

Introduction

- There is increasing recognition of the potential role for digital (online) mental health services.
- As clients can take part in sessions and fill in outcome measures from anywhere online services offer them more flexibility.
- This poster reports on a two-year partnership providing internet-based therapy for anxiety via the Healios online portal to complement the traditional face to face CAMHS service in a large English mental health trust.
- Healios services are commissioned by the NHS and are free at the point of delivery.
- Through NHS partnerships around the country, Healios has continued to evolve its clinical approach and tech platform to fit the needs of clients, families and the NHS.

Objectives

This poster provides an initial analysis of the interconnected digital assessments and therapy delivered via the Healios online portal. It describes how the service evolved over time in partnership with the NHS.

Service structure

- 1 CAMHS team **identify suitable client** based on agreed inclusion criteria.
- 2 CAMHS team discuss Healios with client and family. **Consent** obtained from client prior to referral to Healios.
- 3 Trust team administrators use Healios secure online referral portal to **submit referral** to Healios.
- 4 Healios screen referral. Those that are **Accepted** then commence with **CBT** for anxiety.
- 5 Trust nominated staff can **access session summaries, outcome reports and other key information** via Healios online portal. Care coordinator within CAMHS remains updated on clients progress.
- 6 Client is **discharged back to CAMHS**. Client can access Healios materials and session notes after the intervention completes to support on-going wellbeing

Method

We reviewed referral rates, outcomes and service user satisfaction for this pilot project which ran from January 2017 to July 2019. The referrals received in the final 2 quarters of the project (July 2018 to December 2018) were compared to those received in the initial 6 quarters (January 2017 to June 2018) to evaluate changes to the Healios online service.

Figure 1: The journey of C&YP referred to Healios



- Six clients partially completed treatment, engaging well and receiving between 5 and 8 clinical sessions. These clients reported benefits however felt they no longer wished to continue therapy due to outside pressures or referrals to more appropriate services e.g. family therapy.

Results

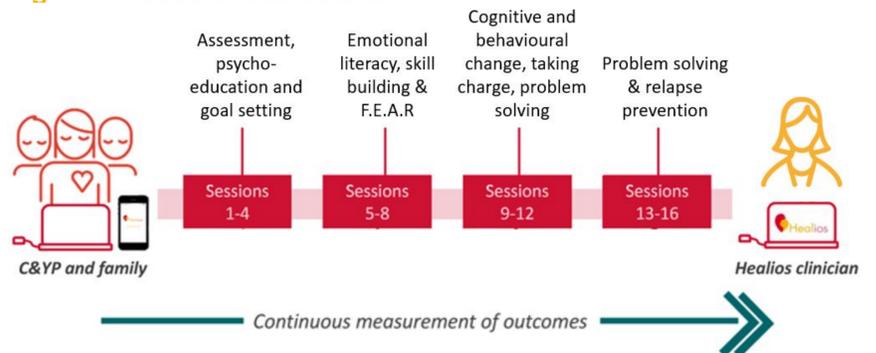
Referrals

- 45 young people aged 10-17 (mean 14 years) were referred.
- 5 did not wish to commence therapy, 10 discontinued early in treatment (7 had 1-2 sessions, 3 had 3-4 sessions), 6 partially completed (5-8 sessions), & 24 completed a full course of treatment (16 sessions).

Sessions

- The 45 accepted C&YP received a total of 467 sessions.
- Those that started therapy (N=40) completed an average of 12 sessions.

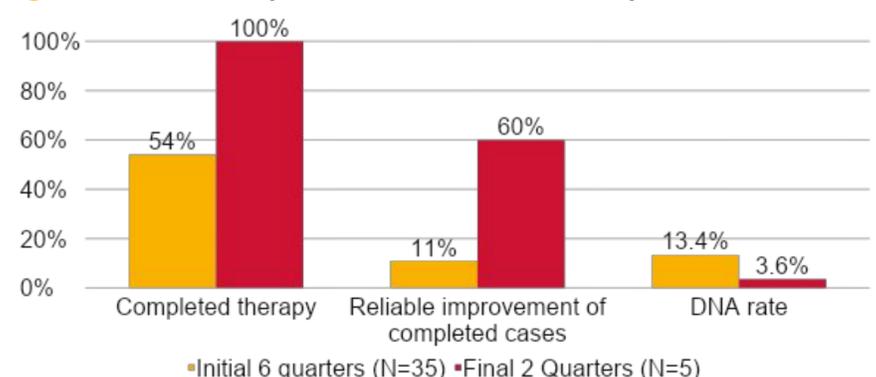
Figure 2: Sessions structure



Service Evaluation Experience and Outcomes

- 66% of sessions took place from 3pm onwards; most popular time 4-5pm. Only 8% of sessions took place from Friday-Sunday.
- DNA rates for those referred in the final two quarters dropped to 3.6% from 13.4%.
- In the total project, of those who started 24 (60%) completed treatment, 19 (54%) in the first 6 quarters and 5 (100%) in the final 2 quarters.
- 20 (83%) clients who completed treatment had a scores above clinical threshold at baseline on RCADS and SDQ.
- Unfortunately only 11 (55%) of these clients had one or more paired clinical measures, 5 of whom showed reliable improvement on at least 1 clinical measure.
- In the initial 6 quarters we had 19 clients who completed treatment, 6 had paired measures & 2/19 (11%) showed reliable improvement.
- In the final 2 quarters we had 5 clients who all completed treatment and paired measures: 3 (60%) showed reliable improvement.
- The 4 clients who completed the Friends and Family Test said that they would recommend Healios' service to their friends and family.

Figure 3: Service Improvement for the total sample



Discussion

- 30 of the 40 young people who started CBT engaged well with the online approach, 24 completing full treatment and 6 completing 5 + sessions and reporting some benefits.
- Some 'Digital natives' appeared to benefit from fewer than the planned 16 sessions which has led to future projects offering 10 sessions as standard (with the option to extend where indicated e.g. additional OCD features)
- Engagement of young people improved as the service developed, which is reflected in the reduced DNA rates and increased therapy completion rates for those referred in the final 2 quarters.
- In the final 2 quarters we improved the process for collecting outcome measures (using emails to prompt completion of ROMS via a link to our system), leading to 100% completion and captured an encouraging reliable improvement rate (60%).

Conclusions

Feedback from children & young people and families indicates that online mental health services effectively complement NHS teams. Digital services are continuously developing to complement face to face approaches, offer clients greater choice and potentially lead to better routine clinical outcome measurement.