

## Breaking the cycle of stuck thinking with Mello

with Dr Imogen Bell

### Tania McMahon

Welcome to Digital Mental Health Musings, a podcast series from the e-mental health in practice initiative providing health practitioners with the latest news and developments in digital mental health services and resources.

eMHPrac acknowledges the Turrbul and Yuggera people the traditional custodians of the land on which we bring you this conversation. We acknowledge elders past and present, and honour their continuing connection to land, culture, and community, and that it's these connections that are intertwined in indigenous mental health and social and emotional wellbeing. We acknowledge the strength and resilience of all First Nations people and communities since colonisation of their unceded lands.

Hello and welcome back to Digital Mental Health Musings. I'm your host, Dr Tania McMahon and today we're talking about rumination or stuck thinking in children and adolescents. So, it's the unhelpful pattern of thinking. A loop that goes over and over negative thoughts or worries in your mind. And research has identified that it's a major mechanism driving symptoms of depression and anxiety. Now a new app developed by the team at Orygen Digital is making significant gains in helping young people break that cycle.

So, Mello is a first of its kind smartphone app that has been shown in trials to reduce anxiety and depression by disrupting stuck thinking in real time. The app also builds up practical skills with features like personalized support and short courses to help young people understand and get a handle on their stuck thinking in the long term.

So, joining me today to talk more about Mello and how health professionals can use it with their clients is senior research fellow and psychologist from Orygen, Dr Imogen Bell. Dr Bell led the Mello project, and she's also the face and voice guiding young people through the program. Imogen welcome to the program. What a great pleasure to have you on the show.

### Imogen Bell

It's such a pleasure to be here.

### Tania McMahon

So, Imogen as I mentioned in the introduction, Mello is designed to help children and teens with stuck thinking. Can you tell us a little bit about why you wanted to focus on that particular aspect of mental health?

## **Imogen Bell**

Yeah, I mean, you did a, a good job of, of explaining the basics. It's, it's really about you know, understanding what the underlying causes are of depression and anxiety.

You know, for, for many years we've had treatments for these conditions which are quite broad, and more modern way of thinking is trying to understand what these underlying causes or drivers are of these sorts of conditions and developing treatments which try and tackle them, you know, at at at the heart of what it is, what's going on, stuck thinking, or or worry rumination. It's called repetitive negative thinking in the scientific literature, which is a bit of a mouthful. That's why we like to say stuck thinking instead. It's this process that we can all relate to, and we all, we all do this. We go over and over, you know, worries in our mind. But for for some people, it can be really hard to to stop worrying and and stop ruminating. They kind of do get caught in that cycle, in that loop. And it turns out from, you know, many decades of research actually, that the more you do that in a in a way that's unproductive, that's, you know, not focused on on solutions or accepting what you can't control. If if you do end up going around and around and around in that loop, it can really exacerbate and leave you feeling depressed and and anxious.

So, the idea behind Mello is to help to to try and disrupt that process of that repetitive cyclical negative thinking so that people can ultimately not suffer from anxiety and, and and depression so much.

## **Tania McMahon**

Hmm. So, it sounds like it's really taking less of a really broad approach to treating these, these problems and kind of targeting a lot of different aspects of them to really honing in on one aspect that's quite problematic and quite common across them and and really targeting it specifically with interventions that will disrupt it.

## **Imogen Bell**

Yeah, yeah, exactly. And I think, you know, the clinicians that might be tuning in will be probably really familiar with this particular problem because it it's so prevalent. You know, young people in particular. I mean adults as well, lots of adults are also experience stuck thinking, too. We all sort of do. But young people in particular, when they describe the things that they're struggling with it's often an inability to kind of shut off their thoughts. They're very, very busy minds, you know? Constantly thinking, thinking, worrying about things, and they just don't quite yet have the skills to be able to manage that thinking process. So, you know, it's something that really young people identify with as a key issue that they face with their mental health.

## **Tania McMahon**

And it's kind of transdiagnostic in that sense too, that it's not just unique to depression anxiety. It's certainly something we see a lot in it, but it will apply to many other diagnosis and presentations that we might end up seeing. And even, you know, subclinical presentations, that mental health for clinicians or other workers might come across as well.

