



PILOT RESULTS OF A LOW INTENSITY MENTAL HEALTH INTERVENTION WITH UNIVERSITY STUDENTS

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Research Team

- A/Professor James Bennett-Levy (USyd)
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Helen, David, James, Tony
and Cameron

Impetus for LI treatments

- Mental disorders are very common
 - 20% Australians 3.2m with a 12-mth disorder
 - 85% university students report depressive and anxiety symptoms
- Many don't receive adequate treatment
 - Only 35% in Australia who need treatment get it
- Both access and marketing/awareness issues
 - Could not meet needs with existing services
 - Stigma
 - Access times, locations, attraction
 - Regional inequalities



Idea of stepped care



Brief/low intensity

↓ *Only if needs more*

Medium intensity

↓ *Only if needs more*

High Intensity

Idea of stepped care

Triage

(default referral)

Brief/low intensity

Only if needs more

Medium intensity

Only if needs more

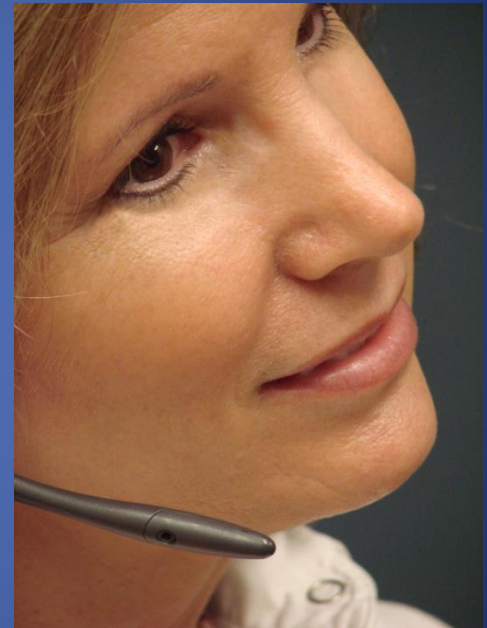
High Intensity

If required immediately



UK—Improving Access to Psychological Therapies (IAPT)

- Key initial driver:
 - employment
- Focus on common problems
 - anxiety, depression



Characteristics of LI-CBTs

- Less contact time, supports self-management
- Innovative, low-cost delivery
- Practitioners trained in LI CBT
 - A new workforce
- High fidelity
 - Manualised, supervised



Characteristics of LI-CBTs

- Multiple paths to care
- Integrated with standard services
- More preventative
- Social inclusion + clinical recovery aims



Therapy Outcomes



Patient-centred

- Addresses needs and interests of client
- Recognises client involvement in:
 - Goal setting
 - Behavioural changes
 - Adherence
 - Self-management
- Implements collaborative care



Initial Session (45-55 min)

- Introduce program
 - Purpose, approach, duration
- Assessment
- Negotiate goals
- Plan intervention/s



Middle sessions

- Review monitoring
- Promote self-regulation
- Solve problems
- (Limited) skill-building



