



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

E-Mental Health Case Scenarios & FAQs:

Building capacity
for digital health
services



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Case scenarios

CASE
SCENARIO

1

Mobile self-monitoring for adults with depression

Objectives

- Highlight key challenges and opportunities in using mobile apps for adult depression in a primary care context.
 - Build knowledge related to clinician and patient perspectives on using mobile apps for mental health care.
-

Background

- Depression is one of the most common mental health conditions and is the fourth leading contributor to the global burden of disease and disability worldwide.¹
 - Patient interest in using mobile apps for mental health care is growing. Patients are now able to use apps to track symptoms (e.g., mood diary), access social support (e.g., online² support group), and target symptom relief techniques (e.g., breathing and relaxation).
 - Adults and health-care providers should carefully consider the benefits and drawbacks of using apps to complement other services or resources.
-



Case scenario, part 1

Bill, a 59-year-old retired mechanic, visits his family physician for an annual checkup. He says he has noticed some changes in his appetite and sleep patterns since retiring almost a year ago. He also mentions that he feels little purpose in his day-to-day life and sometimes lacks the motivation to leave his house or make plans with others.

Since Bill is in good overall physical health, the physician talks with him about his general mental well-being and mood. Together, they discuss options for helping him manage his low mood, increase his activity levels, and find relief for his mild depressive symptoms.

The physician recommends that Bill create a log of his mood and sleep patterns daily and schedule time for hobbies or other activities he enjoys. He also says there are a number of mobile mood-tracking apps he could download to his phone. Bill initially shrugs at the idea of a mood diary but says, if he were to keep one, he'd prefer to use an app over having to write things down. The physician offers to review the diary logs at their next appointment to see if things are improving or if other supports are needed. Bill tells him he'll give it a try.



First reflection

- Are e-mental health apps an appropriate option for someone like Bill?
- What are some reasons Bill might initially hesitate to use an app to monitor his mood?
- What assumptions do clinicians sometimes make about patients when recommending e-mental health apps? (e.g., that everyone has access to a smartphone).
- What did the clinician do to increase the likelihood that Bill would use the app after following the appointment?



Case scenario, part 2

The physician recently attended a workshop on the use of mobile mental health apps in primary care, in which participants used a rating checklist to score several depression-focused apps. He identified three evidence-informed apps appropriate for adults with mild to moderate anxiety or depression.

During Bill's visit, the physician highlighted some of these apps' unique features. One was set up like a game with achievement badges that could be unlocked after completing an activity. Bill really liked the game-based feature and said he'd download the app when he got home. The physician then asked if he thought it would help to have a follow-up appointment to check back on his mood. They agreed to review the diary log together at that time.



Second reflection

- What training or support would you need to begin using apps as part of patient care?
- Are there any risks or limitations to using the app to monitor and address low mood that the physician should have addressed with Bill?



Key considerations

- Health-care providers should assess e-mental health apps before they recommend or endorse them as part of a treatment plan.
- Health-care providers and patients need to decide together on the purpose the app serves within a treatment plan. If an app is selected, it needs to be “the right tool at the right time.”
- Health-care providers and patients should weigh the advantages and disadvantages of apps in relation to other resources (e.g., paper-based information, workbooks, websites, books, videos).

Resources

- [Toolkit for E-Mental Health Implementation](#) (Mental Health Commission of Canada)
 - > Checklist: Five things to think about while assessing e-mental health tools (Table 4, p. 24)
 - [Guiding Principles for Physicians Recommending Mobile Health Applications to Patients](#) (Canadian Medical Association)
 - [PsyberGuide](#) (non-profit reviews of smartphone apps and other digital mental health products, endorsed by the Anxiety and Depression Association of America)
 - Jusoh, S. (2017). A survey on trend, opportunities and challenges of mhealth apps. *International Journal of Interactive Mobile Technologies*, 11(6), 73-85. <https://doi.org/10.3991/ijim.v11i6.7265>
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Using a stepped-care model to integrate e-mental health tools for young adults

Objectives

- Introduce e-mental health tools and their affinity with stepped-care.
 - Highlight the need to consider client preferences and readiness for e-mental health when developing a recovery-focused plan.
-

Background

- Stepped care assesses individual needs and matches them to evidence-based treatment in a timely manner. Individuals are offered the lowest intensity treatments warranted by initial and ongoing assessments within the stepped model. E-mental health tools and resources can be integrated across these steps.¹
 - Stepped care supports rapid access to services through its systematic triage and monitoring system, which can be delivered in primary and secondary care settings.²
 - E-mental health has an important role in stepped care. It can match treatment to the appropriate level and empower people to participate in decisions about their care.
-



Case scenario, part 1

Kayleigh is a 24-year-old student who recently enrolled in a master's program. During her second semester, she went to the Student Wellness and Counselling Centre to get help for her feelings of anxiety. In the waiting room, Kayleigh completed an online intake form that included a standardized behavioural health measure to assess her mood, daily functioning level, severity of symptoms, risk of suicide, and readiness for psychotherapy.

During her initial assessment, the staff therapist asked Kayleigh about her current stressors and concerns. Kayleigh said she was feeling pressure to do well in school and was very lonely since moving away from home. When asked about her coping strategies, support network, and desire to improve she said her family was supporting her and she was motivated to "do what she needed to do to feel better." Overall, the therapist felt that Kayleigh demonstrated a high level of self-awareness and mental health literacy.

In light of their discussion, the therapist ranked Kayleigh's anxiety symptoms "mild to moderate" and her risk of self harm "low." Accordingly, she presented a low-intensity behavioural treatment plan and suggested that Kayleigh take advantage of certain interactive online self-help resources, such as mobile apps and web-based programs that use evidence-based cognitive behavioural therapy techniques. As well, she provided Kayleigh with the university's social events calendar and discussed opportunities for her to meet new people and make friends.

After recording the treatment plan they developed together, the therapist gave Kayleigh a copy. It indicated her current "step," her chosen online treatment options, and the therapist's contact information. As she told Kayleigh, the plan was meant to be tentative and flexible, so she should request a followup session if she notices a change in her mental health or if the online self-directed resources do not help her to manage her anxiety.



First reflection

- What aspects of personal history, readiness to change, and therapeutic alliance would you explore with a client like Kayleigh before proposing an e-mental health solution?
- What e-mental health resources have you "prescribed" to individuals like Kayleigh?
- How can an e-mental health-based treatment plan be left open, so it can be changed over time?
- How can health-care providers explore an individual's strengths to help them build the confidence and capacity to manage their own mental health using e-mental health resources?
- Which other providers or support persons (e.g., peers, caregivers, graduate program coordinators, Indigenous elders) might help young people use e-mental health services?



Case scenario, part 2

Six months later, Kayleigh returned to meet with the therapist. She described worsening anxiety symptoms related to her mother's recent cancer diagnosis. The therapist had Kayleigh complete the same online intake procedure and health survey as before, which allowed them to compare changes in her symptoms over time. After doing so, the therapist determined that Kayleigh's anxiety was now "moderate to severe."

The therapist then asked Kayleigh about her preferences for more intensive treatment. Kayleigh said she liked the convenience of the online resources and noticed benefits from using them but felt that talking with someone might help keep her on track. While she was somewhat uncomfortable with face-to-face counselling, she thought she could bear some short sessions. The therapist proposed a seven-week, therapist-assisted online program using 15-minute video conferencing. When Kayleigh agreed, the therapist connected her with the online coordinator to book her first coaching session and give her access to the program's resources.

Once the treatment plan was in motion, the therapist and Kayleigh agreed to meet about two months later to re-evaluate the plan and determine best steps for the future.



Second reflection

- How did the e-mental health option Kayleigh selected support her unique needs and preferences?
- Would this stepped e-mental health approach work outside the university setting? Why or why not?
- How might Kayleigh's 15-minute sessions (instead of the typical 60-minute sessions) affect a health-care provider's workflow?



Key considerations

- Using e-mental health within a stepped care approach offers multiple pathways for recovery based on an individual's unique strengths, needs, preferences, experiences, and culture.
- Because e-mental health tools are flexible, adaptable, and client-centred, people can use them to manage and maximize their own health to the best of their ability. Stepped care encourages clients to advocate for themselves and contact their provider when tools and resources are not meeting their needs.
- E-mental health interventions range from low-to-high intensity. Best practice guidelines suggest that ongoing monitoring is essential for determining whether a chosen intervention is meeting the client's needs. If not, the client should be stepped up or down to an intensity intervention level that better meets their needs.
- Individuals can access more than one e-mental health service at a time, if resources are available and complement their overall care plan.

