Virtual Care for Mental Health

Information to help you complete your Virtual Care Business Case

About this work

OTN has created a business case template and a collection of pre-populated business case modules demonstrating how virtual care supports different patient population needs.

How to use this document

This document was designed to support the development of a virtual-care business case for mental health. You can use parts of this document to enhance your existing business case or use OTN’s template to create one in its entirety.

The following information is contained in this document and includes areas where OTN can work with your organization to complete:

✓ Background & Problem Definition

✓ Objectives & Outcomes

✓ Alignment with Health System Priorities

✓ Model of Care Options

As you consider virtual care options for this patient population, it’s important to include information specific to your organization, such as strategic fit, analysis of options, outcome realization, assessment of capacity and ability, stakeholder analysis, costs, risk analysis and other analyses to develop a recommendation and high-level implementation plan as part of your business case.

Looking for information for a different patient population?

To access other modules, or the template please click one of the links below:

* [Virtual Care Business Case Template](https://otn.ca/wp-content/uploads/2020/01/Virtual-Care-Business-Case-Template_Final.docx)
* Palliative Care
* [Substance Use Disorder](https://otn.ca/wp-content/uploads/2020/01/VCBC_Module_MH_SUD_Final.docx)
* Internet-based Cognitive Behavioural Therapy (iCBT)

## 1.1 - Background & Problem Description

The World Health Organization (WHO) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”[[1]](#endnote-2)

Poor mental health can impact quality of life[[2]](#endnote-3) and lead to mental illness and risk-taking behaviours, including substance use disorders and addictions.[[3]](#endnote-4) Here are some examples of how mental illness affects Canadians:

* One in five Canadians are affected by mental illness annually.[[4]](#endnote-5)
* The burden of mental illness and addictions in Ontario is more than 1.5 times that of all cancers.4
* Readmissions are sometimes unavoidable; however, some patients readmitted to a hospital for a mental illness or addiction may not have had access or transitioned to the care and support they needed. Readmission rates varied between Ontario’s regions, and ranged from 7.4% to 9.8% in 2018[[5]](#endnote-6).

Access to mental health services is challenging due to insufficient or inefficient use of resources, geography and stigma. Wait lists for treatment are lengthy. Effective and cost-efficient virtual-care solutions are increasingly a viable option to help improve the health and mental health well-being of Ontarians.

*For more information related to your local region, you can access Health Quality Ontario’s* [*System Performance statistics here.*](https://www.hqontario.ca/System-Performance)

*If your organization is part of an OHT, re-use the OHT application form ‘Section 1.2 - Who will you focus on in Year 1?’*

## 1.2 – Objectives and Outcomes

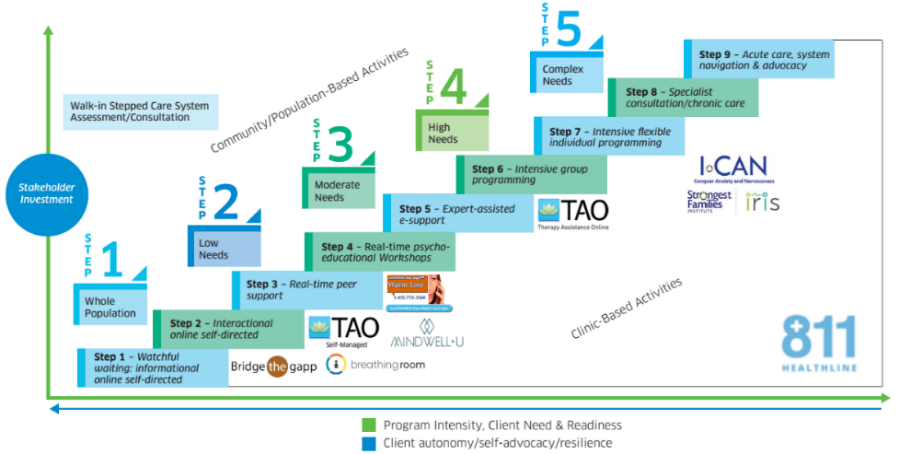
Changes in regulations and policies, patient access to information and the expanding use of virtual care has led to an increased focused on the patient experience. The Institute for Healthcare Improvement (IHI) has created the Triple Aim: Experience of Care (improve patient outcomes); Per Capita Costs (reduce costs); and Population Health (better outcomes). in an approach to optimize health system performance.[[6]](#endnote-7) To build upon IHI’s Triple Aim, a Quadruple Aim is often looked to as the standard to rate different virtual care models, with the additional objective of Improved Clinician Experience.[[7]](#endnote-8) Outcomes aligned with each of these objectives are detailed below:

