Evidence-based ***E Mental Health***: Research enhancing innovative practice

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#EMentalHealth

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Introduction

Part 1 – Global needs: Mental health. E-Mental Health a practical solution
Part 2 – E-Mental Health practice
Part 3 – A practice example: Video conferencing

Part 1 The case for E Mental Health Clinical Research and Innovation

- Non traditional/novel approaches targeting unmet & under-met need for mental health care
- Person-centred mental health care, within a cyber landscape where digital natives already expect to *access* safe and effective *flexible* mental health service delivery, at a time of their choosing, in a place of convenience and comfort, and free from disruption.
- Address the needs of a growing global burden of mental ill health with:
  - well designed
  - reliable
  - dependable
  - trustworthy
  - credible

  …evidence to support mental health practitioners in the care of people & populations in the future.

Part 2. Connecting to practice

- E mental health is already contributing to the mental health care of people and communities requiring:

- … prevention & health promotion
- … early intervention
- … acute care
- … primary care

- Introducing an emerging new health discipline: The *E Health Practitioner.*

Depression - WHO's reports indicate that:

- 300 million people are affected by depression
- Depression is the leading cause of disability in the world
- 800,000 people die by suicide annually
- Suicide is the second leading cause of death in 15-29 year olds
- Only half of affected people receive effective treatment

- Barriers exist for achieving effective care
- Lack of resources
- Lack of trained health-care providers
- Social stigma
- Inaccurate assessment/ diagnosis
- Misdiagnosis leads to inappropriate prescription of antidepressants

- Effective prevention programs, diagnostics and treatments exist
- some treatments have known adverse effects – eg medications

In Denmark…

- Depression: 11,000 new diagnosed with depression every year = in a total of 32,000 male and 59,000 females with ongoing depression treatment
- **Anxiety**: Single largest cause of mental distress in Denmark with 17,000 new cases arising every year
- 136,000 people are registered patients with anxiety diagnoses
- The 16-34 year old age group spikes with the highest prevalence of anxiety across all ages in the Danish population The problem persists across older age groups with a slow decline in prevalence, as age increases until 75 + years of age where prevalence increases again.
- Females experience anxiety at approximately twice the rate of males across most age groups. Anxiety is the principal concern for 2% of all GP visits and explains the occurrence of 12% of all new registered social security early retirements.

