Young People and Mental Health

The effectiveness of digital mental health interventions for young people

Psychological distress and mental health disorders are experienced by a significant number of young Australians. Rates of mental health disorders are significantly higher for young people living in out-of-home care. Recent studies have noted a drop in mental health and wellbeing during the COVID-19 pandemic, particularly among children and young people who face a number of barriers in accessing support and services. Digital mental health interventions address some of these barriers and potentially offer a number of advantages for young people. However more evidence of their effectiveness is needed.

How many young people experience mental health disorders?

The Kessler Psychological Distress Scale is a measure of psychological distress commonly used to assess the mental health and wellbeing of a given population.[1,2] The Kessler scale measures the presence of negative emotional states with different degrees of severity (for example, feelings of nervousness, depression and worthlessness).[3] Surveys of psychological distress in young Australian populations have found:

- 20 per cent of Australians aged 11—17 experienced either high or very high levels of psychological distress in 2013
- 15 per cent of Australians aged 18—24 experienced either high or very high levels of psychological distress in 2017.

Mental health disorders are diagnosable health conditions that affect how a person feels, thinks, behaves and interacts with others.[4] The most common disorders experienced by young Australians are anxiety and depressive disorders, attention deficit hyperactivity disorder and conduct disorders.[1]

In 2013–14, 14 per cent of Australians aged 12–17 experienced a mental health disorder, with males more commonly affected than females (16% compared with 13%).[1]

There has been a sharp drop in mental health and wellbeing worldwide since the outbreak of the COVID-19 pandemic.[5] One recent study found psychological distress scores within a sample of young Australians aged 18–24 were 21 per cent higher in October 2020 than before the pandemic (in February 2017).[6]

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Are rates of mental health disorders higher among children and young people in out-of-home care?

Rates of mental health disorders are significantly higher among children and young people in out-of-home care (OOHC). Studies have found:

- rates of mental health symptoms among South Australian children aged 6–17 years living in OOHC were six to seven times higher than for children in the general community[7]
- more than half of a sample of New South Wales children living in OOHC experienced clinically significant mental health disorders.[8]

Barriers to accessing mental health supports and services

A recent inquiry into mental health services in Australia[9] identified several barriers to accessing support, including:

- under-investment in prevention and early intervention, meaning that too many people live with poor mental health for too long
- difficulties in finding and accessing suitable support due a lack of services, gaps in services and long wait times
- stigma and discrimination attached to mental illness
- the high cost of treatment and services.

The Inquiry found that despite their higher rates of mental health disorders, children in OOHC are far less likely than other children and young people to have access to appropriate mental health care services.

What are digital mental health interventions?

The term 'digital mental health intervention' covers a broad range of treatments and supports. It can include traditional therapies, such as cognitive behavioural therapy delivered by vidoeconference as well as smartphone applications, online modules, learning materials or activities and online chat facilities with a mental health professional.[10]

Since the beginning of the COVID-19 crisis, there have been significant disruptions to the delivery of mental health services and a shift towards the use of digital mental health interventions.[5]

In Australia, this has involved the government-funded expansion of telehealth, enabling services to be provided either via videoconference or telephone. Additional funding has also been provided for crisis lines (such as Lifeline and Kids Helpline) and additional digital and online services.[10]

As many young people already use the internet as the primary means of health-related information-seeking and communication, it is thought that digital mental health interventions would be particularly beneficial for this group.[11]

Identified advantages of digital mental health interventions include:

- instant availability (avoiding long wait times)
- anonymity
- accessibility for those living in regional, remote and other under-resourced areas
- cost-effectiveness due to reduced personnel and infrastructure requirements.[11]

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Are digital mental health interventions effective?

Exploring the effectiveness of digital mental interventions is an emerging area of research focus.[11,'12, 13] Only a small proportion of digital mental health interventions have been evaluated and have demonstrated effectiveness.[13]

In 2021, a comprehensive review was published which synthesised international evidence on digital mental health interventions for children and young people aged between 10 and 24 years.[13]

The review examined the results of 18 systematic reviews and meta-analyses conducted between 2010 and 2020. It included interventions delivered worldwide, including studies from the UK, Europe and Scandinavia, Australia and New Zealand, the United States and Canada, China and Israel.

The types of digital mental health interventions evaluted within the 18 systematic reviews and meta-analyses included the online delivery of interventions (including cognitive behavioural therapy), therapeutic video games, mental health apps, computer programs and social networking sites.

The review found evidence for the effectiveness of computerised cognitive behavioural therapy on anxiety and depression, finding that cognitive behavioural therapy delivered through a digital platform was as effective as standard face-to-face therapy.

