

Heads Up! Community Mental Health Podcast

Danielle Impey, Debra Coffey Interview Transcript

Rick 0:10

Welcome to the Heads Up! Community Mental Health Podcast. Join our host Jo de Vries with the Fresh Outlook Foundation, as she combines science with storytelling to explore a variety of mental health issues with people from all walks of life. Stay tuned.

Joanne 0:32

Hey, Jo here. Thanks for joining me and my guests, a national mental health strategist and an e-therapy counselor, as we explore how technology is transforming mental health care in Canada and beyond. Historically, getting help for mental health challenges was a slow and ordered process. But today the internet and related technologies are slashing wait times and providing support wherever people need it. They also offer customized care to best meet people's unique needs and personalities.

Take Molly, who's struggled with body image since childhood and started purging when she was 16. She knew she needed help but was afraid to talk with her parents. Then a friend sent her a video link, which led her to an anonymous online forum, and then a mobile app that helped her identify triggers and coping mechanisms in real time. She's now working with an online therapist to support her recovery and says her life is much better now.

Then there's Cohen, who as a teenager was thrown out of his house for being gay. The shame and stigma he felt were hugely damaging and led to thoughts of suicide. But then he found an online crisis chat service that led him to a web-based therapy program. He made friends through an online forum for LGBTQ folks, and eventually joined an in-person peer support group. He's very thankful for these tools and says they helped save his life.

So you can see that mental health is changing and saving lives. But what exactly is it? To answer that I'll do a rapid fire Q&A with my researcher, so we all have a basic understanding. So Rick, what is e-mental health?

Rick 2:28

Basically, it's the use of the internet and related technologies to improve and support mental health.

Joanne 2:35

And where can it be used?

Rick 2:38

It can be used in all forms of mental health care, for primary and secondary care, specialized tertiary services, and during transitions between services. The technologies can also support mental health promotion, and help prevent mental illness and injury.

Joanne 2:57

How many different ways can mental health be used?

Rick 3:01

I found that technologies typically are grouped by purpose. These include information sharing, mental health assessment and monitoring, various types of therapy, peer support and self-management.

Joanne 3:16

And what different technologies are out there?

Rick 3:19

There are limitless e-care interventions for people from all walks of life, from all sectors, ages, cultures, languages, abilities, and genders. Options can be everything from websites, social media, forums, and smartphone apps, to video conferencing, virtual reality, chat bots and wearable devices with sensors. The number of available smartphone apps today for example is greater than 10,000.

Joanne 3:51

Rick, why is e-mental health such a big deal in Canada?

Rick 3:55

Remote and rural areas in Canada don't have consistent access to quality mental health care. So e-mental health is growing exponentially and has even greater potential for the future. Twenty-five million Canadians use the internet and spend three to four hours a day online. Ninety percent of youth are online, and some are already using e-care tools. So the timing couldn't be better.

Joanne 4:26

What does the future of e-mental health look like around the world?

Rick 4:31

From a global perspective, the increasing number of people with smartphones has staggering implications for e-mental health care in low- and middle-income countries.

Joanne 4:42

Thanks Rick, great info.

Rick 4:44

My pleasure.

Joanne 4:46

Also here to help us make sense of this virtual vastness is Danielle Impey, who's a program manager specializing in access to quality mental health services with the Mental Health Commission of Canada. She's also a recent PhD graduate from the University of Ottawa. Thanks Danielle for joining us. I'm so thrilled to have you here.

Danielle 5:10

Hello, thank you so much for having me.

Joanne 5:12

Danielle, why are you so passionate about e-mental health and why now?

Danielle 5:18

I think it's so important to connect people and to have people have access to mental health care. As you know, everyone knows someone who's affected by mental health. Everyone has mental health. So it's so important to connect people. And I think digital is not only the future, but it's now in our current situation during this pandemic. It's really highlighting how it's more important than ever. And I'm so pleased to be able to have the privilege to work at the Mental Health Commission of Canada to support this important file.

Joanne 5:50

So how long has e-mental health been an option and how have things changed since it was first used?

Danielle 5:58

For quite some time, as long as the internet's been around, people have been connecting through message boards and in different chats. People have been almost doing it with an untrained or peer-to-peer support in that way just connecting, socially connecting. But I would say over the past, 10 or more years, people have started to introduce mental health professionals online, so that you can connect with them through, I'm thinking, telehealth and chats.

But I would say in the past, well, we released our mental health briefing document in 2014. And I think that really, at least here in Canada, that really laid out kind of a guiding document on some of the benefits of e-mental health and how it can be used. So I would say going from there, it's really, really launched. People are seeing the importance of value and how people are really seeking care this way through digital means.

Joanne 6:56

So can you help us understand what's out there in the way of Mental Health Resources for individuals looking for help?

Danielle 7:04

So a lot of our documents, as I mentioned, I believe that a resource list will be passed around with this podcast as well, there'll be highlights of telehealth. So this is connecting through a video conference or an audio call to be with a mental health professional to be able to receive therapy or care. There's also social media and peer support platforms. These could either be trained or untrained or natural peer support platforms online, on websites, or through apps on your phone.

There's also some self-guided apps. In fact, there's thousands out there. And I would just have the caveat, and I think we'll talk about this later, to just make sure that you know where the sources are of these websites. Is it a mental health professional that you're connecting with? But there's all kinds of others just to touch on, for example, wearable technology, artificial intelligence that can help, robots, gaming, just to name a couple.

Joanne 8:00

Yes, and I know that artificial intelligence is a big one that's expanding rapidly. And we're going to be doing a future episode on that. And machine learning, which is just an incredible science. So Danielle, what are the benefits of e-mental health for people seeking care that way?

Danielle 8:19

There's lots of benefits. So first of all just access, so you can actually get immediate access to care and especially the self-guided apps that I was mentioning, that are available through your phone or certain websites that can have at least a guided self-help aspect, or online peer support that's available 24-seven on certain websites or certain chats, some of them moderated by or given by mental health professionals. So that immediate access is so vital.