Resources

- [What is Stepped Care 2.0](#) (Memorial University of Newfoundland)
 - [Addressing the Access Gap: Leveraging the Potential of E-Mental Health in Canada](#) (Mental Health Commission of Canada [MHCC] report)
 - [E-Mental Health in Canada: Transforming the Mental Health System Using Technology](#) (MHCC backgrounder)
 - [Mental Health, Technology and You](#) (MHCC case scenarios)
 - O'Donohue W. T., & Draper C. (2011). The case for evidence-based stepped care as part of a reformed delivery system. In W. T. O'Donohue & C. Draper (Eds.), *Stepped care and e-health: Practical applications for behavioral disorders* (pp. 1-16). New York, NY: Springer.
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Using websites and social media for health promotion and illness prevention

Objectives

- Show how website and social media platforms can enhance health-care providers' e-mental health knowledge and skills to improve their patients' recovery and well-being.
 - Describe how website and social media platforms in hospitals and community treatment settings can encourage persons living with mental health problems and illnesses and their caregivers to use e-mental health tools.
-

Background

- Health-care organizations and professionals are using websites and social media to promote reliable and accurate mental health information for patients.¹
 - Website and social media platforms provide organizations with tools to share information, promote healthy behaviours, engage with the public, and educate and interact with patients, caregivers, students, and colleagues.
 - Communicating through websites and social media can help increase awareness of news and discoveries, motivate patients, develop professional networks, and provide health information to the community.²
-



Case scenario, part 1

At a busy urban hospital, clients who come in with mental health problems don't often have the social or financial resources to access family doctors, psychologists, or other specialist mental health services. To help these clients access appropriate tools and services when and where they need them, staff members form an e-mental health project team. The team identifies ways to improve communication with clients through the hospital's social media platforms and website resources. For example, staff members could encourage clients to use the free WiFi at the hospital to access its online resources while waiting for appointments or visiting others who are receiving care.

After assessing the needs of patients, families, and other stakeholders, the team creates a plan for updating the website and social media platforms. They identify a number of evidence-based resources and tools the website can link to, including self-help modules, cognitive-behavioural therapy apps, crisis chat lines, and online peer support groups. The team also develops ways to leverage the hospital's social media accounts to help people learn more about mental health and well-being, such as posting videos, podcasts, and interactive blogs. To track whether these changes are working, they use an implementation plan and evaluate their efforts using the [RE-AIM framework](#).



First reflection

- What was your first thought when you heard about modifying the hospital website and using social media to promote mental health and well-being? Would you support this idea?
- Which stakeholders would be important to involve in a website redesign project?
- What is your level of experience with social media and mental health and addictions-related content?
- What recommendations would you make to organizations to ensure their social media mental health initiatives reflect diversity and respect different health literacy levels?
- How should the hospital evaluate success for these additions to their website?



Case scenario, part 2

Hospital administrators work with human resources personnel to identify the qualified staff members with the communication and teaching skills, organizational commitment, leadership ability, and mental health knowledge to lead the implementation project. A new training team schedules on-site sessions that ensures all staff members across the organization are aware of the website and social media updates. They also receive tips and strategies for directing clients, families, and visitors to the resources and for showing them the various features.

Next, the implementation team creates a brief follow-up survey, which they use two months after launching the initiative to collect feedback from patients and staff. While the comments are largely positive, the survey identifies areas for improvement. In response, the team develops a plan for incorporating the suggestions.



Second reflection

- How would you expect patients and staff to respond to the website changes? How would you address concerns or celebrate successes?
- Where do you think such an implementation project might run into challenges?
- How can organizations identify and support staff members with e-mental health expertise or skills? What external resources could a community draw on when internal expertise is limited?



Key considerations

- Staff and clients will have expectations about integrating e-mental health resources for their work or client experience. Learning about those expectations early on in implementation planning can help build trust and facilitate adoption.
- Various strengths and assets can support the development of e-mental health initiatives. If internal resources are insufficient, connecting with experienced organizations (such as a web development company) can build capacity and help projects move forward quickly and effectively.
- Training, which includes opportunities for hands-on practice and exposure to resources and tools, helps clinicians and staff members feel more comfortable sharing and recommending resources to clients and families.

Resources

- [Social Media Best Practices for Nonprofit Organizations](#) (Canadian Coalition for Global Health Research)
 - The Mental Health Commission of Canada's [Toolkit for e-MH Implementation - Module 2: Roadmap for launching e-MH](#) (p. 31)
 - [Social Media in Mental Health Practice Primer](#) (Leeds and York Partnership NHS Foundation Trust)
 - [Toolkit for E-Mental Health Implementation](#) (Mental Health Commission of Canada)
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Creating practical policy guidelines for using e-mental health

Objectives

- Illustrate the responsible consideration of privacy and security concerns related to the use of electronic communication.
 - Consider how electronic devices can blur personal and professional boundaries.
 - Describe the basic steps in creating operational policies for electronic communication.
-

Background

- Mental health professionals are tasked with upholding many of the federal, provincial, and territorial laws, in addition to organizational and professional guidelines that govern how health information is shared, stored, and communicated.¹
 - Health-care providers are increasingly expected to use technology in their professional roles.
 - Mental health professionals are not routinely trained in information technology or in professional ethics related to using technology. This leaves them unprepared to deal with electronic security and privacy issues and their legal implications.
-
- Developing policies on security and privacy for electronic communication is an important part of promoting quality care and creating a culture of digital competency.²
-



Case scenario, part 1

Ajay has worked as a social worker for the last three years in a busy collaborative care practice that includes a physician, psychologists, nurses, social workers, community outreach staff, and an office manager. He recently started using different technologies to communicate with adult clients between counselling sessions (e.g., to send appointment reminders, encouragement, or links to new supports). Several clients said how much they appreciate being able to reach him when they need to.

Recently, as Ajay was preparing for a week-long out-of-town conference, he let his clients know he'd be out of town. While at the conference, one of his colleagues asked to use his phone to call the hotel. But in passing his phone over Ajay saw several notifications for texts and emails from clients.

One of the emails was from a client who had been having difficult interactions with her teenage daughter. The email included a lot of details about the young person's mental health history and medications, with attached screenshots of her social media feed. The email described an event from the previous day in which the mother and daughter "got into it" and "things got out of control." Ajay was concerned. But with the time difference and the lack of secure videoconferencing and access to his client's phone number, his options were limited. When he didn't receive a reply to an email he sent his client, he contacted the clinic, asking staff members to connect the parent to the appropriate resources until he could meet with them on his return.

Following the conference, Ajay decided to bring up the email in a clinic team meeting. One of the nurses in the meeting responded, "This is a perfect example of why email and technology are not appropriate for communicating with clients." The community outreach worker disagreed, noting that many client families preferred using technology to stay in touch. Rather than ban email or texting, she suggested that the clinic just

needed better guidelines. Nobody in the meeting could remember where the policy and procedures on electronic communication were kept or when they were last updated.



First reflection

- What privacy and security concerns did Ajay encounter or potentially create by his actions?
- What provincial and federal privacy policies or guidelines have you read about electronic communication with clients?
- How would you build consensus among people who support and people who don't support the use of e-mental health in clinical practice?
- How does the 24-7 nature of technology change client and provider expectations about contact and communication?



Case scenario, part 2

Ajay worked with the office manager to look into the issue. They discovered that the technology policy, which had not been updated in six years, focused on the clinic's old telehealth conferencing system. A completely new policy was in order, but some staff worried that the policy would create too much red tape and make it more difficult for clients to reach out. Others felt relieved that policies and expectations would be standardized across the clinic. Over the next six months, the staff created an electronic communication policy, following effective policy-development guidelines for health practices. All staff members were trained on the policy and had to sign off on having read and understood the expectations. The policy is to be revisited every two years. As a way to promote conversation with clients about the new policy, the clinic purchased a set of "Ask us about e-health privacy" buttons for staff members to wear.



Second reflection

- How might management support clinic staff members to embrace the changes and not slip back into former habits?
- How could Ajay communicate the new policy to clients and families? What positive things might come out of a conversation about privacy and security concerns?
- What ways could a clinic like this review compliance and accountability in terms of the new policy?