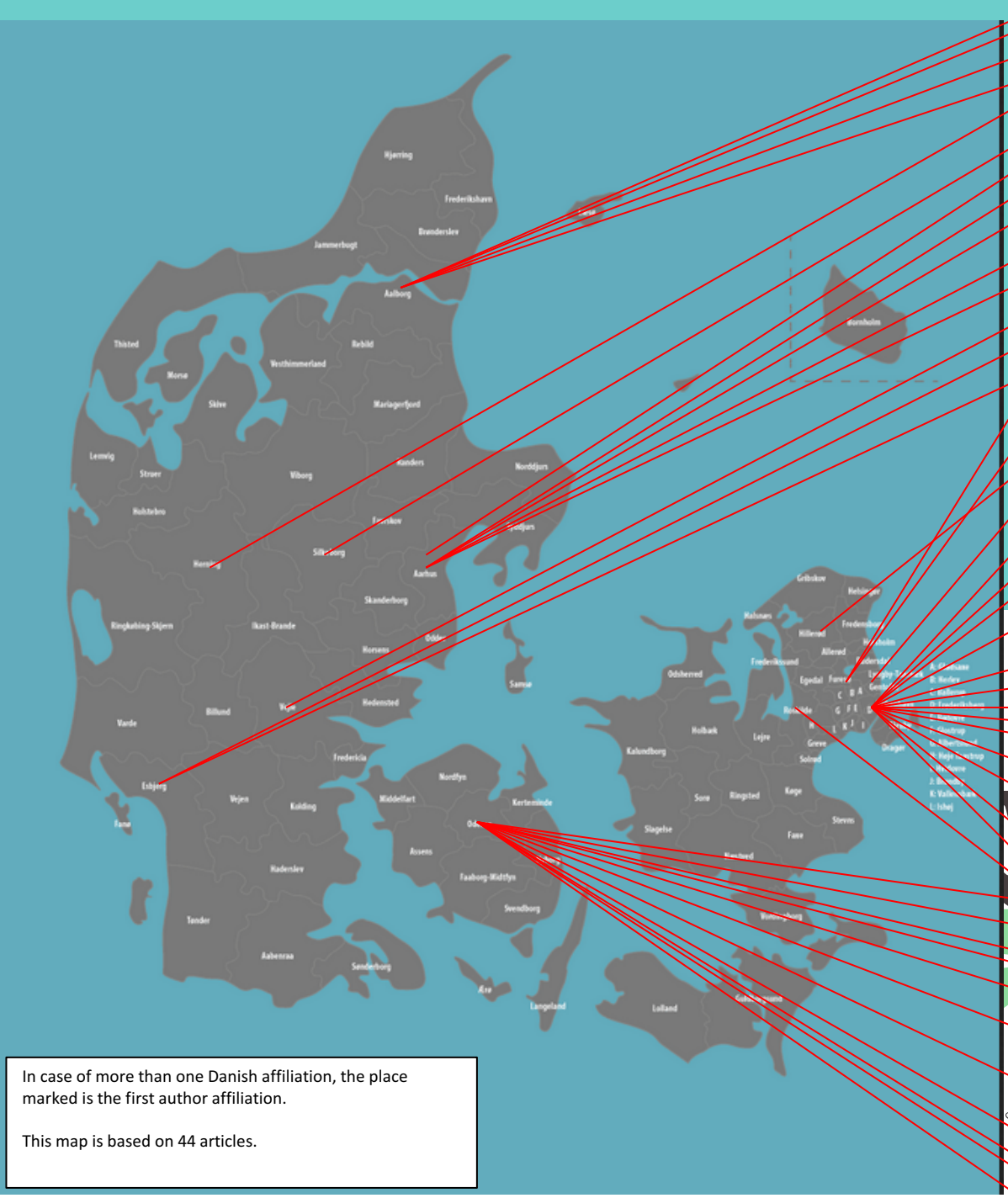
Flachs et al., 2015

Danish literature (2012-2017)

- Integrative review – 43 articles
- Cost effectiveness not yet established
- As good as routine treatment – esp CBT
- Self help & monitoring/ diary-style
- Blended care
- Most common technology: video conferencing, manual-based Web 1 CBT, apps & social media

- Limitations: clinical trials; need for improved methods; clinicians skill base;

- Changing times: manual-based programs



In case of more than one Danish affiliation, the place marked is the first author affiliation.

This map is based on 44 articles.

