eCoaching for The Journal pilot

Final evaluation report

September 2020

health promotion agency
TE HIRINGA HAUORA

Prepared for Te Hiringa Hauora/Health Promotion Agency by:

Alicia Crocket, Kyle Hefferon, and Kate McKegg

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Any queries regarding this report should be directed to Te Hiringa Hauora at the following address:
Te Hiringa Hauora/Health Promotion Agency
PO Box 2142
Wellington 6140
New Zealand
www.hpa.org.nz
enquiries@hpa.org.nz

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REPORT INFORMATION

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Prepared by Alicia Crocket, Kyle Hefferon, and Kate McKegg, August 2020

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Tuku mihi ki a koutou katoa.

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Introduction

1. The eCoaching for The Journal pilot (hereafter called the pilot) added phone, text-based and face-to-face eCoaching services using a peer support model to the existing offering of an online tool called The Journal[1]. The Journal is an online, personalised support programme set up to help people experiencing mild to moderate depression or anxiety[2]. Bringing eCoaching services alongside The Journal provided additional support, guidance and encouragement to clients progressing through the online tool.

2. Referrals initially came from four referrers in Auckland (1), Waikato (2) and Gore (1). The Auckland referrer (which was the only site offering face to face eCoaching) discontinued with the pilot in late 2019 so three more sites were added at the beginning of 2020 in Waikato (2) and Hastings (1). Clients from Waikato, Gore and Hawkes Bay sites were referred to one of three eCoaches who operated from an Auckland-based mental health organisation (Ember). The Auckland referrer incorporated eCoaching for The Journal work with clients into the role of their health coaches that were already based in two medical centres.

3. The pilot ran from May 2019 - May 2020 and was project managed by HealthTRx. The Knowledge Institute was contracted by Te Hiringa Hauora (formerly Health Promotion Agency) to undertake an evaluation of the eCoaching pilot. This report is the final report of the evaluation, presenting insights from the implementation of the pilot within five topic areas, which were guided by the key evaluation questions.

[1] *The Journal is accessed through depression.org.nz*

[2] *It aims to support people to know: a) How to stay positive, b) How to create lifestyle changes that improve mental health, and c) Three-steps to problem solving*

Approach

Key evaluation questions

4. The key evaluation questions (KEQs), as agreed by key stakeholders during evaluation planning were:

   KEQ 1: What are the patterns of referral to the service (by referrer, characteristics of clients being referred, location and patterns over time) and patterns of service utilisation (contact duration, mode, and volumes)?

   KEQ 2: What are the perceptions of the value of the eCoaching service from referrers[3] at the referral pilot sites?

   KEQ 3: How effective was the selection and training of eCoaches to enable confidence and competence in their role?

   KEQ 4: What factors are important to consider when determining an effective balance between fidelity to a service model and flexibility to meet the individual needs of clients, for eCoaches who are trained peer support specialists or health coaches?

   KEQ 5: To what extent did the eCoaching service enhance health and wellbeing/life outcomes for those engaging in The Journal?

Method

5. Evidence informing the findings for each of the topic areas discussed in this report come from the following data sources:
   - Interviews with subject matter experts (three)
   - Interviews with referrers (four)
   - Interviews and reflection sessions with eCoaches (five interviews and one reflection session)
   - Interviews with HealthTRx implementation team (two)
   - Interviews with clients (10)
   - Quantitative analysis of referral and service use monitoring data from May 2019 to May 2020 (inclusive)
   - Document review (draft service delivery model and training manual).

6. The data collection approaches, consent forms and information sheets were approved by the New Zealand Ethics Committee (Ref: NZEC19_18).

[3] *Referrers will come from a variety of sources. Namely, GP's, nurses/nurse practitioners, intervention therapists, Health improvement practitioner and health coaches.*

Limitations

7. A key limitation of this evaluation is lower than expected qualitative and quantitative data. For the client interviews, only 10 out of a desired 20 were completed. Also, these 10 clients do not appear to be reflective of the typical eCoaching client (as indicated by the monitoring data), therefore any analysis of their experiences is not necessarily reflective of other people's experience of eCoaching. Furthermore, only four of the referral sites were interviewed and those interviewed were mental health clinicians (e.g. nurses, counsellors) who refer clients to the pilot or administration people (e.g. managers and coordinators) rather than GPs.

8. There were less quantitative data available for analysis, with fewer than expected referrals to the service. This reduced the depth of analysis into statistically significant trends in the data.

Findings

Implementation

9. Technological and structural challenges potentially impacted client referral numbers during the first half of the pilot's implementation. Technological challenges such as not all The Journal content being available on tablets, other glitches in The Journal, being timed out of the patient management system, and not enough characters available in the SMS message, were resolved early on. There were also structural changes involving some of the referrer sites meaning that the number of medical centres across the eight referrer sites fluctuated during the pilot with some centres not referring for months at a time. Further, in 2020, the COVID-19 pandemic subsequently created significant barriers to reaching the target for client referrals. The COVID-19 lockdown also had an impact on the ability of some existing clients to continue their engagement with the pilot.

10. In addition, there was variation between how eCoaching was offered at the referral sites. Some referrers offered eCoaching to their clients as a standalone service which they had to choose over more familiar options of support such as counselling. At other sites eCoaching was presented as one of many options

that could be used on its own, or as part of a suite of supports which the client could tailor to their needs. This variability in the way the pilot was promoted may also have impacted uptake to the service.

Referral and service use patterns

11. There were 254 clients referred into the pilot for the year May 2019 to May 2020, equating to approximately half of the anticipated 500. The pilot hoped to target Māori, Pasifika, and young people, but this was not achieved. Whilst young people were well represented in referrals to the pilot (38% of referrals), Māori and Pasifika clients were not (14.6% and 2.1% of referrals respectively). It is not clear from the evaluation data why Māori and Pasifika clients were not well represented in the pilot. However one referrer wondered whether the pilot model was the most suitable for attracting the desired target audience.

12. One of the positive insights identified was that a mental health triage team servicing multiple medical centres supported increased referrals to the pilot service. Nearly three quarters (72%) of referrals came from referral sites that operated with a mental health triage team. This was likely to be because once the triage team were familiar and comfortable with the eCoaching service, they could refer clients from their various medical centres into the pilot. Consequently, this eliminated the need for HealthTRx to socialise eCoaching with each individual who could refer into the service.

13. Other insights were that:
    - Referred clients were more likely to be experiencing moderate to severe depression rather than mild to moderate depression as was expected. One possibility is that the use of medical centres as referral points may have introduced bias towards more severe experiences of depression.
    - Clients did not complete the programme in the expected six to eight weeks. Most clients (68%) participated in just two or three eCoaching sessions over a few weeks.
    - The potential benefits of face-to-face eCoaching were not realised as the face-to-face pilot sites discontinued with the service.

Perceptions of value

14. Both referrers and client interviewees valued the flexibility and accessibility of eCoaching. Clients especially valued being able to access the service at a time and place that suited them. Furthermore, clients appreciated having the eCoaches contact them because it was one less thing for them to worry about and organise.

> *Yep, now I can just set it up when suits, and don't have to go round to the other side of town to do it. And it's quite like only specific times I could go. But, yeah, it's very flexible. I can kinda fit it in with what suits which is really good. And I can be at home or sitting in the car or whatever.*
>
> *Client*

15. Interviewed clients believe that the lived experience of the eCoaches was a crucial aspect of the support offered, making the experience more meaningful and valuable to them. The shared lived experience helped to build rapport and normalise mental distress. Further, ongoing support from someone who understood what they were going through and cared about them was a critical aspect of value of eCoaching.

> *They were awesome. They had clearly been through some things cos they could understand a lot of the things that I was going through. So that was good, and they had some, like because they had experience, their advice was like, on-point.*
>
> *Client*

eCoaches' experience

16. eCoaches also saw their lived experience as a catalyst for developing rapport and a relationship with their clients. Both referrers and clients described having complete confidence in the eCoaches to provide a 'safe' and supportive service that aligned with medical risk management protocols.

They could recognise those traits that are potentially not helping you. Just because they got to know you over time…someone who has the lived experience and who was quite smart as well. Who connected with me and built trust over time.

Client

17. Whilst most of the time eCoaches developed effective relationships with clients, there were cases where this didn't happen. Feedback from eCoaches indicates they would have appreciated more intentional and regular supervision. They believe this would have supported them to work more effectively with the spectrum of severity and trauma present amongst their clients.

Balancing a peer support approach within a clinical framing

18. The innovation at the heart of the pilot is providing peer support conversations alongside The Journal to enable better engagement in a structured online platform experience. Yet peer support approaches do not typically follow a set structure or work through a pre-determined set of modules, unlike eCoaching for The Journal. However, both eCoaches and clients valued the blending of the adaptable and flexible peer support model with the rigidity of the online tool. They believed that eCoach support enabled deeper engagement and application of The Journal's modules to everyday lives than what would have been otherwise possible.

19. However as was anticipated might be the case, historical perceptions still exist amongst some referrers and clients that mental distress is best supported by clinicians. The majority of interviewed clients believed they would receive phone counselling rather than peer support. It is possible these perceptions were exacerbated for the interviewed clients due to the initiation of referral from a clinical setting. The interviews with eCoaches show that some of their clients were referring to them as counsellors but it is unclear how this affected the expectations of the pilot.

I'd be having a conversation with someone and then like someone in their house would be like "hey, can you do this?". And they're like, "oh hold on, I'm just talking to my counsellor". And I'm like OMG, she

thinks I'm her counsellor, NO WAY. I'm not a counsellor. So you get those things where they think that's what I am. And I go "hey, I heard you say I'm your counsellor, I'm actually not a counsellor. I'm a peer support worker so I don't want you to feel like I'm gonna give you all this advice because peer support is about empowering you to make those changes".

eCoach

20. Additionally, it is important to note that when interviewed, a number of clients used the terms eCoaching, counselling, counsellor, and eCoach as interchangeable. While this was not discussed explicitly during interviews, it is apparent that interviewed clients were more focused on their experience of receiving mental and emotional support, over the qualifications or title of their eCoach.