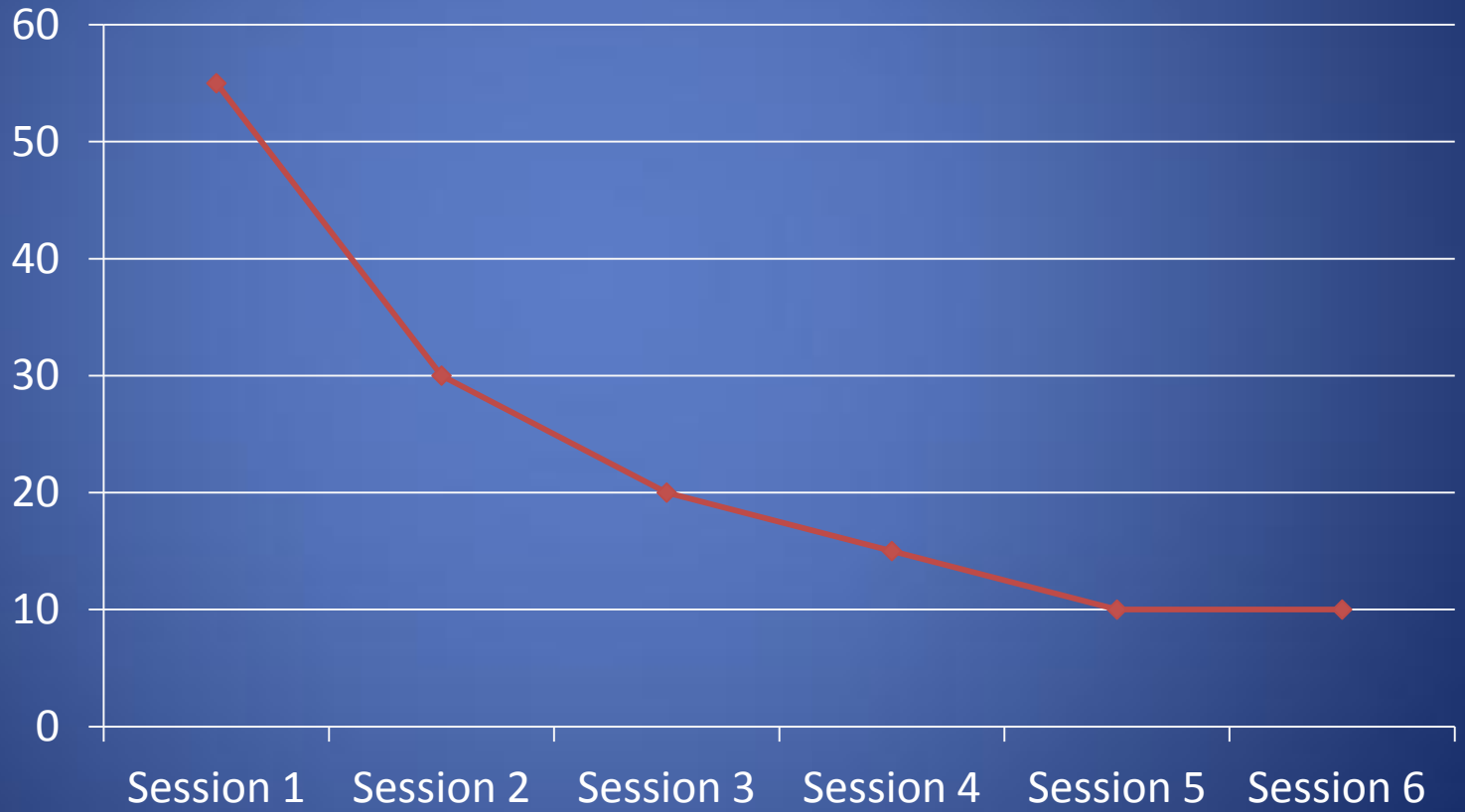
Final session

- Maintaining change
 - Identify high-risk situations
 - Develop plan
 - Identify early warning of recurrence
 - Develop plan
 - Encourage
 - regular self-review
 - experimenting with new strategies
- Rehearse problem-solving, encourage application to future issues
- Identify new life goals



Duration of Sessions

Time



Low intensity clinical method

- Skilled information gathering
- Information giving
- Shared decision-making

- Reporting and Supervision

Common Factors

Interpersonal communication

Specific Factors

Technique specific

Practitioner
Competencies



Types of supervision

- Individual supervision
 - Case management (1 hour per week)
 - Assessment of competencies
- Group supervision
 - Skill building



Outcome Measures

- NetSCID – structured clinical interview
- Kessler 10 (K10) – screening psychological distress and disability
- Work and Social Adjustment Scale (WASA) – level of impairment



Summarising information gathered

Problem Statement

Behaviour

Autonomic

Trigger

“My main problem is a lack of interest **every day** in undertaking previously enjoyed activities, lethargy, sleep problems, **reduced activity**, and thoughts that **I am a failure**, with the consequence that I am finding it difficult to work, socialise and keep on top of my coursework.”

Cognitions

Impact



In Session Interventions

- Behavioural activation
- Cognitive restructuring
- Problem solving
- Exposure
- Medication support



Evaluation

- Randomised control trial
 - Baseline, 2 month, 6 month, 12 month
- Screening $N = 1144$ (91% eligible)
- Uptake $N = 107$ (9%)
Age range 16 – 64 years ($M = 22.76$)
- All undergraduate
- Majority
full-time 94.1% domestic 83.1%