You can also access it in remote communities that may not be close to clinics or city centers, and/or for people who can't or won't leave their home for one reason or another like that. For example, a physical disability or anxiety that's caused by someone leaving the home, or if they feel more secure and would prefer to receive care there. There's also the reduced stigma that sometimes keeps people, unfortunately still today, from seeking help if they were to go out to a certain location. So there's that reduced stigma. And people do appreciate that you can have the privacy online, or even anonymity if you're going on one of those message boards that I mentioned.

It can also be cost effective. Some of these apps and resources, they are funded by our provinces and territories, so they can actually be free to clients seeking care, and they can be cost effective if implemented well and thoughtfully for the provider themselves as well. And most importantly, these have been found to be as effective as face-to-face if well implemented and well thought out if co-designed. So it's really important to highlight that these are effective and have been proven to have outcomes, especially if they allow, which they do, to have people receive care when, where, and how they want it. So as long as it's co-designed, and it's planned for the people who are seeking care, the benefits are great.

Joanne 10:20

Sounds like a great option for many people. So what about any challenges with mental health?

Danielle 10:27

So digital is not for everyone. Some people do not feel comfortable going online. Some people don't feel comfortable with digital and that is absolutely okay. So for those people who don't feel comfortable, online technology can still be used to support their care. So for example, their provider could still be using technology to track and monitor or to deliver services, without necessarily having their client interact with the technology. But I think if explained well and explaining the benefits, especially some of the ones I just highlighted, it can be very beneficial for people?

There's also, of course, the digital divide. Some people in Canada do not have broadband or internet access. So over 88%, I think it was almost 90% of people living in Canada do have internet access, so a far larger amount of people. And as you know, people are doing internet banking and all kinds of things online, so why not get your mental health care online as well. But there is still digital divide, and we do have recommendations in our e-mental health briefing document about how to help those people gain access, offering some modules offline, for example, or connecting to somewhere that does have Wi-Fi and then having those resources that can be downloaded offline.

The other concern is that people are not always aware of the resources available or what's even offered in their province or territory. So it's more just about continuing to inform, making sure that providers know where to refer people for service, especially if they have a noted interest in digital services, and just to know what the regulations and oversight are especially for developers and providers and the clients themselves, which is why we've actually released the toolkit for e-mental health implementation. The MHCC has released this toolkit. And one of the modules is specifically about what you need to know when you're implementing or using e-mental health and what are some of those considerations.

Joanne 12:35

Yeah, that's great. And we will have information about these guides that the Commission has created in our shownotes at freshoutlookfoundation.org. Danielle, the technologies are incredible, but there is cause for concern. How can people protect themselves for things like confidentiality, privacy, security, that kind of thing?

Danielle 13:00

Absolutely, it's so important, privacy is very important to people. When we have done surveys, that always comes up as a cause for concern for people. So you want to make sure that you are informed. The Commission has done our best through interviews, through scans of the literature review, to make sure to collect the most important factors for what you need to look for.

For example, let's say you're looking for an app to recommend to your client, or you are yourself looking for an application on your phone to help support your mental wellness. So you need to look about who is that app by? Are they a mental health professional? Or do they have a team of scientific or medical

leaders on their board? What are the security measures? Is it through a secure platform? What will happen to your data?

All these apps will have information right where you would download it, about where your privacy is being expressed and where your data is being stored. So it's about looking for those things first and foremost. And I'd like to point listeners to a two-page resource on how to select a mental health app, which is a framework detailing some very high-level points about what specific things you should be looking for. But informing yourself and knowledge is the most important thing to protect yourself.

Joanne 14:28

And people can find that on your website.

Danielle 14:31

Absolutely, mentalhealthcommission.ca.

Joanne 14:34

Perfect.

How can the Government of Canada better support the move toward improved access, and especially now that it's earmarked 240 million dollars for e-mental health?

Danielle 14:48

The Mental Health Commission of Canada is actually funded and supported by Health Canada. So all of our initiatives and all these great documents and resources that I've been mentioning, are actually directly funded and supported by Health Canada. And what more that we can do or they can do is to provide more policies and standards, and to be clear about those policies and standards and then make sure that information gets into the hands of developers, providers, and clients themselves, to bring awareness.

So more knowledge exchange, more awareness is always needed on these policies and standards, so for example, the privacy standards, the data security standards. And we are actually embarking on a project from Health Canada, to look into the standardization or accreditation of mental health apps, because that's something that we are actively engaging in and looking into, and gathering leaders in all cross-sectional fields about this exact issue.

Another thing is infrastructure. There's been an investment to make sure that all people living in Canada do have internet access almost as a basic right. It's so important that people get access to information, and internet is just a basic way that people can get access to that information. So just making sure that those information pathways are clear. And of course, providing the funding, the training, and as I mentioned, the knowledge exchange to do so.

Joanne 16:19

I've also read that there are huge possibilities associated with big data. So can you explain Danielle what that is and how it's going to help us?

Danielle 16:30

Absolutely. So by big data, we really mean by pulling in lots of different data, from lots of different people, from different studies, from electronic medical records, to really help build our data set to help learn about different systems, different treatment outcomes, and often what's used with big data is artificial intelligence.

So this is a computer system that will apply certain algorithms and techniques to perform tasks to really analyze that data quickly and efficiently, to recognize trends and patterns that will help us to inform better

treatment cycles, what is appropriate for which kind of person? And there's such potential in this field with big data and AI or artificial intelligence, and there's so much more that we can do. And I really believe that that is not only the future, but that's current right now. There's such amazing studies happening.

Joanne 17:33

Yeah, I spoke with a research psychiatrist yesterday, who's very much involved in this AI/machine learning. And he was telling me about the ability now, where they can take millions of pieces of data about different people with different types of characteristics, for example, and then by processing that, they can learn which people will respond better to different types of medications for mental health challenges, for example, for depression, that kind of thing. So it's just really exciting what's going on out there.

