

**Who goes online for help?
An e-preferer profile**

(Part of it at least...)

Miss Chin Yan Jackie Yuen*, Ms Tanya Hall, Dr Sonja March

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Acknowledgement

- Traditional owners
- Thesis project supervised by Dr Sonja March, researching in conjunction with Ms Tanya Hall (Toowoomba) & Caroline Donovan (Griffith)
- Professor Britt Klein

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Background



- Studies on attitudes and beliefs, ethical responsibility/professional issues related to online mental health treatment (e-MH)
- Efficacious e.g. BRAVE, MoodGYM
- More recently shift towards to the question well... who would actually prefer? What happens when we look at rural areas vs urban areas?

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Method

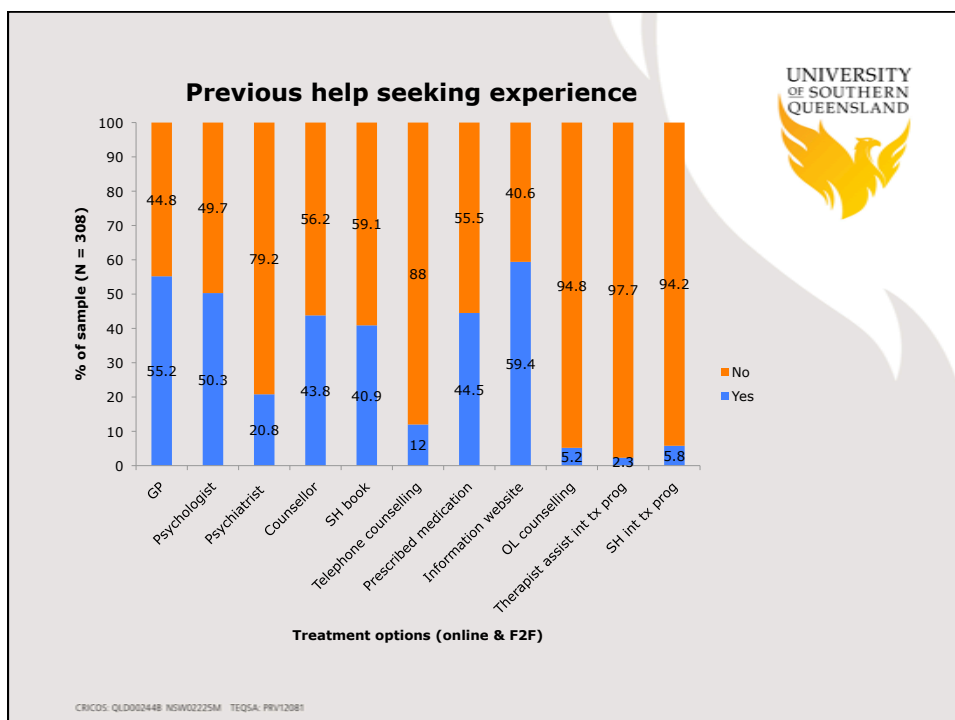
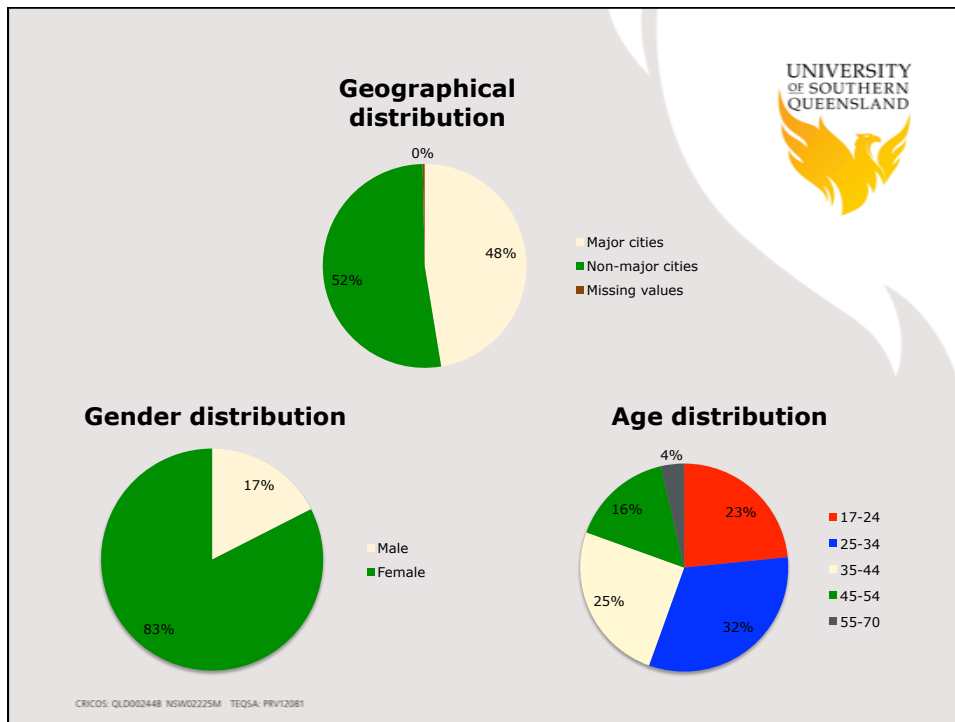