The counselling has been a core for me, the thing that I needed the most. Yeah, so to do the tasks wasn't really, well it was probably helpful for me, but the only reason I did it was so I could get to talk to my counsellor for an hour on a Friday.

Client

Health and wellbeing outcomes

21. A statistically significant reduction in PHQ-9 score was reported for clients who completed more than one PHQ-9 score (49 clients), indicating that clients completing PHQ-9 scores reduced the severity of their depression while participating in the pilot. This was corroborated by the interviewed clients who indicated that eCoaching has supported them on their journey to mental wellbeing by helping them develop tools and strategies, normalising mental distress, practising self-care and supporting changes to physical health.

It's like she's behind you, and you're climbing these stairs and you're climbing the biggest mountain that you've ever had to climb, and she is holding you at the back, pushing you and supporting you, that's how it feels when you have that back, that person that's supporting you. And to me it's crucial.

Client

22. Critical features of eCoaching that supported the realisation of benefits identified in the client interviews were the long-term consistent support, and the lived experience of the eCoach. Although promising, these findings are indicative only because of the small number of clients interviewed for the evaluation (10) and only 34% of clients completing more than one PHQ-9 score. In addition, as previously mentioned, the clients interviewed for the evaluation did not appear to be reflective of a typical client. These interviewees appear to represent a sub-group of clients who had experienced long-term trauma and engaged in eCoaching for longer than the anticipated timeframe. So there is some uncertainty about the extent to which eCoaching benefited clients representing a more 'typical' referral and service use pattern.

Conclusion

23. From the perspective of referrers, eCoaches, and clients who contributed to the evaluation, providing peer support alongside The Journal was valuable for people experiencing mental distress. For some clients eCoaching was a fundamental and vital part of their journey towards mental wellbeing. While recognising the limitation to the efficacy of the pilot, there is evidence that the pilot supported a reduction in depression severity for some clients.

> *I think back to what condition I was in last year, and I never have thought any of this would have ever been possible…because it's been a long-term thing, it has helped me in every aspect, of what I deal with day to day, and what I want to do going forward.*
>
> *Client*

INTRODUCTION

Background to the eCoaching for The Journal pilot

24. Te Hiringa Hauora contracted The Knowledge Institute to carry out an evaluation of the eCoaching for The Journal pilot. The Journal is an online, personalised support programme set up to help people experiencing mild to moderate depression or anxiety. It aims to support people to know:
    - How to stay positive
    - How to create lifestyle changes that improve mental health, and
    - Three-steps to problem solving.

25. Running from May 2019 until July 2020, the pilot added phone, text-based and face-to-face eCoaching services to the existing offering of The Journal that is accessed through depression.org.nz. eCoaching services were intended to provide additional support, guidance and encouragement to clients progressing through the online tool. The eCoaching pathway for individuals with depression and anxiety was designed to build on The Journal's existing success with the general public and also provide an option for those on waitlists.

26. The pilot was project managed by HealthTRx. Implementation began in Auckland, Waikato and Gore with four referrers. The original referrers were ProCare in Auckland, Hauraki Primary Health Organisation (PHO), Pinnacle Midlands Health (PMH) Network in the Waikato and Gore Health Centre. Medical centres in Hastings, Tokoroa and Matamata were added in early 2020. Most eCoaches were employed by Ember, a peer support mental health organisation and were based in Auckland. The Auckland sites used existing in-house coaches based at specific medical centres as their eCoaches.

27. There have been changes with the referrers since the pilot was first implemented. Firstly, ProCare (which was the only service offering in-house face-to-face support) discontinued approximately halfway through the pilot. Secondly, structural changes within two referrers meant that several medical

centres did not refer to eCoaching for several months. Finally, three more referral sites were added to the pilot in early 2020 in the Waikato region (2) and Hawkes Bay (1).

This report

28. This report is the final report for the evaluation, reflecting on the insights from the implementation of the eCoaching for The Journal pilot.

29. In the planning stages of this evaluation five key evaluation questions were identified and these are listed below.
    - KEQ 1: What are the patterns of referral to the service (by referrer, characteristics of clients, location, and patterns over time) and patterns of service utilisation (contact duration, mode and volumes)?
    - KEQ 2: What are the perceptions of the value of the eCoaching service from referrers[4] at the referral pilot sites?
    - KEQ 3: How effective was the selection and training of eCoaches to enable confidence and competence in their role?
    - KEQ 4: What factors are important to consider when determining an effective balance between fidelity to a service model and flexibility to meet the individual needs of clients, for eCoaches who are trained peer support specialists or health coaches?
    - KEQ 5: To what extent did the eCoaching service enhance health and wellbeing/life outcomes for those engaging in The Journal?

30. These questions were designed to guide the evaluation process around the intentions and goals of the pilot. This report discusses key insights that relate to the focus area of each key evaluation question namely:
    - Referral and service use
    - Perceptions of value
    - eCoaches' experiences
    - Balancing a peer support approach within a clinical framing
    - Mental health and wellbeing outcomes.

[4] *Referrers come from a variety of sources. Namely, GP's, nurses/nurse practitioners, intervention therapists, Health improvement practitioner and health coaches.*

METHOD

Data collection methods

31. This report presents findings from qualitative and quantitative data collection and analysis. The sources of data drawn on in the report were:
    - Interviews with subject matter experts (three interviews)
    - Interviews with implementation stakeholders (two interviews)
    - Engagement with eCoaches (five interviews, one reflection session and one presentation)
    - Interviews with referrers (four interviews)
    - Interviews with clients (10 interviews)
    - Document review (draft service delivery model and training manual)
    - Monitoring data (twelve months from May 2019 to May 2020 inclusive).

32. The data collection approaches, consent forms and information sheets were approved by the New Zealand Ethics Committee (Ref: NZEC19_18).

Data analysis methods

33. All interviews were transcribed verbatim and then a high-level thematic analysis was undertaken against the key evaluation question topics.

34. Each interview was reviewed and coded by two people and then integrated into the findings discussed in this report. Coding was completed using Microsoft Excel.

35. The quantitative analysis is based on data contained in a set of spreadsheet files including anonymised records of client referrals, coaching sessions, and interactions with clients. The raw data were combined and cleaned to remove some obvious coding errors, and a small number of duplicate records were removed. All data manipulation and analysis was done using R.

36. Counts and proportions of clients with various characteristics were calculated directly from the combined data. The confidence intervals for the average PHQ-9 scores shown in Figure 6 and Figure 7 were calculated using a bootstrap method (i.e. resampling from the actual set of PHQ-9 scores) to avoid making assumptions about the distribution of these scores. The 95% confidence intervals for average PHQ-9 scores correspond to the 2.5th and 97.5th percentiles of the set of bootstrapped means of the scores.

Limitations

37. A primary limitation of the data is that both the qualitative and quantitative data sets are not as large as intended. There were lower number of referrals to the pilot as a result of structural changes within PHOs and the interruptions caused by COVID-19. The pilot hoped to recruit 500 clients; instead, it received 254 referrals over the year. This influenced the depth and breadth of data available for the evaluation.

38. Specifically for the qualitative data, the data set was considerably smaller than was hoped. It was expected that 20 client interviews would be carried out to provide in depth insight into client experience of the pilot. The invitation to participate in evaluation interviews went out in early March and so the COVID-19 pandemic interrupted the recruitment process. Consequently the evaluation has only been able to complete 10 client interviews.

39. Additionally, all of these interviewees self-selected into the interviews, which may have introduced bias as they are likely to be those who feel more strongly about the pilot. Therefore qualitative client data cannot be read as representative of the overall client experience. Further, client interviewees appear to represent a sub-group experiencing long-standing mental distress, who were living with the effects of on-going trauma and engaged with eCoaching for longer than most clients. This means that their experiences may not reflect experiences of clients who engaged more typically.

40. Another limitation is that only four out of the seven referrers participated in the evaluation interviews. Further, those referrers who chose to be interviewed were mental health clinicians (e.g. nurses, counsellors) who refer clients to the pilot or administration people (e.g. managers and coordinators) rather than GPs. So

whilst we have been able to explore some perspectives of eCoaching for The Journal from the referrer perspective, we have been unable to explore first-hand GP perceptions of the pilot.

41. The quantitative analysis includes the 144 clients out of 254 referred who gave permission for their data to be used in the evaluation and have complete records for their interactions with the pilot. Further, the quantitative data has a bias towards those who engaged in the service. This is because clients are not asked for their consent to be involved in the evaluation until the registration/introduction stages. So those clients that are unable to be contacted or do not move past the registration/introduction stage are not well represented in the quantitative data.

FINDINGS

Implementation

42. This section looks at the implementation of eCoaching for The Journal, reflecting on key insights into the implementation process. Key insights that influenced implementation were:
    - External contextual factors influenced referrals
    - Role of eCoaching in a client's care pathway.

External contextual factors influenced referrals

43. The lower than expected number of referrals in the first six months of the pilot are likely to have been influenced by technological and structural challenges. The technological challenges such as not all The Journal content being available on a tablet, other glitches in The Journal, being timed out of the patient management system, and not enough characters available in the SMS message, were resolved in the first half of the pilot. Structural changes within the initial pilot sites (i.e. changes in personnel or make up of the pilot sites) had stabilised in the second half of the pilot and three new sites were successfully brought into the pilot in early 2020. However, the impact of these structural changes was that the number of medical centres across the referrer sites fluctuated during the pilot with some centres not referring for months at a time.