Danielle 18:12

Absolutely.

Joanne 18:13

So you've mentioned briefly the role of the Mental Health Commission in mobilizing positive change in the industry. Can you elaborate on that a bit?

Danielle 18:22

So the Mental Health Commission, our whole mandate is to support all Canadians in improving mental health outcomes, and my team specifically, we're the Department of Access to Quality Mental Health Services. So we really are looking to improve and to increase access to mental health care. I'm program manager that works specifically on e-mental health because it's been found through our scans through a literature review, that e-mental health and digital health is a huge tool that we can use to improve access to mental health care.

So the Mental Health Commission really helps mobilize positive change by producing these documents, by doing knowledge exchange on these documents. I'm often asked to represent the commission at various meetings, podcasts like these ones, to really get the word out about what the evidence shows, what the benefits are, and how we can help people to address their mental health concerns, and to hear how, and where, and when they want it.

Joanne 19:29

So one of the things we're big on at the Fresh Outlook Foundation is public engagement. And so I'm wondering how is the commission engaging with Canadians to gather insights and ideas on the future of e-mental health?

Danielle 19:44

We always engage with Canadians and Canadians are almost clients, so to speak, to whom you're looking to serve. So we frequently have roundtable discussions. We have needs assessments and surveys that are sent out through our communications department, through our list. So if you are not already on the list, for example, you can sign up to our distribution list and you'll receive these surveys. Sometimes you'll receive invitations to our roundtable events and discussion group.

We also have interactive workshops that we deliver for people and for providers, especially on mental health, actually in all kinds of topics. Suicide prevention is one of our other big, big departments and we do mental health first aid training. So signing up to that list is a way to become engaged or the opportunity to be engaged. And the other way is through just visiting our website. You can always provide feedback through our website, and it's mentalhealthcommission.ca and we're always open to hearing the needs of Canadians and what's relevant for them right now.

Joanne 20:55

How does Canada compared to other countries in the delivery of mental health?

Danielle 21:00

Yes, that's a good question. When I first started working at the Commission, this was two years ago now, I was hearing that Canada was thought to be behind in e-mental health compared to some places like New Zealand, Australia, we hear a lot about the United Kingdom. And there's so many other countries that are so advanced, for example Asia, they're so advanced in digital mental health. But actually now I'm hearing folks in New Zealand are actually saying that Canada is very advanced in digital mental health.

And I think it's because of the some of the great work from Health Canada, from the Pan-Canadian associations, from champion providers that see the benefits of digital mental health and are really investing their time and training into learning more about these things and conveying this to clients. And also Canadians themselves are asking for access. They're very knowledgeable, resourceful people and they are asking for access now. So I think with leadership and the population asking for this, I think we're actually quite advanced in the world, which is really great and exciting.

Joanne 22:11

Thank you so much, Danielle. This is great info and again, just a plug for the Fresh Outlook Foundation, another one of the things that we're very big on is multi-sector communication and collaboration. And it's great to see the Government of Canada is so involved in the strategy development, the design, the delivery, the funding. That's great.

And as we move on to our next guest, we're going to be moving more into someone who is in private business, and looking at it from a totally different perspective. Most of what Danielle has mentioned is outlined in a guide called Mental Health Technology and You, available at mentalhealthcommission.ca. And again, there's also a link to the guide in our episode shownotes at freshoutlookfoundation.org.

But before I introduce our next guest, I'd like to share another inspiring story. Meet Megan, who lives in a remote First Nations community. Before her recovery, Megan often spent consecutive days drinking with friends. She noticed she had to drink more and more to get the same effect. And then she felt worse and worse. She thought about suicide but didn't want to go to the community center because everyone would know she needed help.

Megan then connected with a clinician in another city and worked with her by phone and chat. As she learned how to deal with her alcohol abuse and self-harming thoughts, she also found a First Nations and Metis wellness helpline, where she learned about intergenerational trauma and traditional healing. Further into recovery, she realized other young people needed help, so she started a peer support group and invited her former drinking friends. They now meet weekly and new young people join all the time.

We've talked about mental health from a structural perspective and heard from people who benefited from e-care. Now I'd like to dig into the rapidly evolving e-care world of mental health professionals. But before that, just a shout out to our sponsor for this episode, The Resilient Mind. This online program blends distance education with social media, and offers education, training, and mental support for people or employee groups with stress or mental health challenges. Check it out at the resilientmind.life. A big thanks to Vic and his crew for their support for this episode.

My next guest's interest in mental health started early when every job she had, involved counseling of some sort. After working in the human services field, she transitioned to being a registered professional counselor, who now works in Edmonton and Fort Murray, in Alberta, Canada. And she does a big chunk of that using e-mental health tools. Please welcome Deba Coffey. Thanks for joining us, Debra.

Debra 25:21

I'm really happy to be here, Joanne, thanks for inviting me.

Joanne 25:25

Ah, my pleasure. So first, let's talk about counseling in general and then dig into e-mental health as it pertains to your practice. First of all, why don't you tell us about your personal story with counseling.

Debra 25:40

When I had my first child, my daughter, I ended up with postpartum depression, which not fun for sure. But among the other services I was able to access over time was a really good counselor. And that experience I think, maybe laid the groundwork for some of the stuff that I would later do in my own counseling practice. And I appreciate that a good counselor, can actually help you get through almost any situation.

Joanne 26:10

So what did you learn from that experience that you then apply to your clients, both in person and online?

Debra 26:19

I think a huge part of what really helped was the therapist I was seeing really was present. I mean, we did in person at the time, this tells you how old I am and how old my daughter is right. There was no online options back then. But she was really present. So I didn't feel like I was talking to a wall, she heard what I had to say, she responded. And together, we explored and we came up with some strategies.