|  |  |
| --- | --- |
| **Objectives** | **Outcomes** |
| Better Outcomes | * Improved ability to better manage and reduce symptoms of anxiety and depression [[8]](#endnote-9),[[9]](#endnote-10) * Enhanced ability to manage and gain control of mental health issues9,[[10]](#endnote-11),[[11]](#endnote-12) |
| Reduced Costs | * Mitigate/prevent acute care visits[[12]](#endnote-13),[[13]](#endnote-14),8 * Reduction of ambulance and ED costs[[14]](#endnote-15),[[15]](#endnote-16) |
| Improve Clinician Experience | * Shared decision making9,18 * Improved therapeutic alliances9,[[16]](#endnote-17) |
| Improve Patient Experience | * Reduced wait and call-back times9,11,[[17]](#endnote-18) * Easier access to services and access to a wider variety of services9,[[18]](#endnote-19),[[19]](#endnote-20),[[20]](#endnote-21) |

## 1.3 - Alignment with Health System Priorities

Mental health is a focus of governments and various health systems across the country. Ontario’s Ministry of Health has identified mental health one of its focus areas. Not only has a Mental Health and Addictions Centre of Excellence been approved and an Associate Minister of Mental Health and Addictions role created, but Ontario has also allocated $174 million for mental health and addictions care in the 2019/2020 provincial budget. This initial funding is part of a $3.8-billion investment over the next 10 years to develop and implement a comprehensive and connected mental health and addictions strategy.

Additionally, in accordance with the Mental Health Commission of Canada’s (MHCC) Canadian Mental Health Strategy, all Canadians must have equitable and timely access to evidence-based treatments.[[21]](#endnote-22) Virtual care has been demonstrated to be a mechanism to deliver more accessible and effective mental health care.[[22]](#endnote-23) The MHCC supports the advancement of virtual care or e-mental health care in Canada, as well, stating that “existing and evolving technologies have tremendous potential to transform the mental health system and positively change how resources and care are developed, delivered, and received.”[[23]](#endnote-24)

Virtual care also aligns with various “stepped care” models, which are becoming increasingly popular for their ability to empower patients to actively participate in care options and receive a seamless transition from one mental health service to another, as needed.[[24]](#endnote-25) The stepped care model is based on an initial assessment, during which the client and clinician agree on the lowest intensity intervention warranted. Care is later stepped up or down depending on client needs or preferences based on outcome monitoring.24 Virtual care enables stepped care models to be implemented quickly and effectively, as an array of accessible programs is essential for the success of stepped care.24 The Government of Ontario is currently working on a stepped care model for access to mental health services. Other Canadian provinces have already begun to implement stepped care models—Newfoundland and Labrador’s Stepped Care 2.0 model:24