- Aalborg university (Brannam & Brooks, 2014)
- eLearning Lab, Aalborg University, Aalborg, Denmark(Davidsen & Vanderlinde, 2016)
- Department of Architecture, Design and Media Technology, Aalborg University, Aalborg C, Denmark(Fich et al., 2014).
- Faculty of humanities, Aalborg university, Denmark(Hindhede & Aagaard-Hansen, 2017)
- Danish Ramazzini Centre, Department of Occupational Medicine, Regional Hospital Herning, Denmark(Drago, Winding, & Antypa, 2016)
- Interdisciplinary Research Unit, Elective Surgery Center, Regional Hospital Silkeborg, Silkeborg, Denmark(Bewick et al., 2017)
- School of Continuing Education, University College VIA, Aarhus N, Denmark.(Georgsen & Løvstad, 2014)
- Department of Affective Disorders, Q, Mood Disorders Research Unit, Aarhus University Hospital, Aarhus, Denmark(Bauer et al., 2016)
- Department of Affective Disorders, Q, Mood Disorders Research Unit, Aarhus University Hospital, Aarhus, Denmark.(Conell et al., 2016)
- Center for Functionally Integrative Neuroscience, Department of Clinical Medicine, Aarhus University, Denmark(Kataja et al., 2017)
- Unit for Psychooncology and Health Psychology, Department of Oncology, Aarhus University Hospital(Zachariae, Lyby, Ritterband, & O'Toole, 2016)
- Health Services Research Unit, Lillebaelt Hospital, Vejle, Denmark(Wolderslund, Kofoed, Holst, Axboe, & Ammentorp, 2017)
- Mental Health Services in the Region of Southern Denmark — Esbjerg, Denmark(Hansen, Østergaard, Nordentoft, & Hounsgaard, 2012)
- Mental Health Services in the Region of Southern Denmark — Esbjerg, Denmark(Hansen, Østergaard, Nordentoft, & Hounsgaard, 2013)
- Mental Health Centre Frederiksberg & Mental Health Centre Ballerup, Mental Health Services – Capital Region of Denmark, Ballerup, Denmark,(Dalum et al., 2016)
- Mental Health Center Ballerup, University Hospital Copenhagen, Ballerup, Denmark(Fog-Petersen, May, & Arnfred, 2016)
- Psychiatric Centre North Zealand, University Hospital of Hillerød, Hillerød, Denmark. (Andreasson et al., 2017)
- Stolpegaard Psychotherapy Centre, Mental Health Services, Capital Region of Denmark, Gentofte, Denmark.(Fenger et al., 2016)
- Centre for Clinical Education, The Capital Region of Denmark, Copenhagen, Denmark(Subhi, Bube, Rolskov Bojsen, Skou Thomsen, & Konge, 2015)
- ITU Copenhagen, Copenhagen, Denmark(Gravenhorst et al., 2015)
- National Research Centre for the Working Environment, Copenhagen, Denmark(Annerstedt et al., 2013)
- Department of Computer Science, University of Copenhagen, Denmark(Bron et al., 2015)
- The Clinic for Affective Disorder, Psychiatric Centre Copenhagen, Copenhagen Denmark(Faurholt-Jepsen et al., 2013)
- The Clinic for Affective Disorder, Psychiatric Centre Copenhagen, Copenhagen Denmark(Faurholt-Jepsen et al., 2014)
- Psychiatric Center Copenhagen, Rigshospitalet, Copenhagen, Denmark(Faurholt-Jepsen et al., 2015)
- Little Prince Psychiatric Center, Copenhagen, Denmark(Gaebel et al., 2016)
- Treatment Centre Little Prince, Copenhagen, Denmark(Gaebel et al., 2017)
- WHO, Regional Office for Europe, Copenhagen, Denmark(Giacco et al., 2017)
- Research and Development, University College Capital, Denmark(Koblauch, Reinhardt, Lissau, & Jensen, 2016)
- Danish Research Institute for Suicide Prevention, Mental Health Centre Copenhagen, Denmark.(Muhlmann et al., 2017)
- Competence Centre for Suicide Prevention, Copenhagen, Capital Region of Denmark(Skovgaard Larsen, Frandsen, & Erlangsen, 2016)
- Psychiatric Research Unit, Psychiatry Region Zealand, Denmark(Rice et al., 2016)
- Computer Science, Department of Communication, Business and Information Technologies, Roskilde University, Denmark(Rasmussen & Kushniruk, 2013)
- Institute of Telepsychiatry, University of Southern Denmark, Odense, Denmark(Buntrock et al., 2017)
- University of Southern Denmark, Department of Telepsychiatry, Denmark(Cuijpers, Riper, & Andersson, 2015)
- Telepsychiatric Centre, University of Southern Denmark, Odense, Denmark(Ebert et al., 2016)
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- Department of Psychology, University of Southern Denmark, Denmark. Centre for Telepsychiatry, Mental Health Services of Southern Denmark, Denmark.(Mathiasen, Andersen, Riper, Kleiboer, & Roessler, 2016)
- Telepsykiatrien, Telepsychiatric Center, Psychiatric Hospital of Southern Denmark, Odense C, Denmark(Mathiasen, Riper, Ehlers, Valentin, & Rosenberg, 2016)
- Institute of Telepsychiatry, University of Southern Denmark, Odense, Denmark(Nobis et al., 2015)
- Telepsychiatry Unit, Southern Denmark University, Denmark.(Romijn et al., 2015)
- Region of Southern Denmark, Mental Health Services, Center for Telepsychiatry, Denmark(Vis et al., 2015)

Community champions - Boundary crossing

Boundary crossing organizations in regional innovation systems

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Abstract. Innovation policy in many countries recognizes the significance of place-based innovation systems. Australia's innovation policy has incentives to bring universities and businesses together, but lacks place-based mechanisms to achieve this. Four case studies of regional intermediary organizations in Melbourne, Australia are examined to understand their role in enabling collaboration between university and industry. Each manages networks, facilitates collaboration, develops a shared direction and acts as a regional 'door' to broader systems. The ability of intermediary organizations to cross boundaries between knowledge generating and innovating entities is key to the cohesion and effective operation of the regional innovation systems.

Kilpatrick, S. & B. Wilson (2012). "Boundary crossing organizations in regional innovation systems." Regional Science Policy & Practice **5**: 67-82.

- 'in-person… serendipitous interactions…recognition that tacit knowledge is not always easily identified or codified, but… it is a crucial aspect of innovative process'

- '*entrepreneurial transaction environments* vary in degree/extent of generation promotion of opportunities for regional actors to link with regional innovation systems'

- *Points towards:* Importance of seeing knowledge relationships as a form of exchange & co-production, rather than one-way *transfer* interactions.

New framework: Mental Health Ecology

Original Contribution

Rural Mental Health Ecology: A Framework for Engaging with Mental Health Social Capital in Rural Communities

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Abstract: The mental health of people in rural communities is influenced by the robustness of the mental health ecosystem within each community. Theoretical approaches such as social ecology and social capital are useful when applied to the practical context of promoting environmental conditions which maximise mental health helping capital to enhance resilience and reduce vulnerably as a buffer for mental illness. This paper explores the ecological conditions that affect the mental health and illness of people in rural communities. It proposes a new mental health social ecology framework that makes full use of the locally available unique social

