



Queensland University  
of Technology



Black Dog  
Institute



## About eMHPrac

[eMHPrac \(e-Mental Health in Practice\)](#) is funded by the Australian Government to provide nationwide training and support to primary care practitioners on digital mental health. We are a consortium led by Queensland University of Technology in partnership with Black Dog Institute, Menzies School of Health Research, and the University Centre for Rural Health, University of Sydney (Northern NSW).

Key offerings include:

1. The popular [Guide to Digital Mental Health Resources](#)
  - Over 70,000 hard copies have been distributed through training workshops, presentations, and conferences and it has been downloaded more than 8,000 times since 2019.
  - Health practitioners find the guide instrumental in navigating evidence-based digital mental health tools. Many express feeling overwhelmed by the volume of available resources, and this guide helps them identify accredited and trusted options.
  - Additional referral fact sheets continue to be in high demand: [eMHPrac Resources](#)

Example of health practitioner feedback:

*"A huge thank you to you all. It has been so wonderful to receive your training and access your resources. I see this massive shift in our staff when they go from thinking that there is nothing out there, to realising there are so many different support options for their clients. Please keep doing your work!"*

*Service Manager and Psychologist*

2. [Accredited Webinars for Health Professionals and Online Modules for GPs](#) via the Black Dog Institute Health Professionals Platform.

Example of feedback demonstrating how training can result in a blended care model of traditional and digital support:

*"Thank you for introducing me to all this invaluable information! I have just finished the e-Mental Health learning modules and must say that I had no idea as to the amount and range of online mental health support and information available."*

*After module three I started considering the different options I might introduce patients to and then installed a second computer screen to demonstrate how to access the different programs I began recommending.*

*In one day, I showed a patient the THIS WAY UP Pain module and how easy it is to access it, the description of what each module covered and how they can self-refer or I can refer them to waive the cost of the course (and follow up with them). I shared the PANDA website with a new mum who was feeling a bit anxious about being a new mum and demonstrated how to access the BRAVE program to a 15 year old and her mother.*

*As a GP who practices in regional Australia, I am finding e-Mental Health a valuable adjunct to my clinical practice. As a GP registrar supervisor the next mental health teaching sessions will include role plays and the use of appropriate e-Mental Health resources."*

*Regional General Practitioner*

3. Podcast: [Digital Mental Health Musings](#)

- Our mental health podcast episodes are designed for healthcare professionals in Australia, to better support clients, patients and other members of the public. Featuring appearances from healthcare professionals and other industry figures, the podcast helps Australia's support and health workers in navigating the vast world of digital mental health resources.

4. Development of the Indigenous-Led WellMob Website

- [WellMob](#) is a digital library with over 500 social and emotional wellbeing resources tailored for First Nations peoples and health practitioners in Indigenous health.
- Developed by a co-design process and led by an Indigenous Director.
- The WellMob team collaborates closely with Indigenous organisations, including a Memorandum of Understanding (MoU) with SANE to integrate First Nations-specific wellbeing resources into their services.
- A recent website user survey demonstrated over 95% satisfaction with website use, content and usefulness in First Nations health and wellbeing.

## Observed Changes and Improvements in Mental Health Services

1. **Increased collaboration between digital and face-to-face services**

eMHPrac works closely with Australian digital mental health services and traditional in-person services. These services recognise the importance of integration with each other in order to enhance patient referrals and streamline care delivery, and are actively working together to achieve this. Although there is still considerable work to be done, these collaborations mark progress in breaking down service silos and improving patient outcomes.

2. **Establishment of the National Safety and Quality Digital Mental Health Standards**

These standards have been an excellent initiative, fostering greater trust and increased usage of accredited digital mental health interventions in Australia.

### 3. **Rebranding of Head to Health as Medicare Mental Health**

This renaming is a positive step towards clearer public recognition of available free mental health support.

### 4. **Potential impact of the Digital Mental Health System Navigation Report**

In 2024, the Australian Government awarded a tender to SANE and NOUS to make recommendations for a national approach to digitally navigating Australia's mental health service system for all help-seekers. This report is not yet public but we look forward to seeing the recommendations.

### 5. **Significant growth in digital mental health service usage**

eMHPrac collects and collates annual data from key Australian digital mental health services. Between 2015 and 2023:

- Annual registrations to key digital mental health providers increased by 151%
- Referrals to these services grew by 202%
- The proportion of referred registrants increased from 26% to 34%.

