18th Canadian Collaborative
Mental Health Care Conference (2017)
Connecting People in Need with Care
June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

Results From a Randomized Controlled Trial of Coach-facilitated Online Therapy in Patients with Depression Referred to Secondary Care Services

Dr. Simon Hatcher
University of Ottawa

PRESENTER DISCLOSURE

- **Presenter:** Dr. Simon Hatcher

- **Relationships with commercial interests:**
  - **None**

MITIGATING POTENTIAL BIAS

- **Presenter:** Dr. Simon Hatcher

- **Mitigation of conflict**: I was involved in the creation of one of the online therapies in this presentation.

LEARNING OBJECTIVES

1. Describe the advantages and disadvantages of e-therapies
2. Identify ways in which e-therapies can benefit patients on waitlists to receive services for depression
3. Identify opportunities to incorporate coach-facilitated e-therapies and coaches into routine practice

What are online therapies?

Moodgym

Sparx

The Journal

Guided or unguided?

- Unguided – most people drop out but some evidence of effectiveness
- Guided – use a “e-coach” – new health service role – can be a qualified health professional or ”technician”
- In meta analyses guided therapy better than unguided but head to head comparisons not so clear cut.

UK REACT study (Gilbody 2015)

- Primary care (n=691)
- Beating the Blues (commercial) vs. MoodGym (free) vs Usual Care
- Both therapies guided
- No difference in outcomes

- BUT

- Very low engagement (1 or 2 sessions; 6 minutes technical support; 20% did not access online treatments at all)

Does a guided on-line therapy for people referred to a mood and anxiety clinic improve outcomes after 12 weeks and change service use?

Referral from primary care → Rx → Mood and Anxiety Program

What is Rx?