## **Imogen Bell**

Definitely what we call a trans diagnostic mechanism. So, it's true, it's not just depression and anxiety. It's probably, you know, one of the biggest influences of depression and anxiety, but we also see it, there's literature research done that shows that stuck thinking is a problem in OCD and psychotic disorders, eating disorders.

Often what differs is what it is that they're kind of worrying and ruminating about. You know, with, with eating disorders, for example, it's often body image related. They're getting hooked on, going over and over thoughts. Maybe in psychotic disorders, it's unusual beliefs or concerns that others will harm them. So this, this way of getting hooked into negative thoughts and being unable to get unstuck is definitely something we see across the board in lots of disorders.

## **Tania McMahon**

And what kinds of therapeutic techniques and practices does Mello really make use of? And why do you think they work particularly well in the, the digital mental health setting?

## **Imogen Bell**

Yeah, Mello is quite unique in that it doesn't just take a single therapeutic approach. So, so there's a lot of apps out there that might be, you know, mindfulness apps or a CBT app or maybe acceptance commitment therapy type apps or things like this. Mello is kind of it's trans diagnostic in that it kind of looks across the board at, at different disorders. It gets to the heart of it with stuck thinking, but also kind of looks across the board with the therapy techniques as well.

So, what, what we did is we conducted a systematic review back in 2020, which was funded by the Wellcome Trust Active Ingredients Project. Some people might be aware of this, which was all about isolating the active ingredients that were contributing to the effect of psychological interventions for young people with depression and anxiety. And we were trying to understand, you know what, what are the active ingredients within psychological treatments for repetitive negative thinking, for stuck thinking. And what we found is that there's lots. You know, there's not one technique that works, you know, uniformly better than others. And we already know this from the psychological literature for other sorts of conditions, they tend to be, on average, about as effective as one another.

So rather than picking and choosing, you know, let's go with the ACT approach or the CBT approach, we basically created multiple different techniques from different therapeutic approaches and we distilled them down into, you know, brief exercises that young people can do in the moment. And we, we basically, based on the theory that you know it really depends on the person what's going to be the most effective. Because, you know, it might work, mindfulness might work very well for one young person, but problem solving exercises might work well for another. Or in one instance, mindfulness might work, but with another type of worry, you know, another technique might work.

And this is how clinicians tend to work in practice. They don't tend to just stick within their modality. Well usually, they, they kind of pick and choose the things that are gonna work for the problem and for the young person that they're working with.

So there's a range of different techniques that are all based on evidence based psychological interventions. They are from our meta analysis. We identified the ones that we know worked and that had some theoretical basis, and we distilled them down into different exercises within the app, which sort of map on to different skills. So, there's exercises for mindfulness. There's exercises for cognitive diffusion. There's exercises for self compassion. Lots of different exercises that fit across different skill domains.

### **Tania McMahon**

That's fantastic. It sounds really innovative and because that's really coming close to what we do as clinicians. Like you said before, a lot of us practice quite eclectically really because we're, we're using that clinical judgment to pick, you know, and tailor an intervention to suit the client. Because, quite rightly, there are clients for which problem solving might work, or mindfulness might work. Or, or certain problems for an individual client. Client for which those different interventions might work better or worse. And we're using that judgment all the time to to change it up and and, you know, meet the client where they're at.

And it sounds like that's exactly what the app's trying to do. Rather than go, okay, we're going to take this one, you know, evidence based established treatment and just and deliver it digitally, which is also you know can be can be helpful. It's taking it that step further and really trying to tailor it individually, you know, in the best way possible to each individual user. That's really interesting.

And that that sounds like quite a notable difference between this app and and other ones that have been released before. Are there any other, I guess, ways that Mello differs from other mental health apps out there? Any other sort of gaps that it that it fills?

### **Imogen Bell**

Yeah, quite a few. I mean that, that's definitely a big one. The focus on stuck thinking specifically is a big difference. There's apps out there that are quite general or they're based on a particular therapy.