However, it found that evidence for the effectiveness of other digital mental health interventions remains inconclusive. Overall, fewer studies have examined the effectiveness of other digital mental health interventions.

Interventions with an in-person element such as those supported by a health professional, peer, or parent were associated with greater effectiveness, adherence, and lower dropout than fully automatised or self-administered interventions.[12,13]

The review noted that most interventions had been conducted in high-income countries and that little is known about the generalisability of the findings to young people with different socioeconomic or cultural backgrounds.[13]

Conclusion

Psychological distress and mental health disorders are a significant and growing issue for young people in Australia. Several barriers to gaining mental health support and services have been identified, including limited availability and high cost of services.

Digital mental health interventions can address some of these barriers and offer the potential for more cost-effective service provision and greater accessibility of services, particularly for young people living in more remote areas. A key finding from the research, however, is that more high-quality evidence is still required to determine their short- and long-term efficacy.

Given the heightened risk of mental health problems among children and young people living in out-of-home care, a focus on supporting this group ought to be a priority.

Seeking your feedback

This research summary addresses one of the topics within the Queensland Family and Child Commission's research agenda. The research agenda identifies opportunities to expand the evidence base and to improve services and outcomes around matters that are relevant to Queensland children, young people and families. We welcome your feedback on this research summary which can be provided via the QR code.

References

1. Lawrence, D., Hafekost, J., Johnson, S. E., Saw, S., Buckingham, W. J., Sawyer, M. G., Ainley, J., & Zubrick, S. R. (2016). Key findings from the second Australian child and adolescent survey of mental health and wellbeing. *Australian & New Zealand Journal of Psychiatry, 50*(9), 876–886. https://doi.org/10.1177/0004867415617836

2. Australian Bureau of Statistics (2018). *National health survey: First results, 2017–18.* https://iepcp.org.au/wp-content/uploads/2019/01/4364.0.55.001-nationalhealth-survey-first-results-2017-18.pdf

3. Slade, T., Grove, R., & Burgess, P. (2011). Kessler psychological distress scale: Normative data from the 2007 Australian National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry, 45*(4), 308–316. https://doi.org/10.3109/00048674.2010.543653

4. Department of Health (2022). *About mental health.* https://www.health.gov.au/health-topics/mental-health-and-suicide-prevention/about-mental-health

5. OECD (2021). *Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response.* https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impactof-the-covid-19-crisis-an-integrated-whole-of-societyresponse-occafaob/#section-d1e562

6. Biddle, N. & Gray, M. (2020). *Tracking outcomes during the COVID-19 pandemic (October 2020) –Reconvergence.* https://csrm.cass.anu.edu.au/research/publications/tracking-outcomes-during-covid-19-pandemicoctober-2020-reconvergence

7. Sawyer, M. G., Carbone, J. A., Searle, A. K., & Robinson, P. (2007). The mental health and wellbeing of children and adolescents in home-based foster care. *The Medical Journal of Australia, 186*(4), 181–184. https://doi.org/10.5694/j.1326-5377.2007.tb00857.x

8. Tarren-Sweeney, M., & Hazell, P. (2006). Mental health of children in foster and kinship care in New South Wales, Australia. *Journal of Paediatrics and Child Health, 42*(3), 89–97. https://doi.org/10.1111/j.1440-1754.2006.00804.x

9. Productivity Commission (2020). *Mental health: Productivity Commission Inquiry report.* https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf

10. Australian Institute of Health and Welfare (2022). *Mental health services in Australia.* https://www.aihw.gov.au/reports/mental-health-services/mental-healthservices-in-australia/report-contents/covid-19-impacton-mental-health

11. Lau, N., Waldbaum, S., Parigoris, R., O'Daffer, A., Walsh, C., Colt, S. F., Yi-Frazier, J. P., Palermo, T. M., McCauley, E., & Rosenberg, A. R. (2020). eHealth and mHealth psychosocial interventions for youths with chronic illnesses: Systematic review. *JMIR Pediatrics and Parenting, 3*(2), e22329. https://doi.org/10.2196/22329

12. Garrido, S., Millington, C., Cheers, D., Boydell, K., Schubert, E., Meade, T. & Vinh Nguyen, Q. (2019). What works and what doesn't work? A systematic review of digital mental health interventions for depression and anxiety in young people. *Frontiers in Psychiatry, 10.* https://doi.org/10.3389/fpsyt.2019.00759

13. Lehtimaki, S., Martic, J., Wahl, B., Foster, K. T., & Schwalbe, N. (2021). Evidence on digital mental health interventions for adolescents and young people: Systematic overview. *JMIR Mental Health, 8*(4), e25847 https://doi.org/10.2196/25847

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