Person-centred mental health care – E Mental Health e2 2017

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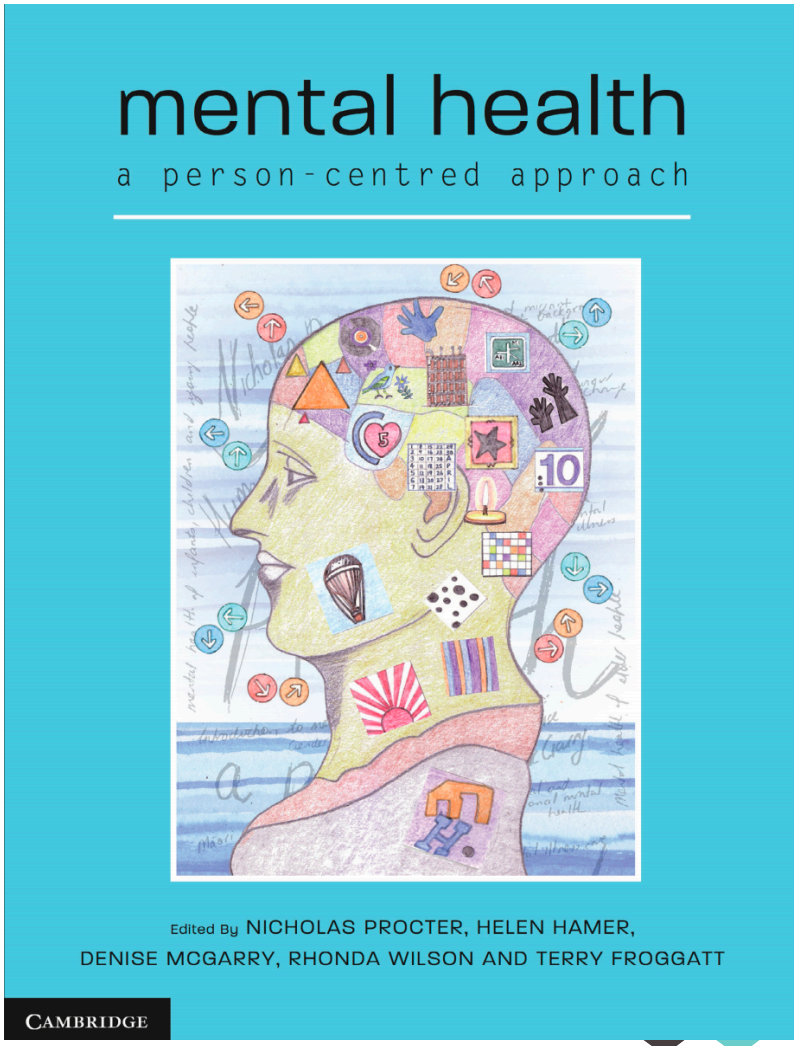

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E Mental Health – not entirely new!

- “The idea of supporting people in need of health care advice and/or treatment, and their families, by using communication technologies is well established.

- Telephone services in mental health have been routinely used for many years, but in recent times the use of e-mental health has snowballed and now includes a wide range of *electronic and digital technologies* that enable mental health promotion, support for people and carers, early intervention and longer-term digital treatments in both *stand-alone and* ***blended care*** formats”.

Digital interventions

- Digital interventions can be described as:
  - ‘programs that provide information and support – *emotional, decisional and/or behavioural* – for physical and/or mental health problems via a digital platform’ (Alkhaldi et al., 2016).

Digital intervention in your pocket

- "Today, at least two-thirds of the world's population has a mobile phone in their pocket; in many high-income countries there are more mobile phone subscriptions than there are people, and therefore many people are able to engage with a potentially lifesaving digital intervention close to them, at any time of day…".
- Rapid consumption of internet-based media and the relatively cheap availability of smart devices to access the internet.
- WHO suggest that access the the internet should be considered a basic human right…
- World geography is changing/ has changed. A new country has been added – cyberspace. The population of the new place is drawn physical geographies all over the world – the states and borders for cyberspace are different… the passports are passwords… there is freedom of movement, governed only by 'clicking agree' & 'next' … health services need to move to a new country … and deliver health services to a new population.

Modes of communications technologies to deliver e-mental health interventions

- **Voice or text** / SMS
- **Video** such as YouTube channels, teleconferencing & virtual reality techniques
- **Smart device applications** (apps)
- **Web 1** Static, internet-based health information provided by the website owner. For example, fact sheets and password protected treatment platforms such as computer based cognitive behavioral therapy.
- **Web 2** Interactive health information or digital treatments using social media platforms or communities of common interest in the web environment. Web 2 incorporates user-generated content and this is the key difference between Web 1 and 2.

- A place fro wearables…

- What next… drones… ?