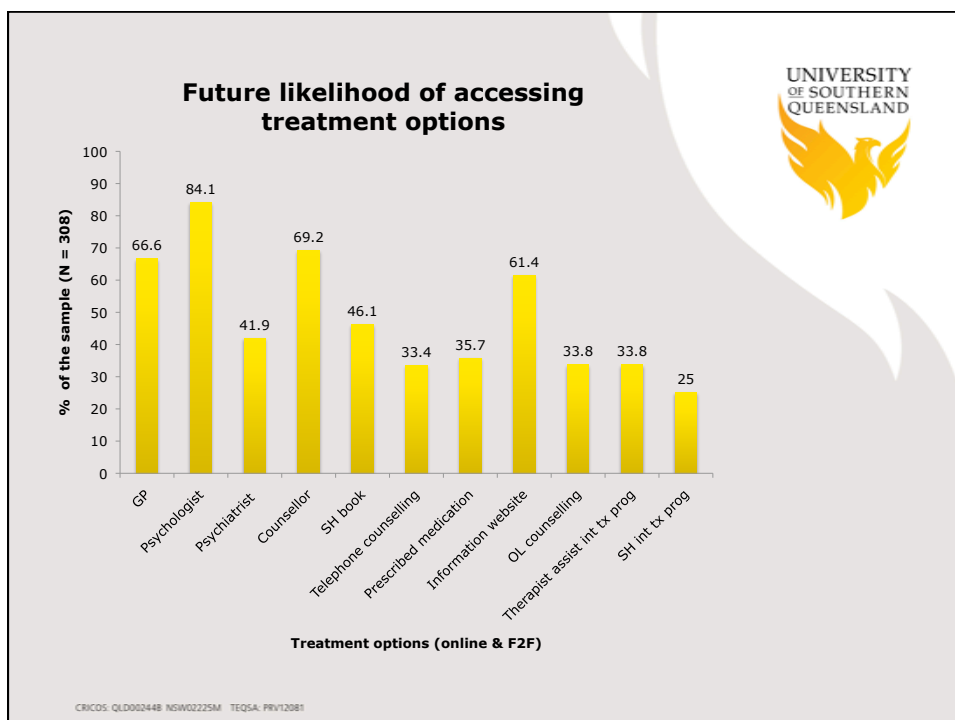
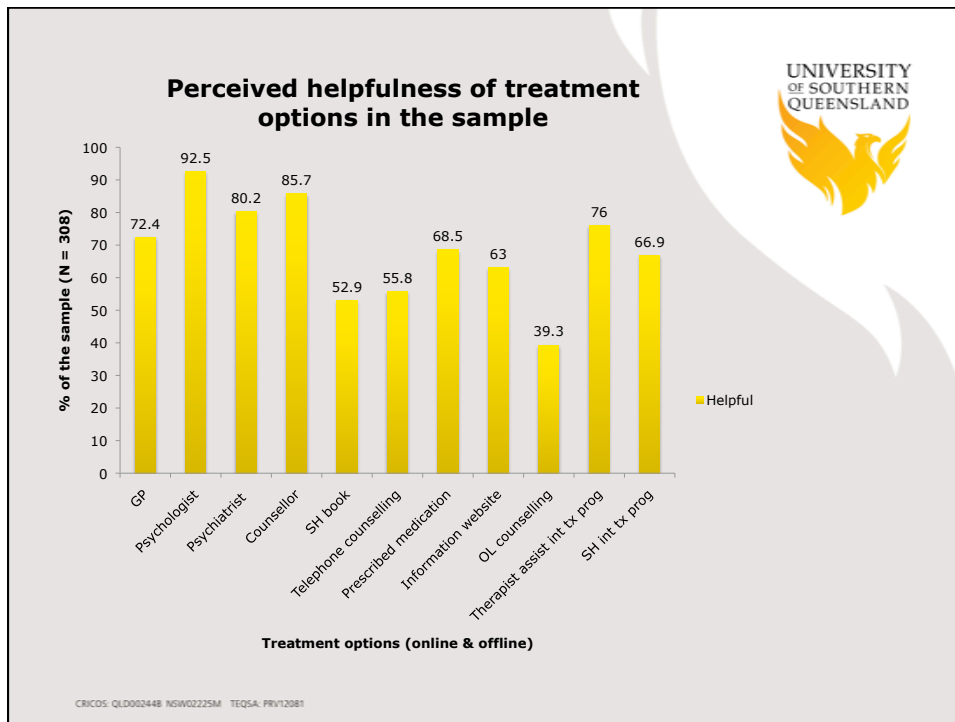
Online survey – Australia wide