So, there's lots of mindfulness apps out there, some relaxation ones. Or I know of a couple of apps that might be for stuck thinking, but they do one very particular thing like worry time type thing where you're delaying worries. So there'll be a reminder function. Mello's got a worry time exercise built into it, but it's one, you know, of many, many, many exercises. So, I think that it's both very focused and that it goes into stuck thinking, but it's quite broad and that it has a lot of different exercises for it. So there really is that opportunity to find what works for you.

I think what else is quite unique is that Mello is designed to disrupt repetitive negative thinking, or stuck thinking, in the moment it's happening. And it does that by providing a recommendation to the person in the moment. So, it has notifications or prompts. It will check in with you and ask, you know, do you do you need some help right now? Are you are you stuck in your thoughts? And if the user or the young person needs help, it'll ask them a couple of questions. How stuck they are and their thoughts and how intense the

negative emotions are in that moment. And based on their responses it will provide a recommendation for an appropriate exercise that they can do in that moment that's designed to disrupt that process. So it tries to have some tailoring to how it goes about doing that.

Where we actually want to take the app in the future is to integrate AI into that recommendation system so that it actually learns over time through your use of the app which exercise is going to be the most helpful for you potentially in different contexts. Because maybe in the evening you should be using relaxation, whereas in the morning maybe like a problem solving cognitive restructuring, getting ready for the day. You know people aren't, they're not the average effect sizes that we see in clinical trial research. You know you tend to study one intervention in one group and you get an average effect size overall, which is a really blunt indication of how. You know, how we supposed to really use that knowledge?

So, what we're trying to do is really develop a what we call a hyper personalized approach to care which actually learns from the individual what works best for them. And tailored that support for them over time, which is really what I think clinicians are trying to do in their sessions. They're trying to figure out what the best thing is for that person and then they're trying to help them use those techniques at the moment that they need them in their everyday life where they need the help. But it's really that gap between therapy and everyday life, where it all kind of goes, goes awry.

In terms of other distinguishes, just to answer your question, I realise I kind of derailed a bit, in that it's been designed with young people. So it's an app for young people that's been designed with them. So we've really used that approach of partnering with young people and their feedback continues to refine the app.

It's free, it's completely free. You can download it right now, if you're in Australia for now. And it's also, you know, it's been specifically designed for youth. You know, it's. Yeah. So that makes a big difference to young people.

### **Tania McMahon**

Yeah, and that, there's not a there's not a great deal out there for them in the space. It's. Yeah, there's there's definitely a huge need there.

Well, I'm, I really want to come back to what you're saying before about the, I guess, the, the kind of innovative aspects of it, because it really and an, an, an amazing thing that it sounds like, you know. Well, it's kind of already able to do, but you're you're hoping to kind of build on that as well, is actually fill the gaps at therapy can't actually fill. Or unlock abilities in treating people that aren't afforded to us as clinicians at the moment because of our, the limitations of being a human. Having a one hour session to do work with someone. There's only so much we can learn about exactly, you know, what type of intervention might suit at what time, in what context. And and being able to potentially build on that and future to where it's, like you said, hyper personalized. It's almost like unlocking this, this extra ability in future where we can get even better, care to people and really find

out what it is that's going to work for them. But we're just limited. We can't do that as clinicians. We can't be with our clients 24/7 and sometimes sometimes it would be handy to be that little fly on the wall.

### **Imogen Bell**

And sometimes we can't be there at all, you know? Like the wait list for, for seeing a, a clinician, mental health professional are, you know, they're longer than ever. And lots of young people don't even seek help in the first place. So, you know, it's, about having anyone there, let alone once you've finally see someone and being able to have that effect at the time that they really need it. So yeah, both problems.

### **Tania McMahon**

Absolutely. And I think clinicians will find that an interesting thing to know about the app, what you were saying before about it being responsive in the moment. That it's designed to be used in in the moment, because there is a bit of a distinction out there with some of these digital tools that are, say, a course of treatment or something that that you know it's the course of learning that you know you, you log into every so often and learn the skills, get the education and, and and can get some some benefit from over time. But there's also these tools here that have this kind of immediate responsiveness to them. That it's designed to be used in the moment when you're needing it, when the the thoughts are happening. Yeah. So I think a lot of clinicians will be really interested to know that that this is, you know, one of those that can be kind of that little companion that their clients can have between sessions and appointments.