Lessons learnt to apply to E Mental Health

- Reduce the barrier: Gatekeepers (such as appointment booking systems, telephone triage, administrative assistants booking appointments and rule about access)
- Offer convenient access
- First encounters are critical
- Motivation to engage and adhere important
- Meet people in the places and spaces that are relevant to them
- Nursing knowledge can be applied to ensuring the relationships are developed in the e environment – (esp listening, authenticity, caring and finding the 'work around')
- Logistical barriers to accessing mental health care need to be overcome in future expressions of e mental health.

Inclusive research methods

Rural and Remote Health
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COMMENT

An Aboriginal perspective on 'Closing the Gap' from the rural front line

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Wilson RL

An Aboriginal perspective on 'Closing the Gap' from the rural front line
Rural and Remote Health **16: 3693. (Online) 2016**

Available: http://www.rrh.org.au

Acknowledgment of Country: We acknowledge the traditional lands and people, where we live and work: the Gumbangarry, Dunghutti, Kamilaroi and Anaiwan nations.

A recent rural community gathering, designed to bring together rural Indigenous and non-Indigenous community members and leaders, was held and provided an important in Australia. The forum had a culturally diverse attendance with a majority of Indigenous participants. Indigenous champions presented topics discussing their perspectives about the reduction of disparity. This type of locally initiated activity undertaken by local people in a local setting has the capacity to generate local solutions to local problems[2].

Social media – what can it can offer?

Available online at www.sciencedirect.com

ScienceDirect

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

Nurses and Twitter: The good, the bad, and the reluctant

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KEYWORDS
Social media;
Twitter;
Nurses;
Health professionals

Summary Nurses and other health professionals are adopting social media to network with health care professionals and organizations, support health education, deliver health promotion messages, enhance professional development and employment opportunities, and communicate within political forums. This paper explores the growing use of social media, and examines the current dynamics of Twitter as an example of the uptake of social media. This paper also offers practical guidance for new Twitter users who are interested in using this social media approach in clinical or educational settings, and for professional development.

Recruitment and Human Research Ethics

Nurse Researcher

Social media as a recruitment strategy: The use of twitter to explore youth mental health.

--Manuscript Draft--

Manuscript Number:	NR1478R1
Article Type:	Research
Full Title:	Social media as a recruitment strategy: The use of twitter to explore youth mental health.
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Other Authors:	Kim Usher, PhD
Abstract:	The development of a recruitment strategy requires health researchers consider the avenues available to them to fully interrogate the phenomenon under investigation. In many cases, this will mean that researchers invite members of the public to participate as informants in their projects. Successfully advertising the research project to potential participants requires a targeted approach, so that the informants attracted to the research will contribute to a data set that is sufficiently representative and where analysis will elicit answers to the key research questions. This paper discusses a contemporary social media strategy for recruitment and presents a research practice exemplar where a social media recruitment strategy was implemented in a research study that investigated the ways in which young rural people with a mental health problem might be supported and helped to access mental health care when needed. Societal changes in communication patterns and in media consumption have led to a downturn in traditional forms of media use such as print newspapers and magazines or newsletters, television, radio and email. Increasingly the general public is using social media in place of tradition forms of media. This change in society has implications for health research design, with researchers required to adapt their recruitment practices to include social media in order to ensure a representative collection of rich data can be analyzed and reliably inform the findings of research. This paper discusses the importance of rigorous research design processes and applies them to a real world research experience demonstrating how mental health researchers can adapt their traditional recruitment practices and applies this new knowledge to social media recruitment design.

MetaMood – app +gamification

MetaMood phase two: The software engineering of an Android app for a mental health e-health intervention using a novel gaming strategy

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Introduction

There is a growing need to engage clients in their own mental health recovery using e-health apps and personal smart phones. This paper presents Phase 2 the development of an Android app, **MetaMood**. Designed to replicate the interventions of traditional MetS clinics in a **digital intervention** format.

A negative side effect of atypical antipsychotic medication is weight gain. Co-morbid conditions include hypertension and diabetes, collectively known as metabolic syndrome (MetS). Short intervention clinic-based MetS programs have had mixed success in reducing the burden of disease for people with severe mental illness to date.

New innovative and cost effective ways to support, motivate and engage people with chronic mental illness towards developing healthy lifestyle behaviours is significant because mitigating physical and mental health problems has been expensive and difficult to date.

Depression is a neurological feature of chronic mental illness, and with it, amotivation occurs. Alteration in metabolic needs and hormone changes triggering appetite deregulation, often underpins a lifestyle where physical activity levels are low, and weight gain accumulates, perpetuating symptoms of depression.

The uptake of **digital technologies** is increasing. Globally, most people own an internet connected smart device. Eg smart phone, tablet or computer. Many users seek health information in this environment. **E-health**, using a range of digital technologies, is increasingly seen as an efficacious mechanism for the delivery of meaningful health interventions, with funding bodies keen to support development of e-health strategies to meet the expanding needs for health service delivery to populations.

