

How the web is helping to reduce the devastating effects of untreated depression



MALCOLM TAYLOR, THE OTTAWA CITIZEN

Toronto psychiatrist Sam Ozersky helped found and is CEO of Mensante Corporation, a company formed by leading psychiatrists to develop an online tool called FeelingBetterNow for diagnosing and treating depression and other mood disorders.

On the road to

BETTER

Sam Ozersky's voice still rings with incredulity when he talks about the American study that changed his thinking about treating patients with mood disorders. The 1996 study compared two groups of 300 people being treated for depression by their family doctors. Doctors with one group were given a short depression treatment program that included counselling to improve medication adherence and behavioural treatment to increase the use of coping strategies. Doctors gave the other group the standard care they normally would prescribe.

The results were nothing short of miraculous. After seven months, 70 per cent of the group receiving the enhanced care had recovered, compared to just 20 per cent of those who got the usual care.

"This is unbelievable!" exclaims Dr. Ozersky, an expert in occupational psychiatry and senior consultant at the Toronto Hospital Mood Disorders Clinic. "In no field of medicine can you get that kind of variance."

The study convincingly demonstrated the benefits that accrue when patients and their family physicians — who provide up to 90 per cent of mental health care — are armed with and faithfully follow the best evidence-based treatments.

The findings helped inspire Dr. Ozersky and other leading mental health experts to form Mensante Corp. and develop FeelingBetterNow.com, a website that diagnoses and recommends treatment of nine major mental disorders, from depression to post-traumatic stress disorder.

The site was launched in January 2006. After users fill out a detailed online

survey, the FeelingBetterNow site determines whether they are at risk of a mental disorder. If the answer is yes, it generates a "care map" listing best-practice treatment options and a "follow-up map" that tracks patients' progress every three weeks. Family doctors use the maps to prescribe treatments.

Mensante's program is the first of its kind in the world. Like the Canadarm, it has great potential for use beyond our borders, says Dr. Ozersky, Mensante's president. "It's sort of like the robotic arm for getting your head straight," he says.

It's also very much in sync with one of the major trends reshaping the health care world today — e-health.

In North America, 80 million people belong to web-based illness support groups. According to Statistics Canada, 35 per cent of Canadians 18 and over searched the Internet for medical or health-related information in 2005.

Check Up from the Neck Up, an online mental health diagnostic site created by the Mood Disorders Association of Ontario and several partners, had more than two million hits in six months.

Last May, Forrester Research reported that nearly one quarter of behavioural health patients use online services for their health problems. Of those, 62 per cent go online daily. Those with mental disorders spend more time online researching and using health sites than patients with other conditions.

Internet giants Google and Microsoft are actively developing strategies to combine their online expertise with computerized personal health records. And North American drug manufacturers now spend \$1 billion a year on targeted

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Toronto Mood Disorders Clinic

online advertising, a number that's expected to double by 2011.

"This is a major shift that's happening in health care in general," says Dr. Ozersky. "People are now going to the web for everything."

FeelingBetterNow has been endorsed by the Canadian College of Family Physicians. The Ontario Medical Association plans to offer it to its 17,000 doctors for their personal health use.

Some of North America's leading psychiatric experts sit on Mensante's advisory board, including Sidney Kennedy, psychiatrist-in-chief at Toronto's University Health Network; Sagar Parikh, director of continuing mental health education at the University of Toronto; Mark Pollack, director of the Anxiety Disorders Program at Massachusetts General Hospital; Zindel Segal, head of the cognitive behavioural therapy unit at Toronto's Clark Institute of Psychiatry; and Bruce Swinson, chair of psychiatry at McMaster University.

"These are the top people in the U.S. and Canada," notes Bill Wilkerson, CEO of the Global Business and Economic Roundtable on Addiction and Mental Health. FeelingBetterNow, he says, "can be a real breakthrough in improving quality of care in the primary system."

Several major corporate clients have already signed on, including Dofasco, the TD Bank and Healthcare Benefits Trust, which delivers health programs to 80,000 health care workers in British Columbia and the Yukon.

In a Trust pilot project that ended in October, about one quarter of the 3,000 participants tried the program. "The testimonials were amazing," says Jan Mitchell, program manager for prevention and health promotion. "Obviously, people out there saw value in it."

Larry Myette, Healthcare Benefit Trust's director of strategic workplace health, says FeelingBetterNow makes patients participants in their own care. "It's kind of an education tool for physicians as well," he adds.

While employee assistance programs (EAPs) are the most common way of addressing mental health problems in the workplace, most don't offer sufficient coverage to provide proper treatment. And some employees shy away from EAPs because they fear they aren't sufficiently confidential.

By the time former Dofasco CEO John Mayberry used to hear about employees with mental health problems, they had degenerated into severe disciplinary cases, he says. "People were saying, 'We want to dismiss these people.' You start digging into it, and they've got some health problems. You don't dismiss unhealthy people."