### **Imogen Bell**

Exactly.

### **Tania McMahon**

Can you talk us through a few of the different ways that young people might engage with the app? The different therapeutic journeys that they could take when they engage with different elements of the app?

### **Imogen Bell**

Yeah. So, the design of the app is based. On this was all came about through you know, the Telstra Foundation as our main funder, by the way, through a scheme called the Tech for Good Challenge. They, they funded Orygen Digital as an organization to look to how we could use technology as a way to support young people's mental health. And this is kind of where the journey of Mello sort of came from.

And we went about using user centered design process. This was really about understanding deeply the problem that you are trying to solve with the technology. And then with that that knowledge you know continuing to work with the end user, in this case young people, to build that solution. And what we've found you know over time working with young people is that they really was that need for that momentary support, you know at the time it's happening. A lot of young people were finding that they, they just didn't know that stuck thinking was happening. It's like this very passive process. You kind of fall into

it and then, you know, it kind of builds and builds. They describe it as like a snowball over time, you know, gathering more and more negative emotions. You know, starting to feel guilt and anxiety and not being able to make it stop.

And so that that process of building made us, you know, really be aware of how we needed to build insight or self-awareness that that was happening. Often clinicians would do this as we know using self monitoring forms and stuff like that, noticing when it's happening. But because it's on an app, it can prompt people to to reflect in the moment.

So that's one of the key features which is actually ended up being a very popular feature is just checking in. Like sort of a reflection exercises. You know how stuck are you and your thoughts right now? What moods are you experiencing? What are you doing? Where are you? So again, building that moment of pause and reflection, it kind of gives rise to a sort of intentionality to what comes next that wouldn't come otherwise. And of course, if we're talking about a word document that you have to fill out and remember to fill out. So it's a lot more convenient and the kind of the design and the user interface, young people really love it. So it's just a much better form of doing that.

So, there's a check in function of course, then, on the basis of their answers to that check in, there's recommendations for a brief, you know, exercise that they can do in the moment. The ones I sort of described before. At the moment there's 26 different exercises by the end of the year we're hoping to have 50 different exercises. We've got lots more. Again, they're all based on those core skills; mindfulness, self compassion, cognitive restructuring. So they can be provided a recommendation in the moment to do one of those exercises.

Another aspect which was really, it really, young people told us that they loved this and we ended up building it out into more of a core separate feature in this latest version of the app which we're calling Mello 2.0, which is the current version you can download now. Basically it's a you can press a button in the app and you're given three options. One is to do an exercise. Another is to check in, you know answering those questions I mentioned before. And the other is called vent, which is just venting your thoughts. It's as simple as just like getting your thoughts out of your mind and onto the screen, so to speak. You can use an audio record button or you can type them out using the keyboard on the phone. And it's really, really popular. Young people love just the ability to get their thoughts out, and then they can do cute things with them, Like they can set them free, and if they set them free they can kind of use their finger to rub them out on the page to kind of like, just get rid of them. Which it, it's an interesting kind of thing if you think about in terms of the mechanism. It it, it's fun, so it's taking something that's usually a negative association. You've got, you've just released all of this pent up negative association and then suddenly you're doing something positive with it. So there's kind of a cognitive diffusion type thing that's going on with that action I think. And it's releasing them. It's getting them off the mind, externally and then kind of releasing them. So it's very, very popular function.

The other part of the app which is important to mention is these short courses that you can do. So, you know, I mentioned before you know all of the exercises fit into different skill

domains, so young people can be stepped through the skill of mindfulness, for example, or self compassion or problem solving. And what it is, it's audio exercises. I'm the therapist that talks them through all of this. So it's my voice features a lot, teaching them the fundamentals of why does mindfulness work for stuck thinking, and how to effectively use each of the exercises in the app and why they work. So it's kind of the background information that not everybody wants all of that information, that's why we separated it out from the core exercises, but it will enrich their understanding of why they're using them, and when to use them and and how. So there's those little brief short courses as well.