MetaMood uses **gamification** techniques and processes to adapt an existing clinic-based program, with an aim to increase engagement and lifestyle change supported with relevant information for participants. The app is currently being shared among field professionals for a clinician review using the Google Play beta process. Qualitative and quantitative data will be collected from the clinicians using a survey, for analysis of the gamification attempt to determine suitability for clinical trials in Phase 3 for the project.

Design

MetaMood, adapted from an 8-week clinic-based program, is sett across 8 villages. Players travel through each Village on a quest to defeat a character representing the personification of characteristics associated with MetS and depression.

Gamification techniques used in the process include:

- **Quests**: Task or questions in the original program converted to a quest, to motivate the player to complete each individual task.
- **Achievements and coins**: After completing the quest, the player is rewarded with an achievement and a set amount of coins. This in-game reward is a core component of many previously successful gamification attempts. The coins can be spent at the in game 'Arcade Corner' which acts as another reward mechanism, promoting engagement and motivation.
- **Social Feature**: Incorporating a social feature in the game assures the player that they are not alone and in turn they are further encouraged to continue in their 'journey' while engaging with other players.
- **Isometric style of graphics** were used (Figure 1.) and a set of graphical elements were developed with care not to 'overdo' the graphics so to avoid distracting the player.
- Anonymous application with data submitted by players periodically uploaded to a secure server when the device is connected to WiFi.

Interested clinicians are invited to join the review of MetaMood at this weblink:

http://turing.une.edu.au/~ashaw/metamood/joinReview/

Figure 1: The isometric art style of **MetaMood – screenshot sample**

Conclusion

- Non-traditional interprofessional and transdisciplinary collaborations across nursing, information technology and software engineering are useful for the transformation of MetS reduction strategies in an **E Mental Health** context.
- **MetaMood** is designed as a **self-help** person-centred mental health recovery resource, and as a **blended care** enhancement of therapy as usual.
- This project highlights the important contributions that mental health nurses, clinicians, software developers and gaming technologists are making to **E Mental Health** research and development.

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Work in progress… lessons so far…

- Addressing complex mental health problems using e mental health strategies requires a new mix research expertise.
- New interdisciplinary teams - takes extra time to learn what is necessary about alternative disciplines
- Software takes a long time and many iterations to develop – delays and developmental stages are inevitable – repercussion persist through out research program.
- Testing the authenticity of the translation for face-to-face to app-mode with clinicians is worthwhile
- Gamification appears especially useful in integrating motivational strategies.
- Who is missing?

So far we know…

- Extensive global need for more effective and wide spread mental health service provision at every care level.
- Many effective treatments already known
- Some treatments also are risks/ harms
- E mental health not brand new – new technologies create new opportunities
- Blended care and stand- alone care options
- Digital platforms used to provide information, support & intervention for– *emotional, decisional and/or behavioural* physical and/or mental health problems
- Smart phones represent a vehicle for population scale convenient health intervention delivery
- Accessibility, first encounters & nursing knowledge should be considered
- Inclusion
- Social Media, recruitment & ethics
- Apps & gamification are promising but complex to develop

Connecting to practice

- Workforce is changing…
- Education is changing…
- A new mental health discipline is emerging…
  - E Mental Health Practitioners
  - Eg Telepsychiatric clinic

Virtual learning - e simulation

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informa
healthcare

Mental Health Education and Virtual Learning Environments (VLEs) in Pre-registration Nursing Degrees: Follow the Leaders?

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Virtual learning environments (VLEs) are now commonly used, worldwide, as teaching and learning platforms for pre-registration nursing education. However, there is only limited evidence in the research literature to suggest that VLEs are employed to support the education of student nurses about mental health and illness. This article describes the work of mental health nurse educators who have taken the lead by providing case-based simulations on VLEs, thereby enabling students to acquire knowledge and develop the clinical skills required for practice in mental health settings. Benefits of VLEs include their flexibility and accessibility, and also the opportunity they provide for students to engage with Web 2.0 technologies. Leadership in education must include the utilization of the most current pedagogical tools and strategies, as well as staying abreast of contemporary evidence-based practices in clinical settings, to support the knowledge acquisition and practice-based learning of the registered nurses (RNs) of the future.

there is only a small body of scholarly literature related specifically to the use of VLEs when preparing pre-registration nurses for practice in the mental health specialty (e.g. Kidd, Knisley, & Morgan, 2012).