www.depression.org.nz

Outcomes

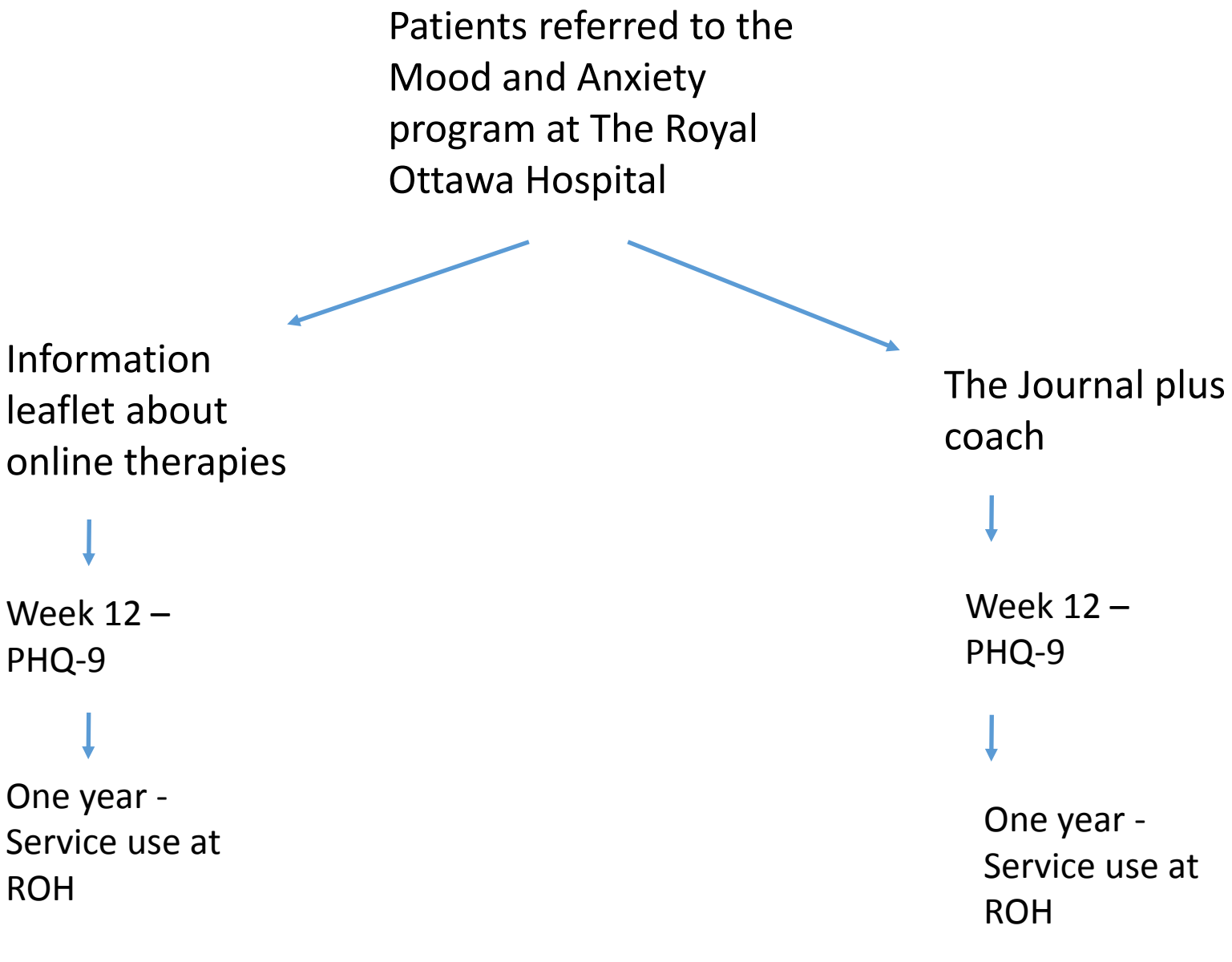
- At 12 weeks after consent

Depression (PHQ-9) change in scores and improvement (PHQ-9 <10 or 50% improvement in scores)

Quality of Life

- At one year

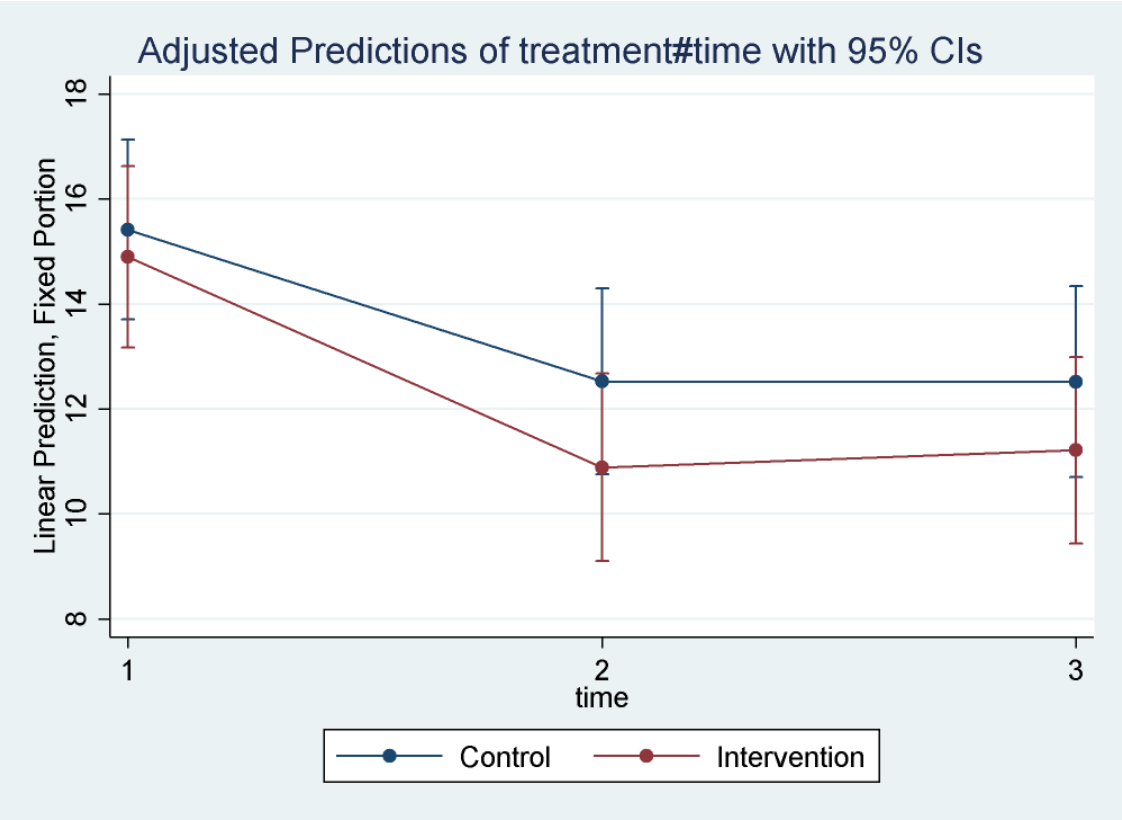
Service use at ROH


Patients referred to the Mood and Anxiety program at The Royal Ottawa Hospital
Information leaflet about online therapies
Week 12 – PHQ-9
One year - Service use at ROH
The Journal plus coach
Week 12 – PHQ-9
One year - Service use at ROH

Who was in the study?

	Overall (n=95)	Control (n=48)	Intervention (n=47)	P-value
Age (years)	44	45	44	
Female	66 (70%)	28 (58%)	38 (81%)	0.02
Full time employment	23 (24%)	11 (23%)	12 (26%)	
Bachelors degree or above	40 (42%)	18 (38%)	22 (47%)	
PHQ-9	15	15	15	

Did guided therapy improve depression compared to control at 12 weeks?