Key considerations

- Electronic communication is part of everyday life, and it's reasonable to expect health-care providers to use it for communicating with each other and with clients. Clinicians are responsible for how they use electronic devices or tools to collect, use, or release client information. Federal, provincial, and territorial legislation, as well as organizational policies, must be followed. Written policies can help establish professional boundaries and should be accessible to providers and clients.
- Each provider or client may have a different comfort level with electronic communication. Having a policy in place does not mean it will be acceptable to everyone. Clinicians must communicate and verify that clients understand the risks and benefits. Clarifying expectations about who will be sending electronic

communications, how quickly messages will be responded to, and why you are communicating electronically can help set boundaries.

- Technological changes are inevitable. Policies need to evolve and must be updated as new information and technologies enter the mainstream.

Resources

- [Summary of Privacy Laws in Canada](#) (Office of the Privacy Commission of Canada)
 - [Toolkit for E-Mental Health Implementation](#) (Mental Health Commission of Canada)
 - > E-mental health skills and competencies (p. 48)
 - > Tips for a good e-mental health learning plan (p. 57)
 - [At a Glance: The Eight Steps to Developing a Healthy Public Policy](#) (Public Health Ontario)
 - Reamer, F. G. (2018). Evolving standards of care in the age of cybertechnology. *Behavioral Sciences and the Law*, 36, 257-269. doi:10.1002/bsl.2336
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Online counselling or video conferencing for the delivery of mental health services to seniors

Objectives

- Introduce ways to deliver mental health services at a distance (i.e., tele-mental health) in keeping with current best practices.
 - Highlight what health-care professionals should consider about clients, the clinical environment, and technology to provide safe and effective tele-mental health services to seniors.
-

Background

- There is a large body of evidence about using tele-mental health services to diagnose and manage various psychiatric conditions.¹
 - Tele-mental health connects clients and health-care providers who are from geographically diverse locations. In some cases, tele-mental health is the only feasible way to deliver services to rural and remote communities.²
 - Clients consistently report that rapport, therapeutic alliance, and emotional connection can be established through tele-mental health sessions.³
-
- Clients have said that tele-mental health services offer many advantages. Benefits include:
 - > better access to specialists and ongoing care
 - > shorter wait times for treatment
 - > less money and time spent away from work and school
 - > better privacy and anonymity
 - > more choice and control over the therapeutic situation⁴
-



Case scenario, part 1

Lucien, a 63-year old man living in a rural community, is experiencing low mood and recurring flashbacks related to his long-standing career in the military. He has discussed his experience and the supports that might be available with his family physician, given that the nearest major city where he could receive a psychiatric assessment and regular face-to-face therapy with a specialist is a four-hour drive away.

The physician asked Lucien if he would be comfortable meeting a psychiatrist via video conference, where he could have his symptoms assessed and develop a specific treatment plan. While Lucien thought about the possibility, the physician described how tele-mental health video conferencing worked and asked if he had any experience with real-time video technologies like FaceTime or Skype. He also pointed out that the psychiatrist he had in mind provided specialized care for veterans and older adults and had years of experience delivering services through video conferencing.

Although Lucien admitted he was a bit “old fashioned,” he agreed to go ahead with the video conference. To ease him into the new situation, the physician offered to attend the first session if Lucien thought that might help. Lucien said he’d welcome having someone there who knew how to handle the technology setup.

After asking about some of Lucien’s health-care preferences, such as language (he is bilingual), the physician submitted a referral using the same procedure he’d use for any other specialized health-care service. Soon after, the virtual-care coordinator contacted Lucien directly to set a time and date.



First reflection

- Do you think tele-mental health is Lucien’s best option, based on what you know about him? How might telehealth for seniors differ from (or be similar to) its use with other age groups?
- Have any of your clients participated in tele-mental health via video conference? Was it a positive experience for them? What might have been done to improve the experience?
- Does Lucien believe his limited experience with technology will take away from the benefits he receives from the session?
- What could psychiatrists do to build their telehealth communication and rapport-building skills?
- Does Lucien have access to the necessary equipment and facilities (camera, microphone, video screen, internet connection, private room, etc.)? If not, where and how can he obtain access?



Case scenario, part 2

When Lucien and his wife arrived at the community health centre, a staff member was there to greet and escort them to the private video-conferencing room. To open the session, the psychiatrist introduced himself and outlined how the session was meant to proceed. He then made sure Lucien understood what was ahead and he was comfortable with the technology (e.g., could he see clearly, was the audio clear?). Lucien felt ready to go but wanted to know if anyone would have access to the video of their session online – he was concerned that people in his community or other family members might find out he needed help. To ease his concerns, the psychiatrist panned the camera around his office to show Lucien he was alone and reassured him that the session was not being recorded and would not be uploaded to the internet. He also took the time to review the privacy and confidentiality standards of the clinic and its staff.

With these opening steps completed, the physician greeted the psychiatrist and let him know he was attending to support Lucien and his wife, who was there to provide background information or translate if necessary. Lucien confirmed his consent to take part in the session with his wife's and physician's participation.

The psychiatrist began with a structured clinical interview to assess whether Lucien met the diagnostic criteria for depression and/or post-traumatic stress disorder. He then discussed the results of the assessment and how to proceed with a recovery-focused plan.

At the end of the session, the psychiatrist reviewed Lucien's medications with all those present and said he'd send his new prescription by secure fax within the hour. Lucien left the session feeling good about how it went. He and his physician continue to work with the psychiatrist, taking part in regular video-conference followup appointments.



Second reflection

- In what situations might a health-care provider favour tele-mental-health over face-to-face services? What situations might not be suitable for delivering mental health services at a distance?
- How could a health-care provider introduce tele-mental health to a client with privacy and confidentiality concerns?
- What are a provider's most important skills or competencies when connecting with clients via video conferencing? Are these different from the ones required for successful face-to-face interactions?



Key considerations

- Health-care providers and organizations should select video-conferencing applications with strong security features that guarantee the confidentiality of clinical discussions.
- It's important to provide a physical environment that creates a sense of well-being for the client during the video conference; for example, having adequate lighting, providing enough room so everyone can sit comfortably, placing cameras at eye level, and giving the client the ability to adjust the volume.
- Before recommending tele-mental health, providers should assess a client's previous exposure, experience, and comfort with technology and video conferencing, with an eye to the ways past experience might affect a new interaction. To deliver culturally competent care, providers should familiarize themselves with each client's cultural background and social environment.

- Providers can increase clients' comfort with tele-mental health by letting them know what to expect during the video conference and what security and privacy measures are in place. These measures include telling clients whether the session will be recorded and, if so, who will have access to the recording.
- Before starting a tele-mental health session, it is important to give clients the chance to ask questions and discuss their satisfaction level.

Resources

- [Telehealth Services for the Treatment of Psychiatric Issues: Clinical Effectiveness, Safety, and Guidelines](#) (Canadian Agency for Drugs and Technologies in Health)
- [Best Practices in Videoconferencing-Based Telemental Health](#) (Guidelines from the American Psychiatric Association and the American Telemedicine Association)
- [Guidelines for Comprehensive Mental Health Services for Older Adults in Canada](#) (Mental Health Commission of Canada)
- [Toolkit for E-Mental Health Implementation](#) (Mental Health Commission of Canada)
 - > Checklist: Five things to think about while assessing e-mental health tools (Table 4, p. 24)
 - > E-mental health skills and competencies (p. 48)
- BC Telehealth (Mental Health) Standards Committee. (2014). *Practice guidelines for video-based telehealth services*. Retrieved from the BC Mental Health and Substance Use Services website: <http://www.bcchildrens.ca/mental-health-services-site/Documents/Practice%20Guidelines%20for%20Video-based%20Telehealth%20Services-2014.pdf>
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Online peer support groups for emerging adults

Objectives

- Strengthen health-care providers' knowledge and skills to help them integrate online peer support groups into mental health care treatment planning.
 - Demonstrate how patients with mental health concerns can use online peer support groups and other online tools (e.g., coaching and forums).¹
 - Introduce safety and reliability considerations that are important for health-care providers who recommend online peer support groups to their patients.
-

Background

- Peer-to-peer support enables people to connect with others, share experiences, seek or provide information and advice, and offer or receive emotional support.
 - A wide range of online peer support platforms are available, including real-time platforms (e.g., chatrooms) and time-delayed formats (e.g., discussion groups, bulletin boards, forums).
 - Peer-to-peer internet support groups (ISGs) are an accessible source of support and advice for people living with a variety of health conditions. According to Pew Research,² 18 per cent of internet users have searched for "others who might have health concerns similar to [theirs]" (p. 31).
-



Case scenario, part 1

Marsha, a 20-year-old from Vancouver, B.C., has been interviewing for jobs in her interest area but has yet to land a position. After a few months, the rejections started to negatively affect her mental well-being. Her mother was the first to notice changes in Marsha's behaviour, such as getting irritated by small things, fighting with people around her, cutting herself off from people she cares about, and avoiding events she used to enjoy. She encouraged Marsha to check in with her family doctor about her low mood.