This article describes how nurse educators in Australia are taking the lead to teach student nurses the core components of mental health practice, through the creation of a learner-centred, experiential and practice-based pedagogy that incorporates relevant case-based simulations into VLEs. The article commences by describing the context in which registered nurses (RNs) are educated in Australia. This description is followed by a definition of VLEs, including their benefits and challenges; together with an outline of the learning strategies most commonly used in VLEs. The mental health practice-based and case-based learning and assessment exemplar is then explained in detail. The exemplar provides a useful tool for other nurse educators who

Surveyed 1000 health students – 80% preferred information access on facebook

Available online at www.sciencedirect.com

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

Australian health professions student use of social media

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Collaboration in E Mental Health

- e-Mental health not aligned to a particular traditional health discipline.
- As a new and developing era of practice, e-mental health is developing a new interprofessional space within the health professions as a discreet field of expertise.
- New disciplinary partners are entering the interprofessional environment.
  - For example: nursing, social work, medicine, psychology, occupational therapy and arts and culture, including Indigenous health, linguistics and human geography, computer sciences, technology, gamification software development and network engineering.
- Complex interprofessional collaborations stretches traditional paradigms. These non-traditional disciplines are increasingly vital partners in enabling the process, ensuring that digital interventions are developed and delivered with relevant expertise that will translate into convenient use and promotion of high-quality safe, mental health service delivery to people and populations everywhere.

Hard to reach populations

Original Contribution

Rural Mental Health Ecology: A Framework for Engaging with Mental Health Social Capital in Rural Communities

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[2]*Environmental and Rural Science, University of New England, Armidale, Australia*

Abstract: The mental health of people in rural communities is influenced by the robustness of the mental health ecosystem within each community. Theoretical approaches such as social ecology and social capital are useful when applied to the practical context of promoting environmental conditions which maximise mental health helping capital to enhance resilience and reduce vulnerably as a buffer for mental illness. This paper explores the ecological conditions that affect the mental health and illness of people in rural communities. It proposes a new mental health social ecology framework that makes full use of the locally available unique social

E Mental Health Futures

- Influx of E Mental Health Practitioners
- Blended responsibilities – blended care – mainstream practitioners conducting e mental health interventions
- Improvements to accessibility
- Downturn in hierarchical tree-style modulised offerings
- Person-centred mental health care will increasing need to include flatter structures, increased patient choice, convenience, and ability to select and manage own health care activities form a constellation of options.
- Mental health care – easy access to right place, right care, right time with seamless transitions between services
- 3 clicks
- All mental health professionals will need to be proficient in e mental health service provision.
- E mental health integration in curriculum.

Risks

- Disruptors – (can be a good too)
- Patient safety – many available resources have not been clinical tested and validated for clinical effectiveness.
- Too many choices
- Access, access, access….
- Slow research
- Face change drivers for innovation
- Policy shift slowly
- Globally, political will is strong… but cost saving may not be as large as hoped.
- Stable technological platforms
- Privacy and data storage

Take away message

- Access to timely and appropriate mental health care is a persistent challenge – E Mental Health has a part to play in address these challenges
- A new cyber world is upon us, and health care providers are compelled to participate.
- A new E Mental Health Practitioner is emerging in the health professions.

- E Mental Health researchers have a significant responsibility to develop the evidence on which these new practitioners will relay on, and, to produce evidence to support the decision making and policies of health organizations they work within.
- The person-centred E Mental Health care is central to the future development and success of E Mental Health strategies at all levels.