44. However, the COVID-19 pandemic and subsequent lockdown also influenced the number of referrals in two ways. Firstly, numbers of patients accessing their medical centres significantly reduced during lockdown which led to fewer referrals. Secondly, eCoaches reported that most clients already engaging in eCoaching experienced difficulty finding the time and space to engage in eCoaching sessions during lockdown.

Role of eCoaching in a client's care pathway

45. The initial eCoaching model proposed that eCoaching would be offered as a standalone option for clients or something that they could progress with while waiting for other services. Referrer interviews identified variability in how the service was offered to clients which anecdotally influenced client uptake.

46. For some referrers, eCoaching was offered as part of a wraparound service. In these instances, clients would be offered several different options and they could choose whether they preferred to combine eCoaching with other options or try it as a standalone option. Other referrers offered eCoaching only as a standalone option - the client could choose eCoaching, counselling, or other interventions.

47. Anecdotally, where a referrer offered eCoaching only as a standalone there was less uptake of the eCoaching service compared to counselling. This referrer believed that their clients preferred to have counselling rather than eCoaching as counselling was more familiar.

Referral and service use patterns

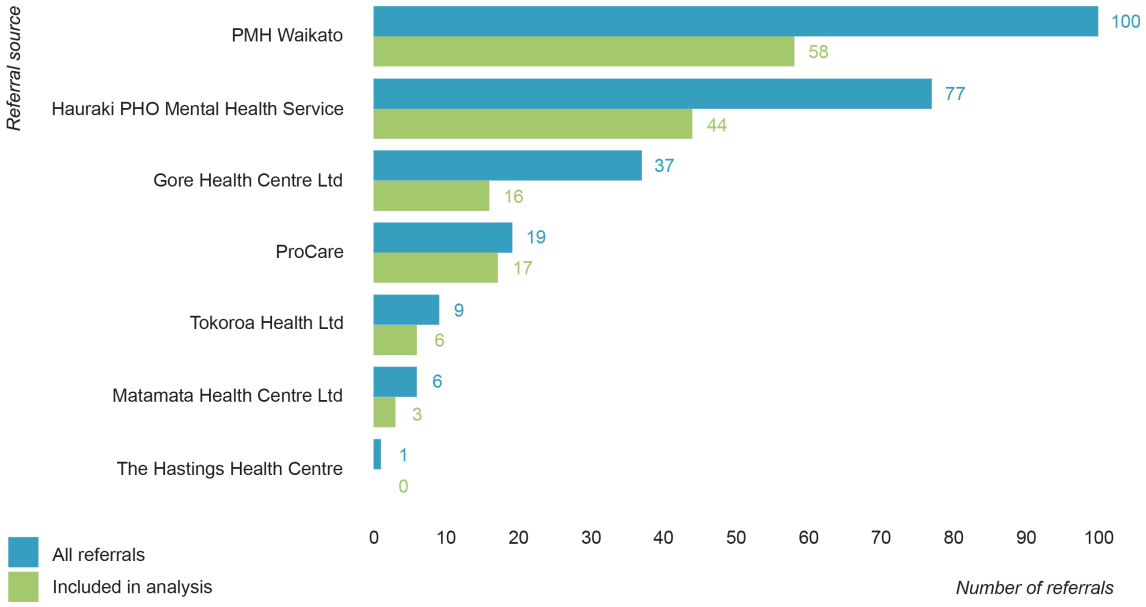
48. This section presents insights about referral and service use patterns. Referral patterns relate to who was referred into the pilot and from where. Service use patterns relate to how clients moved through the pilot.

Insights

Working with mental health experts supports referrals

49. As shown in Figure 1, nearly three-quarters of referrals (72%) were from the two PHOs with multiple practices (PMH Waikato and Hauraki PHO). This is not a surprising result in and of itself, given that the patient base is substantially larger in multi-practice PHOs and that some referrers were only involved in the pilot from early 2020. However, this does show the value of partnering with larger organisations to support greater uptake of a new initiative.

Figure 1 Total number of referrals received by source. (All referrals N = 249; Referrals included in analysis N = 144).



50. Another insight is that referrers who have a dedicated mental health team servicing multiple medical centres supported a greater number of referrals to the pilot. This was because once the small mental health team were familiar and comfortable with eCoaching, they would direct clients experiencing mental distress from the associated medical centres into eCoaching. This meant that HealthTRx did not have to socialise eCoaching with every single person[5] who might be referred into the service. Subject experts suggested that GPs in particular may require time to gain a level of comfort and certainty about a programme before referring clients into it.

51. Unfortunately, individual GPs who were referring into the pilot were unavailable for interviews or did not reply to an invitation to participate. However, the referrers we spoke with identified being very comfortable and confident referring clients to eCoaching. They noted that this level of comfort was achieved through regular and detailed communication with HealthTRx around the processes and procedures that underpinned the eCoaches' work.

[5]*Referrers could come from a variety of sources. For example, GP's, nurses/nurse practitioners, intervention therapists, health improvement practitioner and health coaches.*

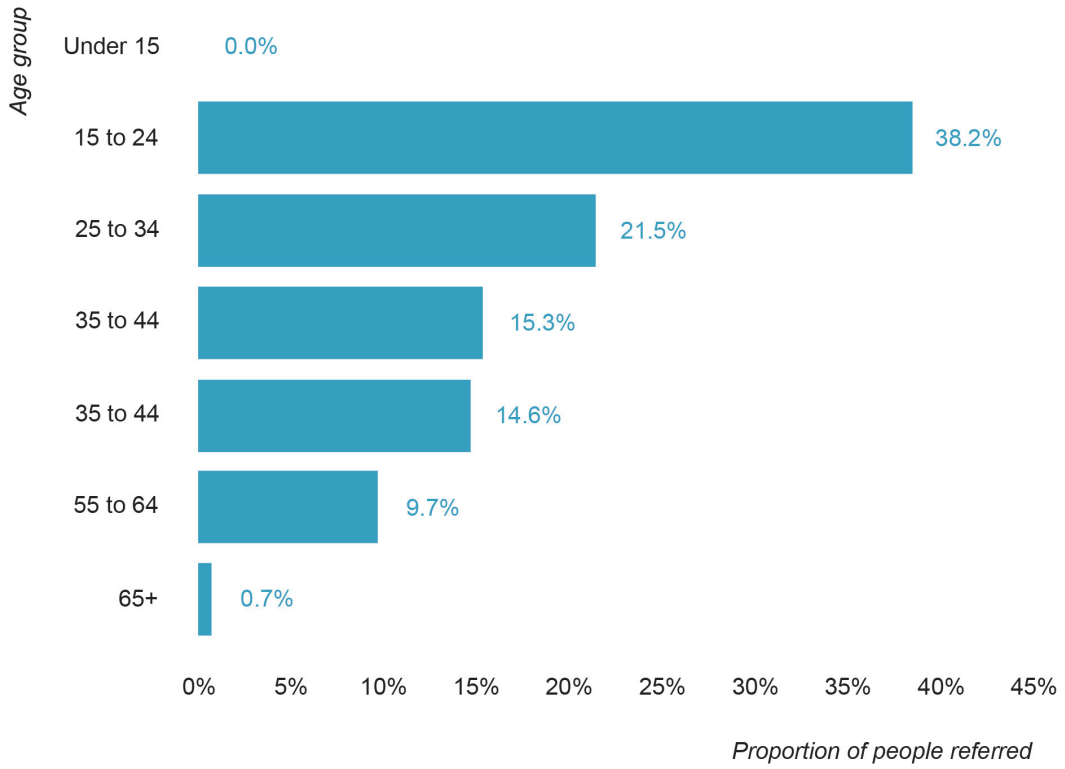
I think it's an issue of really understanding what the processes are…we were pretty comfortable with what was happening. And that if there were risks that they would be appropriately escalated. So we felt comfortable with that. That said though, you might not have Doctor Joe out in the sticks somewhere, knowing exactly what it is. And so that can be a part of the challenge.

Referrer

Young people were the most commonly referred age group.

52. Of the 144 clients with complete records available for analysis, young people (aged 15-24) were the most common age group to be referred to the pilot (see Figure 2 below). One referrer mentioned that anecdotally they believed young people were more likely to agree to be referred to the pilot compared with other age groups. They believed this was because young people were more familiar and comfortable with technology and remote ways of communicating.

Figure 2 Total number of referrals received by age group (N = 144). .