During the appointment, her family physician collected information about the recent changes in Marsha's behaviour and mood. She explained that she was having a hard time talking with her family because she felt like they didn't really understand what she was going through. The physician thought a combination of online peer support and cognitive behavioral therapy (CBT) might help Marsha manage her mood. Marsha found the online peer support group interesting, as she was active on social media and had participated in online groups.



First reflection

- As a health-care provider, what would you look for in an online peer support group in order to recommend it to patients as safe and reliable?
- What are the benefits of online peer support groups, versus an educational website or face-to-face group? What are the drawbacks?
- What are the biggest barriers for clinicians when recommending online peer support?



Case scenario, part 2

Marsha chose a peer support tool with an interactive digital platform and emotional health service that offers self-help programs for mild-to-moderate depression or anxiety. It provides mental health and well-being support through a 24-7 online community, where patients can share experiences and express themselves through words or images. She especially liked two of its features: the ability to talk anonymously and the service's use of a moderator on open forums. In recommending online peer support, the physician suggested that she take some time to review the site's privacy and security policies and learn how to report any issues that may arise.

He also recommended that Marsha engage regularly with the online peer support group so the two of them could track her progress at their next appointment. In addition, he referred her to a community mental health clinic for weekly CBT sessions. He reminded Marsha that, although online support groups can help relieve symptoms of anxiety and depression, they cannot replace more intensive forms of evidence-based treatment or therapy. But while she waited for in-person CBT to begin, the online peer support could provide her with valuable support.



Second reflection

- What is a health-care provider's responsibility when recommending online peer support to patients as a treatment option?
- Where do you see the biggest opportunity for online peer support to complement face-to-face clinical practice?
- What questions would you ask Marsha at a follow-up appointment to assess the impact and value of the online peer support in helping to manage her low mood?



Key considerations

- Before recommending an online peer support tool, providers should become familiar with such aspects as its evidence base, usability, recommended uses, workflow, and whether it contains psychotherapeutic elements.
- Online peer support can empower people to make positive changes in their lives. These tools range from online support groups to interventions that involve highly trained peer coaches. Any of these options can complement more traditional therapeutic strategies.
- To help meet patients' individual needs, health-care providers should learn about online peer support programs tailored to different mental health issues.

Resources

- [Guidelines for the Practice and Training of Peer Support](#) (Mental Health Commission of Canada overview of quality peer support for mental health and addictions)
 - [What Makes an Online Peer Support Group Helpful?](#) (Learn more about online peer support from a patient's perspective at PsychCentral)
 - [Online peer support program example](#) (Eating Disorders Nova Scotia)
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Teleconsultation among health-care professionals to support remote communities

Objectives

- Promote teleconsultation as a way to improve access to mental health and addiction services for people who live in remote areas (with access to high-speed internet), where they are often unavailable.
 - Recognize that teleconsultation with specialist mental health care providers is an excellent way for non-specialist providers in remote communities to develop professional skills in mental health.
-

Background

- Remote communities tend to lack specialist mental health care providers. It is challenging for primary care providers to give clients with complex mental health problems the care they need. These clients would often benefit from having a specialist clarify their diagnosis and/or prescribe or adjust their medication.¹
 - Consulting with specialist providers helps non-specialists with limited training in mental health care develop their professional competence.²
 - The fast-paced work flow in remote communities can make it difficult for providers to consult a psychiatrist – especially when the psychiatrist is not immediately available. Teleconsultation can help overcome such barriers to high-quality mental health care.³
-



Case scenario, part 1

Jennifer is a 69-year-old woman who lives in a small northern town in Alberta. Shortly after retiring from her work as a certified nursing assistant, she began showing symptoms of forgetfulness and depression. In addition to a severely low mood, she was having difficulty with spatial awareness and recognizing faces.

Jennifer's family decided to contact their physician, Dr. Cook, for advice about her recent memory loss and declining mental well-being. Dr. Cook had recently begun working as part of an integrated team of mental health care providers from different areas of the province. This collaboration enabled her to receive ongoing professional development, better support mental health care in her community, and provide clients with more specialized care.

As Dr. Cook explained in a call with Jennifer's son Mike, the integrated care team uses joint consultations for clients with complex needs, bringing a comprehensive range of expert opinions to each case. Involving a local physician also ensures that someone is with the client to make timely changes to treatment and to coordinate and provide continuity of care.

Dr. Cook asked Mike if he thought Jennifer would be comfortable taking part in a collaborative teleconsultation with members of the mental health care team. As she explained, together they could provide a clearer diagnosis and treatment plan based on his mother's complete medical history and reports. She also told him about the clinic's secure video-conferencing platform, which allows them to include people from the circle of care. This meant the family could attend the teleconsultation from home so long as they could access a computer with a webcam and high-speed internet. After Mike discussed the option with his mother, they agreed to move forward with this approach.



First reflection

- What are the benefits of involving multiple health-care providers in a video teleconsultation? What challenges do you see?
- Do you think teleconsultations will increase client and family engagement, trust, and confidence in the health-care system? Why or why not?
- How do you think teleconsultations will affect relationships among health-care professionals?
- Do you think a teleconsultation will provide Jennifer and her family with the same information and confidence they receive through an in-person appointment?
- What physical setup would you need to hold a teleconsultation meeting? How feasible are such meetings for your own practice?



Case scenario, part 2

Before the teleconsultation, Dr. Cook provided Jennifer and Mike with an easy-to-read brochure that explained the privacy and security features of the video-conferencing system and what they could expect during the consultation. The brochure also mentioned how certain portions of the teleconsultation would include everyone while others would be limited to allow the primary care physician and the care team to discuss best practices on their own.

After assuring Jennifer that nothing in the video call would be recorded, and communication would remain within the circle of care, she confirmed Jennifer's and her family's consent to participate.

On the day of the teleconsultation, Dr. Cook followed the clinic's checklist to ensure all the equipment was working properly. To begin the session, the providers introduced themselves to Jennifer and informed her of their areas of specialization. They then discussed Jennifer's symptoms and situation with her and her family, and together, they developed a plan tailored to her needs and situation. After the teleconsultation, Dr. Cook reconnected with the family to get feedback on their experience and answer their questions about the care plan. She continued to follow up with Jennifer through the treatment plan, with regular office visits and occasional phone calls.



Second reflection

- What is the best way to educate clients and families about teleconsultation if it's something new to them?
- What kinds of information would help you evaluate the potential benefit of teleconsultation to your clients and their families?
- In what other contexts could teleconsultations be useful? Are there contexts where it could be inappropriate or cause too many problems?
- What steps would you have to take to launch teleconsultation as part of your service?



Key considerations

- Be sure to discuss the purpose and expected value of teleconsultation with clients and their families.
- Consider all the practical aspects of launching a teleconsultation service before going ahead. Do you have privacy policies in place? Is the technology platform secure and validated? How do you plan to communicate the service to clients? Do all staff members have appropriate training in best practices for teleconsultation?
- Ask clients for feedback about their teleconsultation experience, so you can align your processes to their preferences and needs.
- Teleconsultation can benefit clients and families while building professional competence and service capacity in remote communities.

Resources

- Teleconsultation room set-up [guide](#) (First Nations of Quebec and Labrador Health Services)
 - [All the Help and Support You Need to Use \[the\] Ontario eConsult Program](#) (OTNhub)
 - Check with your professional association for their teleconsultation guidelines or policies
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Incorporating e-mental health tools in clinical practice

Objectives

- Highlight professional development and continued education opportunities for clinicians interested in e-mental health tools.
 - Encourage clinicians to reflect on how, when, and for whom e-mental health tools are most appropriate.
-

Background

- E-mental health tools can improve health care access by filling the gap when face-to-face services are unavailable or when clients prefer to use them. They can also improve treatment outcomes¹ by providing tools that support patients between visits.
 - E-mental health tools can be used for different methods and stages of care: in prevention and early intervention (such as psychoeducation programs), in primary treatment as a first-line strategy for managing mild to moderate symptoms, or as an adjunct² to complement and enhance existing treatment for more chronic or severe conditions.
 - While a wide array of e-mental health tools are available, they have differences in terms of relevance, quality, features, and cost. To achieve intended³ benefits, find a tool that meets each patient's unique needs and preferences.
-



Case scenario, part 1

Dr. S. has been a primary care physician at a community clinic for over a decade. She recently attended an e-mental health conference to learn more about how she might use e-mental health tools with her patients. After collecting conference fact sheets, brochures, and pamphlets on a number of free interventions and resources, she decides to post them in her clinic's waiting area.

