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Culturally attuned internet treatment for depression in Chinese Australians

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Acknowledgements

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beyondblue the national depression initiative

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Background

- Our online research programs (Virtual Clinic, eCentreClinic) concerned with two related and fundamental aims:
  1. Reducing barriers to treatment
  2. Providing and evaluating evidence based treatment
- Conducted 45+ clinical trials, 4000+ participants, 8 disorders
- Strategy: Began by demonstrating feasibility with general population, then target groups with less access to traditional services

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The additional groups targeted include:

- Chinese Australians (Choi et al)
- Chinese Australian students (Lu et al)
- Arab Australians (Kayrouz et al)
- Rural consumers (Baker et al)

- *How to present and shape psychological principles of treatment, so that they are relevant to these other groups?*

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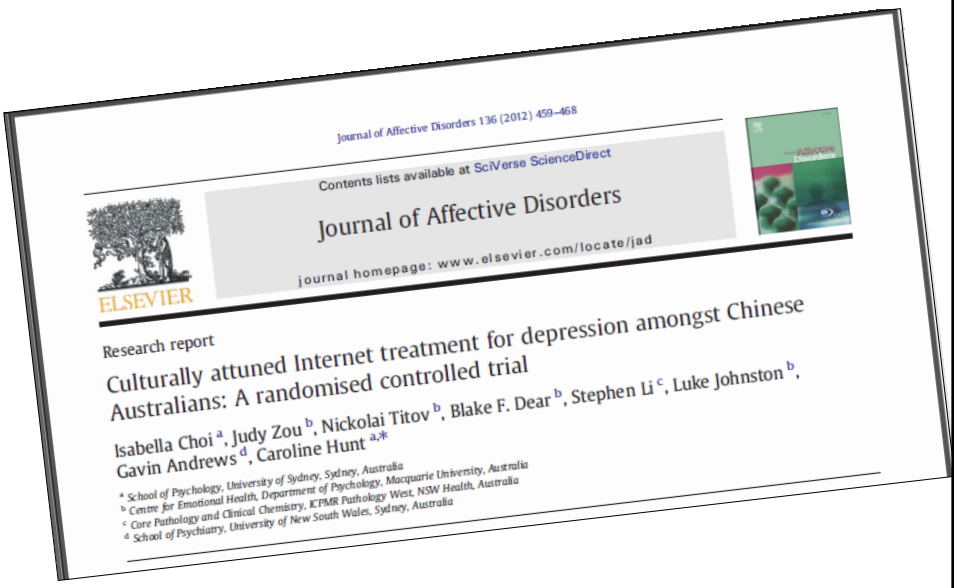
- Assumptions: Several core psychological strategies relevant across ages and cultures:
  - Education about cycles of symptoms
  - Behavioural activation
  - Exposure
  - Physical de-arousal
  - Relapse prevention
- Expression of distress, understanding of symptoms and treatment, and ways of teaching treatment strategies reflects cultural mores and styles

Possible strategies for increasing access include (Zayas, 2010):

1. Make traditional treatments more accessible to target culture
2. Select available therapies that appear relevant to target culture
3. Extract elements from target culture to modify traditional treatments



Journal of Affective Disorders 136 (2012) 459–468

Contents lists available at SciVerse ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research report

Culturally attuned Internet treatment for depression amongst Chinese Australians: A randomised controlled trial

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Culturally attuned internet treatment for depression for Chinese Australians: RCT (Choi et al., 2012)

- Common psychological disorder in Chinese (Huang et al., 2009; Shen et al., 2006; Simon et al., 2002; Yeung et al., 2004, 2006; Takeuchi et al., 1998)
- Low service utilisation amongst Chinese Australians for any lifetime depressive episode (Klimidis, Hsiao, & Minas, 2007; Parker, Chan, Tully, Eisenbruch, 2005)
- CBT consistent with Chinese values (Confucious would use CBT, Hodges and Oei, 2007)