And it wasn't just her telling me what to do or maybe asking, what do you want to do next? It really was collaborative. So I think that those would probably be the two things that I really focus on in my work, is trying to be 100% present, and then really collaborating with people using their knowledge about them, and then using stuff from the toolbox that maybe I've developed as a counselor.

Joanne 27:12

So what types of treatments do you use with your clients, both online and in person?

Debra 27:17

Of course, talk therapy is the first thing that comes to mind. I also have a specialty I use called Emotional Freedom Technique. It's part of those mind-body techniques, and there's a number of those. A huge part of what I do, though, is about resource building. Because whatever problem we're dealing with, and I have worked with a wide range of issues with clients, it's about building capacity and resiliency. And for that, it's often we need to build a skill set, and learning what skills we already have, what tools we have access to, what tools we can sharpen, and then what tools we might want to add to that. So psych-education sometimes is where that is a general term for, but I like to think about building a toolbox for a client and with a client.

Joanne 27:17

So having heard Danielle talk about the need for quality client care, what do you think are the top two or three benefits for people who might be considering e-therapy?

Debra 28:15

Okay, this is where I start to get very excited, because I have been involved in e-learning forever, and it was very different in the early days of e-learning. And I've had the opportunity to do and be an e-therapy counselor, if you want to call it that, whether through telephone, an email program I developed, or more in the line of online now with different platforms. But the potential is amazing. And whether it's through apps or other ways of accessing it.

So to me it's very exciting because I've had an opportunity to work with people that I wouldn't normally get to work with if it wasn't for e-therapy. People in distant or rural areas get access that they've never got access to. But to me, this is just a very exciting field and COVID has pushed us into everybody online, all kinds of services available. So it's literally a new era in a minute.

Joanne 28:50

Danielle mentioned that in most cases, e-therapy can be as effective as face-to-face therapy. Is that your experience?

Debra 29:27

Yes, and I would actually say that's 100% true. There's probably definitely a few areas where in-person is better, and there are people that prefer in-person, but remembering that e-therapy covers a wide range. But yes, I would say that I have accomplished a client work as well, if not better sometimes, then I might have in person, even some people that don't want to actually see anyone face-to-face. I've worked with clients that don't want to have anybody see them when they cry. So they're able to process sometimes using the telephone in a way that they might not do in person. So there can be some beautiful things happen with e-therapy options.

Joanne 30:10

I've had two recent experiences with e-mental health care. And both were really helpful, which is interesting to me because I was really skeptical at first. I enrolled in a mindfulness training course just before COVID hit. And so we had one in-person class, and then the pandemic hit and there was the isolation. And so the instructor offered this course by Zoom, and I thought it was going to be really stilted and impersonal. But it was great. And even though these people weren't in the same room with me, I got to know them really well. And what I learned during the course, really helped me focus my meditation practice.

My second experience was when I met Debra. When we did our exploratory interview before the recording for this podcast, I asked her about the different types of treatment that work virtually. And she mentioned that she could do pretty much anything online. And so I asked her about Emotional Freedom Technique, which is sometimes called tapping. And she said that, yes, she could do that. And so she walked me through a body image issue I have due to 40 plus years of disordered eating, and it felt great. And I learned a lot about the language that I use when I'm talking to myself about how I look and what's really important in my life.

So I was again really impressed with both of my introductions to e-mental health care. And I know that's the longest lead up to a question ever. But I'm wondering if there are any treatment modalities that can't be used virtually?

Debra 32:12

Well, there are some that, and it depends, right, because some things that can say be used on a video platform, like EMDR is an example. It can be used on video, but it really can't be used on the phone. EFT can be used on the phone, and while pretty much anywhere anyway, but there might be types of issues where I'd be really, really careful about suggesting a person do in-person more so than online. But most modalities I think can happen in e-therapy.

Play therapy is a little more tricky if you're working with kids, but even that's, actually, there's a lot of development happening with kids, people working with kids. And then the other thing is there's certain things like sand tray and stuff that's a little harder if it's online. So some things definitely are better in-person, and then maybe some issues.

Joanne 32:54

You mentioned EMDR can you tell us about that?

Debra 32:58

EMDR, Eye Movement Desensitization and Reprocessing is just a form of therapy, it comes into the mind-body techniques. And the way it's done is it's meant to be done with a visual application. It's really meant to be done with a therapist. And so it's a process that needs to be done with a person where they can see you. So the video platform works well or working in person actually in a room, but it's not something that you could do online, say on the telephone. So because it's really about reprocessing memories, it's great and fabulous for trauma, but it's not one for the telephone, but very good for online, really amazing for in person.

Joanne 33:36

My sister practices EMDR and she has used that on me, and I'm fascinated that it can be used online through video.

Debra 33:47

Well, the interesting thing is as long as you can see each other, it can be used that way. And there is a special course or a special webinar, I guess, that has been offered by some EMDR trainers for how to use it online. That's the other thing that's rapidly been happening. And some of the things I've had to do with some people that I supervise is to quickly start talking about how to make connections online, and how to really do online counseling, if that's not something you're not used to doing for a therapist.

Joanne 34:15

Danielle spoke earlier about the need for personalized treatment plans for all e-mental health clients. I assume that would be the case for both in-person and online care. What goes into developing a personalized treatment plan?

Debra 34:31

And that really starts with the intake paperwork. Once I get the intake paperwork, then I start to have an idea of what my client is about, what's going on for them, and maybe what they think they would like to work on in therapy. Often what gets worked on may be different than what they first put down. But that's that first step. The next is at first session because in that first session, you start to get to know each other and rapport building is huge.

For laying out a treatment plan, and that sort of process of building that treatment plan and making it individualized is always being reassessed from session to session. And it really does come out of a collaborative agreement, including the fact that the client needs to know what you do, what you offer, how you deliver it. And you need to know what they may be comfortable with or not comfortable with. Because just because I know a skill, doesn't mean I'll use it with every client.

