Big White Wall: Ontario Demonstration Research Project

Paul McGary
Director, Mental Health and Addictions, Lakeridge Health
Project Overview

Context:

• Mental illness affects 1 in 5 people and is a leading cause of disability, associated with more than $51 billion in annual direct and indirect costs in Canada. Access to mental health care is limited by specialist availability, geography, and the cost of many non-physician mental health care resources (e.g. psychology) are not covered under the provincial health care plan. The advancement and adoption of virtual care, however, is often in the absence of rigorous evaluation and adequate planning for sustainability and spread.

Potential Solution?:

• The BWW is an internet-based intervention that incorporates several elements of mental health care that have been shown to be effective, in a virtual environment that provides anonymity. First developed and implemented within the National Health Service (NHS) in the UK in 2007, and is now available in the UK, New Zealand, Australia, and the USA with over 35,000 users since its inception. The service is monitored at all times by “Wall Guides” to ensure that users are responded to and that the content posted is appropriate and safe. The BWW has been evaluated in the UK by an independent company (10) and over 3 months, 50% of users showed a significant reduction on symptom scales.
Wild West' mental health apps offer both gold and 'digital snake oil'

Apps aim to bridge gaps in access to effective care across Canada

Diana Apuada often uses an offline app to find guided meditation techniques that fit her mood. (CBC)
Big White Wall
Making better mental health available to anyone, anywhere

Welcome to Big White Wall. Having a tough time? Feeling down or stressed? Start feeling better now.
Proven Effectiveness in the UK, US and New Zealand

More than 35,000 people have been reached by Big White Wall since 2007.

The platform has been used by patients (via UK’s National Health Service), employees, universities and the Ministry of Defense.

Source: Outcomes and Research Summary Report 2015. Big White Wall
Methodology

• Study Lead: Ontario Telemedicine Network
• Funder: Canada Health Infoway
• Partners: Lakeridge Health, Ontario Shores Centre for Mental Health Sciences, Women’s College and St Michael’s Hospitals
• Recruitment: 1000 from an array of outpatient mental health and addiction treatment settings, age 16 and older

• Pragmatic RCT with a delayed treatment crossover control. Immediate treatment group will get access to the BWW at time of enrollment and have continuous access for a period of 3 months. The delayed treatment group (DTG) will have no access for the first 3 months, then receive access to the BWW for 3 consecutive months.
Project Overview

To determine if the use of Big White Wall is able to demonstrate improvements for patients:

↓ levels in anxiety
↓ levels of depression
↓ # of calls to mental health crisis lines
↓ avoidable ED visits for mental health related issue
↓ avoidable inpatient admissions to hospital related to mental health issue
↑ Patient ability and self-efficacy to self-manage
In Summary: Key Features

- Available 24/7
- Immediate Access
- Anonymous
- Moderated 24/7 by Wall Guides
- Safe & secure environment
- Peer Support
- Self-Management Materials
- Art & Writing Therapies
- Online Guided Support Courses
The Wall

User-generated art therapy through use of image and text to express feelings, and prompt discussion.

Users can:
1. access materials focused on self-improvement and understanding
2. record progress
Patient Tools

Talkabouts

Members talk to each other about their problems and express themselves in a safe online platform.
Current Status:

• Anecdotal feedback has been quite positive from participants with respect to accessibility, quality of resources available and peer support
• Data analysis
• Study lead, Ontario Telemedicine Network, working on growth and sustainability proposal
• Future publications and conference presentations on research