She also takes steps to become more familiar with the e-mental health evidence base: setting aside time each month to review one or two peer-reviewed articles from top-tier journals and get a sense of patients' satisfaction with and the effectiveness and acceptability of different tools. Dr. S. also registers for a monthly webinar series that includes such topics as the benefits and challenges of using e-mental health services, professional boundaries in online environments, and ethical considerations for e-mental health.

To get hands-on experience with the e-mental health tools she intends to introduce to her patients, Dr. S. visits patient portals and websites and downloads a few mobile apps to take a closer look. She then identifies which tools are (1) informed by current evidence, (2) funded or endorsed by reputable organizations, and (3) user-friendly and appealing. Based on the evidence and her experience, Dr. S. begins developing a list of e-mental health tools and links she feels comfortable recommending to her patients.



First reflection

- How does comfort and familiarity with technology influence which e-mental health tools health-care providers recommend to patients?
- What strategies can help professionals overcome their insecurities about using e-mental health in their practices?
- How might health-care providers in different settings do better to market or promote e-mental health in their practices?
- In what way might promoting the use of e-mental health change the relationship between health-care providers and patients?



Case scenario, part 2

Over the next 12 months, Dr. S. integrates various forms of e-mental health into her clinical practice, in situations where referrals to specialized services are not indicated. When possible, she gives patients a smart tablet in the clinic waiting room to complete their intake forms, assess their health and behaviour, and record their current medical concerns.

With each client, she introduces the basics of e-mental health, describes the pros and cons, and explains the proposed purpose of e-mental health for the patient's specific situation. Before recommending e-mental health services and tools, Dr. S. asks patients which technologies and services they can currently access (e.g., computer, smartphone, tablet, smartwatch, internet) and what they feel comfortable using. Any e-mental health tools they choose are part of a complete treatment plan that may include face-to-face services, crisis supports, referrals to specialists, and a time frame for follow-up appointments to adjust the plan as needed.

After successfully integrating a select number of tools and resources into her practice, Dr. S. organizes a lunch and learn seminar for colleagues in her clinic to share experiences, practical tools, and tips for using e-mental health with patients. She provides a brief overview of lessons learned through her literature review, webinars, and personal experimentation with e-mental health tools.



Second reflection

- What information is necessary for patients to make an informed choice about whether e-mental health is right for them?
- How can health-care providers help set realistic e-mental health treatment goals with their patients?
- What would you need to build a strong professional community of practice around e-mental health in your community?



Key considerations

- There is no “one size fits all” e-mental health tool or resource. Rather, there are a range of evidence-informed e-mental health tools that can be appropriately used to support patients across the continuum of care.
- Health-care providers should consider initiating e-mental health training, education, or practice as part of their professional development before integrating a variety e-mental health tools into their clinical practice.
- Choices about e-mental health must be made in partnership with patients. It is best not to assume that clients have access to necessary devices or technology such as smartphones and high-speed internet. Discuss these issues up front.

Resources

- [Primary care provider e-mental health tools](#) (eMentalHealth.ca/Primary Care)
 - [E-Mental Health: A Guide for GPs](#) (Royal Australian College of General Practitioners)
 - [Toolkit for E-Mental Health Implementation](#) (Mental Health Commission of Canada)
 - › Pros and cons of different technologies for e-mental health (Table 2, p. 18)
 - › Checklist: Five things to think about while assessing e-mental health tools (Table 4, p. 24)
 - Reynolds, J., Griffiths, K. M., Cunningham, J. A., Bennett, K., & Bennett, A. (2015). Clinical practice models for the use of e-mental health resources in primary health care by health professionals and peer workers: A conceptual framework. *JMIR Mental Health*, 2(1), 1-16. doi:10.2196/mental.4200
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E-mental health for young people engaged in self-harm

Objectives

- Help health-care providers better understand how clients can use mobile apps to manage their mood and/or thoughts of self-harm.
 - Show how e-mental health technologies can complement other mental health services and extend care beyond face-to-face interactions.
-

Background

- To help them stop self-harming, young people are using technology (i.e., web or mobile apps) to seek quick, easy, and discreet access to general health information and advice.¹
 - Young people who are considering or engaged in self-harm can use mobile apps to track their mood and behaviour, identify triggers, practise relaxation techniques, and access health information or services. These activities can support them in developing healthier coping skills.
-
- In recent years, mobile apps for adolescent mental health have been evaluated in rigorous clinical trials. The latest research suggests that apps for providers and clients be evaluated on a case-by-case basis.²
-



Case scenario, part 1

Sixteen-year-old Janessa has been seeing a school counsellor for anxiety over the past six months. She told the counsellor that her fear of failure aggravates it, especially when she has to write exams. At times her anxiety gets so bad that she has stayed away from school for days. As the end of the term approaches, Janessa begins to wonder what she could do to prepare for next year.

In one session, Janessa also mentioned that she sometimes thinks of killing herself. While these thoughts tend to go away after a few days, she has cut herself when her worries have gotten “really bad.” She told the counsellor that her parents and the family physician are aware that such thoughts and feelings have been happening. Janessa has never been hospitalized for a suicide attempt.

The counsellor’s standardized risk assessment determined that her suicide risk was low. Even so, the family doctor referred Janessa to another counsellor for additional treatment and support. In the meantime, the school counsellor began working with her on a transitional treatment plan to help her manage her anxiety over the summer.

During these discussions, Janessa expressed an interest in using a mobile app to track her anxious symptoms and build on the skills she has learned from therapy. She asked the counsellor for advice about which app would help her practise relaxation, monitor her mood and behaviour, and reframe her anxious and negative thinking.



First reflection

- Have you ever recommended technology to a young person to help them manage their own mental health? What aspects of the treatment plan did the app support?
- How would you evaluate a mobile app for quality, effectiveness, and relevance? What criteria would you use to determine if an app is worth recommending?
- To be effective, do you think it’s necessary to design e-mental health tools specifically for young people? Would an adult-focused app meet Janessa’s needs?
- From your clinical experience, what do you think of using e-mental health tools for anxiety and self-harm behaviour? What kind of safety followup would you incorporate?



Case scenario, part 2

The counsellor agreed that a mobile app might help Janessa stay on top of her mood and behaviour over the summer. She asked Janessa if she knew of any apps and what features she might look for in an e-mental health app.

After walking her through the general criteria for choosing an app on mental well-being, the counsellor mentioned a recent literature review. It could help them, she said, identify evidence-based apps designed for Janessa's age group that could meet her needs and preferences (in terms of cost, aesthetics/interface, features, etc.).

Based on their discussion, Janessa selected and downloaded an app onto her phone. The counsellor spent five to ten minutes with her to explore its features and the basics of how it worked. She also mentioned that she'd like to look at Janessa's symptom-tracking information in September and encouraged her to share any progress updates from the app with her new counsellor. As the term came to a close, the counsellor made a note to connect with Janessa at the beginning of the next school year.



Second reflection

- What further information do you need about Janessa to determine whether e-mental health is an appropriate option for her?
- How do e-mental health tools complement the clinical care plan in this case?
- Where do you look for information about new mental health apps that could become high-quality, evidence-based resources for your clients?



Key considerations

- Providers must comprehensively understand a young person's identity (sex and gender, culture, etc.) and medical history to determine which (if any) e-mental health tools are appropriate to recommend (as part of an overall treatment plan).
- E-mental health tools can empower positive change in young people's lives by connecting them to peer supports and information and helping them practise therapeutic techniques, etc.
- When clients use e-mental health supports, it is important to adhere to your organization's (or service's) policies and procedures for risk assessments and safety follow-ups.
- E-mental health tools are constantly evolving, with new apps and updates coming all the time. The more familiar you are with evidence-based quality indicators, the better you can assess their value and guide your clients in making informed decisions on tools to achieve their goals.