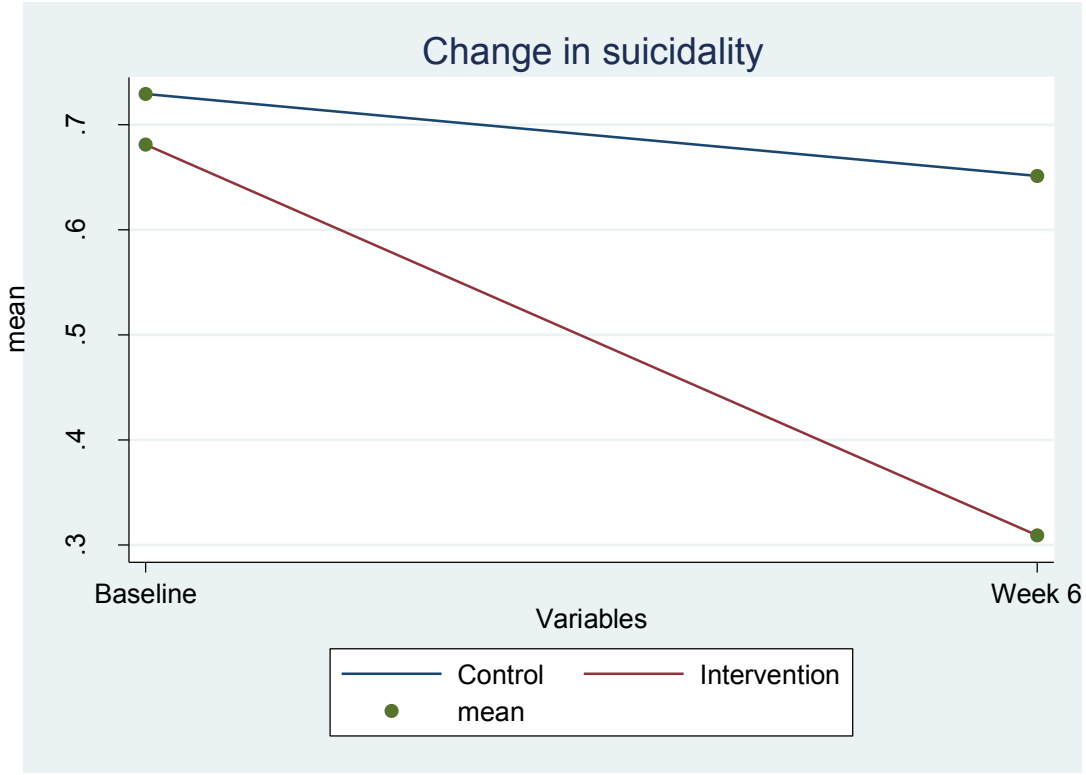
	Control	Intervention
Baseline	15.4 (n=48)	14.9 (n=47)
Week 12	12.5 (n=40)	10.9 (n=43)
Difference week 12 from baseline	-2.6	-3.5 (95% CI -3.7 to 1.3)

Improvement at 12 weeks

- Improvement is PHQ-9 9 or less or 50% reduction in score

- Control group 18/47 improved (38%)
- Intervention group 24/47 improved (51%)
- P=0.3

What about suicidality?



**T-test of difference in means at week6:
p=0.047

Service use at ROH in the 12 months after the guided therapy

	Control (n=45)	Intervention (=46)
Mean time from referral to first appointment	205 days	219 days
Number of people seen in the mood and anxiety clinic	34 (75%)	37 (80%)
Number of people who had psychiatric follow-up	19 (42%)	18 (39%)
Mean number of psychiatric follow up appointments	2	3
Mean number of all appointments	5	4

So what treatment did the guided therapy group get?

- Mean number of lessons completed 5
- Mean number of coaching sessions 9
- Mean length of coaching call 31 minutes

- 29 people completed 6 or more sessions
- Significant correlation between number of lessons completed, number of coaching call, average length of calls and reduction in PHQ-9 scores

If people actually got the treatment did they improve?

- Control group 18/47 improved at 12 weeks (38%)
- Intervention group (6 lessons or more) 19/29 improved at 12 weeks (66%)

- **P=0.03** NNT three people need to be treated with at least 6 lessons for one extra person to improve compared to control group

Conclusion

- People need to be engaged in the therapy for it to work – but it does work
- There may be a small effect on suicidality whilst on a waiting list
- In this context it doesn’t seem to make much difference to what happens in the psychiatric out-patient clinic
- Was this a test of telephone coaching supplemented by online therapy rather than a “guided online therapy” - is the coach more important than the computer?