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## Why the screen often beats the couch

By André Picard

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*Web-based technologies are revolutionizing mental-health treatment and care, André Picard reports. Patients can feel more empowered - and time-pressed doctors get a little help of their own*

It was a simple study, but for Sam Ozersky, a psychiatrist with the mood disorders clinic at the University Health Network in Toronto, the conclusions were an epiphany.

In 1996, Wayne Katon of the University of Washington published the results of research comparing two approaches to treating patients with depression: The doctors treating one group were given a brief course that taught them how to counsel patients on coping strategies and drug adherence. The second group received the standard care physicians would provide - prescribing antidepressants and cursory counselling.

After seven months, 70 per cent of patients in the enhanced-care group had recovered, compared with only 20 per cent in the standard group.

"That study really demonstrated the power of knowledge," Dr. Ozersky says. By providing family physicians, who treat 80 to 90 per cent of mental-health problems, and their patients with a little knowledge, outcomes can improve dramatically.

That notion inspired Dr. Ozersky and colleagues to create what would become, a decade later, a Web-based program called FeelingBetterNow.com.

On the site, users fill out a detailed questionnaire that can help to identify mental-health disorders and then generate a "care map" that lays out treatment options to be discussed with a physician. Then there is a "follow-up map" that allows the physician and patient to track their progress.

Elliot Halparin, a family physician in Georgetown, Ont., whose patients have used the FeelingBetterNow system, says that, for time-pressed doctors, the online approach speeds up diagnosis, provides them with up-to-date treatment options, ensures follow-up and enhances compliance. And it empowers patients.

"This is exactly what the doctor ordered," he says.

The service is also free. Or, more precisely, it is paid for by employers, who sign onto the service so it can be offered in their employee-assistance programs. (Because mental-health problems are the leading reason for sick days and account for 40 per cent of all disability claims, speedy, thorough treatment saves employers money.)

Dr. Ozersky says that, ultimately, he would like governments to provide this kind of service to everyone under the provisions of medicare.

But, more generally, he sees FeelingBetterNow as just one concrete example of how Web-based technologies are revolutionizing mental-health treatment and care.

"You can do this on your BlackBerry," he says.

You can also get psychotherapy online, removing the need to go to a psychologist's or a psychiatrist's office.

"Unless the diagnostic couch is strategically placed beneath a computer screen, it's rapidly moving to extinction," Dr. Ozersky says.

Carole Sinclair, director of treatment services at the Hincks-Dellcrest Treatment Centre in Toronto, agreed that e-mental health is the wave of the future.

She says mental-health problems are commonplace - affecting about one in five people - and there is a real longing for information. "People have lots of questions and you can get the answers out there in a mass way at very little cost," she says.

The Internet allows for online therapy, particularly for those in remote communities, and it allows for the creation of virtual support groups, and that's only a beginning.

"I don't think we've begun to understand the potential of the Web for improving mental-health services," says Dr. Sinclair, who also chairs the ethics committee of the Canadian Psychological Association.

The challenge for the public, however, is how to separate the wheat from the chaff. Because anyone can hang a shingle online, there is a great potential for charlatanism and no easy way to determine who is offering legitimate mental-health products and services.

It is also important to understand, Dr. Sinclair says, that online mental health care is not for everyone.

Research has shown that online care may be best suited for treatment of those with mild mental-health problems, or as part of a stepped-up treatment program. Doing so would free up the time of psychiatrists and psychologists to deal with those with severe illness.

Research has also shown that, using online tools, treatment costs can be cut dramatically. For example, one study showed that a traditional course of cognitive behaviour therapy - 15 sessions at about \$150 an hour - could be reduced to six billed sessions supplemented with Web-based "homework" and be just as effective. This makes mental-health care more accessible, particularly psychological services, which are often not covered by public health-care plans.

"There are a lot more upsides than downsides and we're just beginning to understand how much we can do online," Dr. Sinclair says. "The potential is so great that it's almost unethical to not pursue this avenue."

*André Picard is The Globe and Mail's public health reporter.*