However eMHPrac notes that the usage of digital mental health is still low per population and there is potential for much higher uptake.

### 6. **Growing demand for digital mental health training**

The growing demand for training reflects a growing recognition among health practitioners and services of the role digital mental health plays in expanding access to mental health and suicide prevention support. This demand comes from frontline workers across State and Territory health agencies, non-profit mental health providers, medical and psychology practices, Aboriginal Community Controlled Organisations, education institutions, and professional associations.

## **Recommendations for Service Improvement**

Recent Government reports have acknowledged the benefits of digital interventions and supports to deliver overcome access barriers for mental health and suicide prevention support.

Recommendations:

#### **1. Longer-term funding contracts**

- A 3–5 year funding model for services would allow for strategic program development, innovation, staff retainment and effective evaluation of impact.
- eMHPrac supports [Mental Health Australia's Sector Sustainability Statement](#) released in February 2025.

#### **2. State Government co-funding opportunities**

- Additional state government funding similar to the MHPoD model would enable the upskilling of secondary and tertiary healthcare workers who are not currently receiving systematic digital mental health training. This could also apply to workforce development in suicide prevention for First Nations peoples which requires dedicated funding to ensure consistency and effectiveness.

### 3. Utilise existing services to upskill the workforces

- The National Mental Health Workforce Strategy 2022–2032 emphasizes the need for a digitally literate and skilled workforce. Existing organisations like eMHPrac, in collaboration with MHPOD and professional associations, should be more effectively leveraged to upskill the broader mental health workforce.

*“The mental health workforce will need to be flexible and able to adapt to the changes in industry and needs of the population overtime... There is a need to enhance the digital literacy of the workforce... Education on digital mental health service delivery should be at the centre of training programs and resources provided to mental health professionals, including Lived Experience (Peer) workers, emerging workforces and the SEWB workforce.”*

*The mental health workforce will, overtime, need the skills and confidence to keep up with changing consumer preferences. This includes the ability to provide blended models of care, where online treatment is combined with face-to-face treatment. There is a need to increase understanding and awareness of digital mental health services to build workforce trust and confidence to adopt and integrate digitally enabled models of care into existing treatment pathways.”*

*National Mental Health Workforce Strategy 2022–2032*

### 4. Expansion of training and education initiatives in digital mental health

- Developing a comprehensive learning management system with AI-guided learning pathways, modules, and microlearning.
- Enhancing digital health literacy for practitioners and patients/clients.
- Increasing confidence in integrating technology into practice.
- Implementing blended care models combining digital and face-to-face support.
- Understanding of the risks of unregulated AI chatbots for mental health support.
- Expand training to broader health workforce, such as peer workforce.
- Increase the range of digital services currently being monitored for registration and referral in order to measure uptake.

### 5. Community awareness campaign about digital mental health

- While eMHPrac educates health practitioners about trusted digital mental health options, there is also a growing need to raise awareness among the broader community. This has become increasingly important as more Australians turn to ChatGPT for mental health support. Expanding outreach efforts can help individuals understand the range of safe digital options available beyond well-known crisis lines and how to navigate these resources for mental health.

### 6. First Nations workforce focus

- Implementation activities need to be based on a SEWB model of care in the prevention, support and postvention space for First Nations people. Workforce development and consumer awareness of digital mental health can help overcome barriers such as limited face to face access, stigma and shame. This aligns with both the new 2025-2035 National Suicide Prevention Strategy and the Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

## Emerging Issues and Priorities

1. Navigation of the expanding digital health ecosystem
  - The rapid growth of digital mental health apps and AI-driven tools necessitates improved guidance for practitioners and community members.
2. Clinician education and uptake
  - Many clinicians lack confidence in selecting and recommending digital mental health resources, highlighting the need for targeted training.
3. Health misinformation on social media
  - The spread of misleading and mental health information on unsafe digital platforms and Generative AI platforms is a big concern.
4. Workforce shortages and practitioner burnout
  - Digital mental health can alleviate some of the pressures on overburdened primary care services by enhancing service navigation, blended care and adjunct therapy for patients and self-management options for potential clients on practitioner waiting lists.
5. Embedding digital mental health training in professional education
  - Digital mental health education must be integrated into undergraduate and vocational training to ensure future professionals view it as a standard part of care.

eMHPac appreciates the opportunity to provide input into the National Mental Health and Suicide Prevention Agreement. eMHPac urge the Commission to consider longer-term funding, workforce training development and expansion, and cross-sector collaboration to improve mental health service accessibility and impact.