

Preliminary findings in developing an e-health intervention for child conduct problems

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Aims/rationale: In Australia, less than 24% of children who require mental health treatment access evidence-based interventions (National Mental Health Survey: Sawyer et al., 2000). The percentage of rural children accessing adequate treatment is far lower. One of the main reasons for this is a lack of available local services. The present study reports pilot data from a randomised control-trial of an innovative e-health intervention designed to help bring evidence-based mental health treatments to rural families.

Method: Children (N=20) referred to a multidisciplinary child and adolescent health service were identified as having primary conduct problems and were subsequently assigned to either a week long face-to-face (n=10) or an 8-10 week e-health (n=10) intervention provided by a clinical psychologist. Clinical ratings and questionnaire data was used to assess treatment efficacy across time (Pre-treatment, Post-treatment and 3-month post-treatment).

Findings: Preliminary findings support the hypothesis that e-health interventions may provide a viable option for the treatment of child conduct problems in rural areas.

Future directions: The e-health intervention model presents a cost effective but somewhat inefficient model for the treatment of rural children. The second stage of our research project will explore the viability of training and supporting rural allied health professionals in the use of this e-treatment.