### **Tania McMahon**

Ohh that's great. So it's got that responsive element, that in the moment but it's also got that, well here's the background, here's the theory behind this. The rationale, the psychoeducation component that a lot of us would start with that it's there if they if they're wanting to learn more about it.

### **Imogen Bell**

Exactly, yeah. Yeah. That's right.

### **Tania McMahon**

Fantastic. And you, you've recently completed a, a qualitative study looking at some of the user experiences with Mello, both health professionals and young people. Can, can you share any of the key findings from that work? Insights about the ways that different health professionals are using it with their clients?

### **Imogen Bell**

Yeah, absolutely. So, the qualitative study came from interviewing young people who used Mello during the randomized control trial.

So, the all the randomized control trial we did, I might as well mention that too. So we did an RCT where we had, we had 55 young people, half of them used Mello for six weeks and the other half didn't use Mello. for six weeks. And we took measures before, during and after to look at some changes in mental health outcomes over time. They were using the app completely independently of a clinician, so on their own. And what we found was really incredible results, actually.

We, we saw significant improvements relative to the control group in, in stuck thinking in anxiety and depression. The size of the improvement, so how much they actually improved was about as much as you see on average with face to face therapy as well. So the meta analysis that we did that I mentioned earlier, we got an effect size of from that to see on average how effective is psychological treatment for stuck thinking. Mello was was even more effective than the average treatments. Which is really important because it doesn't rely on a clinician to be there next to the young person, so it's gonna be much more accessible and and cost effective if we can see those same improvements that we see in in face to face therapy. I think it'll be even better if we can use them in conjunction which I'm a big believer in clinicians supporting technology and not technology on its own, but Mello is still able to be used in either circumstance. So we saw 8 out of 10 young people have symptom improvements.



With the qualitative study we interviewed the young people that used Mello and we, you know, wanted to really deeply understand how they found the app. And what they really spoke to was that that moment of self reflection that I mentioned before was a big part of it. So, just pausing and reflecting in the moment to build awareness that this this is happening.

They also talked about, you know, the, the benefit of having these exercises there to build habits. So, we knew already from speaking with young people during the design is that typically the way that they respond to stuck thinking is that they have these habits, unhealthy habits. A lot of avoidance. So going on social media. Trying to avoid engaging or or engaging too much in their thoughts. A lot of avoidance. So by having these recommendations there in the app, these exercises, they could intentionally, you know, decide how they wanted to respond. And they had a tool in the moment right there that would guide them through it, that they knew would be helpful. So it was that guidance, you know, out of the episode of Stuck thinking, I, I suppose.

They did also speak about challenges. It wasn't all, you know, rosy. One of the key ones, for example, was that during moments where they're really stuck in their thoughts, it was. At that moment it was the hardest to engage with the app, because they were so consumed by their thoughts and overwhelmed with emotions, that choosing to overcome that, to engage with something else was, was difficult to overcome. And they were doing it and they knew the tool was there, but that was definitely a challenge.

They also talked about the need for some features to promote engagement and motivation. Things like gamification and a little bit more scaffolding and how they navigated the app which we folded into the latest versions of the app.

With clinicians, we didn't interview clinicians in that trial because they weren't involved in it, but we have been gathering some feedback to the clinicians out there. We, we did a kind of, we sent out a survey to all the users of Mello and gathered feedback, kind of more more broadly to see how people were using it. And a lot of mental health professionals said that they, that they were using it. Lots of young people as well.

But it really, it doesn't surprise me because I do think that the clinicians out there are in need of tools that they can use like this to really bridge that gap between what they talk about with young people in sessions and what they would like them to do in everyday life, which is to build that insight. Learn those techniques. Apply them. Learn for them, and then come back in and review. And I think that that's one of the ways that Mello is going to be used by clinicians a lot in future.

### **Tania McMahon**

Absolutely. I think it really, like you say, bridges that gap. You know we, we, we try to, to get that happening with, you know, how we how we talk about the skills in sessions or the worksheets or tasks we send people all away with. The homework essentially. But there's, there's really supercharges that doesn't it? It, it sounds like it. It makes it so much easier and and so much more efficient and effective than what we might be able to achieve with a worksheet and you know what we traditionally might might have used.