## 2.1.1 – Model of Care Options

*Interested in learning about real-world virtual care models implemented locally? Check out* [*OTN’s Virtual Care Program Profiles*](https://otn.ca/virtual-care-in-action-archives/?cat=evidence-virtual-care)*.*

| **#** | **Model Name** | **Model Description** | **Technologies** | **Objectives** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Better Outcomes*** | ***Reduce Costs*** | ***Improved Patient Experience*** | ***Improved Clinician Experience*** |
| 1 | Video Visits | Deliver real-time client mental health care via secure videoconferencing | Videoconferencing | ✔[[25]](#endnote-26) | ✔[[26]](#endnote-27),[[27]](#endnote-28) | ✔[[28]](#endnote-29) | ✔[[29]](#endnote-30) |
| 2 | eLearning | Access of educational material through virtual means (web-based, phone app) | Web-browsing devices (phone, tablet, computer) |  |  | ✔[[30]](#endnote-31),[[31]](#endnote-32) |  |
| 3 | Digital self-management | Automated support to facilitate symptom management, mood regulation, medication adherence | Web-based  (app, computer) | ✔[[32]](#endnote-33) |  | ✔[[33]](#endnote-34) | ✔[[34]](#endnote-35) |
| 4 | Remote Patient Monitoring /  Telepsychiatry | Video-enabled mental-health assessments for diagnostic clarification and treatment planning with a clinician.  RPM supports monitoring, symptom support, health education, referrals to community resources, and collaborative care planning. | Videoconferencing  Symptom monitoring devices | ✔[[35]](#endnote-36),[[36]](#endnote-37) | ✔[[37]](#endnote-38),[[38]](#endnote-39) | ✔[[39]](#endnote-40),[[40]](#endnote-41) | ✔[[41]](#endnote-42) |
| 5 | Electronic screening and decision support tools | Promotion of mental-health assessments and collaborative treatment decisions | Electronic Assessment (mobile, web) | ✔[[42]](#endnote-43),[[43]](#endnote-44) |  |  | ✔[[44]](#endnote-45) |
| 6 | Peer-to-Peer Support Groups | Connects patients with others who are in similar situations; can also include clinical moderation. | Web-based  (app, computer) | ✔[[45]](#endnote-46),[[46]](#endnote-47),[[47]](#endnote-48) |  | ✔[[48]](#endnote-49),[[49]](#endnote-50),[[50]](#endnote-51) | ✔[[51]](#endnote-52) |
| 7 | Conversational AI | Use of a chatbot that resembles an instant-messaging service. Offers evidence-based CBT tools, or motivational interviewing techniques. | Chatbots over secure messaging (text) | ✔[[52]](#endnote-53) |  | ✔[[53]](#endnote-54),[[54]](#endnote-55) |  |
| 8 | Motivational Interviewing | Blend of patient-centered and coaching strategies, combined with understanding of what triggers behavior change over video or audio | Video / Audio Conferencing | ✔[[55]](#endnote-56),[[56]](#endnote-57),[[57]](#endnote-58) |  | ✔[[58]](#endnote-59) |  |
| 9 | Guided iCBT | Patient communicates with a regulated health care professional while undergoing internet-based CBT | Web-based  (app, computer) | ✔[[59]](#endnote-60) | ✔59 | ✔[[60]](#endnote-61) | ✔59 |
| 10 | Unguided iCBT | Patient is not supported by a regulated health care professional, and instead accesses modules in a self-directed model | Web-based  (app, computer) | ✔[[61]](#endnote-62) | ✔59 | ✔[[62]](#endnote-63) |  |