Joanne 35:29

So are there any considerations that relate only to e-care?

Debra 35:33

Yes, it's really important that you know what resources a person has available? I mean, with e-care if somebody is in the same city, you are likely to know the resources. But say, if you're working with somebody in another city, you need to know who their support people are. You need to have a contact for that. And if it's a far enough away place, you also need to have an emergency number, should that client have something happen? You need to be able to immediately get care for them.

The other thing that can happen is your connection can get lost, and I've had this happen. And so it's always important to have a plan with your client. If the internet goes down, do we have a phone number?

Can we do something by email? So whatever the plan is, you need to have that plan in place, and just be prepared for it. I actually had a situation one time with a client I was working with. The internet went down everywhere, the platform we were working on. And fortunately, we did have a backup plan. And so we were able to reconnect in another way and still finish the session.

So it was always a reminder to make sure with each client that there is that backup and that is actually something I have in my paperwork, emergency contacts, emergency centers in that area that would relate to them. And then those questions are sent to me as part of the intake so that I always have it available.

Joanne 36:59

So I know that you're in Fort McMurray right now. Is there anything that challenges you as a result of being more northern and in a place where, right now, it's light till midnight and starts getting light again, three or four in the morning?

Debra 37:19

Other than the fact that it's 10:30 at night and I feel like it's 8:30, and I can't figure out why I'm tired. What's been interesting about being up here, I get to have being in two worlds in a sense. I do work for the Wood Buffalo Primary Care Network as a mental health therapist, which I love, and so it's part of our medical system. And so we are rapidly working with on the phone, which most of my sessions have been, and they're now working toward a video platform, which is very exciting. And prior to COVID, everything was in person. So we had to make rapid fire changes to be able to do this.

But on the other side in my private practice, I've always done work in-person, and online, and on the telephone. And I teach online and I do supervision online. So I'm quite used to using all of those platforms. So when everything went online, whether by telephone, email, or video platform, it wasn't really that hard of a transition for me. Perhaps the biggest challenge I face now, as we move back into that world of starting to see people in person, is how to balance that out so that you have the right mixture for what people need.

Joanne 38:33

How do you decide if a client just isn't right for online care?

Debra 38:39

That is an absolute fabulous question and I've actually come across that. And part of that is if somebody cannot make progress, like say on the telephone. The telephone has been a fabulous modality more than we might have thought, more than some people might think for some people. But for some other people it's terrible, because they really need that contact, visual contact. So they're great say with a Zoom platform or another platform. But there are some people that just need to be in person. So they literally have said, "Look, I'm gonna stop doing any counseling until we can come in person again."

And so part of how this gets determined is by the client themselves, their willingness to try and then just you as a therapist seem like we're not making any progress here doing it this way. So let's see what else we can do for you to support what you need, and that may be referring them to somebody who might be seeing people in person at this time, or even looking for something that they can do self-paced.

One of the cool things about everything having happened with COVID is there has been a lot of resources put out online. Lots of clients have been able to access things that are like self-paced learning, which has been amazing for mental health. So again, this becomes part of that individualized collaborative plan that you put together with a client, based on them knowing them and you getting to know them. And really, the end is what do they need to make progress?

Joanne 40:14

What about a type of problem that a person's having that might not respond well to online work?

Debra 40:21

Yeah, and I've come across some things that I would definitely want somebody to have support with. Clearly anyone that's in an absolute psychotic break needs to be in hospital 911. There are no options with that. Depending on the issues around persons dealing with suicidal thoughts, that might be something that would be better handled in person, because possibly more supports could be offered. Domestic violence is another thing. There's parts of that, the counseling aspects, can definitely be done online. But there's definitely parts of domestic violence should be with a woman's shelter or outreach or something where there can be immediate supports and anything else that may need to happen.

And interestingly enough, some issues around shame-based problems sometimes do really well say on the phone where a person can kind of not be seen, because it's important for them at that time. But other times, with some really strong shame-based issues, somebody really needs to be in person because they need to feel that they're fully supported, because that can be really hard work to do.

Joanne 41:29

Earlier, Danielle talked about potential drawbacks. For example, how to find a qualified mental health practitioner. Can you share from your experience what potential clients might want to look out for?

Debra 41:44

Yeah, probably in looking for a really good therapist, especially if you're looking for e-counseling of some sort, there's certain websites like my professional association, the Canadian Professional Counselors Association. It lists the counselors and what they do. You can even call into or send an email to the head office and say I'm thinking about working with this therapist. Is this therapist in good standing? It never hurts to ask a friend. And all of the different sorts of practitioners such as social workers and psychologists, each province would have a listing of the therapists in that province.

So you can always check out their website too. And that's often the places where you start to look. A lot of people go to the resource Psychology Today, and will maybe plug in their area and look for what that person might do. You can check out websites. The one thing you want to be careful of, is that sometimes in some of the listings like Psychology Today, maybe if I had a listing there, which I don't, but if I did, it might say my name, and then sometimes the therapist will just put in that they do everything and they really don't. You want to look for, if my problem is anxiety, I might be wanting to look for somebody that's able to work with that and not somebody who really specializes in some other aspects.

Joanne 42:57

Just wondering if you can share a story or two about a client who responded particularly well to e-therapy.

Debra 43:05

Oh, and so many of them come to mind. Yeah, one client, a gentleman, he would have thought he wanted in person. And you know, explaining that right now with COVID, we're just doing everything online. And he agreed to do it. And the difference we've seen from him sort of going to that place where he couldn't even talk about stuff. But now not only can he talk about stuff, but after sessions he's saying that his body is calm for 24 to 48 hours after. That's huge for somebody that felt overwhelmed both in his body and his mind. Like that's huge. And every time, you know, he's done some work, and now he's doing things on his own at home to support this. He's finding himself able to be calmer and deal with some of those bigger issues that are coming up. So that to me is huge.

