ACCESS OPEN MINDS
ESPRITS OUVERTS

e-Mental Health Guide and Strategic Planning Worksheet

Fondation Graham Boeckh Foundation

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Strategy for Patient-Oriented Research SPOR Putting Patients First

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PURPOSE

This guide outlines the main considerations for **e-Mental health** within the ACCESS Open Minds framework, and aims to improve understanding of **e-Mental health** within the youth mental health context. This guide provides information on how technology can be mobilized to support achievement of the five ACCESS Open Minds objectives: Early Identification, Rapid Access, Appropriate Care, Continuity of Care, and Youth and Family Engagement. Site teams are encouraged to use this guide as a starting point for crafting their own **e-Mental health** strategy, by encouraging them to reflect on the potential benefits, uses, and risks of different **e-Mental health** methods on the spectrum of innovation, and make choices that address the needs of their specific communities.

1. UNDERSTANDING E-MENTAL HEALTH

1.1 WHAT IS "E-MENTAL HEALTH?"

e-Mental health is a broad term, which at its core refers to the use of technology in the field of mental health. **e-Mental health** falls under the umbrella of e-Health, which Health Canada defines as "an overarching term used today to describe the application of information and communications technologies in the health sector. It encompasses a whole range of purposes from purely administrative through to health care delivery."[10] Terms such as telehealth, digital health, m-health, and more recently connected health, have been used to describe this concept.

The Mental Health Commission of Canada has adopted the definition for **e-Mental health** by Christensen, Griffiths and Evans (2002) who define it as "mental health services and information delivered or enhanced through the Internet and related technologies."[1] Information and communication technologies (ICTs) include websites, social media and mobile devices to deliver mental health information, services, and supports. ICTs can also be leveraged to collect and manage information, to provide training, and to facilitate and enhance communication and knowledge translation activities.[2]

1.2 BENEFITS

e-Mental health is a promising avenue for the improvement of mental health in Canada. There are a number of advantages associated with **e-Mental health** strategies, and many technologies offer novel solutions to long-standing issues in mental health care systems. However, some of these anticipated benefits will need to be demonstrated through more research.

YOUTH-FRIENDLY: Young people are frequent users of internet technology, making **e-Mental health** particularly accessible to them. Specifically, the convenience, flexibility, personalization and control afforded to them by technologies such as mobile applications are appreciated by users. , It has been reported that young people express moderate to high levels of satisfaction with **e-Mental health** interventions, and that **e-Mental health** services are acceptable for children, adolescents, and young adults.[3]

COST-EFFECTIVE: e-Mental health methods have the potential to enhance the quality of care at a low cost. Where resources are limited, e-interventions can offer assessment, supports and interventions. For instance, e-interventions can address mild to moderate mental health problems, allowing clinicians to use their time more effectively in addressing more serious or complex problems. More research is needed to fully understand the economic impacts of **e-Mental health** methods.

CONNECTING WITH RURAL AND REMOTE COMMUNITIES: In geographically remote regions where specialized services and specialists are difficult to access, **e-Mental health** has the potential to fill important gaps in care, for example by deploying telemedicine or by providing specialized therapies such as online Cognitive Behavioural Therapy, which has been shown to be effective in treating

depression and anxiety.[2]

ENGAGEMENT: Online methods may help reach youth and families for whom traditional services have had difficulty reaching (for example, youth who are not in education, employment, or training programs). These methods also offer the potential to build support communities online, such as Facebook groups for individuals caring for young people dealing with mental health issues.2 ICTs also provide a platform for mental health advocacy campaigns such as Bell Let's Talk.

1.3 CHALLENGES

Though the term "**e-Mental Health**" was coined over 15 years ago, it is an area of study that is still under development, and will continue to evolve as technology advances. Some associated challenges include the limited speed of generating evidence, individual attitudes toward technology, and risks (both actual and perceived) that the internet may pose to young people and their service providers.

EVIDENCE: The latest app may be appealing and appear promising, but it can take time before evidence indicating its effectiveness is available. Moreover, technology changes so rapidly that research and evaluation sometimes struggle to keep up. Initial costs involved in safely deploying **e-Mental health** technologies, along with limited economic evaluations, may deter programs or institutions from engaging in this kind of research.

FAMILIARITY: While young people are generally very comfortable with technology, they may not always know which mental health technologies exist or how to use them. Clinicians, mental health workers, and families may be unfamiliar or lack the skills and training to make the most of **e-Mental health** solutions. Some clinicians are also skeptical of interventions or treatments that do not take place in person, or face-to-face. Carers with negative attitudes towards technology, or who hold concerns that their loved one is spending too much time on a mobile device, may also be weary of internet-based approaches.