And I think that's really interesting, some of the insights about the user experience. I, I think a lot of users would find that very validating to hear you know what once people found it you know really helpful and also difficult. Because they know that everyone else is having trouble picking up the app at the time that they really need it most, then that goes such a long way to helping them overcome that barrier. Just feeling like, okay, this is not just me being slack or just I'm not able to use it. Everyone's in the same boat with me that these these are the hardest times to use it, but this is where I when I need it the most can be really powerful.

### **Imogen Bell**

Absolutely. Yep, very, very common. I mean, I can relate to that myself. You know, when I'm in a really dark mood, the the last thing I want to do is is try and do something about it.

### **Tania McMahon**

Yes

### **Imogen Bell**

But, you know, the, the more people practice these things and the more accessible those tools are, you know in the moment, the more they can build their self efficacy and it doesn't feel so difficult to do those things that you, that are probably going to help you more in the moment. And they're also brief exercises. You know they're not a huge amount of work. But you know it we always say don't we as clinicians, it's like going to the gym, you know? Not everybody loves going to the gym and you have to build up the muscle and all that, you know habit work is, it is hard work, you know? it doesn't always feel great doing it, you know.

### **Tania McMahon**

Absolutely. Yeah. And from, from your perspective, where do you see Mello fitting into the workflow of clinicians? Is it something you see as being used alongside face to face therapy? Can it be recommended for clients on say wait lists or post discharge? Could you know even non mental health workers freely refer young people or students to it? Where do you see it fitting in?

### **Imogen Bell**

Yeah, absolutely. So, all of those cases definitely, I mean, if there's a young person out there that is struggling with negative thoughts, Mello is a great tool to recommend that they download. So I think any anybody who, whether it be a parent. It might be, you know, a friend recommending it to another young person It might be, you know, an aunt or an uncle, or it could all the way up to a mental health professional.

And I've had a lot of GP's actually, that have been really interested in Mello because, you know, they really struggle. I think with this youth mental health crisis. We've seen a 50% rise in mental health problems in young people in the last decade. It it really is a crisis and you know, I'm from Orygen, Centre for your mental health. we've been trying to figure out how to tackle this for many, many years, but it's worse than ever. And GP's are really struggling because they are the front door of this crisis. They're the ones that are seeing it,

you know, on the front line and they have 15 minutes with young people. And some of these young people might be, you know, really struggling, and then they go on to a wait list for six months, you know? How are they gonna feel? How their parents going to feel?

It's very, very stressful for GP's I think in particular, or anybody who works, who touches the mental health space are going to feel stressed at the moment. But I think that tools like Mello mean that they can, they can actually do something in the moment. They can actually give them immediately right then and there, they can download it with them. They can maybe give information so that there's there's a take away. And so I think a lot of people will be attracted to these tools like Mello and others like it. You know, Black Dog Institute, for example, have great tools like this as well. There's an app called Sleep Ninja, which I really like.

So, I think that these sorts of tools are going to be really helpful to supplement the, the work of anybody who is you know, coming into contact with young people these days because they're probably. They're speaking about their mental health more than ever to. So, with the inner conversation about what you can do about mental health, you know, in the moment, there's the big conversation about, you know, going to a GP, getting a referral, going into your local headspace service, going to see a school counselor or university counsellor. Those things that take, you know, quite a bit of effort and support and there's barriers. And there's things that you can do right now which is downloading the app.

Within therapy session I think clinicians are really going to be interested in using Mello as, as I said, that, that, that bridge between therapy. But you know what I think clinicians might be really. And I'm a clinician myself, so I've kind of my hunch is based on, you know, my way of working to is that, you know, getting young people to go and practice things and then feeding back how they go with it is part of that, that personalization and the ongoing formulation that you do in therapy. And Mello kind of gives a scaffolded way of doing that because, you know, you can start them on a course of mindfulness, for example. Go and try this mindfulness course. Check that out and and, you know, maybe you wanna also try the self compassion course. Come back and tell me which one resonates with you. Young people come back and they say ohh, you know, I hated mindfulness, I couldn't do it. That's a conversation starter. A lot of people who need mindfulness the most probably hate it the most too. But it gives that feedback.

