Will AOD clinicians use online and app-based interventions when treating young people?

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INTRODUCTION

MOBILE PHONE APPS AND COMPUTER BASED RESOURCES ARE THE ‘IN’ THING CURRENTLY

THERE’S A VARIETY OF DIFFERENT APPS, TOOLS AND GAMES OUT THERE TARGETTED AT MENTAL HEALTH AND ADDICTION SUPPORT /TREATMENT

ARE MENTAL HEALTH CLINICIANS AND HEALTH WORKERS USING THEM TO SUBSTITUTE OR COMPLEMENT ASPECTS OF TREATMENT?
AIMS

THERE IS A BIG FOCUS ON THEIR USE FOR THE TREATMENT OF DEPRESSION AND ANXIETY.

WHAT ABOUT ALCOHOL AND OTHER DRUG (AOD) APPS?

WHAT ARE THE OPINIONS OF CLINICIANS AND HEALTH WORKERS WORKING IN THE YOUTH AOD FIELD ABOUT THE USE OF ONLINE TOOLS FOR AOD TREATMENT?

METHODS

WE CONDUCTED AN ONLINE SURVEY.

WE DISTRIBUTED IT TO A YOUTH AOD CLINICIANS AND HEALTH WORKERS AROUND NEW ZEALAND.

WE ASKED:

IF THEY CURRENTLY USED ONLINE TOOLS OR MIGHT IN THE FUTURE

WHAT KIND OF TOOLS THEY WOULD LIKE TO SEE IN THE FUTURE.
WE CONDUCTED FOLLOW UP PHONE INTERVIEWS WITH A SMALLER SAMPLE

SPECIFICALLY WE FOCUSED ON THE APPEARENCE OR KEENNESS FOR USING ONLINE TOOLS IN AOD AND PREVIOUS EXPERIENCES

QUANTITATIVE DATA WAS PRESENTED DESCRIPTIVELY USING THE IN BUILT ONLINE SURVEY TECHNOLOGY (SURVEY MONKEY).

RECORDED QUALITATIVE DATA WAS TRANSCRIBED AND PROCESSED VIA NVIVO AND ANALYSED USING THEMATIC ANALYSIS.

METHODS

RESULTS

- 95 RESPONDENTS
- 76% FEMALE
- 80% 30-60 YRS
- 16.8% 21-30

Ethnicity
Which ethnic group(s) do you belong to?
(Tick as many answers as needed/applicable)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
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<tbody>
<tr>
<td>New Zealand European</td>
<td>70.5%</td>
<td>67</td>
</tr>
<tr>
<td>Māori</td>
<td>16.8%</td>
<td>16</td>
</tr>
<tr>
<td>Samoan</td>
<td>2.1%</td>
<td>2</td>
</tr>
<tr>
<td>Cook Islands Māori</td>
<td>2.1%</td>
<td>2</td>
</tr>
<tr>
<td>Tongan</td>
<td>1.1%</td>
<td>1</td>
</tr>
<tr>
<td>Niuean</td>
<td>2.1%</td>
<td>2</td>
</tr>
<tr>
<td>Chinese</td>
<td>1.1%</td>
<td>1</td>
</tr>
<tr>
<td>Indian</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>17.9%</td>
<td>17</td>
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Occupation
Please select your main occupation.

RESULTS
50% had used an online tool with clients in the past.

Of those who had not, over 90% said they were ‘keen’ to use one in the future.

Only 10% described being ‘hesitant’ to use apps.

We asked respondents to rank the importance of online tools in various situations.

Overall opinion was positive (the average score greater than 50 in all given scenarios).
RESULTS – suggested context of use

1. TO COMPLEMENT TALKING THERAPY
2. AS AN ALTERNATIVE APPROACH, IF REQUIRED
3. WITH PRE-CONTEMPLATIVE CLIENTS TO SUPPORT ENGAGEMENT
4. FOR THOSE UNCOMFORTABLE WITH THERAPY
5. FOR THOSE WITH CO-EXISTING DISORDER
6. AS SUPPLEMENTARY TOOLS FOR CLIENTS TO USE OUTSIDE THE SESSION
7. WITH MĀORI AND PASIFIKI YOUNG PEOPLE

RESULTS

WHAT FEATURES WOULD ONLINE TOOLS NEED TO HAVE TO BE USED BY YOUTH AOD CLINICIANS?

95%  - MUST BE FREE OF CHARGE
92%  - EASY ACCESS AND DIRECT APPLICABILITY
77%  - SHOULD HAVE EVIDENCE OF EFFICACY
>50% - SHOULD BE ENDORSED BY CLINICAL ASSOCIATIONS
28%  - SHOULD BE ENDORSED BY PATIENT ASSOCIATIONS
“Important only if they have data. In my experience most young people don’t have a lot of data available to them.”

I really struggled to get the young people passionate about them. And from my experience, I found that actually they prefer to have (old stuff), I used to just do boring old photocopies of like charts, or diaries, and they would decorate them, and they’d bring them into the session. It would be great to incorporate this into my practice as the young peoples are immersed in technology and they have embraced it programs such as Sparx can be really useful as they can provide Youth AOD workers with skills/resources to address mild/moderate CEP issues without having to have access to intervention resources themselves especially effective for “young people who do not like talking/writing. More visual learners”

RESULTS

‘ABSOLUTELY IMPORTANT TO ENSURE THEY ARE CULTURALLY RELEVANT’

40% : SIGNIFICANT BENEFIT IF APPS CREATED FROM A CULTURAL PERSPECTIVE

7% : FEARED THAT BECAUSE OF INCREASED BARRIERS OF ACCESS FOR MAORI AND PASIFIKA --- DEVELOPMENT OF APPS COULD INCREASE HEALTH INEQUITIES
CONCLUSIONS

There is a positivity and eagerness to use online tools by AOD clinicians.

Most already use these or keen to try one online tool should be supplementary to face-to-face therapy not as a replacement.

Access to data and online devices can be difficult for vulnerable populations.

Support should be given by providers to help support AOD clinicians to use online tools.

HABITS - Health Approaches through Behavioral Intervention Technology

An accessible and appealing digital platform to improve short- and long-term outcomes in young people affected by AOD and mental health.

It will:
- Increase detection through screening
- Provide evidence-based IT interventions
- Progress monitoring and feedback
- Provide info for accessing extra help if needed
- Link to big data (The IDI) to measure real world outcomes in the longer term.
HABITs app-spirations

MODULAR (USERS CAN CHOOSE/FOLLOW DIFFERENT PATHS)

‘SNACKTIVITY’ (NOT TRADITIONAL LONG SESSIONS)

FUTURE PROOFED/‘CURRENT’

AMENABLE TO UPDATES (RE-SKINNING, NEW CONTENT)

STRENGTHS- (NOT DEFICIT) BASED

GREAT UPTAKE AND COMPLETION
“It’s a pacemaker for your heart. Plus, you can download apps for your liver, kidneys, lungs, and pancreas!”