Resources

- [Mental Health Apps: How to Make an Informed Choice](#) (Mental Health Commission of Canada and Canadian Institutes of Health Research)
 - [Canadian Medical Association Guiding Principles for Physicians Recommending Mobile Health Applications to Patients](#)
 - [PsyberGuide](#) (non-profit reviews of smartphone apps and other digital mental health products, endorsed by the Anxiety and Depression Association of America)
 - Emerging [research](#) on technology for those who engage in self-harm
 - Learn about the Calm Harm self-harm app being evaluated as part of [Project ECHO Ontario Child and Youth Mental Health](#)
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E-Mental Health Leadership FAQs

Q1

What professional competencies are essential for the effective and confident use of e-mental health, and how do we foster them in our staff?

Today's health-care providers are required to develop habits of lifelong learning and accept responsibility for developing competencies beyond their current work profiles. In the world of e-health, professionals are being asked more and more to collate, share, and manage multiple forms of digital information and interact with different types of technology in their everyday work. Whether they are new graduates or seasoned clinicians, everyone faces a future practice environment in which considerable computing skills are essential.

Leaders should be aware of and support staff in developing foundational e-mental health skills and competencies. These include:

- **Navigating and troubleshooting** a range of technologies and software (devices, apps, websites, platforms, electronic medical records).
- **Interpreting data** (numerical, graphical, identifying trends and gaps) and using it to make effective clinical decisions.
- **Improving online communication** (voice intonation, listening skills, and clarity of two-way communication without visual cues, writing short and concise sentences).
- **Recognizing digital boundaries and ethics** (respecting personal and professional boundaries in the use of technology).
- **Record keeping and digital storage** (maintaining privacy and the confidentiality of user information stored on e health software).

Health leaders can play a key role in fostering the effective and confident use of e-health programs. Staff members often take their cue from leaders whose behaviours and attitudes reflect an organization's commitment to e-mental health programs and goals.

To build confidence in your e-mental health team, leaders can

- advocate for and provide opportunities for staff to receive specific e-mental health training
- encourage staff to consider e-health competencies in their professional development planning and professional practice goals
- create a supportive environment where employees can discuss technology issues and concerns transparently
- consider how the physical environment can facilitate e-mental health (e.g., Where do tablets get plugged in? Which offices have videoconferencing software installed?)
- celebrate innovators, early adopters, and team achievements
- let staff members know about the real-world impact of e-mental health solutions on clients and families.



Tools and resources

-
- [e-MH Implementation Toolkit: Module 3 Building your digital skillset](#)
 - [Health information technology competencies](#)
HITComp is a searchable database that allows users to learn the skills required to fulfil a variety of health-care roles in different practice settings.
 - [Computer use self-assessment](#)
From Employment and Social Development Canada
-

Q2

How do we prepare our organization for compliance with privacy and data protection laws in connection with e-mental health?

Staying up to date on privacy and data protection is essential in today's digital health environment. Clients and regulators demand that personal health information is adequately protected, while organizations risk losing the trust of clients and employees when personal data is not well protected.

Become fully informed of new obligations

Employers and health leaders should know of and understand changes to privacy protection laws and any new obligations or requirements they need. A good place to start is to conduct a privacy-law compliance audit to see if you meet federal and provincial requirements.

Establish strong governance structures

Do the relevant stakeholders in your organization know which personal information your organization processes, where it is, and who manages it? When involved in e-mental health, organizations must have a clear picture of each staff-member's role in the protection of personal health information. Choosing a point person (e.g., a data protection officer) to be responsible for reviewing changes in data privacy laws can be a first step in achieving proper governance, but that person will need support from the rest of your organization to carry out such responsibilities.

Train staff

Employees must clearly understand what constitutes a breach and when a risk of significant harm exists.

Decrease employee error

Data breaches most often occur through employee error. So, employers should have a plan for avoiding or handling data breaches and take the time to ensure that employees are being mindful. Increasing communication about privacy protection between staff members is key.

Update your privacy policy

Guidelines related to privacy and data protection laws are constantly changing. It is therefore a good idea for organizational leaders or employers to prepare for compliancy far in advance.

Stress test plan

Has your organization put adequate technical and organizational measures in place to prevent, monitor, and follow up on data breaches? Even when a plan is in place, there can be a lack of coordination among stakeholders, especially internally. Test your breach response plan regularly to see if your responses happen as they should.

Data privacy will remain a fundamental issue, and the privacy regulations designed to protect health-service users are here to stay. Ongoing, routine evaluation is essential for all organizations, and it must be communicated to every staff member.



Tools and resources

- [e-MH Implementation Toolkit: Module 3 Building your digital skillset](#)
- [Privacy Act](#)
- [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#)
- **Office of the Privacy Commissioner of Canada:**
The Office maintains a webpage of all provincial and territorial privacy laws, as well as who is responsible for their enforcement. This includes all Personal Health Information Acts and Access to Information and Protection of Privacy Acts.

Q3

How can we help clients and families decide which e-mental health tools are most appropriate?

Engaged clients are better able to make informed decisions about their care options, including how they might benefit from e-mental health tools and resources. Services and supports that are aligned with client priorities are used more over a longer period. But engaging clients isn't just about client-friendly websites or setting clients up with an electronic medical record. Thankfully, there are many ways for leaders and providers to help engage clients and their family members in taking full advantage of e-mental health tools.

1. Support clients in putting e-mental health tools into their recovery plan

- Ask clients and their families about their digital life to see where e-mental health interventions might play a role (e.g., their comfort level with technology, access to devices and the internet).
- Address any misperceptions about e-mental health tools and interventions.
- Set realistic expectations about the role of e-mental health in a client's recovery journey.
- Actively promote client-feedback systems for e-mental health tools and services.

2. Enhance credibility by focusing on evidence-based e-mental health tools

- Give clients confidence in e-mental health tools by using those shown to be effective via quality evidence.
- Provide written information about recommended programs so clients have time to review, ask questions, and learn more (e.g., brochure, program website).
- Consider giving clients a demonstration so they feel more comfortable with the steps and tasks involved in using an e-mental health tool.
- Be prepared to respond to basic privacy and data security questions.

3. Promote e-mental health communication strategies that meet clients' needs

- Provide options (email, text messaging/SMS, videoconferencing) to help clients communicate with their care providers.
- Discuss e-communication privacy and confidentiality and have clients provide informed consent before they proceed.
- Actively search out free, evidence-based online supports (peer-moderated forums, support groups, therapeutic activities or exercises, mobile apps) that clients could use for healthy self-management.



Tools and resources

-
- [Patient engagement resource page](#)
From the Healthcare Information and Management Systems Society (HIMISS)
-
- [Patient beliefs that increase e-mental health engagement](#)
From the Royal Australian College of General Practitioners (RACGP)
-
- [Engaging patients in patient safety: A Canadian guide](#)
 - [Canadian Patient Engagement Network](#)
Two resources from the Canadian Patient Safety Institute
-
- [Patient engagement resource page](#)
From Canada Health Infoway
-

Q4

Does e-mental health help to promote equity? How might it increase or decrease disparities?

E-mental health tools and services used in complex social settings can have a varied impact – positive, negative, and mixed – on community power relations and on equitable outcomes. Adopting new technologies without carefully considering the population you serve can make existing inequities worse or even create new ones. So, it is important to ensure that e-mental health tools address such circumstances.

Be proactive in anticipating, assessing, and seeking to prevent potential disparities. As you build your plan to incorporate e-mental health tools, consider the following questions:

- Do clients have the necessary devices, internet connectivity, and computer skills to participate in the e-mental health service or support?
- What adverse impacts or unintended consequences could result from implementing e-mental health? Which groups could be negatively affected? How could adverse impacts be prevented or minimized?
- What positive impacts on equality and inclusion could result from implementing e-mental health? Which groups could benefit? Are there further ways to maximize equitable opportunities and impacts?
- Are stakeholders from diverse groups – especially those most adversely affected by mental health service gaps – represented and meaningfully involved in the e-mental health implementation planning? Who is missing and how can they be engaged?
- Are there any language and cultural barriers related to your content? For example, can clients access them in their preferred language? Do the examples, stories, and images/videos reflect the diverse members in the community where they will be used?
- Do the planning and implementation teams include community members from traditionally under-represented groups? It is important to the larger climate of inclusion in e-mental health that leaders take staff recruitment and advisory roles into consideration.