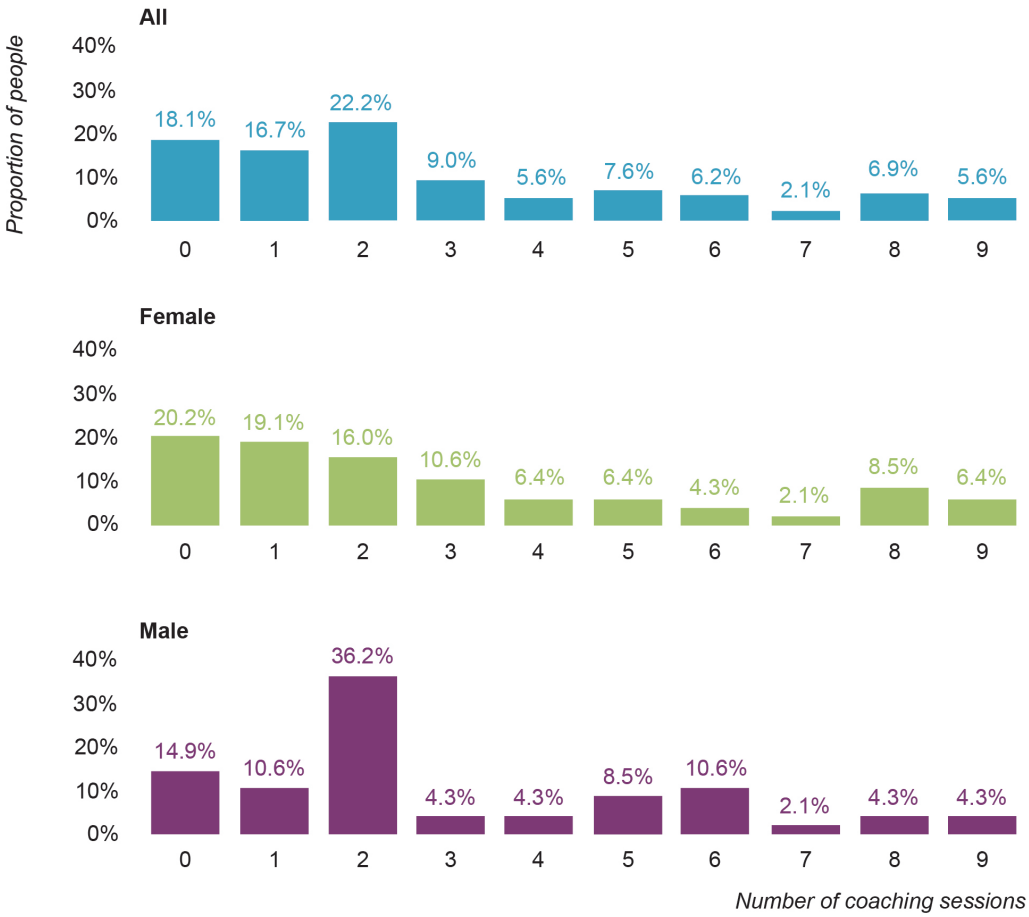


Age groups and gender did not determine likelihood of participating in eCoaching sessions past registration and introduction

53. The pilot had a relatively high proportion of clients continuing past registration and introduction sessions with 82% of clients participating in at least one eCoaching session (see Figure 3). However, only 38% of clients participated in three or more sessions suggesting a sizeable drop off between sessions two and three. There were no clear trends in the monitoring data to suggest why people may have been discontinuing between the second and third session.

54. There were no significant differences between genders or age groups for whether or not people completed at least one eCoaching session (i.e. continued with eCoaching beyond registration and introduction). However, the 'other' ethnicity group (i.e. people who were not Pākehā or Māori[6]) were less likely to complete at least one eCoaching session (50% on average for 'other' compared with 82% overall) as were clients referred by ProCare (ProCare 29% compared with 82% overall).

Figure 3 Number of coaching sessions per client (N = 144).

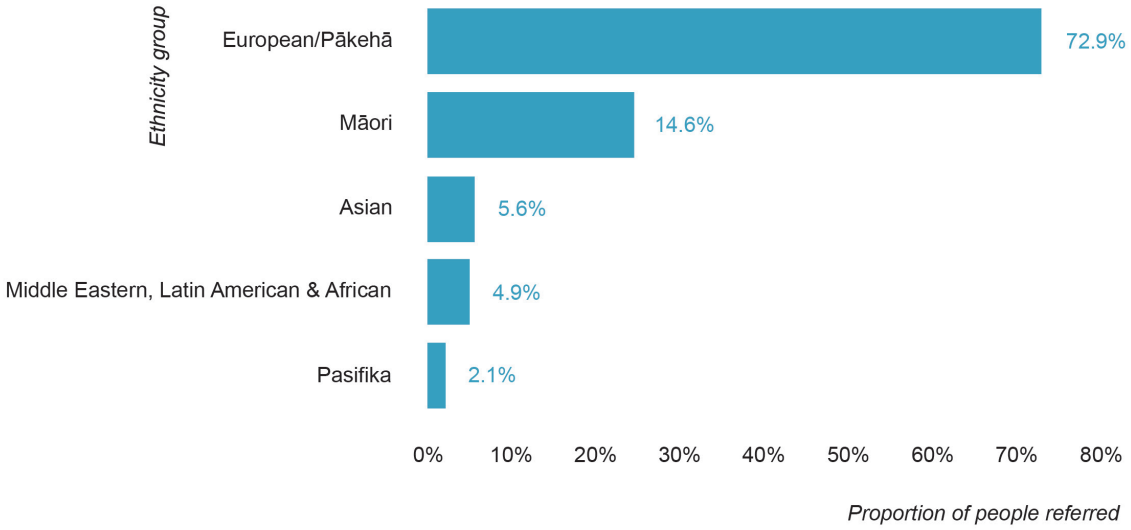


[6]*Note this category includes Pasifika people. There were not enough referrals who identified as Pasifika to analyse them as a separate group.*

Nearly three-quarters of referrals were Pākehā

55. The pilot hoped to focus on referrals for Māori, Pasifika peoples and young people. This did not happen. Whilst young people were well represented in referrals to the pilot (38% of referrals), Māori and Pasifika clients were not (14.6% and 2.1% of referrals respectively), and almost 73% of referrals were Pākehā (see Figure 4). It is important to note that the data only recorded a single ethnicity for each client, so it is possible that the actual ethnic identities of clients are different from these proportions, as some clients are likely to identify with multiple ethnicities.

Figure 4 Ethnicity group of clients (N=144).



56. We were unable to ascertain in the evaluation why there were so few Māori and Pasifika peoples referred into the pilot, although one referrer did raise the question of how and where to best engage Māori, Pasifika, and youth who are experiencing mild to moderate depression and anxiety.

> *It ends up being the question, well how do you get the cohort you are looking for? Is it at the GP practice? It might be, but I suspect not. Is it schools? Quite possibly. Maybe school counsellors if you are looking at young people or, what are the other areas? Maybe workplace? And advertising and saying that maybe people that were feeling a bit grumpy can do it. Just a thought. Not too sure whether the referral pathway provided as many as one would have hoped.*
>
> *Referrer*

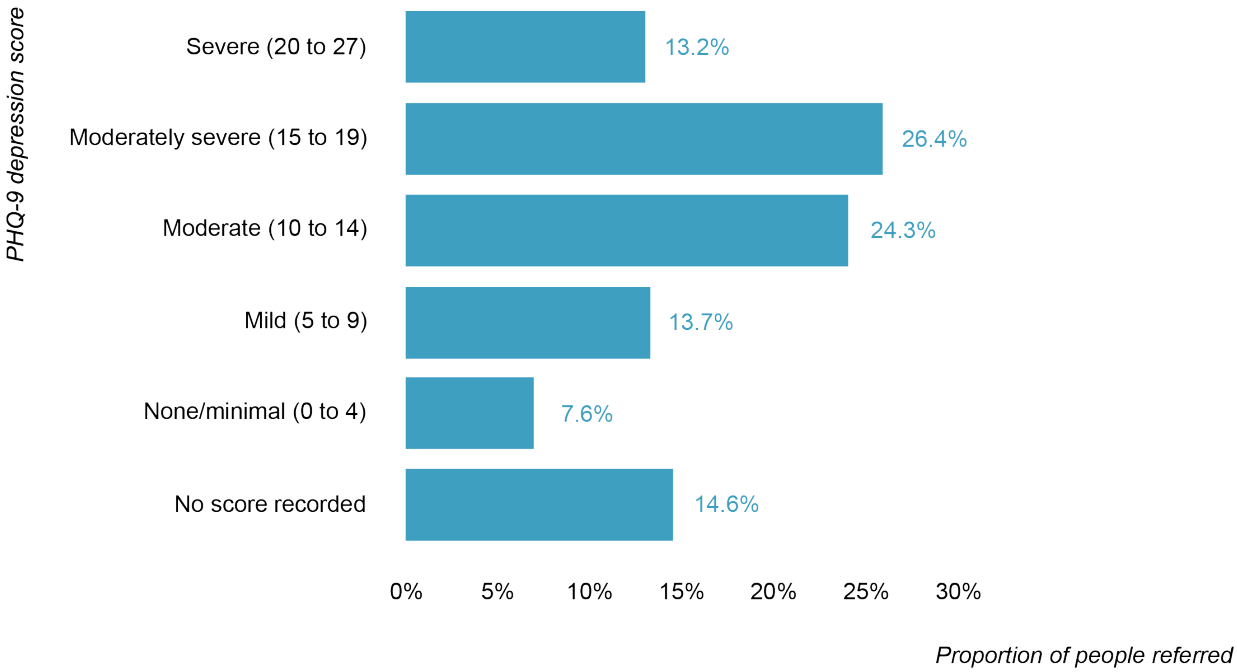
Clients typically experienced greater mental distress than anticipated

57. Baseline PHQ-9 scores indicated that more clients were experiencing moderate to severe depression rather than mild to moderate (see Figure 5). While the higher severity of depression created some challenges for the pilot, referrers identified that these clients currently fall between the cracks in the system and that eCoaching was a service that could support them.

> *Let's face it, the secondary services are not there for people like that. They don't have the capacity; they don't want to know. So we are supposed to, with the primary guidelines, deal with the mild to moderate depression and anxiety. We are dealing with the severe and beyond.*
>
> *Referrer*

58. Subject experts, referrers and HealthTRx theorised that the higher than expected baseline PHQ-9 score was reflective of the population more likely to go to their GP with their concerns about depression. They posited that people experiencing mild depression were unlikely to raise these concerns with their GP and so would be less likely to be referred to the pilot.

Figure 5 Distribution of baseline PHQ-9 scores (N = 144).



Service use patterns did not reflect initial assumptions

59. Original assumptions in the model about how clients would engage in eCoaching did not reflect the experiences of clients or eCoaches. Early on, it was assumed that completion of the eCoaching for The Journal programme would mean clients working through most or all of The Journal modules over the course of approximately six to eight weeks (one module per session, per week). Instead, monitoring data indicated that most clients would do two to three sessions (beyond registration and introduction) and then exit the service. Monitoring data also identified that it often took longer than one eCoaching session to work through one module of The Journal.