And I'm not giving lots of personal detail because I can't. But also just to see some of the specialized techniques like I say, I use EFT and I really like it. But what we see with that is because that technique can be used almost anywhere, any way, we can get into some really big problems and very quickly

through what we call our gentle techniques, help somebody sort of get through that issue, and to the other side of it in a sense, so that they're feeling much calmer.

And I just think of one person recently, just overwhelmed just thinking about the problem. So we didn't even talk about that problem. We worked on the feelings around the problems. And just to see that go from that sensation of a 10, say, down to zero, in less than 45 minutes is fabulous. So being able to do that online or on the phone is really fabulous. And you actually could do that in person. But the point is, this stuff can happen online, which is a real bonus for clients that for all kinds of reasons like COVID can't get in to see a therapist.

Joanne 44:48

I know that you teach and supervise other mental health professionals. What can you share with them about how to optimize the effectiveness of their e-mental health practice.

Debra 45:01

Yeah, and that is something that right from the time when this started both our professional therapy group, our association, and other associations have all started putting resources together to help us be able to better do this. Because I do run a supervision group, we started making sure that this was part of every supervision session that we had. And we started checking in with how are you feeling about this, and we started all looking at best practices and a number of websites have come out with free courses for therapists on how to do the work ethically. So that's been helpful.

I did a couple of what I call laugh and learn sessions that sort of dealt with how to build rapport on the phone, how to build rapport, online, how to just let your client really know that you're listening, paying attention, how to avoid distraction. And you know, there's even some specialized little webinars that you can do about how to set your camera properly. And how to do stuff with your microphone and stuff.

So all of this becomes really important because this is how you build rapport. And then the whole thing around privacy and confidentiality. And that's been something that's an ongoing discussion. And I'm looking forward to looking at more of the resources that Danielle's talked about, because we'll certainly make that part of a supervision group in the future.

Joanne 46:19

When we spoke earlier, you talked about a, quote, beautiful blend, unquote, of in person and online clients in the future. What does that look like for you?

Debra 46:31

So I'm very excited about this. I mean, I've always loved the online work anyways, for all kinds of personal reasons and what I see it do, but what I'm excited about is that I don't think therapy will ever be the same again. I think we're really at a time now, because we've been forced to instantly make this the norm, that therapists will always have the option now, and clients too, of doing in person, email, or online therapy, which means that some of the work that can be done can happen any place, any time, anywhere with all of the considerations we've talked about.

But I don't think it'll ever be one way anymore, which for some clients, they didn't do therapy because it was all in person and they couldn't get there, or for others, because oh, you only want to do online, well, I don't want that. So now we have the option to serve more people in a fuller way that meets the needs of clients and meets the needs of therapists. So I'm excited that now it will be a part of the regular work. So very, to me, it's very exciting. And it's changing literally. What we talked about when we first did this conversation, Joanne, and where we're at now, even in that two or three weeks, it's already changed, and if we talk again in a month, there'll be more changes. So it's very exciting.

Joanne 47:43

So if you're a mental health professional and want to learn more about e-care, check out the publication called Toolkit For E-mental Health Implementation at mentalhealthcommission.ca. It covers everything from building your digital skill set to becoming a leader for e-care innovation.

And Danielle, bringing you back into the conversation. It sounds like you may have to update that pretty quickly.

Danielle 48:12

Yeah, there's always changes going on. And we are doing interactive workshops that we can always include new content and new things we're hearing from people. And we're also developing a module. So online training from the toolkit content that will be revised and updated before we put it online. So that's very exciting.

Joanne 48:35

So we can't have a discussion today about mental health without talking about COVID-19. Danielle, what are you hearing at the national level, about the impacts of COVID on our health care system, and on individual Canadians?

Danielle 48:51

It's quite a drastic change. Of course, I feel like everyone are living in this new normal. So what we're hearing is that provinces and territories and providers are having to shift, provide everything virtually. Everything cannot be done in person at this time. So everyone's looking to implement and improve their virtual care services. And what we have to know is that we're all experiencing varying degrees of a normal reaction to an abnormal event and many you see are not healthcare providers. So I mean, I'll leave that to Debra.

But what we can offer is curated evidence-based information that can be trusted. We do have a COVID info hub up on the Mental Health Commission website. I encourage everyone to check it out, too. It includes very specific resources for COVID-19 on how you can help someone, how you can help guide them towards resources, how to talk to someone who might be in distress, and also online training and management through the Mental Health First Aid and Opening Minds.

Joanne 50:00

You mentioned earlier about the commission being evidence based, which is fabulous. And part of that certainly is monitoring, and measuring, and reporting out on information that you're collecting around a particular effort. What are you doing with that with regard to COVID and evidence-based information gathering?

Danielle 50:25

We have a curator on our team who is specifically looking at evidence base, so knowledge-informed resources that come from trusted public health officials, mental health professionals, and providers. It also comes from people with lived experience themselves. As you know, they are the experts in their own care from peer supporters. And it collects all that information and puts it in the curated MHCC COVID-19 resource hub, and it's available, it's trusted, and people can know that when they access the hub, that it's been curated and revised to make sure that they can feel good about that information.

Joanne 51:07

Is there a URL for that?

Danielle 51:09

If you go to the mentalhealthcommission.ca, there will be a link to the COVID-19 resource hub right on the front page at the top.

Joanne 51:18

Debra, what are you hearing from your clients about their experiences with COVID?

Debra 51:23

Right now with COVID going on, at the first start, a lot of people were struggling with the isolation, they were struggling with the loss of work and what all of that meant and suddenly having maybe children at home, and all of their normal resources being gone. So where I work, I was one of the few practitioners that was still busy all the time. But what's happening now that we're coming through this other side of it, where people are starting to come out, more people have moved from survival mode. And they're really starting to look at the need to deal with anxiety because a lot of people are dealing with anxiety. It's become huge.