1. World Health Organization. (2014). Mental Health: A state of well-being, 2014 Accessed via: <http://www.who.int/features/factfiles/mental_health/en/> [↑](#endnote-ref-2)
2. Ratnasingham S, Cairney J, Rehm J, Manson H, Kurdyak P. (2012). Opening eyes, opening minds: The Ontario burden of mental illness and addictions report. Institute for Clinical Evaluative Sciences and Public Health. Toronto, Ontario. Canada [↑](#endnote-ref-3)
3. Canadian Centre on Substance Use and Addictions. (2013). When mental health and substance abuse problems collide, 2013 <http://www.ccsa.ca/Resource%20Library/CCSA-MentalHealth-and-Substance-Abuse-2013-en.pdf> [↑](#endnote-ref-4)
4. Mental Health Commission of Canada. (2013). Making the case for investing in mental health in Canada. Ottawa, Canada. [↑](#endnote-ref-5)
5. Canadian Institute for Health Information. (2019). Health Indicators Interactive Tool. Ottawa, Canada. Accessed via: <https://yourhealthsystem.cihi.ca/epub/?language=en> [↑](#endnote-ref-6)
6. ​Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, health, and cost. Health Affairs. 2008 May/June; 27(3):759-769. [↑](#endnote-ref-7)
7. Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: care of the patient requires care of the provider. The Annals of Family Medicine, 12(6), 573-576. [↑](#endnote-ref-8)
8. Lal, S., & Adair, C. E. (2014). E-mental health: a rapid review of the literature. *Psychiatric Services*, *65*(1), 24-32. [↑](#endnote-ref-9)
9. Schellenberg, M., Hatcher, S., Thapliyal, A., & Mahajan, S. (2014). E-Mental health in Canada: transforming the mental health system using technology. *Mental Health Commission of Canada*. [↑](#endnote-ref-10)
10. Hilty, D. M., Chan, S., Hwang, T., Wong, A., & Bauer, A. M. (2018). Advances in mobile mental health: opportunities and implications for the spectrum of e-mental health services. *Focus*, *16*(3), 314-327. [↑](#endnote-ref-11)
11. Krausz, R. M., Ramsey, D., Wetterlin, F., Tabiova, K., & Thapliyal, A. (2018). Accessible and Cost-Effective Mental Health Care Using E-Mental Health. *Advances in Psychiatry*, 129. [↑](#endnote-ref-12)
12. Bennett, G. G., & Glasgow, R. E. (2009). The delivery of public health interventions via the Internet: actualizing their potential. *Annual review of public health*, *30*, 273-292. [↑](#endnote-ref-13)
13. Griffiths, F., Lindenmeyer, A., Powell, J., Lowe, P., & Thorogood, M. (2006). Why are health care interventions delivered over the internet? A systematic review of the published literature. *Journal of medical Internet research*, *8*(2), e10. [↑](#endnote-ref-14)
14. US Department of Health and Human Services, & US Department of Health and Human Services. (2010). Agency for healthcare research and quality. *National Healthcare Quality Report*, 2635-45. [↑](#endnote-ref-15)
15. McConnochie, K. M., Wood, N. E., Herendeen, N. E., Ng, P. K., Noyes, K., Wang, H., & Roghmann, K. J. (2009). Acute illness care patterns change with use of telemedicine. *Pediatrics*, *123*(6), e989-e995. [↑](#endnote-ref-16)
16. Williams, A., Fossey, E., Farhall, J., Foley, F., & Thomas, N. (2018). Going online together: the potential for mental health workers to integrate recovery oriented e-mental health resources into their practice. *Psychiatry*, *81*(2), 116-129. [↑](#endnote-ref-17)
17. Hilty, D. M., Yellowlees, P. M., Myers, K., Parish, M. B., & Rabinowitz, T. (2016). The effectiveness of e-mental health: Evidence base, how to choose the model based on ease/cost/strength, and future areas of research. In *E-mental Health* (pp. 95-127). Springer, Cham. [↑](#endnote-ref-18)
18. Hilty, D. M., Chan, S., Hwang, T., Wong, A., & Bauer, A. M. (2018). Advances in mobile mental health: opportunities and implications for the spectrum of e-mental health services. *Focus*, *16*(3), 314-327. [↑](#endnote-ref-19)