> *I just had a guy who started in April, and he's just finished. So he did it in 8 weeks… Like he is the ideal person, but I think he is the only one I've had like that.*
>
> *eCoach*

60. eCoaches believed that clients completed the service when they felt they had got what they needed from it. This meant that sometimes completion was providing support to clients in a very directed and intentional way over fewer sessions or it meant that eCoaches walked alongside their clients for months.

> *Obviously, the best completion is when they finish the whole Journal, I must say it feels great. But for me, if I'm thinking of the peer is that they will come into the service knowing that they need to work on some things. So if it was just sleeping and exercising, or maybe go through the problem-solving tasks and they were happy to do that, and they are like, "you know what, I feel a lot better now". For me, that's a completion. "I'm proud of you and I'm glad you've been able to work through that stuff and keep working on those tools and the stuff that you've learnt through The Journal". So I guess completion for me can be any way that suits them.*
>
> *eCoach*

61. Client interviewees agreed with the eCoaches' perspective. For them, the ability to engage with support for longer according to what they needed is what made eCoaching successful. Interviewed clients provided valuable insight into a sub-group of service use patterns that fits outside of the predominant trends noted by the monitoring data. Some of these clients had long-standing mental distress and trauma. These clients had needs beyond the target range of mild to moderate anxiety and depression which had not been met through previous engagement with primary or secondary services. One interviewee noted they felt like a "hot potato" that had been picked up and then "dropped" by different clinicians over time.

> *Through the face to face counselling, through talking to your doctor, you just sort of go in, and then they, you're dropped like a hot potato and they are onto the next person. And I appreciate that they don't have the time to deal with us. And there is very few services down here so I was thinking…, but because of the ongoing care, it's enabling me to continue to move forward, it's enabling me to know that there is still someone out there that knows everything that's been going on, and still wants me to, well I'm not sure how they feel but I still feel has got an invested interest and wants me to keep improving, to keep moving forward.*
>
> *Client*

> *I get the vibe from a lot of people that they have been knocked around a bit by the healthcare system, well in their eyes. From their perspective, I don't know if that's true or not, I don't know. But they feel like they have been mucked around a bit. Sort of shunted from here to there. And sort of when they arrive with us, a lot of them are sort of at the end of their tether for trying to get help and support.*
>
> *eCoach*

Cultural fit may have influenced service use but this is inconclusive

62. Early evaluation data identified some instances of cultural disconnect for clients between themselves and The Journal. This was reported to be because the individual approach in The Journal did not align with a preferred family and community-oriented approach valued within some clients' ethnic groups.

63. eCoaches noted the value of aligning their practice with the Intentional Peer Support (IPS) approach of working in "partnerships that invite and inspire both parties to learn and grow"[7]. Using an IPS approach supported eCoaches to learn from and work with clients where they are at. Similarly, another feature of IPS is that it "examines our lives in the context of mutually accountable relationships and communities"[8]. eCoaches prioritising partnership and consideration of client lives within the context of their community may have mitigated any instances of disconnect between The Journal and clients' cultural needs, but this is inconclusive.

> *It's that mutuality, that acceptance of other people's world views, that equality in the relationship with the person you are working with. You know, there is none of that "I'm better than you", or "I hold more knowledge than you"…But one of the best peers I worked with, that was the situation and it was just that moment where that mutuality happened in the relationship... Like, who would have thought that a [description of eCoach age and ethnicity] sitting in an office in Auckland could make a connection with a 23-year-old Māori woman in a rural area?*
>
> *eCoach*

The anticipated benefits of face to face eCoaching were not realised

64. Finally, it was hoped that face-to-face eCoaches might support better engagement with Māori and Pasifika clients. However, this hope was not realised in this pilot. The referrer who was hoping to implement face-to-face eCoaching did not engage long term in the pilot. Reasons for this are summarised below:

- eCoaches initially feeling like they had to attract clients to the pilot themselves rather than encouraging others in the medical centre to refer clients to them
- Initial uncertainty for some within the medical centre about eCoaching (although this was largely resolved)
- Implementation timing challenges (university calendar and the measles outbreak)

[7] *What exactly is IPS?. (n.d). Retrieved June 29, 2020, from https://www.intentionalpeersupport.nz/*

[8] *What exactly is IPS?. (n.d). Retrieved June 29, 2020, from https://www.intentionalpeersupport.nz/*

- Clients wanted mental health support in a short-term crisis but then did not want support after the crisis had resolved
- A lack of clients indicating they were experiencing mental distress.

65. These factors indicate that buy-in from this referrer might have been improved if more people had better knowledge about the eCoach role, understood the programme and its purpose and were more able to tailor it to their needs. Further consultation with local communities might also be appropriate to understand whether medical centres are the most appropriate medium for accessing the desired target population and reaching people in the mild to moderate range before their mental distress escalates.

The exploration of alcohol consumption was largely absent in the pilot.

66. The eCoaches had hoped to use the problem-solving module to explore and discuss patterns of alcohol behaviour within clients. To support this, eCoaches were able to guide their client through the quiz 'DrinkCheck: Is your drinking OK'[9]. eCoaches reported that completing the quiz with their clients was useful as a way of engaging their clients in a conversation about their alcohol behaviour. Unfortunately only 21 clients completed the quiz during the course of the pilot. The average score was 8.4 and the median 7, indicating that on average client alcohol consumption was identified as 'medium risk'. Scores on the quiz ranged from 1 to 27. No further analysis was possible given the low number of people who completed the quiz.

Perceptions of value

Insights

Flexibility and accessibility of eCoaching was highly valued by referrers and clients

67. Referrers valued the flexibility of the service to meet the needs of the client and engage at a time and place that is convenient for the client. They also valued that engagement with the eCoach was able to go on for longer for those who needed it.

[9] *Quiz accessed through https://www.alcohol.org.nz/quiz*

Could be mum's at home with babies, could be around uni. So you didn't have to go in your car, drive for a period of time, find a carpark. You could do it from home. And also I used to say, one of my selling points was that it was available too, you know the coaches could contact them in the evenings and weekends, so that was a big hit.

Referrer

68. Similarly, interviewed clients valued a service that revolved around engagement at times suitable for them, and being able to access support from wherever they felt comfortable. Further, initiation of engagement by the eCoach was seen to be essential, with most clients reporting demanding schedules, and remembering appointment times and tasks to complete was furthered hindered by their mental distress. One client spoke of her distress being so great at the time of her referral that she could not have made the phone call to the eCoach if it was her responsibility to organise.

Yep, now I can just set it up when suits, and don't have to go round to the other side of town to do it. And it's quite like only specific times I could go. But, yeah, it's very flexible. I can kinda fit it in with what suits which is really good. And I can be at home or sitting on the car or whatever.

Client

Lived experience of eCoaches is highly valued

69. Interviewees believed that having shared experiences with their eCoach helped build rapport and was the main reason for the success of their experience. Understanding that mental distress is common and that they are not alone facilitated mental wellbeing, enabling them to make changes and take control of other aspects of their wellbeing. Having ongoing support from a peer who genuinely understood and cared about them was considered to be crucial in what were, clients reflected, some of their darkest times.

Just that guidance of getting you on track and having someone to support you that doesn't judge you....I think If I hadn't had this, over and above, and carrying on, I think I could have quite easily slipped back.

Client

The best thing was that they were reporting back and saying, "hey it's amazing having someone to talk to me for an hour and they've been through what I've been through and they've come to the other side, and they are in wellbeing mode and not recovery mode".

Referrer

70. Referrers agreed that the peer support offered through eCoaching was seen as crucial in connecting with clients and building rapport because the eCoaches understand what clients are going through.

It wraps around, that's what we are saying. And it's also checking in on people, I know they are not completely alone. So it's giving someone a person to talk to that contacts them that spends some decent time and they've got sensible suggestions. They've got the understanding, they can say, "I know how you feel" …So I feel, after hours, I'm not having to worry about my people so much if they've got that person around them.

Referrer

He would be one that went off and looked at google, and all the side-effects, and dah, da, da, you know, all of that. And so the eCoaches would be able to say, "hey, I did that, but sometimes we need to be on meds as well as using everything else, you know?". So they could make sense of what he was doing because they had done it. But yeah, so it's kinda that likeminded, they get it…it doesn't seem to matter, severity, age, or anything, I had no negatives at all, not one.

Referrer

Referral process successfully aligned with referrer systems

71. HealthTRx intentionally integrated referral to eCoaching into existing patient management software used by medical centres to support increased uptake. Interviews with the referrers identified that this alignment supported the referrers to refer into the service more easily. Referrers identified that it was easy to complete a referral and they appreciated that most information was automatically completed from their database.

> *My first comment is, is how simple the referral process was. It's very simple. Easy to pick up, and easy to understand and not full of bureaucratic box ticking etc. But it does obviously cover the required information.*
>
> *Referrer*

Reservations about the use of an online tool

72. Clients expressed some reservations about the use of an online tool. Some interviewees felt overwhelmed by the use of technology either from overuse at work or having no technological skills. Engagement from those who were not technologically able required help from family members or partners during initial engagement with The Journal, as well as from the eCoach. For others, the amount of information was off-putting, and they would not have been able to process it on their own. One client stated that they felt "quite overwhelmed with the amount of information at the start of each section. Like that was like "oh god, what have I got myself into, maybe I don't need to do this"".

73. All client interviewees expressed that The Journal alone would not have met their needs due to its simplicity and generic nature, with one eCoach agreeing. While conceding to not knowing the exact contents of The Journal, one referrer was sceptical of the value eCoaching could bring to a tool such as The Journal, which was seen as a tool more suited to teaching life skills to youth.