RISKS: There are important risks to young people associated with the internet, such as internet addiction, cyber bullying, being targeted by online predators, and social isolation. Social isolation is often present in young people dealing with mental health problems, and building better social relationships is an important goal for interventions. Other concerns include privacy and security of personal information, as well as legal or ethical questions, for instance around the ability to respond to disclosures. These matters need to be considered carefully, and mitigated as part of an effective **e-Mental health** strategy.

1.4 USES

e-Mental health technologies have applications across the spectrum of care including:

INFORMATION: Online resources can be effective in providing information and education about youth mental health for various audiences, including young people, family members, friends and carers, teachers and other professionals who work with young people. Most young people and many families/carers seek out mental health information online, whether or not they have mental health issues themselves.

SCREENING: Young people may benefit from assessing their mental health issues using online screening tools. In the clinic, self-report scales and screening tools can be administered via an electronic platform; this increases the ease of use for the service user and provides clinicians with automatically calculated scores.

MONITORING: There are a number of applications focused on wellness, which offer tools for managing stress, journaling components, or sleep monitoring capabilities. These can be useful in self-management or in prevention, to encourage all young people to be mindful of their mental health, before issues become acute and clinical care is required. Such self-management approaches can also be a complement to formal care offered by a health service.

Mindyourmind
Part of ConnexOntario Health Services Information (www.mindyourmind.ca)

- Mindyourmind is a web-facilitated community mental health program that offers mental health information, tools, games and applications developed in partnership with youth, for youth ages 14 to 29
- Main objectives are to promote wellness, reduce the stigma around mental health, and increase access to community supports, both professional and peer-based
- In a survey of users, 65% reported accessing mental health resources on the website while also receiving professional mental health support, demonstrating the complementarity of this e-Mental health tool with professional care.

CRISIS: Crises do not always occur during a clinic's opening hours; phone and online crisis support services are crucial in ensuring that young people have somewhere to turn in their hour of need.

INTERVENTION: Counselling and specific interventions such as CBT can also be delivered through electronic means. There is strong evidence for the effectiveness of online interventions and treatments for anxiety disorders, depression, stress, substance abuse, and insomnia, particularly when these problems present at mild to moderate levels of severity. [2]

SOCIAL SUPPORT: Connecting with a larger community of people who have similar experiences related to mental health is important to many young people and carers. Virtual discussion groups, social media and blogs are online spaces in which this occurs. There are also formal online peer support services that provide training and host discussion groups centred on specific issues.

COMMUNICATION: Communication with mental health care providers can also be facilitated by e-methods. Some examples include getting in touch with a clinic or clinician via text message, online appointment scheduling, and sharable journals and symptom tracking.[4] Telehealth strategies allow service providers and patients to connect over great geographic distances, and they can also fill important gaps in health care systems.[1] Improved technology also allows for easy information sharing between service providers for better coordination and service linkage.

RESEARCH AND TRAINING: Technology can also be harnessed to gather and manage information, to provide training, and to facilitate knowledge translation activities. Online data platforms, for example, can result in comprehensible reports that decision-makers and policy-makers can access quickly and easily.

1.5 TYPES OF TECHNOLOGY

A wide range of **e-Mental health** technologies exist, including but not limited to websites, mobile applications, social media, messaging, videoconferencing, and video games. Some methods are used independently, while others require oversight, guidance or direct participation by a mental health professional.

BreathingRoom
Canadian Institute of Natural and Integrative Medicine
(www.breathingroom.me)

- An evidence-based, online program to support young people ages 13 to 24 dealing with anxiety and depression
- There are 8 modules, and each takes 2 to 3 hours to complete
- Early evidence indicates it contributes to improved well-being, changes in perspective, feeling more connected to others, and enhanced self-control

Debris

Moonray Studios (www.debristhegame.com)

- A video game developed by young people with lived experience of psychosis, researchers from McMaster University, and Moonray Studios
- Story-based, the game takes place in an underwater universe. When one character begins experiencing elements of psychosis, the team must be empathetic and work together to help their friend

Mental Health Innovation

(www.mhinnovation.net)

- A community of mental health innovators: researchers, practitioners, policy-makers, service user advocates, and donors from around the world
- Aims to facilitate the development and uptake of effective mental health interventions by
  - Enabling learning
  - Building partnerships
  - Synthesizing and disseminating knowledge
  - Leveraging resources

2. E-MENTAL HEALTH WITHIN ACCESS OPEN MINDS

2.1 ACCESS OPEN MINDS OBJECTIVES

ACCESS Open Minds has identified five objectives that underlie all aspects of youth mental health service transformation. These objectives are: Early Identification, Rapid Access, Appropriate Care, Continuity of Care, and Youth and Family/Carer Engagement. **e-Mental health** approaches can and should be leveraged in working towards these objectives. When envisioning any **e-Mental health** method or initiative, a key consideration needs to be the extent to which it will contribute to one or more of these objectives.