I'm very interested in building tools actually in future that can, the data on the use of Mello and the effective different intervention strategies can be, you know, fed back in the app to kind of show you and clinicians how that's going. That functionality is not in the app right now, but at least giving tools that young people can go and try things and then come back I think will be a good way of using it in care.

### **Tania McMahon**

Oh, that's wonderful. There's some really brilliant ideas in there. I like that for, for clinicians who are working in the mental health space and have that training and are using it alongside their their therapy that yes, it's it's almost like giving a bit of a head start to to an intervention by introducing the the client or the patient to these different ways of working

and seeing what might resonate. Seeing what might work, and you know in a in that, like you said, scaffolding and structured way. So, then you can tailor the rest of your face to face intervention accordingly. But likewise it's it sounds like it really fits into the workflow of people who are bumping into these mental health issues, but not necessarily having the training that it's something.

You know, I love what you said before that there, there's a big definitely the big conversation to have about this your GP and you know this is where you, you know ways that you need to engage with the system to to get the help that you need. But there's also the small conversation of this is what you can do right now, and this is a a really, you know, a safe and effective way to do it. It's not attached to a, a diagnosis or, you know, needing to have an assessment and and all that. It's a, it's a a common experience when people are struggling with mental health that that pretty much anyone could safely go well, give this a go in the meantime and get started. And while you're, you know, waiting or or finding ways to get, you know, get into the system elsewhere.

### **Imogen Bell**

Yes, exactly. Yeah. Yeah. Exactly. And it's evidence based, you know. That's the other thing I should have mentioned before about what makes Mello unique to other offerings out there is that there is an evidence base to it. So you can have confidence, you know, in recommending this that you can, you can trust it. It's credible and and the data is secure, and all of those sorts of things.

We're not-for-profit university. So, you know there's not that back end of some big corporate company that's trying to sell the data. This is something that purely exists to help young people. Thankfully, through, you know, the support from the Telstra Foundation, we can continue to offer Mello for free. So yeah.

### **Tania McMahon**

Fantastic. Oh, well, it's been such a delightful conversation, and I think we've probably got a lot of clinicians out there now, quite keen to to check it out and give it a go. Any final advice for any listeners who are interested in talking to their clients about Mello? Any sort of final tips or advice on preparing clients to get the best outcomes from the app?

### **Imogen Bell**

Yeah, absolutely. So go to the Mello website [mello.org.au](http://mello.org.au). I think it is and if you Googled Mello app you would find it anyway. But you can download it yourself right now.

I use it all the time to to be honest, like it it works, it's got an evidence based for young people. We know it works for young people, but I will say that the interventions that are on there also help for adults. So, use it yourself if you want to. We've got lots of great feedback from you know people that are, you know, older than the age of 24 years, which is when we cut off the youth. So, try it yourself. Hopefully you gain benefit and and suss it out and see ,see whether it might be able to help you or the or the young people that you work with or that might be in your in your lives.

**Tania McMahon**

Fantastic. So, your definition of youth goes right up to 25. How and how young, how far back you know, in terms of suitability?

**Imogen Bell**

Yeah. So, 12 to 25 years is, is what we would consider, yeah, youth. That's, that's the kind of headspace age bracket as well. And that's where the evidence base is for Mello. But again, like I said, the interventions that are in Mello, those exercises, there's evidence based. You know they, they have an evidence base for people outside of that that age range. So I always say I have no reason to assume that it wouldn't be effective or that it would be harmful in any way for people outside that range.

For younger kids, you know, younger than 10, I'd be more cautious. I'd be wanting, you know, clinical supervision around that and a clinician to really veto and check whether it was suitable. But, you know, older than that and that, 12 plus, you know, I'd be very confident.

**Tania McMahon**

Fantastic. Alright. Well, thanks again so much for for your time Imogen and it's been a really, really great chat.

**Imogen Bell**

You're so welcome. Thank you for the opportunity to come and talk about Mello and my work.

**Tania McMahon**

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