74. There were two specific concerns raised by female client interviewees about the simplicity of The Journal. First was that The Journal appeared to be specifically for people who were not able to manage day to day life. It was noted that

mothers in particular had responsibilities for work, childcare, and running a household. These women ran on autopilot to uphold their duties, despite the level of mental or physical distress they experienced.

> *I just felt that there…I do all the tasks. I actually, I'm not actually depressed. Because that is solely about depressions isn't it. I'm not actually depressed but I'm depressed of the thing that happened to me. Which is different because I still have the motivation to keep my life normal. Like I keep it normal for the kids, we eat well, the whole routine is the same...I've worked, I've still done the normal stuff. So the tasks I have kind of struggled with, because I already am busy as it is. To be honest I've only done the tasks to get the counselling. The counselling has been a core for me, the thing that I needed the most.*
>
> *Client*

75. Secondly, female interviewees more often reported that The Journal was difficult to relate to and they found it hard to engage with.

> *It put me off a little bit because I thought, like I felt like it was quite blokey. I was like, you know, it's bad enough that it's got John Kirwan fronting it. And now it's got the sound of a rugby player taking the meditation.*
>
> *Client*

76. In addition, two clients raised concerns around the accessibility of The Journal for migrant communities, people with English as a second language, and visually impaired people.

Referring clients to peer support is still new

77. Despite positive feedback on the suitability of a peer-support model from clients, eCoaches and some referrers, there was some debate between referrers about whether counselling would be more suitable than eCoaching for people with depression. This perception by referrers appears to be based on historical perceptions that mental distress is best supported by clinicians.

78. One referrer indicated that peer-support held little value in a clinical setting. It was felt that clients would feel more comfortable opening up to a counsellor in a face-to-face setting. Another interviewee felt that if referrals took place in a clinical setting there would be an expectation that clients would be supported face to face with a clinical practitioner.

> *I think they would probably maybe open up more if they knew it was a counsellor. So it's a psychological thing, rather than just someone is gonna ring you.*
>
> *Referrer*

79. An example reported from one referrer interview was of people being more likely to sign up to eCoaching only if there was a long waiting list for more traditional support options such as counselling. The referrer believed this meant that people wanted counselling, when it could also have been a reflection that eCoaching is a new and unknown treatment option that people may not naturally gravitate towards.

eCoaches' experiences

80. This section reflects on evaluation findings in relation to the eCoaches' role. It explores insights about developing relationships with clients, the boundaries they operated within and the support available to them throughout the pilot.

Insights

Lived experience was a catalyst for building relationships

81. eCoaches felt that their lived experience typically provided a point of connection with their client and was a catalyst for building the relationship. All eCoaches noted the importance of having the time to build rapport with clients. One eCoach spent the first few sessions taking notes and really getting to know the client which helped them offer meaningful support.

It taught me around really intensively listening and making sure I was doing those notes and following through with those notes. Because when you've got so many people, it will refresh you, and you can be like "oh that's right, that's what's going on". And kind of like relaying that back, like "remember when you told me that last time? how's that going?". So like really touching base with them.

eCoach

82. Although most connections made with clients happened quickly, for some clients it could take five to six sessions and eCoaches noted that everyone is different in how easily they opened up. Finding a connection with someone doesn't necessarily mean they have to be of the same culture, generation, gender, etc. It can just be through shared experience or a similar interest; this is where their lived experience was pivotal.

When you tell that, that you come from a peer support background and that you're not a therapist or a counsellor they really respond well to the fact that they are speaking to someone with lived experience.

eCoach

83. All client interviewees were pleasantly surprised to find that they had things in common with their eCoach. They noted that these commonalities enabled them to build a trusting relationship where they could open up and speak freely without fear of judgement.

They could recognise those traits that are potentially not helping you. Just because they got to know you over time…someone who has the lived experience and who was quite smart as well. Who connected with me and built trust over time.

Client

Referrers and clients had confidence in the ability of the eCoaches to provide support

84. Referrers mostly indicated confidence around the procedures in place and the appropriate training of eCoaches to address any client crisis that may arise. Both client and referrer interviews suggested a high level of confidence in eCoaches to remain within the boundaries of a peer-support role and where needed, to react appropriately in accordance with crisis management protocols. Those referrers who had worked closely with HealthTRx had complete confidence in the peer-support model, even though it was non-clinical, and eCoaches were not trained in a clinical capacity.

> *There are definitely benefits. "This person's been through it before, they know what they are talking about". But I think, you know, as long as the safety aspect is first and foremost. And I know that you guys have got systems in place that would cover that.*
>
> *Referrer*

85. Client interviewees felt safe and supported and were made aware that if the service was not right for them or their needs escalated, there were other options available to meet their needs. Some clients mentioned the stigma that exists around mental health and having support from someone with lived experience helped eliminate the feelings of isolation; that they are not alone in their distress. The eCoaches worked in a way that made clients feel they could work through their issues at their own pace and that they were in control of their wellbeing journey.

> *I've had a couple of setbacks. And she's just been there to talk to me through it, support me. You know, we all fall back, and she was there to support me and pick me up you know. And it was just talking to her and having that support and encouragement when you had those bad days. Just helping you, it's like she's behind you, and you're climbing these stairs and you're climbing the biggest mountain that you've ever seen to climb, and she is holding you at the back, pushing you and supporting you, that's how it feels when you have that back, that person that's supporting you. And to me it's crucial.*
>
> *Client*

Effective relationships were not always achieved

86. All eCoaches had clients with whom they were unable to connect. The eCoaches adapting their communication style worked for most people. However, there were others who were just not responsive and eCoaches were unable to get them to engage at a level where the eCoaching would be beneficial to them.

> *There's been a couple of peers that I've talked to that like, "How are you?" "Ok". "alright, what have you been up to today?", "nothing much". "Oh, ok, so how's things been going for you?", "yeah, alright". You know, so when I've dealt with peers like that and talked to them, it can be extremely hard. And you're kind of like, oooow, I don't want to be that person that's filling the silence. But I have noticed that I've been like, "ok, well I kinda just wanna see what you've been up to. So what does 'not much' sound like, or what does that look like for you?". So trying to really get through so they feel like they can talk to me.*
>
> *eCoach*

eCoaches felt they needed more support in some areas

87. Sometimes the eCoaches found themselves struggling to maintain the boundaries of their role, particularly for clients with long-term trauma. With these clients they found themselves moving into a counsellor's role, which they knew was outside their agreed boundaries. One eCoach felt there was not enough support for them when working with clients who were dealing with deep trauma. As people opened up with their issues, the eCoach sometimes had difficulty drawing a line between their role as an eCoach and what was more suited to discussion with a counsellor. While this was not an issue for clients, eCoaches felt they needed more guidance around ways to protect themselves and not take on too much of the trauma they were dealing with.

If I'm being honest, maybe not sharing as much of myself because it can be quite exhausting. As much as I do like to share with people, and relate with them, maybe boundaries around that. And I've learnt that along the way as well. Trying to not give too much of myself and then being like "wow, I'm SOOO tired".

eCoach

88. Although referrers generally had confidence in the training and ability of eCoaches around the safety of clients, one did raise concerns about the availability of supervision for eCoaches working outside of normal business hours. eCoaches too noted the difficulties of working outside of normal business hours and outside of a shared physical working environment. eCoaches would have preferred to be able to ask colleagues for advice when it was needed with a particular situation rather than having to wait until they were back in the office. Although supervision was available for eCoaches, it was suggested that more regular supervision would be beneficial as well as further training for supporting conversations in commonly raised client concerns.

I would keep this phone-based service going, but I would perhaps upskill the people doing it. In terms of giving them a bit of counselling education or something or get trained counsellors which obviously is a cost…Or get someone with grief, family, sort of all these other things that people want to talk about.

eCoach

Balancing a peer support approach within a clinical framing

89. The pilot intended to reconcile a peer support approach within a somewhat clinically framed service model. Although The Journal is not a form of clinical support and eCoaches are not clinicians, because referrals come through a medical centre there is an element of medically framed clinical care that arises in the service model. This section discusses insights about how eCoaching for The Journal balanced peer support suited to client needs within a clinically framed model.

Insights

eCoaches supported tailoring of The Journal content to deepen client engagement

90. The innovation at the heart of the pilot is providing peer support conversations alongside The Journal to enable better engagement in the online platform. Yet, peer support approaches typically don't follow a set structure or work through a pre-determined set of modules, like those in The Journal. So this was a new way of working for the eCoaches.

91. Client interviewees believed that having an eCoach to support their use of The Journal was crucial to their engagement with the online tool. eCoaching was a source of motivation as well as enabling personalisation of the modules to fit clients' circumstances.

> *If I didn't have the eCoach alongside it, I would have given up a long-time ago.*
>
> *Client*

> *Personalising it to fit me. Like, he would go, "well I've got other people who do this sort of thing. So if we turned it this way to make it fit you…". Yeah, really helpful.*
>
> *Client*

92. Comparatively, eCoaches noted the usefulness of The Journal as a framework they were able to use in a flexible way to align with the issues their clients may be facing. This suggests that there are benefits to providing peer support alongside an online tool.

> *A lot of people find that a person with lived experience they can connect with more, rather than someone who is from a clinical mode, because they have no understanding. They may have gone to uni or wherever to get their qualifications or whatever. But a person with lived experience can really empathise with that. So I've had a lot of feedback on that.*
>
> *Referrer*

Referral pathways may have created an expectation for clinical support

93. eCoaches noted that some clients identified an initial preference for counselling support rather than peer support. Similarly, interviews with clients suggest there was an expectation from some that they would be engaging with trained counsellors. Some clients discontinued with the pilot because of this, whereas others valued the lived experience of their eCoach when they realised this was the case. eCoaches reported instances of clients referring to them as counsellors, but it is unclear how this affected the expectations of the pilot.