19. Stone, L., & Waldron, R. (2019). Great expectations and e-mental health:'The role of literacy in mediating access to mental healthcare'. *Australian journal of general practice*, *48*(7), 474. [↑](#endnote-ref-20)
20. Shoemaker, E. Z., & Hilty, D. M. (2016). e-mental health improves access to care, facilitates early intervention, and provides evidence-based treatments at a distance. In *e-Mental Health* (pp. 43-57). Springer, Cham. [↑](#endnote-ref-21)
21. Mental Health Commission of Canada. (2013). Making the case for investing in mental health in Canada. Ottawa, Canada. [↑](#endnote-ref-22)
22. Price, M., Yuen, E. K., Goetter, E. M., Herbert, J. D., Forman, E. M., Acierno, R., & Ruggiero, K. J. (2014). mHealth: a mechanism to deliver more accessible, more effective mental health care. *Clinical psychology & psychotherapy*, *21*(5), 427-436. [↑](#endnote-ref-23)
23. Mental Health Commission of Canada. (2013). Making the case for investing in mental health in Canada. Ottawa, Canada. [↑](#endnote-ref-24)
24. Mental Health Commission of Canada. (2019). Newfoundland and Labrador Stepped Care 2.0 e-mental health demonstration project. Ottawa, Canada. [↑](#endnote-ref-25)
25. Firth, J., Torous, J., Nicholas, J., Carney, R., Rosenbaum, S., & Sarris, J. (2017). Can smartphone mental health interventions reduce symptoms of anxiety? A meta-analysis of randomized controlled trials. *Journal of affective disorders*, *218*, 15-22. [↑](#endnote-ref-26)
26. De Weger, E., Macinnes, D., Enser, J., Francis, S. J., & Jones, F. W. (2013). Implementing video conferencing in mental health practice. *Journal of Psychiatric and Mental Health Nursing*, *20*(5), 448-454. [↑](#endnote-ref-27)
27. Jong, M., Mendez, I., & Jong, R. (2019). Enhancing access to care in northern rural communities via telehealth. *International journal of circumpolar health*, *78*(2), 1554174. [↑](#endnote-ref-28)
28. Forchuk, C., Cassidy, K. L., Burhan, A. M., Booth, R., Vasudev, A., Hoch, J. S. & O'Regan, T. (2016, December). TELEPROM-G: A study evaluating access and care delivery of telehealth services among community-based seniors. In *2016 Future Technologies Conference (FTC)* (pp. 1346-1348). IEEE. [↑](#endnote-ref-29)
29. Turvey, C., & Fortney, J. (2017). The use of telemedicine and mobile technology to promote population health and population management for psychiatric disorders. *Current Psychiatry Reports*, *19*(11), 88. [↑](#endnote-ref-30)
30. Ghoncheh, R., Gould, M. S., Twisk, J. W., Kerkhof, A. J., & Koot, H. M. (2016). Efficacy of adolescent suicide prevention e-learning modules for gatekeepers: a randomized controlled trial. JMIR mental health, 3(1), e8. [↑](#endnote-ref-31)
31. Milin, R., Kutcher, S., Lewis, S. P., Walker, S., Wei, Y., Ferrill, N., & Armstrong, M. A. (2016). Impact of a mental health curriculum on knowledge and stigma among high school students: a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(5), 383-391. [↑](#endnote-ref-32)
32. Karasouli, E., & Adams, A. (2014). Assessing the evidence for e-resources for mental health self-management: a systematic literature review. JMIR Mental Health, 1(1), e3. [↑](#endnote-ref-33)
33. van Grieken, R. A., Kirkenier, A. C., Koeter, M. W., Nabitz, U. W., & Schene, A. H. (2015). Patients' perspective on self‐management in the recovery from depression. Health Expectations, 18(5), 1339-1348. [↑](#endnote-ref-34)
34. Berry, N., Bucci, S., & Lobban, F. (2017). Use of the internet and mobile phones for self-management of severe mental health problems: qualitative study of staff views. JMIR Mental Health, 4(4), e52. [↑](#endnote-ref-35)