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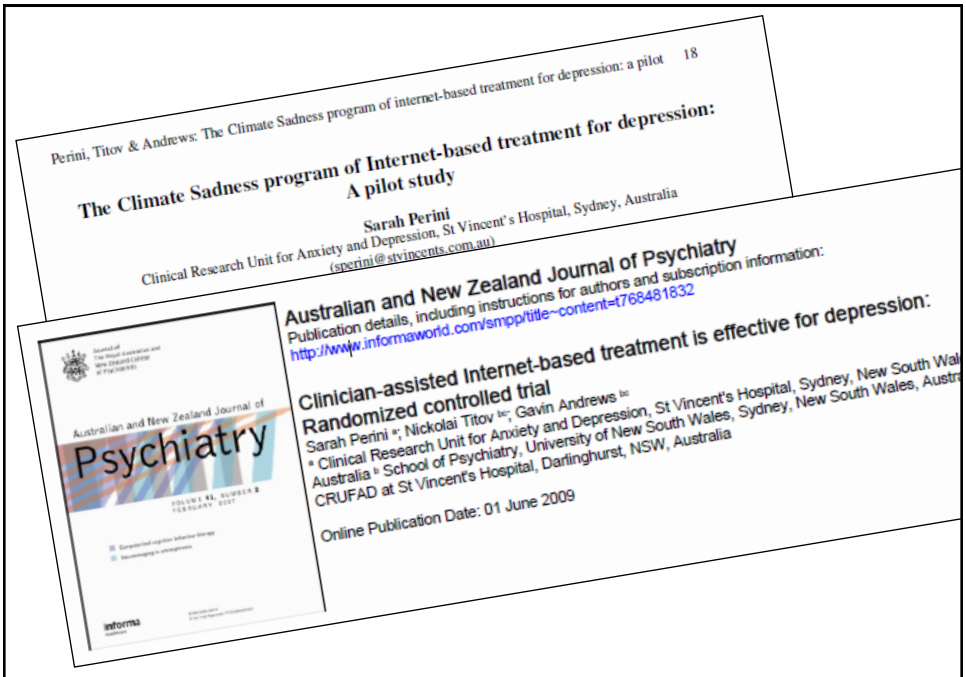
- The present study sought to examine the efficacy and acceptability of iCBT for Chinese people with depression living in Australia
- Modified an iCBT program for depression that had been demonstrated as efficacious with a general Australian population, the *Sadness Program*
- Conducted a randomised controlled trial with the 'attuned' program



Perini, Titov & Andrews: The Climate Sadness program of internet-based treatment for depression: a pilot 18

The Climate Sadness program of Internet-based treatment for depression: A pilot study

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Australian and New Zealand Journal of Psychiatry
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t768481832

Clinician-assisted Internet-based treatment is effective for depression: Randomized controlled trial

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Online Publication Date: 01 June 2009

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Modifications to the Sadness Program

Modifications guided by Chinese psychologists and health professionals. Included:

1. Change of name of program. No simple equivalent term for “Sadness” in Chinese. Re-named “Brighten Your Mood”

2. Changed images to make them more culturally relevant and added Chinese text

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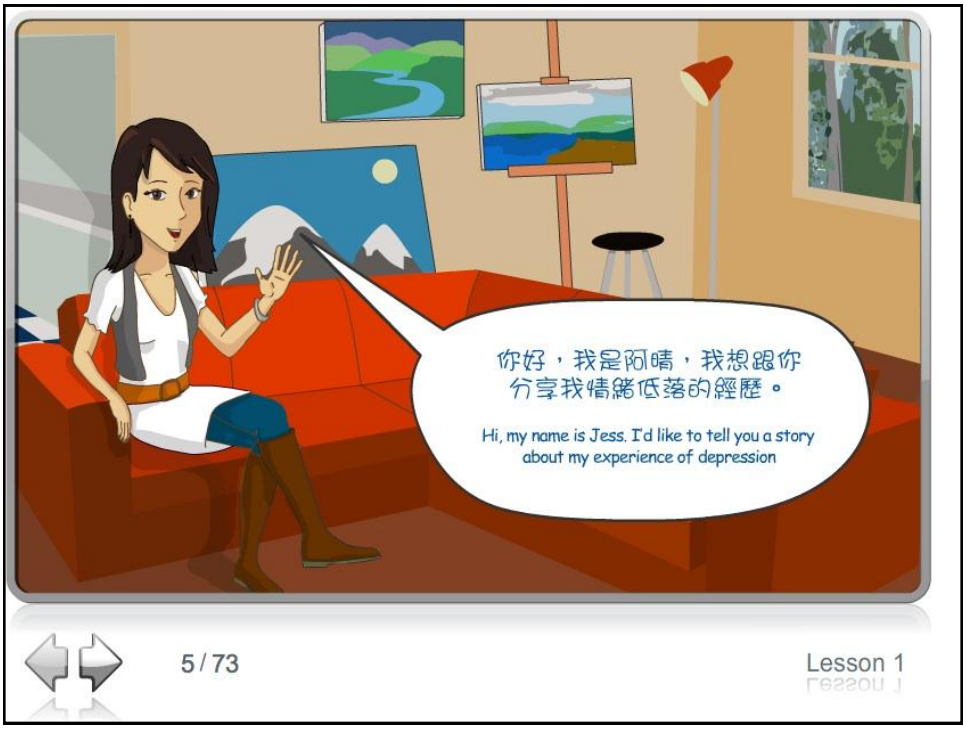