> *There was a lot of surprise that it was a peer model. The impression that I got from a lot of people was that they were expecting a counselling model…I had a couple who preferred that counselling model also. I didn't work with them for very long because that's what they wanted.*
>
> *eCoach*

> *I'd be having a conversation with someone and then like someone in their house would be like "hey, can you do this?". And they're like, "oh hold on, I'm just talking to my counsellor". And I'm like OMG, she thinks I'm her counsellor, NO WAY. I'm not a counsellor. So you get those things where they think that's what I am. And I go "hey, I heard you say I'm your counsellor, I'm actually not a counsellor. I'm a peer support worker so I don't want you to feel like I'm gonna give you all this advice because peer support is about empowering you to make those changes".*
>
> *eCoach*

94. Additionally, it is important to note that during interviews, a number of clients used the terms counselling, counsellor, and eCoach as interchangeable. While not discussed explicitly during interviews, this may indicate that interviewed clients saw greater value in their experience of receiving mental and emotional support, rather than value in the qualifications or title of their eCoach.

> *The counselling has been a core for me, the thing that I needed the most. Yeah, so to do the tasks wasn't really, well it was probably helpful for me, but the only reason I did it was so I could get to talk to my counsellor for an hour on a Friday.*
>
> *Client*

Mental health and wellbeing outcomes

95. This section identifies insights about enhanced health and wellbeing outcomes. Although this section draws on the quantitative data for the 144 clients with complete records, it primarily explores mental health and wellbeing outcomes in relation to the client interviewees. We have acknowledged earlier in this report, that clients interviewed for this evaluation appear to represent a sub-group of clients who had experienced long-term mental distress and trauma and engaged in eCoaching for longer than most clients. In this regard, this section explores evaluation evidence in relation to circumstances where eCoaching has appeared to make a difference, for whom and why.

Insights

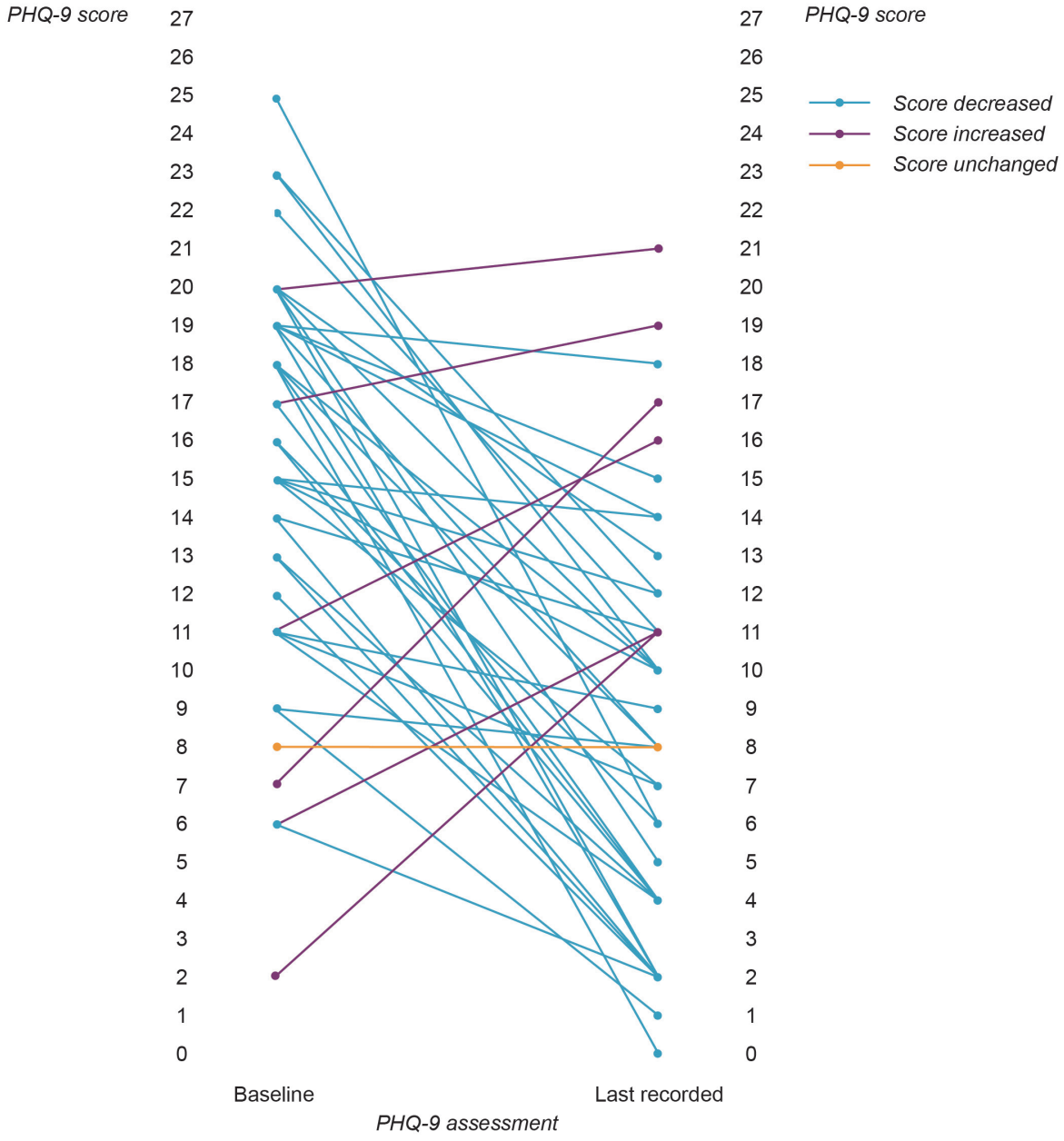
eCoaching supported improvements in mental wellbeing and reductions in depression

96. A statistically significant reduction in PHQ-9 score (a reduction indicates lessening depression) was reported for clients who completed more than one PHQ-9 scores (49 clients). Among these 49 clients, the average baseline score was 15.1 (indicating moderately severe depression) and the average last recorded score was 8.5 (indicating mild depression).

97. Figure 6 below shows the baseline and last recorded PHQ-9 scores of these 49 clients. For seven clients the PHQ-9 score increased[10], for one client the score was unchanged, and for the remaining 41 clients the PHQ-9 score decreased over time. Some clients recorded substantial reductions in the PHQ-9 score, for example one client recorded a reduction from 25 (severe depression) to 6 (mild depression) and another client recorded a reduction from 18 (moderately severe depression) to 0 (no depression). Although some of these clients may have recorded this reduction over a long period of time, there has been no long term follow up of clients after eCoaching was completed, so it is unclear whether these reductions have been sustained.

[10]Note two participants who increased reported the same pre and post PHQ-9 scores so Figure 6 looks like it only has six people who increased, when it is actually seven.

Figure 6 Baseline and last recorded PHQ-9 scores of clients who recorded more than one PHQ-9 score (N=49).



98. Among clients who completed more than one PHQ-9 score, it appears that those engaging in more than four eCoaching sessions (29 clients) had a higher baseline depression severity, and also experienced greater reductions in depression severity compared with clients who completed fewer than four eCoaching sessions (20 clients).

99. Figure 7 compares the average baseline and last recorded PHQ-9 scores for these two subgroups of clients. This figure shows that clients who completed four or more eCoaching sessions had significantly higher baseline PHQ-9 scores than clients who completed fewer than four sessions. This suggests that clients who were referred to the pilot with more severe depression were likely to engage for longer than clients who were referred with less severe depression. In addition, both of these subgroups had similar average last recorded PHQ-9 scores, but clients who completed four or more eCoaching sessions had an average reduction in their PHQ-9 score of 8.2 points, versus an average reduction of 4.4 points for clients who completed fewer than four sessions.

100. Given the data available it would be unwise to attribute reduction in PHQ-9 scores solely to the pilot. However, it could be that eCoaching helped reduce severity of depression for all these clients, but the number of sessions reflected the severity of baseline depression.

Figure 7 Comparison of average baseline and last recorded PHQ-9 scores for clients who recorded more than one PHQ-9 score by level of engagement, with 95% confidence ranges (N=49).

101. The reduction in depression identified in the quantitative data was corroborated in client interviewees. Clients believed eCoaching had supported improvements to their mental wellbeing. Their engagement with eCoaching has taught them tools to feel in control of their wellbeing and begin to enjoy life again.

It made me very centred, grounded, and the basis that you're not alone. You know, and this thing can be approached, and it gave me more control over my journey myself so that when I was doing things I knew that I was in control. Whereas in the past, because of my depression and panic attacks I had, I had lost control.

Client

102. Client interviewees identified that without their eCoach, they would not have been able to get to a place where they could take control and move forward with life.

It was just that weekly catch-up, that I knew someone was gonna say "hey, how are you going", that was outside the family, they were completely 'I don't know them, they don't know me' sort of scenario. Uh, they probably know me quite well now, but they just have a really genuine empathy and concern, and they want to help you get better was what I got.

Client

103. Clients also valued how eCoaches normalised mental distress and highlighted that it was experienced by most people at some stage in their lives. For some, this helped alleviate feelings of guilt and shame relating to how they were feeling. As a consequence, they have been able to open up to significant people in their lives, experiencing improved relationships with family, partners, and friends.

At the start of the conversations there was a stigma related to it. But you know, once I'd made that breakthrough with my eCoach, actually being able to tell my husband, and my mum, and being able to talk to my sister. Once I'd actually told all of them… once I'd actually made that call to start telling my family, I actually now don't have any shame about telling anybody, and I can talk about it.

Client

104. Furthermore, building mental strength and developing a sense of self-worth has helped clients to be aware of and practise selfcare. This extends to having the confidence to step back and say no to things that are not in the best interests of their wellbeing.