And also because of being at Fort Mac. We had a flood here and this has affected about 13,000 people. So we're dealing with that, too. So it's interesting because now we have COVID, we have the anxiety in the fear of it, and now we also have, life is still happening. So we've had an interesting mix of how people are feeling and what we're dealing with.

But Joanne, I just want to add, the unique side to this is all the therapists are going through the same stuff that our clients are. And it's very rare as a therapist to be in the same boat, you might say, as your clients at the same time. So we as therapists, we've really had to have conversations around how do we manage our stuff in this because we're going through this too, while we support clients going through this.

Joanne 52:41

So given, for example, in Fort Mac, people going through all of these traumatic experiences at one time, what would you say to them if they haven't yet made the leap to e-care, and how it can help?

Debra 52:56

Yeah, absolutely. I would encourage everybody, because all of the resources that are out there, and there's so many resources. And I appreciate about our municipality and the province, they put out a list of resources for mental health care. And of course, at the time, it was all online and most of it still is. But so there's been provincial initiatives, there's municipal initiatives, and there's federal initiatives for accessing mental health care. And so that was really important.

So just knowing the local resources, and if you're not sure about them, most provinces have what we here, we call it a 211 number, where you can call to say, hey, what are the resources in my local area, or going to the Mental Health Commission's website, right, where you can access resources and know where to go? So yeah, it's very important.

Joanne 53:48

Danielle, when the COVID dust has settled, what will you have learned that you think will better enable and encourage e-care?

Danielle 53:58

I think what we are learning or what everyone is learning is that virtual mental health care is available. It's an option that everyone can use. And there's great benefits. I think it's just continuing to knowledge exchange about the benefits and really getting people to come out and use it and feel comfortable. And that to see that you can still have that connection with your provider, you can still get the care that you might have been getting before.

And I'm actually hearing that some people are coming out and getting mental health care that did not seek this out before. Perhaps their situation has worsened or as symptoms might have worsened during COVID, or because of COVID, as Debra was mentioning, and they are seeking care and this is something that is really the way forward.

You don't necessarily need to leave your house to be able to get really good high-quality mental health care, and for those implementing it, so I'm thinking of provinces, territories, organizations, private institutions. I think this is really the push that people needed to know just be able to implement it, offer it, look at all the things that you need to do to make sure that you're implementing it well and safely. But people are simply having to get on board. And now that people have to have this as an available offering, I think we're much better set up for providing mental health care to a lot more Canadians.

Joanne 55:26

So Debra, what are you learning that will inform your work?

Debra 55:30

I am literally learning every day. There has been changes. From a private practice point of view, there have been changes from my employment place of view. But what's lovely is because this has happened so quickly, we are getting so many more resources. And what I think I find really exciting, as Danielle said, is that people are accessing services that maybe before didn't access it, and for all kinds reasons. One, they maybe didn't know that they could, two, they didn't know that it was available, and three, maybe cost wise it was way too expensive for them.

But a lot of more, either less expensive or free services have come up since the government on all levels are supporting mental health. And so that's very exciting. And because we're probably never going back to an only in-person model, there are people in more remote areas that will continue to get services that may not have done that before. So to me, that's very exciting.

Joanne 56:32

Danielle, how are you or the commission sharing e-mental health best practices with the people who need to have that information? So partner organizations, therapists, people who follow the Commission's work, how's that working?

Danielle 56:51

So mostly it is through our E-blast through our distribution list. We're really trying to get the word out for people to find out if they are interested in getting resources. But if you don't want to sign up for whatever reason, all these resources are freely available on our website. We're also actively involved on the MHCC Twitter account and social media. So you can find all of our resources and links exchange through those means, we're very, very active online.

And then for those organizations that might not be completely available or set up online, I'm thinking of some very remote areas or northern areas that might not have broadband or even like some very remote areas in the country. For example, of course, we always have paper hard copies of all of these resources that can help them to look into what will be available when they do have broadband access, what's available offline to them, and what they can do to get access and stay in the loop.

Joanne 57:53

So the understanding, and the technology, and the tools involved with e-health are just expanding exponentially, and very excitingly. So I think that's amazing. Just love to hear from each of you. What are you hearing from your colleagues, or futurists, or visionaries? For example, what are they saying about what we're going to be using five or 10 years from now, Danielle?

Danielle 58:24

I'm hearing that this will be commonplace. E-care, digital care will be commonplace. It will be like internet banking, it will be like booking your plane ticket. Everyone's just going to be booking things online, including health care and mental health care. That's definitely going to be the case. I mean, it already is for a lot of people during this situation. So that's definitely in our future. And I think it's just going to get better and better, and people will be more and more informed and aware of how they can keep themselves safe, and really what will work for them.

A lot of people, and I'm sure Debra can speak to this, a lot of people aren't sure exactly what they're looking for in terms of care and what will work best for them. And it's really about working with your provider to make sure that you're working collaboratively with what works well for you. Maybe the phone is best, maybe the online video conferences are best, maybe a platform or asynchronous chat is best. But this is really the future and it's just looking to improve from here. So really exciting.

Joanne 59:30

Debra, what are you hearing?

Debra 59:32

Well, like Danielle says, the fact that the primary care network is actually investing in money, in monitors that are going to have cameras, we know we're going online, and once we have it, I don't think it'll go back. Even the idea that people that go, what, you want me to do a session on the telephone, and just encouraging them with a little humor. It's okay, let's try it and how well that's happened. But sometimes we actually have to let people have an experience to understand that. Oh, this is really good, doable, and it works well.

I have people because their households are so crazy, they go out to their car with their phone for their telephone session. And they love it because they get a whole hour of quiet. What I know and what I'm hearing about the future is that this is a done deal. And I think that's so exciting. And so it's making sure it's done with care, and done so that the stuff that needs to be done in person will happen that way. And the stuff that can be done in other modalities can also happen. And it allows for more choice.