35. LaBelle, B., Franklyn, A. M., PKH Nguyen, V., Anderson, K. E., Eibl, J. K., & Marsh, D. C. (2018). Characterizing the Use of Telepsychiatry for Patients with Opioid Use Disorder and Cooccurring Mental Health Disorders in Ontario, Canada. *International journal of Telemedicine and Applications*, *2018*. [↑](#endnote-ref-36)
36. Goldberg, S. B., Buck, B., Raphaely, S. & Fortney, J. C. (2018). Measuring psychiatric symptoms remotely: A systematic review of remote measurement-based care. *Current Psychiatry Reports*, *20*(10), 81. [↑](#endnote-ref-37)
37. Serhal, E., Lazor, T., Kurdyak, P., Crawford, A., de Oliveira, C., Hancock-Howard, R., & Coyte, P. C. (2019). A cost analysis comparing telepsychiatry to in-person psychiatric outreach and patient travel reimbursement in Northern Ontario communities. *Journal of Telemedicine and Telecare*, 1357633X19853139. [↑](#endnote-ref-38)
38. Simon, J., Budge, K., Price, J., Goodwin, G. M., & Geddes, J. R. (2017). Remote mood monitoring for adults with bipolar disorder: an explorative study of compliance and impact on mental health service use and costs. *European Psychiatry*, *45*, 14-19. [↑](#endnote-ref-39)
39. Roberts, N., Hu, T., Axas, N. & Repetti, L. (2017). Child and adolescent emergency and urgent mental health delivery through telepsychiatry: 12-month prospective study. *Telemedicine and e-Health*, *23*(10), 842-846. [↑](#endnote-ref-40)
40. Naslund, J. A., Aschbrenner, K. A., Barre, L. K., & Bartels, S. J. (2015). Feasibility of popular m-health technologies for activity tracking among individuals with serious mental illness. *Telemedicine and e-Health*, *21*(3), 213-216. [↑](#endnote-ref-41)
41. McGinty, K. L., Saeed, S. A., Simmons, S. C. & Yildirim, Y. (2006). Telepsychiatry and e-mental health services: potential for improving access to mental health care. *Psychiatric Quarterly*, *77*(4), 335-342. [↑](#endnote-ref-42)
42. Goodyear-Smith, F., Warren, J., Bojic, M. & Chong, A. (2013). eCHAT for lifestyle and mental health screening in primary care. *The Annals of Family Medicine*, 11(5), 460-466. [↑](#endnote-ref-43)
43. Goodyear-Smith, F., Martel, R., Darragh, M., Warren, J., Thabrew, H., & Clark, T. C. (2017). Screening for risky behaviour and mental health in young people: the YouthCHAT programme. Public Health Reviews, 38(1), 20. [↑](#endnote-ref-44)
44. Fothergill, K. E., Gadomski, A., Solomon, B. S., Olson, A. L., Gaffney, C. A., & Wissow, L. S. (2013). Assessing the impact of a web-based comprehensive somatic and mental health screening tool in pediatric primary care. *Academic Pediatrics*, 13(4), 340-347. [↑](#endnote-ref-45)
45. Alvarez-Jimenez, M., Bendall, S., Lederman, R., Wadley, G., Chinnery, G., Vargas, S. & Gleeson, J. F. (2013). On the HORYZON: moderated online social therapy for long-term recovery in first episode psychosis. *Schizophrenia research*, *143*(1), 143-149. [↑](#endnote-ref-46)
46. Lederman, R., Wadley, G., Gleeson, J., Bendall, S., & Álvarez-Jiménez, M. (2014). Moderated online social therapy: Designing and evaluating technology for mental health. *ACM Transactions on Computer-Human Interaction (TOCHI)*, *21*(1), 1-26. [↑](#endnote-ref-47)
47. Doherty, G., Coyle, D., & Sharry, J. (2012, May). Engagement with online mental health interventions: an exploratory clinical study of a treatment for depression. In *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* (pp. 1421-1430). [↑](#endnote-ref-48)
48. Bartels, S. J., Aschbrenner, K. A., Rolin, S. A., Hendrick, D. C., Naslund, J. A., & Faber, M. J. (2013). Activating older adults with serious mental illness for collaborative primary care visits. *Psychiatric Rehabilitation Journal*, *36*(4), 278. [↑](#endnote-ref-49)