4. Added idioms and phrases more consistent with Chinese culture
5. Increased references to family, and emphasised the process family experienced in adjusting and accepting symptoms
6. Normalised concerns about stigma: shaming family, flaw, fear of social rejection, fear of effect on future ability to have relationships
7. Addressed problems with traditional coping styles such as minimising the problem, accepting it as fate, avoidance, withdrawal, wishing the situation would go away
8. Modified explanation of communication and assertiveness skills

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Randomised Controlled Trial

Design

- Immediate Treatment vs. Waitlist Control
- Intention-to-treat analysis (LOCF)

Primary Outcomes

- Beck Depression Inventory (Chinese Version; C-BDI)
- Patient Health Questionnaire (Chinese Version; C-PHQ-9)

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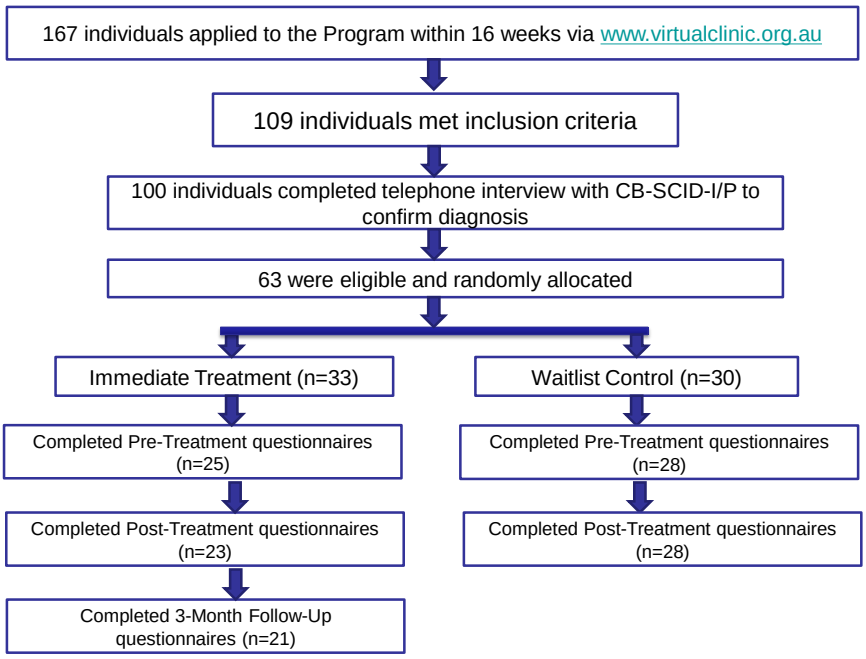

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Results: Demographic Details

	Treatment (n=25)	Control (n=28)
Female	92%	71%
Age (SD)	40.96 (9.88)	36.89 (12.73)
Tertiary education	65%	69%
Married or de facto	66%	57%
Full time employment	67%	44%
Part time or student	17%	33%
Previously sought help	66%	68%
Degree of Acculturation (SD) (1= low, 5=high) (SL-ASIA)	2.27 (0.33)	2.30 (0.36)

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Results: Clinical Results

Measure and group	Pre-treatment mean	Post-treatment Mean	3-month follow-up mean	Pre to post within group effect size	Pre to follow-up within group effect size	Post-treatment between group effect size
C-BDI						
Treatment	25.76 (8.53)	13.48 (9.28)	11.56 (13.02)			
Control	20.83 (7.58)	21.27 (7.86)	-			
C-PHQ-9						
Treatment	12.28 (5.00)	7.96 (4.76)	5.68 (5.39)			
Control	9.93 (3.79)	10.03 (3.66)	-			

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Results: Clinical Results

Measure and group	Pre-treatment mean	Post-treatment Mean	3-month follow-up mean	Pre to post within group effect size	Pre to follow-up within group effect size	Post-treatment between group effect size
C-BDI						
Treatment	25.76 (8.53)	13.48 (9.28)	11.56 (13.02)	**1.41**	**1.32**	**.93**
Control	20.83 (7.58)	21.27 (7.86)	-	**−.06**	**-**	**-**
C-PHQ-9						
Treatment	12.28 (5.00)	7.96 (4.76)	5.68 (5.39)	**.90**	**1.30**	**.50**
Control	9.93 (3.79)	10.03 (3.66)	-	**−.03**	**-**	**-**

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Results: Other Outcomes

Treatment satisfaction

- Moderate

Therapist time

- 97mins (SD=61mins), including emails, telephone calls + diagnostic telephone interviews

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Conclusions and Questions

- Encouraging preliminary results from small RCT
- Large number of ineligible participants reflect gap in existing services and low mental health literacy
- Qn: How much do we need to modify materials vs. risks?
- Qn: How have our colleagues prepared and administered cross-cultural treatments?

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Thank you

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