FeelingBetterNow offers troubled employees a simple and anonymous way to get help. "I think it's a hell of a tool," says Mr. Mayberry, who has since joined Mensante's business advisory board.

But Sam Ozersky is nothing if not a big thinker. While convincing companies to offer FeelingBetterNow to their employees is a good first step, his goal is to roll it out to all Canadians as part of the primary health care system, something he says governments could do for less than a dollar a head annually.

A couple of months ago, he met with senior officials from Health Minister Tony Clements' office, who encouraged him to pitch FeelingBetterNow to the new Mental Health Commission of Canada and to Health Infoway, a national body of deputy ministers of health whose mandate is to accelerate the use of electronic health information systems.

Given the staggering scope of mental health problems in Canada, there's a strong case for making something like FeelingBetterNow widely available.

"This is the real front line," says Dr. Ozersky. "We've got enough anti-depressants. We've got enough psychotherapists. What we need is effective deployment to the people who need it."

There's no shortage of proven treatments for mental disorders, including cognitive behavioural therapy and drugs such as Paxil, Zoloft and Prozac. When followed properly, such therapies are effective about 80 per cent of the time.

But too many people with mental disorders don't get the right — or even any — treatment. About one in five Canadians will have a mental disorder, most commonly depression, anxiety or substance abuse, during their lifetime. Only half, at best, will be accurately diagnosed, and perhaps one in four of those will receive optimal treatment.

Stigma, in particular, remains a huge barrier. Those who live with mental illness and their families say stigma is often more difficult to bear than the disease itself, according to a 2006 background paper by the Mood Disorders Society of Canada.

"Shame and secrecy lead people to conceal or deny distress, to the point that they do not ask for help and end up with more chronic forms of illness," says the paper, which estimates that two-thirds of people with diagnosable mental illness do not seek treatment.

Cost is another barrier; 15 sessions with a psychotherapist at \$150 a session is more than many people can afford.

Then there's time. Most family doctors can spend only 10 or 15 minutes with a patient, and often can't gather enough information to properly diagnose mental disorders.

"When people do seek help," says Dr. Myette, "70 per cent of the time they go with physical symptoms. Quite often the physicians treat those and don't detect the underlying disorder."

For a group of illnesses that affect so many people, notes Dr. Ozersky, "we have the most impoverished form of treatment and health care delivery."

That's why a tool like FeelingBetterNow has so much potential. Because it is completely anonymous, stigma is not an issue. And the program addresses the doctor's time squeeze by doing the diagnostic work and providing proven and credible treatment options.

"It adds significantly to efficiency because the data are sitting there on a sheet right in front of you," says Elliot Halparin, former head of the Ontario Medical Association and a Mensante clinical adviser.

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Psychiatry in particular lends itself to the kind of anonymous questionnaire that FeelingBetterNow employs, Dr. Halparin says. One of his patients has already come to him with data from the site, he says. "I found it worked very well."

The site can help with another huge problem: patient compliance. Patients often go off their medication as soon as they start feeling better, which can take as little as a month. But patients with clinical depression should stay on medication for a year after their first episode, two years after the second and for life after their third, Dr. Ozersky says. Those who stop their meds after a month have a 75-per-cent chance of relapsing.

Next month, Mensante will deploy a computerized cognitive behavioural therapy program within FeelingBetterNow that will allow users to self-manage the destructive thought patterns that lie at the root of many mental disorders.

Remarkably, recent studies show such online therapies are just as effective in dealing with depression or anxiety disorders as cognitive behaviour therapy with a trained professional. A recent British study found online cognitive behavioural therapy can cut British health-care waiting times for anxiety and depression treatment by as much as 25 per cent.

A primary care trust group in Britain will test FeelingBetterNow with its patients early this year. If successful, that could lead to wider deployment by Britain's public health system. "We'll probably be up and running in British primary care before we are in Canada," says Dr. Ozersky ruefully.

Still, he's optimistic FeelingBetterNow will be widely available in Canada at some point. The federal government could take the lead by deploying it to the scattered and hard-to-serve populations that fall within its health-care jurisdiction, such as the Armed Forces, the RCMP and First Nations.

"If they don't do that," he says, "you really have to wonder if there is a significant interest in doing something about the devastation that everyone sees."

online: resources

Access to **FeelingBetterNow.com's** diagnostic and treatment tools is restricted to those who work for companies that include it in their employee benefits package. But anyone can access its self-diagnostic information about eight mood disorders.

Here are some other web resources on mental health:

checkupfromtheneckup.ca — Self-diagnosis for mood disorders

camh.net — Centre for Addiction and Mental Health

cmha.ca — Canadian Mental Health Association

mooddisorderscanada.ca — The Mood Disorders Society of Canada

ndmda.org — National Depressive and Manic Depressive Association (U.S.)

nmha.org — National Mental Health Association (U.S.)

At **ottawacitizen.com** read Heather Hennigar's blog Storm Clouds in which she tells about her personal battle with mental illness.