49. Simon, G. E., Ludman, E. J., Goodale, L. C., Dykstra, D. M., Stone, E., Cutsogeorge, D., ... & Pabiniak, C. (2011). An online recovery plan program: can peer coaching increase participation? *Psychiatric Services*, *62*(6), 666-669. [↑](#endnote-ref-50)
50. van Uden-Kraan, C. F., Drossaert, C. H., Taal, E., Seydel, E. R., & van de Laar, M. A. (2009). Participation in online patient support groups endorses patients’ empowerment. *Patient Education and Counseling*, *74*(1), 61-69. [↑](#endnote-ref-51)
51. Alvarez-Jimenez, M., Alcazar-Corcoles, M. A., Gonzalez-Blanch, C., Bendall, S., McGorry, P. D., & Gleeson, J. F. (2014). Online, social media and mobile technologies for psychosis treatment: a systematic review on novel user-led interventions. *Schizophrenia research*, *156*(1), 96-106. [↑](#endnote-ref-52)
52. Vaidyam, A. N., Wisniewski, H., Halamka, J. D., Kashavan, M. S., & Torous, J. B. (2019). Chatbots and conversational agents in mental health: a review of the psychiatric landscape. *The Canadian Journal of Psychiatry*, *64*(7), 456-464. [↑](#endnote-ref-53)
53. Suganuma, S., Sakamoto, D. & Shimoyama, H. (2018). An embodied conversational agent for unguided internet-based cognitive behavior therapy in preventative mental health: feasibility and acceptability pilot trial. *JMIR mental health*, *5*(3), e10454. [↑](#endnote-ref-54)
54. Miner, A. S., Shah, N., Bullock, K. D., Arnow, B. A., Bailenson, J. & Hancock, J. (2019). Key considerations for incorporating conversational AI in psychotherapy. *Frontiers in Psychiatry*, *10*. [↑](#endnote-ref-55)
55. Riper, H., Andersson, G., Hunter, S. B., de Wit, J., Berking, M. & Cuijpers, P. (2014). Treatment of comorbid alcohol use disorders and depression with cognitive‐behavioural therapy and motivational interviewing: A meta‐analysis. *Addiction*, *109*(3), 394-406. [↑](#endnote-ref-56)
56. Battaglia, C., Peterson, J., Whitfield, E., Min, S. J., Benson, S. L., Maddox, T. M., & Prochazka, A. V. (2016). Integrating motivational interviewing into a home telehealth program for veterans with posttraumatic stress disorder who smoke: A randomized controlled trial. *Journal of Clinical Psychology*, *72*(3), 194-206. [↑](#endnote-ref-57)
57. Seal, K. H., Abadjian, L., McCamish, N., Shi, Y., Tarasovsky, G. & Weingardt, K. (2012). A randomized controlled trial of telephone motivational interviewing to enhance mental health treatment engagement in Iraq and Afghanistan veterans. *General Hospital Psychiatry*, *34*(5), 450-459. [↑](#endnote-ref-58)
58. D'Amico, E. J., Hunter, S. B., Miles, J. N., Ewing, B. A. & Osilla, K. C. (2013). A randomized controlled trial of a group motivational interviewing intervention for adolescents with a first time alcohol or drug offense. *Journal of Substance Abuse Treatment*, *45*(5), 400-408. [↑](#endnote-ref-59)
59. Health Quality Ontario. (2019). Internet-delivered cognitive behavioural therapy for major depression and anxiety disorders: a health technology assessment. *Ontario health technology assessment series*, *19*(6), 1. [↑](#endnote-ref-60)
60. Baumeister, H., Reichler, L., Munzinger, M. & Lin, J. (2014). The impact of guidance on Internet-based mental health interventions—A systematic review. *Internet Interventions*, *1*(4), 205-215. [↑](#endnote-ref-61)
61. Health Quality Ontario. (2019). Internet-delivered cognitive behavioural therapy for major depression and anxiety disorders: a health technology assessment. *Ontario health technology assessment series*, *19*(6), 1. [↑](#endnote-ref-62)
62. Ebert, D. D., & Baumeister, H. (2017). Internet-based self-help interventions for depression in routine care. *JAMA psychiatry*, *74*(8), 852-853. [↑](#endnote-ref-63)