- What reminders, supports, and accountability systems can be made part of routine e-mental health implementation practices to keep equity as a high priority?
- What are the indicators and benchmarks of success? How will impacts be documented and evaluated? How will the level, diversity, and quality of ongoing stakeholder engagement be assessed?



Tools and resources

- **Health equity toolkit**
From EQUIP Health Care
 - **Health Equity Impact Assessment**
From the Province of Ontario
 - **Innovative Technologies and Social Inequalities in Health: A Scoping Review of the Literature**
An open access research article from Daniel Weiss, et al. (2019)
-

Q5

How can I as a leader keep risk aversion from blocking the implementation of innovative e-mental health tools and resources?

Innovation is about trying something new, which can feel uncertain and uncomfortable. People are often reluctant to change when faced with uncertainty, and leaders are no exception. To keep uncertainty from stifling innovation, a leader must see innovation as introducing multiple interactions and changes into the system rather than as a single planned event. Leaders need to be careful not to put clients and families at risk just for the sake of trying something new. Being an e-mental health leader is about finding ways to introduce innovations to clients and their families in safe, equitable, effective, and accessible ways.

Tips to manage risk aversion

1. Encourage transparency from stakeholders about perceived risks.

- > **Historical roadblocks.** Have similar changes in the past failed? Are any roadblocks that may have prevented past success still in place?
- > **People.** Are the right people in place to assess, implement, and monitor the innovation? If not, do you have a strategy for finding them?
- > **Timing.** How will the timing of this change play out? Do projected timelines fit well with your current practice setting and the individual workloads of the people involved?

2. Rank the risk elements and generate workable options.

- > Once you have identified the potential risks of implementing an e-mental health service or tool, get specific: rank the risks (a numeric scale with 1 being no risk and 5 being extreme risk can be quite effective) and identify if each risk is short term or long term. Work with your team to translate each risk into a workable option. What would it take to reduce that risk? What alternatives could be used to minimize it? If you were to move ahead, how would you evaluate risks over time?

3. Get champions on board.

- › Not every person in an organization perceives change positively or is willing to face the e-mental health learning curve. To help get everyone on board, start by identifying and working with those who are motivated and interested. Assets to look for in e-mental health champions include those who are team players, trust builders, credible, persevering, coalition builders, effective communicators, available, and visible.

4. Go first, then lead by teaching.

- › As a leader, be ready to teach others how to accomplish a goal. Invite your team/workforce to think outside of the box and create an environment where people feel comfortable trying new tools and resources.
- › Recognize that people might feel awkward with these new skills. Be patient as they adapt to the new environment.
- › Going first is critical. Leading by example shows staff that leaders are committed. It creates a sense of comradery that allows people to learn together.



Tools and resources

-
- [e-MH Implementation Toolkit: Module 5 Leadership for e-mental health innovation](#)
-
- [A Framework and Toolkit for Managing eHealth Change: People and Processes](#)
From Canada Health Infoway
-
- [Change Management: The Keys to Successful Digital Transformations](#)
A 2018 CMS Wire article by James Davidson
-
- [Managing Resistance to Change](#)
Guide to help overcome opposition to change from the Alberta Medical Association
-

Q6

How do we assess which digital tools (apps, websites, programs) are evidence-based?

New e-mental health tools are released every day. Tools vary in quality, and little regulatory oversight exists to ensure that e-mental health tools are user-friendly, have accurate content, or are based in strong evidence. In addition, tools are released, updated, or removed from the internet regularly, which can change a previous assessment or weaken an evidence base. Organizations therefore face a challenging and time-consuming task in trying to curate and maintain an up-to-date list of approved tools.

That said, organizations have a number of approaches to use for meeting this challenge. For example, they can either choose to approve and adopt specific tools or develop frameworks outlining essential criteria that give staff the discretion to recommend or use e-mental health tools with clients.

Whichever approach is favoured, every health-care provider and leader can benefit from developing some basic evaluation skills to help determine which e-mental health tools to recommend. Below are some suggestions and tools.

1. Look at the scientific evidence.

- Use a digital library database (e.g., PubMed/Medline, PsycINFO, Google Scholar) to search peer-reviewed literature on the e-mental health tool you're considering. Look for summary reports (e.g., a systematic review of mobile apps) in a specific content domain (e.g., depression) or for a specific population (e.g., youth).
- Program evaluations and clinical trials may report if the outcomes show the e-mental health tool to be ineffective, more or less effective, or equally effective to standard care, wait-list, or other active treatment options. Consider the population and the context in which the research was conducted to determine if results can be generalized to your client population.
- Sign up to receive notifications and alerts so you can flag newly published research and remain familiar with relevant e-mental health topics.

2. Search e-mental clearinghouse websites, libraries, or portals.

- Some existing websites conduct structured reviews prior to generating recommendations for mobile apps. Examples include [Practical Apps](#) (Canada), the [NHS Apps Library](#) (U.K.), and [Head to Health](#) (Australia).
- Keep in mind that many of these listings may lack systematic, independent reviews or strong evaluation methods. Blog posts, newsletters, and editorials often review or list interesting or newly available apps or resources, but that's no guarantee they're high quality or evidence-based.

3. Visit websites of government-funded public health organizations.

- Websites funded by governments must meet national health policies and guidelines to protect user privacy and ensure their information is objective and credible. Good sources often have a web address ending with “gov” or “gc.ca” (government), “edu” (universities or health-care facilities), and “org” (non-profit organizations).
- Other public and private organizations have begun to help organize, review, and certify e-mental health tools or health information websites. To receive a certification or endorsement, credibility and reliability are evaluated against predetermined principles. A logo is displayed on the website to indicate certification has been met. For example, the HONcode certification by [Health on the Net](#) and the [NHS Information Standard](#).

4. Search and review app stores.

- App stores provide a relatively easy way to identify apps that are currently available to clients. Make sure users search the app store that corresponds with their operating system (iTunes for Apple, Google Play for Android). Filtering app searches with the most relevant and targeted keywords, including “mental health condition,” will save users time and effort.
- User ratings and reviews can offer information about app usability and functionality, which can help to narrow the pool of candidates. Although user ratings do not outline the evidence base that supports the app, they can be helpful in determining the app's ease of use. Note that the algorithms used for ranking apps are based on popularity and subjective ratings, not necessarily on a systematic evaluation and evidence base.
- App descriptions detail the content of an app, including its features and functions, and the app development team or company. Descriptions may indicate whether the source of information is credible or useful and specify aspects of cost, privacy, interoperability, and support.



Tools and resources

- [e-MH Implementation Toolkit: Module 1 Exploring the world of e-mental health](#)
- [Mental Health Apps: How to Make an Informed Choice](#)
Guidance and assessment information from the MHCC
- [A Systematic Review of Quality Assessment Methods for Smartphone Health Apps](#)
Access to a research article on ways to evaluate health apps by BibDhim, et al. (2015)

Q7

How do we respond to the perception that e-mental health is “second-rate” care?

We still have a lot to learn about client and provider experiences with e-mental health care. Attitudes and perceptions toward it can be affected by awareness of the tools, expectations of their usefulness and ease of use, evidence of their validity, personal preferences and lifestyle, and by the opinion of peers or trusted health-care providers.

Below are some strategies health-care providers can use to address perceptions that e-mental health is second-rate care and to increase the awareness and acceptability of these services.

1. Provide accurate information on the efficacy of e-mental health tools.

- › Open conversations between clients and health-care providers create an opportunity to discuss the evidence base for e-mental health. Through such discussions, health-care providers can help set realistic expectations about the ways e-mental health tools can support improved quality of life and mental wellness. Addressing misinformation and misperceptions is important for establishing e-mental health as one of many valid treatment options.

2. Provide information on the advantages of e-mental health care.

- › E-mental health benefits that extend beyond its usefulness can help meet the needs and preferences of users. Advantages include:
 - reduction in cost, time, and travel to appointments
 - convenience and flexibility for service types, modes, and features
 - anonymity with help seeking
 - availability and access for on-demand support
 - the ability to self-manage one's health.

3. Be upfront about expectations and barriers around e-mental health use.

- › Proactive communication helps to prepare clients for some common challenges that may come with e-mental health use. Barriers include concerns about privacy and security, technological literacy and comfort, and stigma and embarrassment associated with help seeking. Validating clients' concerns can be a major step in the acceptance process.