> *I was a people pleaser; I didn't want to say no to anybody. I wanted to make thing work, you know, I didn't want to be perceived as letting anyone down. Whereas now, ….I kinda feel like I had to become a bit selfish, but not in a bad way. Selfish as in, I do need to look after me.*
>
> *Client*

105. Finally, one of the main goals for clients who were interviewed was to improve their life by changing certain patterns of behaviour. Thus, diet and exercise were areas for improvement identified throughout their engagement with the pilot. For some this involved picking up hobbies and sports they had enjoyed in the past.

> *Where there is mindset involved, you can take that to all areas of your life right? So you could say, because of the help I had mentally and emotionally I could, it impacted my career, my being a mother, going through the partner and separation, yeah. Physically as well, to a degree. Because once I'm healthy emotionally and mentally, physically just becomes quite easy to be honest.*
>
> *Client*

Longer term support enabled improvement in wellbeing

106. Client interviewees believe that their improved wellbeing is directly related to the long-term support offered by the pilot. Clients report being able to work through The Journal at their own pace. Having the eCoach work alongside them has been described as motivational; holding them accountable, but at the same time never feeling pressured or rushed.

> *I think back to what condition I was in last year, and I never have thought any of this would have ever been possible…because it's been a long-term thing, it has helped me in every aspect, of what I deal with day to day, and what I want to do going forward.*
>
> *Client*

At the end of last year there was absolutely no way that I would have even considered, for one; going back into full time study, doing my own business, and you know, juggling other work as well just to make things… I don't think I would have been in this position if I haven't had gone through and had the support that I've had.

Client

107. Having eCoaching available for longer added to the sense for clients that they were being supported by someone who genuinely cared for their wellbeing in ways that never felt judged or pressured.

Just that guidance of getting you on track and having someone to support you that doesn't judge you...I think If I hadn't had this, over and above, and carrying on, I think I could have quite easily slipped back.

Client

Interviewees believed eCoaching supported their mental wellbeing more than other services

108. As noted earlier, many of the evaluation interviewees had received other mental health supports (for example counselling) in the past or were concurrently receiving counselling while they were participating in the pilot. Some client interviewees reported feeling let-down by the healthcare system after unsuccessfully engaging with other support services. This influenced how they felt about the eCoaching at the start. One group reported being in a severely distressed state by the time they were contacted by their eCoach, and held little to no hope that this time would be any different. The other group entered eCoaching with an open mind and were willing to try any support available to them.

I think cos the eCoaching went on for quite a bit longer it was much more useful...with the counselling you get 4/6 sessions where you have to cover everything and so I don't think you get a whole lot out of it by comparison.

Client

109. Most client interviewees believe that eCoaching for The Journal has had more impact on their health and mental wellbeing than counselling. While some clients reported having a good experience with their counsellor, they believed that positive impacts gained from eCoaching were far greater. This appeared to be more so for those whose distress comes from life circumstances such as serious and life altering physical health issues on top of relationship breakdowns.

> *I actually ended up finding that The Journal was far more helpful than face-to-face counselling, yup. And then like once I got to the end of my 6 times with the counsellor, I was just chopped off. There was no follow-up, there's just nothing. It's like oh well all your problems are solved, which was really hard. But I was fortunate I had The Journal to carry on with, because I still had that ongoing support and ongoing bits of the programme to go on with as well.*
>
> *Client*

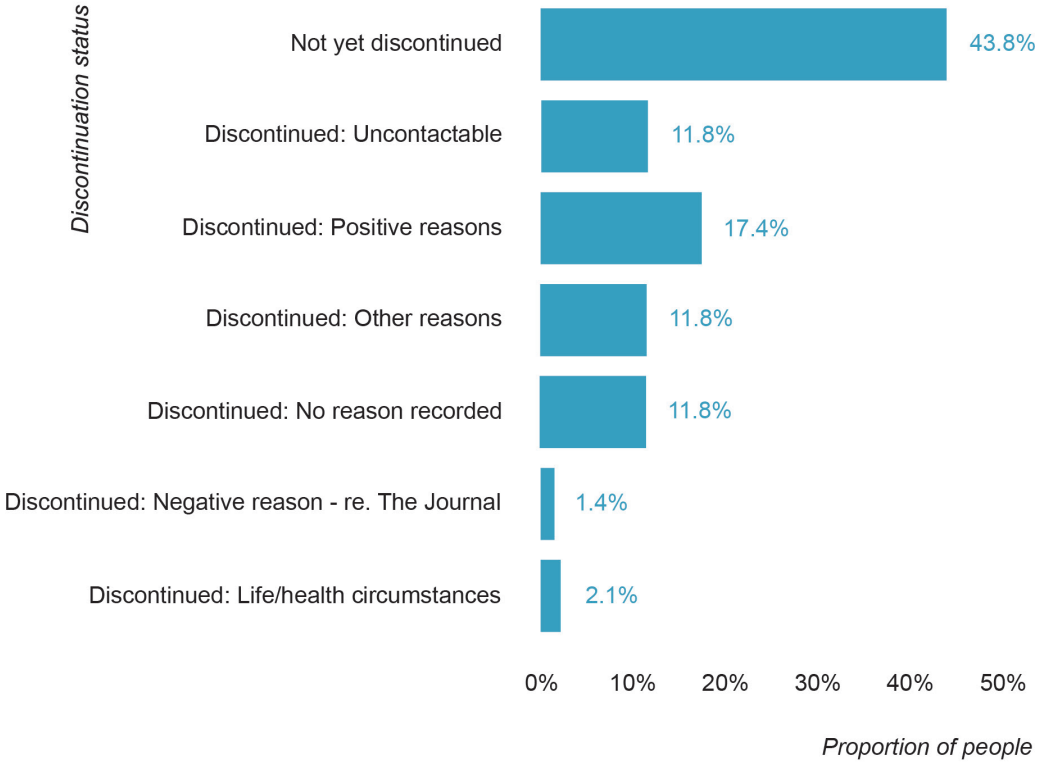
Inconclusive evidence about the impact of eCoaching for most clients

110. Data limitations mean that it is unclear the extent to which eCoaching may have influenced mental health and wellbeing benefits for those who engaged more typically in the programme, i.e. for two or three coaching sessions.

111. Further, there is uncertainty because of the high number of clients who were uncontactable or discontinued with the service and their perceptions of the pilot. Figure 8 summarises the status of clients as recorded by May 2020. At that point in time, 63 clients (43.8%) were not yet recorded as having formally discontinued from the pilot. Of these 63 clients, 35 were referred to eCoaching in April and May 2020 so could still have been progressing at the end of May. However, 28 clients (19% of referrals) had their last eCoaching session before April 2020 but were not recorded as having discontinued as at the end of May 2020. This suggests that some clients were not being followed up effectively.

112. The remaining 81 clients (56.3%) were recorded as having discontinued. Of those who had discontinued, 17% were recorded as having discontinued for positive reasons, while less than 3.5% discontinued because of a change life or health circumstances or negative reasons. This means, that for over one-third of clients who have discontinued we are uncertain about why they have discontinued.

Figure 8 Discontinuation status of clients as at May 2020 (N=144).



CONCLUSION

113. The eCoaching for The Journal pilot endeavoured to bring peer support services alongside an existing online self-help tool – The Journal. The pilot, which spanned a year, has provided some notable insights as well as some challenges. The pilot evaluation has been written to support learning for other organisations or programmes that hope to bring peer support services alongside new or existing services.

114. This report highlights key insights across five topic areas, namely: a) Referral and service use patterns; b) Perceptions of value; c) eCoaches' experiences; d) Balancing a peer support approach within a clinical framing; and e) Mental health and wellbeing outcomes.

115. eCoaching for The Journal was seen as valuable and useful within the current mental health system to support people with mental distress. Referrers saw the pilot as: flexible and accessible as well as cost effective; another referral choice within the mental health landscape and something that might be different enough to help people who have not done well with existing support mechanisms. Client interviewees also valued eCoaching for its flexibility and accessibility and the value brought by connecting with someone else who has lived experience.

116. Typically referral and service use patterns did not match the original intentions of the pilot both in number and characteristics. Out of the intended target audiences (Māori, Pasifika and young people and those experiencing mild to moderate depression), only young people were well represented, and typically clients had a higher level of depression severity than what was anticipated. Although there are many things that can influence referral patterns, it is possible that an alternative referral pathway based outside of medical centres may have supported referrals that more closely matched the intended audience.

117. There were some initial concerns from subject experts about the safety and boundaries of having people experiencing depression working with peer support experts rather than clinicians. All referrers spoken with in the evaluation were confident in the structures and systems put in place for the pilot to ensure client safety. Referrers identified that working closely with the implementation team to find out about the pilot enabled this level of confidence. This suggests that whilst there is still a perception that more traditional models of mental health care are preferred (e.g. counselling), these attitudes can shift with time and with detailed knowledge about an alternative service.

118. Although only 49 of the 144 clients whose data were included in this evaluation recorded multiple PHQ-9 scores to assess the severity of their depression, the quantitative analysis of these clients demonstrated a significant reduction in depression after participating in eCoaching. Client interviewees, (who represented a sub-group of clients with long-term trauma and a longer than typical engagement in the programme) identified that their health and wellbeing outcomes were influenced by working with someone who had lived experience and sustained contact over a long time. Further, these interviewees also noted that eCoaching had been more effective for them than other mental health services they had dealt with in the past.

119. Providing peer support alongside an online self-help tool was perceived as a valuable service for people experiencing mental distress by referrers. Furthermore, there is evidence that eCoaching for The Journal supported a reduction in depression severity and for some clients what the service provided was seen as a fundamental and vital part of their journey towards mental wellbeing.