EARLY IDENTIFICATION

Early Identification means reaching young people dealing with mental health issues as soon as possible. **e-Mental health** approaches can help reduce the help-seeking delay , – the time that it takes to seek help following the onset of a presenting mental health concern, and in turn increase the early identification of a potential mental health problem.

A number of factors are responsible for this delay, including mental health literacy, which is an individual's understanding that certain changes may be associated with a mental health concern, and that dealing with this situation may require professional support.

Online resources can be useful in disseminating information to increase mental health literacy among young people themselves as well as referral sources such as family members, primary care physicians, and teachers.

Self-Injury Outreach and Support (SIOS)

McGill University & University of Guelph

(www.sioutreach.org)

- An international outreach organization providing current information and helpful resources about self-injury to individuals who self-injure, those who have recovered, as well as their caregivers and families, friends, teachers and the health professionals who work with them.

In addition to understanding mental health issues, young people and referral sources should be aware of the services that are available to them. Increasing community awareness, particularly of an ACCESS Open Minds site, can be supported by a strong online presence, including social media presence.

These questions can be addressed:

- When to refer or self-refer
- Where to refer or self-refer
- How to refer or self-refer

RAPID ACCESS

Rapid access to care is a key component of the ACCESS Open Minds framework. Offering an initial assessment to young people within 72 hours of first contact is a core benchmark of the ACCESS OM framework. **e-Mental Health** approaches can be useful in increasing the various ways in which young people and referral sources can request such an assessment.

Online referral systems can make it easier for young people to seek out care. Conventional online methods such as email may still prove to be useful, but other approaches, such as open booking systems, might be more effective. The PRISM project, which builds from the ACCESS OM framework, will develop and evaluate an online self-referral tool with the aim of increasing the ease of referral for young people and their families/carers. Some ACCESS OM sites are using other online communication tools, such as Facebook Messenger, to connect with young people and refer them to their clinical services. Partnerships with **e-Mental health** organizations can also serve as a portal to ACCESS OM services; for instance, a partnership with Kids Help Phone aims to have youth who use KHP service be referred to ACCESS OM services when locationally appropriate.

Eskasoni Crisis Line

1-855-379-2099 - Facebook.com/eskasoni.worker

- Mi'kmaq language crisis service, available 24/7 through Facebook and toll-free telephone line
- Crisis intervention and referral services
- Central intake

APPROPRIATE CARE

ACCESS OM strives to provide quality and evidence-informed care in a timely manner. As per the Canadian Psychiatric Association guidelines, ACCESS OM aims to offer young people appropriate care within a maximum of 30 days.

Challenges to providing timely appropriate can care arise in the following situations:

- Treatment needed is not available in the community (e.g. due to geographic remoteness)
- Long waitlists for specialized treatment
- Care available is not sufficient commensurate to need
- Care available is not engaging or conveniently accessible (e.g. a group offered during school/ work hours)

Though more research is needed for many electronic mental health interventions, a number of these treatments are associated with positive outcomes, and can be particularly useful in the above situations.

Some applications can complement in-person care, while others can be used as primary treatments for specific issues. Telehealth is another way e-methods can be mobilized to provide young people living in remote areas with specialized care.

Service providers need to be trained and continuously updated on evidence-based practices, and e-trainings can be an easy, cost-effective way to accomplish this task. Online platforms also allow mental health professionals to collaborate, discuss issues in their field, and foster communities of practice. Online resources may also help clinicians tailor their information and approaches to diverse populations.

Multicultural Mental Health Resource Centre (www.multiculturalmentalhealth.ca)

- Seeks to improve the quality and availability of mental health services for people from diverse cultural and ethnic backgrounds, including immigrants, refugees, and members of established ethno-cultural communities
- Contains information on cultural assessment tools and methods, access to interpreters and culture brokers, and recommendations for culturally adapted treatments or interventions

CONTINUITY OF CARE

Integrating services for young people between 11 and 25 years old is one of the main objectives of ACCESS Open Minds. Young people receiving mental health care are often obligated to transition to adult services at age 16 or 18; the ACCESS OM framework advocates that any transition in care should be solely based on need, rather than chronological age.