4. Generate positive discourse around e-mental health.

- Potential e-mental health users are sensitive to the opinions of medical professionals and the public, but clients are more likely to accept e-mental health when it's endorsed by someone they trust. Introducing its various uses in our health-care system allows clients to see its ubiquity, from information websites and electronic health records to text-message appointment reminders. Sharing personal experiences of use, both from a health-care provider's and a client's perspective, can increase a client's comfort with e-mental health.

5. Showcase the similarities between face-to-face and e-mental health treatment.

- Users may compare e-mental health tools with traditional, in-person services. Research suggests that users consider face-to-face care as more helpful, credible, supportive, or appealing. But e-mental health is also helpful (according to the growing evidence base of efficacy studies), credible (health-care professionals can be involved in the design, development, and delivery of tools), supportive (online or face-to-face support can be incorporated into the use of tools), and appealing (tools can be tailored to users' needs or personalized to users' preferences). Demonstrating this can help users appreciate the similarities between treatments.

6. Acknowledge that client preferences matter and e-mental health isn't always the best option.

- Consider clients' health, emotional, social, environmental, spiritual, and economic context when deciding whether e-mental health is an option. Respect their preferences and their right to choose the service that feels right to them.



Tools and resources

-
- [Patient engagement resource page](#)
From Canada Health Infoway
-
- [Patient engagement library](#)
From the Healthcare Information and Management Systems Society (HIMISS)
-
- [Advancing the Evolution: Insights into the State of E-Mental Health Services in Canada](#)
Report from the MHCC
-

Q8

How have leaders and governments in other countries facilitated the implementation of e-mental health practices?

Is spending time, resources, and effort on e-mental health governance worthwhile? For some, the answer will be a clear yes; for others, the answer is not as clear, since implementing good e-health governance practices, frameworks, and standards requires time, resources, and huge transformational efforts. In Canada, every province is responsible for defining its own accountability structure for how technologies are used in mental health care. While there is no one-size-fits all solution, there is rising interest in e-health/IT governance as a vehicle to assure stakeholders that e-mental health programs deliver the expected benefits. This interest also derives from greater pressure in health care for compliance with best practices, standards, and regulations.

The functions of e-mental health leaders and governance teams include

- directing and coordinating e-health priorities and development
- achieving consensus on policy
- protecting individuals and groups from any inequities e-mental health may introduce or worsen
- assuring oversight and accountability in the various aspects relating to the use of information and communication technologies.

There is no single structure for a successful e-mental health governance process. The right structure will take into account your organization's size, complexity, and business plan as well as its particular culture. However, countries who have conducted large-scale e-mental health implementation projects can provide some key lessons learned:

- Recognize the essential contribution of people with lived experience and other stakeholders – including government, academic institutions, professional associations, businesses, and international organizations. Consider using a **co-design approach** to developing or improving services.
- Adopt the least amount of governance your organization requires to ensure that the best investment decisions are being made and are successfully delivered.
- Continually improve governance by communicating decisions, measuring results, setting new goals, and improving the process.
- Underestimating necessary resources, finances, and staff time are the major barriers to successful implementation. Putting human resources into areas like project management, workflow design, and IT procurement can help leaders avoid pitfalls.
- Digital health is not simply an IT consideration. Nor is it just a marketing, clinical, product, finance, or revenue-cycle consideration. E-mental health must cut across organizational substructures with shared goals and metrics.



Tools and resources

-
- **Implementation of E-Mental Health Care: Viewpoints from Key Informants from Organizations and Agencies with E-Health Mandates**
Open Access research article with key informant perspectives on e-mental health implementation by Wozney, et al. (2017)

 - **Canada and shared information governance**
Digital Health Canada summary of a 2017 whitepaper on expanding governance standards

 - **Digital health implementation playbook**
Key steps, best practices, and resources to facilitate the adoption of e-mental health from the American Medical Association
-

Q9

What metrics do other health systems use to track the impact of their e-mental health services?

In tracking the uptake and service impact of e-mental health programs and interventions, a mismatch sometimes occurs between the metrics used in academic evaluations and the key performance indicators used by health service organizations. For example, most academic research has focused on the effectiveness and usability of particular e-mental health interventions in comparison to other services. Fewer studies have reported on metrics related to overall implementation or return on investment, such as cost-effectiveness, sustainability, or staffing implications. But more and more health systems are looking to track performance metrics that help answer questions about local quality and service delivery gaps.

The RE-AIM framework is one way to help leaders think about the different implementation metrics they might want to track:

1. **RE-AIM (reach, effectiveness, adoption, implementation, maintenance):**

- > **Reach.** How many clients are using the tool? Are the people using it representative of the whole population?
- > **Effectiveness.** Has the intervention improved clients' clinical and quality-of-life outcomes? Did it have the intended outcomes? Have there been any negative outcomes?
- > **Adoption.** How many providers, districts/clinics, and staff are willing to initiate use of the new e-mental health tool or program?
- > **Implementation.** How consistently is the e-mental health intervention being delivered? Does it match expected timelines and costs?
- > **Maintenance.** Has the program or policy become institutionalized or incorporated into routine organizational practices and policies? Is the program sustainable in the long term (staffing, licensing, etc.)?

2. Key things to keep in mind for metrics to track e-mental health implementation:

- > Start with the end in mind. Metrics should reflect your reason for implementing e-mental health in the first place.
- > Co-define at the outset what successful implementation looks like with all stakeholders (including clients and caregivers).
- > Make sure models, evaluation plans, and metrics reflect the complex, dynamic, and contextual levels of e-mental health (which exist within a larger system).
- > No single model or evaluation metric is perfect.
- > Expect adjustments in how you track and communicate outcomes.



Tools and resources

- [e-MH Implementation Toolkit](#)
 - [Evaluating Digital Health Interventions: Key Questions and Approaches](#)
Access to an American Journal of Preventive Medicine research article that assesses some of the challenges of evaluating e-health interventions by Murray, et al. (2016)
 - [Five aspects of digital health implementation](#)
Succinct list of metrics from the Australian government to help organization evaluate e-mental health
-

Q10

How can we assess the readiness of staff to use e-mental health tools?

Giving staff a chance to express their expectations or concerns about e-mental health sets the stage for successful change management. Staff readiness is the willingness and ability to shift ways of operating. Assessing readiness means understanding the desires and motivations of staff to use (or not use) e-mental health tools, as well as the skills and capabilities they need to be able to do so. Having a clear picture of individual and organizational readiness for e-mental health can help manage the necessary changes more effectively. Keep in mind that readiness occurs at different levels:

Individual

- **Attitudes and Beliefs:** “Using this with my clients may waste time and just add to my administrative tasks”
- **Capacity:** “I am very comfortable demonstrating and recommending these apps with clients- I use them all the time for myself”

Organizational

- **Attitudes and Beliefs:** “None of our policies or strategic plans even mention e-mental health- why are we being asked to use it all of a sudden?”
- **Capacity:** “I finally have high-speed internet in my office and my computer running on the most recent operating software-I have what I need now”

Tips for assessing staff readiness:

1. Provide clarity about changes

Develop a short project description that details the action points and planned implementation process for e-mental. Share it with all staff that will be impacted by the changes.

2. Be open to input

Consider different opportunities for staff to provide feedback on the e-mental health project: informal conversations, lunch-and learns, town halls, surveys, suggestion boxes or written feedback. This is a great way to engage staff and get them thinking about how they can contribute. Questions you might start with:

- › Does the proposed project align with the organization’s vision, mission, and strategic plan?

- > Is the proposed change consistent with the organization's values and culture?
- > Are resources available to implement the proposed changes?
- > Can you help identify organizational champions?
- > How do you see the proposed plan impacting your work? What are the potential successes and barriers?
- > Who has the authority over the proposed changes?

3. Follow up with staff about lessons learned

Reconnect with staff to summarize what was learned from their feedback, explain how concerns will be addressed and share where there is common ground around e-mental health. This is an important step to verify assumptions and clarify next steps that is sometimes overlooked.



Tools and resources

- [e-MH Implementation Toolkit](#) - Module 3 Building your digital skill set
- [Change Management Toolkit](#)
From Canada Health Infoway
- [Pre-implementation Organizational Readiness Assessment Tool](#)
From Hospital for Sick Kids (Toronto)
- [Organizational Change Readiness Assessment](#)
From Canada Health Infoway
- [Strategies for adopting and strengthening e-mental health](#)
From the Mental Health Commission of New South Wales
- [The Implementation Game Worksheet](#)
From Melanie Barwick and the SickKids' Research Institute



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