Joanne 1:00:30

Amazing information. Now let's sharpen the point even further. Danielle, as a national strategist and Program Manager, what would you say to Debra about your vision for the future of e-mental health and her role in it?

Danielle 1:00:49

My role is the future and I think we've talked about this and Debra has talked about this already is just making sure that we're being careful, thoughtful in our approach, we're making sure that we're keeping people in mind first, make sure that everything works for them, and we're doing this collaboratively. And I think we're really looking for Debra's role and all providers role. We're really looking for these champions, as Debra is to champion, that this is not only possible, but this can really work and benefit for people. And just keeping on that message that training, knowledge exchange, looking into all these possibilities is really important. And just having that voice at the table, like it is today is just really important.

Joanne 1:01:35

And Debra as a counselor who's obviously using a mental health effectively, what would you like Danielle, to know about the work being done on the front line to be care?

Debra 1:01:48

I really appreciate even just the things that I learned about that maybe didn't know in the last few weeks I was preparing for this podcast, and I'm eager to share some of the things that have come out of this as

resources, as well as I'm having an opportunity to do some more things as far as learning and applying what I'm learning. So I'm always looking for best ways to do the work with all considerations the client, my own needs, the needs of the profession, privacy, doing everything ethically. So knowing that all of this is sort of being looked at on a national level with so much input is exciting for me, because it helps me to make sure that I'll be able to do what I do the best way possible, with my client in mind.

Joanne 1:02:33

As we near the end of this episode, I'd like to bring us back to the title, E-mental Health - Vast and Profound Opportunities for Better Care. That resonates with me for a couple of reasons. The first is that the vast reach of affordable virtual care enables inclusivity and therefore mental health equity in a huge country where services aren't always available or reliable. Wherever we live, we deserve accessible professional personalized care, which is made increasingly possible with e-mental health.

The second reason is my personal experience with mental health challenges, moving through the stages of suffering, then diagnoses, followed by various treatments and now ongoing healing. You'll hear snippets of those stories in future podcasts.

But it was those same experiences and me sharing those stories with people who were also struggling, that opened my eyes to the profound power of using lived experience for positive change. I know that when you combine science and storytelling with the potential of e-mental health, the opportunities to change and save lives are huge. So in summary, can each of you share in one word or a sentence, what you think about the following. Starting with Danielle, the greatest challenge to the future of effective e-mental health care?

Danielle 1:04:01

I would say accessibility or inclusivity, just making sure that everyone's at the table and informed.

Joanne 1:04:08

Debra.

Debra 1:04:09

I would say probably the biggest challenge is to make sure that everybody whether client, or practitioner, knows what they're able to do and can do it to the best way possible.

Joanne 1:04:20

The greatest structural barrier to optimizing the care?

Danielle 1:04:24

We've seen this, a big investment in funding and infrastructure, making sure that people have the systems and resources in place to actually provide really good high-quality care with the privacy and ethics in mind.

Debra 1:04:39

Yeah, and I would say that there's a cost factor and maybe an inequality factor to what people have, so that they can access the therapy.

Joanne 1:04:47

What is the greatest potential benefit of e-mental health?

Danielle 1:04:52

In one word, I would absolutely say access.

Debra 1:04:56

Yeah, and I would say connection, so I think the same idea is that you can have this.

Joanne 1:05:01

What's the one thing we can do now to advance e-mental health?

Danielle 1:05:06

I think that sharing these resources and keep investing our time and money, and the leaders in the fields in all different fields, focusing on digital health and mental health care overall, is what's really needed right now.

Debra 1:05:24

And I guess from a therapist point of view is to do the work and do it well, literally one client at a time and to keep sharing what we're doing.

Joanne 1:05:31

And finally, your personal commitment to being the change we want to see in this field?

Danielle 1:05:38

I'm extremely committed. I'm very passionate. I hope that came across about increasing access for mental health care. And I think we can really do this through digital health, so I'm extremely committed in my role and personally, through my volunteering and work that I've done at other organizations, to just keep promoting best practices. And best evidence for virtual mental health care.

Debra 1:06:03

Yeah, and I just love the work. And this is just a great way to do it in ways that are so unexpected and it brings such great results. So I'm happy to be a champion for this within the field and with everyone I get to chat with.

Joanne 1:06:17

And I will continue to talk about mental health on this program. So if you have any ideas for a podcast that you think would be interesting, please let me know. You can email me at jo@freshfoundation.org. So thank you again, Danielle and Debra for joining me. This has been such a treat. Every time I do a recording like this, I'm absolutely blown away by the expertise and the passion that people have for their given areas of study. So just thank you again, and just encourage you to keep up the great work.

Danielle 1:06:59

Thank you so much for having me. This was a really great, really great experience. I feel like I learned a lot. And I'm always so happy as well as the Mental Health Commission of Canada to have this opportunity to do some knowledge exchange. So thank you so much.

Joanne 1:07:14

My pleasure.

Debra 1:07:16

I want to say thank you too. I'm excited about what I've learned that the Mental Health Commission does more than what I even realized. So it will make me definitely be returning there for more learning and more connection for others. And Joanne, I love your podcast, which I hadn't known about until this so I'm definitely going to be sharing the links for everything that you're doing on the e-therapy stuff because it's very exciting.

Joanne 1:07:42

Thank you so much. You can connect with Danielle by email at dimpey@mentalhealthcommission.ca. And for more info on the Commission's work, go to mentalhealthcommission.ca. You can find Debra at facebook.com/healthstreamwellness, or contact her by email at debra@healthstreamwellness.com.

For more episode details and resources, check out the show notes at freshoutlookfoundation.org. And thank you for hanging out with me. It's been a great time. If you enjoy the podcast, like us on Facebook at FreshOutlookFoundation, or on Twitter at FreshOutlook. In closing, as Winnie the Pooh says, I'm lucky to have something that makes saying goodbye so hard. So instead, I'll say be healthy, and let's connect again next week.