The **e-Mental health** approaches considered must be accessible and appropriate across this entire age range of 11 to 25. When transitions in care must occur, e-methods can be used provide additional support and fill temporary gaps in care. One aspect of successful transitions in service include strong communication between service providers, and this should always include a discussion of any technology that is being used in care. To ensure continuity of care, information should be shared and easily accessible to all involved – youth, families and carers, as well as the various service providers involved in similar or linked services. Technology can help coordinate this information sharing and links.

TEXT4MOOD[13]

Alberta Health Services & University of Alberta

- Text4Mood is an innovative service designed to provide support to people on waitlists for mental health services, or to individuals living in remote communities who have difficulty accessing care
- Albertans can sign up for free by texting "mood" to 760-670-3130
- Subscribers receive daily supportive text messages, for example:
- "Today, I will focus on what I have instead of what I have not. Within me lies the power to succeed. I will work with what I have to reach my goals."
- **81.7%** of users reported feeling hopeful in managing issues in their lives, **76.7%** feel in charge of managing depression and anxiety, and **75.2%** feel more connected to a support system

YOUTH AND CARER ENGAGEMENT

Young people and their families and carers have been at the heart of the ACCESS Open Minds project since its inception. The ACCESS OM framework recognizes the importance of listening to young people and working with them as equal partners in transforming mental health care. ACCESS OM teams are encouraged to engage with youth in their communities in spaces where youth are most comfortable, be that in their homes, at a coffee shop, at the youth space on-site, or in online spaces.

Jack.org

- Jack.org is a national network of student leaders across Canada encouraging young people to get engaged in advocating for youth mental health
- There are Jack.org chapters in every province and territory, however the central platform is the website, and the organization utilizes social media and web-based resources to raise awareness

Young people spend a lot of time online, and these spaces (such as social networking sites) must be incorporated into broader youth engagement strategies. For the young person who finds coming to a physical youth space very challenging, online spaces can provide a more comfortable means of participation. Electronic and social media also offer a platform for art, story-telling, and other forms of self-expression that is important in fostering a sense of hope, resilience, and empowerment. Online communication also facilitates national engagement in the ACCESS Family and Carers Council and ACCESS National Youth Council by bringing together people from across the country online.

ACCESS OM takes a holistic view of youth mental health care, recognizing the importance of family members and carers in recovery. Informational websites and online tools can be employed to help carers better understand their loved one's mental health problem and gain skills to better support them through recovery. Self-care applications can also help carers tend to their own mental health as they take on the work of supporting a loved one who is struggling.

2.2 ACCESS OM E-MENTAL HEALTH INITIATIVES

Note: This is not a comprehensive list of initiatives and resources in Canada. Individual ACCESS OM sites may use other resources.

WEBSITE

Launched in 2016, the ACCESS Open Minds website is a main hub for public information about ACCESS OM. It includes information about the various sites across Canada; the latest news about the network; news and events about youth mental health in Canada; details about the ACCESS Family and Carers Council, ACCESS National Youth Council, and other councils; and downloadable resources and guides developed by the ACCESS OM network. For site team and network members, the ACCESS OM website has a password-protected forum called My ACCESS, where individuals and site teams from across the network can connect, share documents and resources, and post on internal message boards. Online spaces such as this can help foster a sense of community and promote collaboration.

ONLINE DATA COLLECTION TOOL (Dacima Software)

Launched in May 2017, the online Dacima platform allows young people and families/carers to answer questionnaires on a computer or tablet. It also allows clinicians to enter relevant data about the young person's care directly into the database, view progress and relevant reports, and schedule future appointments. The software includes a number of data management and analysis features, which allows site managers to track how many young people are being seen at the site, wait times, and common presenting problems, among many other details. Researchers are able to use this tool to assess uptake of research at sites and evaluate preliminary findings. All data are stored in secure servers and are accessible via internet using password-protected logins.

KIDS HELP PHONE

Kids Help Phone (KHP) is a national organization that has been at the forefront of youth **e-Mental health** in Canada for decades. KHP offers confidential counselling to young people over the phone, on their website, and more recently through their mobile application. ACCESS OM has forged a partnership with this valuable ally, with the aim of more youth being aware of both ACCESS OM and KHP services.

