and generally accepted -- mode of care allows mental health professionals to reach people wherever they are and make it easier to navigate the challenges of engagement and uptake of mental health services.

But it will be a hybrid model of virtual and in-person care that moves us towards solving the mental health crisis: one size does not fit all and personal contact is still needed, even if young people are more likely to be less satisfied with digital-on-demand.

And it will be data that provides the direction mental health DTx and professionals need to be moving in, giving us a picture of where people are, and nudging people into the system.

DTx solutions need to recreate the feeling of being connected with a community, tracking whether people are actually feeling better, and personalising services via a single digital front door that can triage and find the right care for the right patient, and therefore get the best outcome.

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