- demographics (age, gender, **geographical location**)
- current/previous MH concerns
- attitudes & beliefs towards treatment options
- previous help seeking of options
- future likelihood of help seeking through options (Klein & Cook, 2010)
- emotional wellbeing (DASS-21)
- personality
- Stage of Change
- **Locus of control (LOC; Rotter, 1974)**

CONSUMER CHARACTERISTICS

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Explaining treatment preferences



"Overall, which type of mental health service would you prefer to use if you experienced a mental health problem?" (Klein & Cook, 2010)

1. Internet-based mental health assistance with support (i.e., communication with a therapist via email, instant messaging, web-cam/Skype) **(E)**
2. Internet-based mental health assistance without support **(E)**
3. Traditional face to face mental health assistance **(F2F)**

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Do these matter to treatment preferences?



- Geographical location – postcodes of residence – coded into major and non-major cities using RA index on Doctors Connect
- Locus of control (LOC)

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Locus Of Control (LOC)



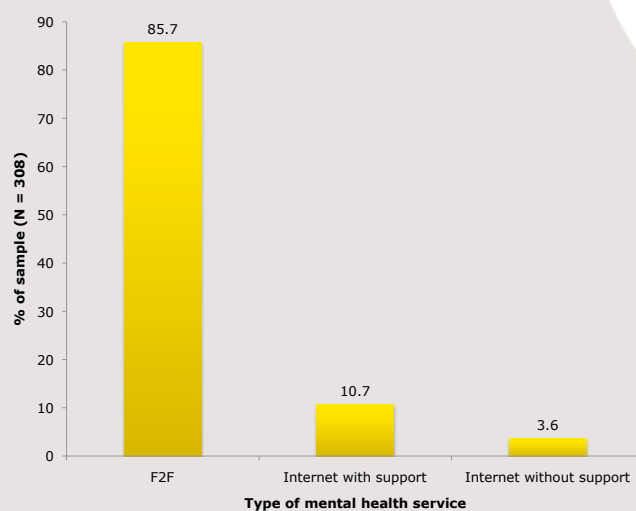
Who do you think has control/power over what happens with your mental health?
(Multidimensional Health LOC Form C)

- You?
- Chance?
- Your doctor/health professional?
- Other important people in your life e.g. friends and family?

More than 1? Depends on context.

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What did our N prefer?



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E-preferrers	F2F preferers
↑ Depression (DASS-21)	↑ Belief in doctors as having control/power over MH outcomes (External doctor LOC)
Major cities	SH internet tx progs not helpful (either perceiving they're neither helpful/harmful or harmful)
Previously accessed SH books & information websites	Likely to access GPs, psychologists and counsellors in the future
+ towards info websites, therapist assisted internet tx progs & SH internet tx progs	Unlikely to access online counselling, therapist assisted tx progs, and SH internet tx progs in the future
Likely to access info website in the future	
Unlikely to access psychiatrists in the future	

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Predictors: what did we find?



- **E:** neither
- **F2F:** External doctor LOC*, living further away from major cities*

Reflection



- E-interventions are common, effective, invested in by government e.g. E-Mental Health Strategy BUT only a small % (14.3%) of community sample prefers them
- Those who prefer them tend to live in major cities, more depressed, feel more positive towards some online options etc.
- Living further away from major cities & ↑ belief in doctors having control/power over their MH outcomes *predicted* F2F preference.

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Conclusion



To effectively integrate e-MH into routine healthcare we need to consult actual preferences, including how consumer characteristics can help differentiate preference groups & predict actual preferences

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Thanks



For further information please email
Tanya at g9521763@usq.edu.au
Jackie at u1044761@usq.edu.au
Dr Sonja March at Sonja.March@usq.edu.au

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