When a young person whose home is served by an ACCESS OM site connects with a KHP counsellor, they will be referred to the ACCESS Clinician of the local ACCESS OM site, providing them with rapid access to appropriate care. Referral information recorded by KHP will be shared with ACCESS OM to support the research and evaluation efforts in this area.

The local ACCESS OM site will also be listed on the KHP "Resources around me" database to help young people in the area access appropriate services. At the same time, Kids Help Phone is publicized on the ACCESS OM website, and young people are reminded of their 24/7/365 counselling services, which they are encouraged to contact after hours.

PRISM

Pathway for Rapid, Internet-based, Self-referral to Mental Health Services for youth (PRISM) is a sub-project of ACCESS Open Minds that aims to develop, implement, and evaluate the use of an online self-referral pathway to facilitate rapid referral and direct access to mental health services for youth. The self-referral pathway will be customized, implemented and tested at five ACCESS OM sites, and will engage and empower young people in seeking help for mental health concerns, especially those that might not seek it through conventional methods. The self-referral tool will also improve the capacity of service providers to efficiently triage and manage referrals.

3. CREATING A LOCAL E-MENTAL HEALTH STRATEGY

3.1 WHAT ARE THE NEEDS?

The goal of an effective **e-Mental health** strategy is to fill in gaps and enhance existing services to achieve the five ACCESS OM objectives. Gaps in services, delays in care, lack of engagement, and low mental health literacy are examples of areas that can be cost-effectively addressed using **e-Mental health** methods. Identifying key areas to be improved at the local site with specific targets will increase the impact of an **e-Mental health** approach.

Young people are experts both in technology and their own experience. They can provide valuable insight regarding their needs, as well as the shortcomings of services they accessed. Their instincts and connection to youth culture online will help build a strong strategy tailored to young people.

3.2 CAPACITY

It is important to map out the current state of **e-Mental health** initiatives and resources at a local site. What **e-Mental health** approaches are already being used? Does the ACCESS OM site have a social media presence? Are clinicians recommending any apps or referring people to certain websites? What kind of technology and infrastructure is available on-site (tablets, wifi, etc.)?

In 2016, ACCESS OM conducted a baseline evaluation of technological capacity at sites, the results of which may be useful in this process and are available to sites by communicating with the ACCESS OM central office team. Network-wide, ACCESS OM **e-Mental health** tools such as Dacima Software, My ACCESS, and the partnership with Kids Help Phone can also be leveraged in developing a local **e-Mental health** strategy.

Through engaging young people in this process, a site team can better understand what devices most young people in their community have access to, and what websites, social media, and applications they use most frequently. Similarly, engaging families and carers in the process can clarify levels of comfort with different technologies, in addition to accessibility of devices.

Based on these considerations, as well as budgets, time, and human resources, it is important to consider what is feasible at any given site. Setting realistic parameters and making the most of cost-effective methods are more likely to ensure sustainability.

3.3 CONTEXT AND POPULATION

It is important to be mindful of population targeted by the **e-Mental health** strategy. Each site collects data about its population using demographic forms; sometimes, additional information is gathered by soliciting input from youth, families/carers, and clinicians familiar with the community. Though there are many evidence-based **e-Mental health** methods, a number of them have not been tested and validated with a number of subpopulations, including First Nations, Inuit, and Métis populations

Mental Health Programs for Aboriginal Peoples in Canada (www.namhr.ca/mental-health-programs)

- Describes existing mental health promotion, prevention, and intervention programs and models for Indigenous peoples in Canada
- Developed through a scan conducted for Health Canada and is presented here with their permission
- Maintained by the Network for Aboriginal Mental Health Research with support from Health Canada and updated periodically

When recommending e-methods to young people and their carers, the following are some key considerations:

	OBJECTIVE	CONSIDER
AGE	ACCESS OM serves young people aged 11-25 years old, as well as families and carers, with differing levels of education and literacy	• Age-relevant content • Accessibility of the language
GENDER	Young people may have different experiences and needs based on their gender identity or sexual orientation	• Avoiding gender stereotypes, cis-normativity and heteronormativity • Queer-friendliness
CULTURE	Language, cultural norms, racialization, and the effects of colonization can deeply affect the context in which any service is provided	• Language barriers, especially for carers • Cultural safety and values • Evidence of effectiveness within a given population
SOCIO-ECONOMICS	Insecure housing, lack of financial resources. focusing on basic needs impact a person's access to and interest in technology	• Potential barriers to accessing technology

3.4 E-METHOD SELECTION

There are many valid approaches to decision-making when it comes to choosing specific **e-Mental health** tools.

Mobile App Rating Scale[14]

- The MARS aims to provide mental health teams with a simple, objective, and reliable tool for classifying and assessing the quality of mobile health apps
- It assesses the application' Engagement, Functionality, Aesthetics, and Information, as well as its overall and subjective Quality
- It can also be used to provide a checklist for the design and development of new high-quality health apps

A workshop was held at the 2017 ACCESS Open Minds Network Meeting in which participants from across the network chose which elements of the MARS they found most relevant. The top criteria chosen were Ease of Use, Interactivity, Target Group, Visual Appeal, and Quality of Information.

Site teams are encouraged to decide which criteria are important to them and their community, and assess potential technologies based on those requirements. Existing rating tools can be used and modified according to local priorities.

3.5 BEST PRACTICES

PRIVACY: Sensitive personal information entered into any **e-Mental health** platform should be protected using passwords and encryption. If the platform is monitored, users should be made aware of who can see what information, and how to protect the confidentiality of the data being entered, or in which cases this confidentiality might be breached (e.g. a minor's disclosure of abuse).

RISK MANAGEMENT: It is important to anticipate and mitigate potential risks involved with internet-based methods. Having a clear plan to prevent situations like cyberbullying, or addressing disclosures of serious suicidal ideation, will create a safer experience for everyone.

HARM REDUCTION: Though risk is not wholly avoidable, the guiding principle should be that the benefits associated with a given technology always considerably outweigh any potential risks.

STRENGTHS-BASED: In keeping with the philosophy of the ACCESS Open Minds project, e-methods should be strengths-based and reflect the values of hope, resilience, and empowerment.

CONTINUOUS EVALUATION: Measuring the uptake, satisfaction, and impact of **e-Mental health** methods used, and reflecting on factors that facilitated or inhibited the implementation are important to the ACCESS OM research project. Site teams are encouraged to revise their **e-Mental health** strategy on an annual basis, integrating their site-specific evaluations and integrate any major developments in terms of evidence and options for **e-Mental health** that emerged during the past year.

APPENDIX 1 — DESIGNING YOUR STRATEGY: E-MENTAL HEALTH STRATEGY WORKSHEET

1. Current Resources

YOUTH

What kind of technology do young people in your community have access to or use the most? (e.g. iPhone vs. Android, Facebook vs. Instagram, etc.)

What considerations are needed regarding the specific population you serve? (e.g. age, gender, language, culture, socio-economic status, etc.)

How have you/will you engage youth and families/carers in creating an **e-Mental health** strategy?

SERVICE SITE

What **e-Mental health** methods or technologies are you already using? (E.g. social media, electronic records, wellness applications, etc.)

What kind of technological infrastructure is available at your site? (e.g. website, wifi, laptops, tablets, etc.)

What resources are available for **e-Mental health**? (e.g. funds, expertise, etc.)

2. Consider how the site is working towards meeting the 5 ACCESS OM objectives. Could **e-Mental health** strategies be mobilized to help you reach these objectives?

Early Identification Does your ACCESS OM site have an online presence that effectively contributes to increasing mental health literacy or number of referrals? Could technology help you reach youth who are not in education, employment, or training programs ("NEET youth")?	
Rapid Access Are there online portals of entry to the service to access an initial assessment? If there are problems meeting the 72-hour benchmark, could **e-Mental health** strategies help reduce delays?	
Appropriate Care Are there services unavailable in the community or for which have very long waitlists? Could online treatment or telemedicine help fill this gap? Could young people/carers benefit from additional mental health supports available online or through applications?	
Continuity of Care Are services fully integrated across the 11 to 25 age range? How can e-methods be used to better coordinate various services and share information so that young people and families/carers experience seamless, well-integrated care?	
Youth and Family Engagement Are youth and family/carers being meaningfully engaged at the site? How can online spaces and communications technology facilitate and enhance engagement and shared decision-making?	

3. Make a plan. Use one table for each **e-Mental health** approach planned.

Identified Gap or Need Which ACCESS OM objective is not being met?	**E-Mental Health Approach** Which technology will help bridge this gap? How?	**Objective/Desired Outcome** How will you know it has been successful?
Evidence / Justification Why is this the best approach?	**Ethics & Safety** What potential risks does this technology pose and how will they be addressed or mitigated?	**Resources required** Hardware, software, funds, human resources, etc. Institutional barriers to overcome?
Timeline How and when will it be implemented? When will implementation success be evaluated? What changes need to be made?		

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