Part 3. Video Conferencing: Practice

Research enhance innovative practice - large scale e-health implementations

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TELEPSYKIATRISK CENTER

Telehealth for the MIND

MasterMind

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About Mastermind

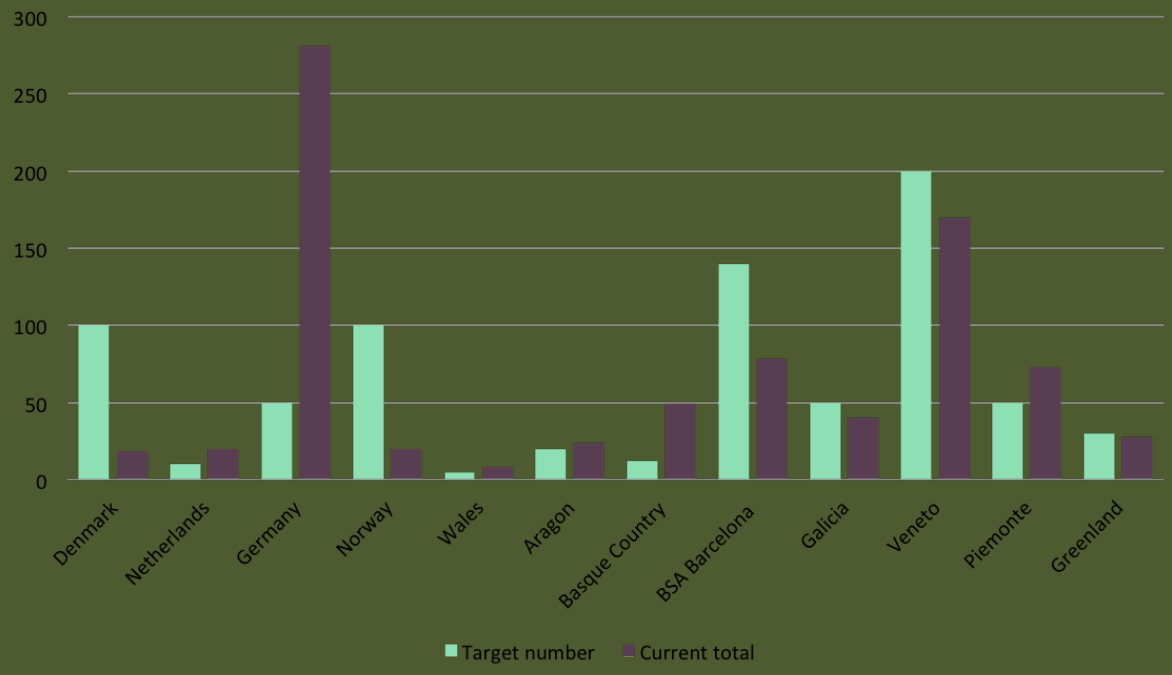
- The project will identify **barriers and success factors** to implementing videoconferencing on a large scale in different political, social, economic and technical health care contexts and from the perspective of different stakeholders such as patients, professionals and health insurances. We aim to provide recommendations for **successful strategies for implementing** video conference for depression in these different settings.
- The project ran from the 1st of March 2014 to the 28th of February 2017 and has a total budget of €14m co-funded by the CIP ICT PSP.

Objectives for the project

- To identify the factors which promote or inhibit the implementation of video conferencing for depression in routine practice.
- To assess change of patients' depressive symptoms
- To assess the perceived satisfaction and perceived usability videoconferencing in:
    - Patients when treated for depression;
    - Therapists when in treating patients suffering from depression;
    - Therapists when using videoconferencing in a collaborative care setting.

Included patients

- Included patients 1st of February 2017



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What needs to be done to consider technology as an option

- At the very start, personal contacts with ‘expert’, a therapist need to explain how these services function and why it is required also to provide a ‘human’ face.
- A doctor/GP has to inform patients and convince patients it will make their lives easier.
- If access to the regular therapist is getting difficult or not existing anymore (e.g. patient moving to another country).

Key priorities for you in terms of how the session is run?

- It has to be possible to run one-to-one sessions where privacy is guaranteed but also sessions together with a family member or friend.
- The video-conferencing technique should be flawless and easy to use (installed/guaranteed by the system administrators and providers).
- Internet connection in 100% protected network.

Advantages of therapy delivered through video

- No travelling to hospital/therapist and thus less costs.
- Easier to have a conversation with the therapist more often, especially at moments where the need for this is high.
- Savings in terms of time and money.
- To have the chance to speak with the therapist/doctor more often.
- During a period of depression, it might be much easier to contact the doctor this way then to force yourself to go out and travel to the hospital.
- In the countryside, it is easier to be 'incognito' as a patient in order not to be stigmatised by neighbours. Innovative and recovery-oriented therapy should help but is often not available on countryside.

What does the staff say - can video replace face-to-face?

Advantages

"*This patient is very comfortable and satisfied with the service he can get on the teleconference (phone)"*

Objection

- *"Patients are too ill"*
  "If you are poor and have low capacity, then this is not what you want to cope with - something new"
- *"When you are not feeling well, and there are many other things you also have to do when you are mentally ill, then this can seem completely unmanageable"*

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What IT skills did the staff need

- Advantages
- *“Right now will be trained super users, which is almost always present in the house and that can help with things. And then there is the option to call support for telecommunications psychiatry, if our knowledge is not enough”*

Objection

- *“We the professionals have received instructions from the IT people and got a course in an hour. I think we should be able to use it, but I'm just thinking about getting the program on our ipad, getting things together and working, we've had a lot of challenges” "*

Supporting implemetation

- Advantages

- The health professionals have experienced a great support, understanding and knowledge of what it takes.

Objection

"I need it to be easy and that I can count on the technology to work, so I do not have to rush between our manager, some technicians and our IT department. I do not want to "

Implementing in daily praxis

Advantages

"It is important to see this as a treatment option for patients who alternatively had not received treatment - and not as an offering that may be cheaper"

Objection

"My working week is so pressed that so I do not want to experiment with it (the treatment). …it must not require more (time), and then it should be simple and easy to use"

Very important when implemtenting e-health

- Ability to work with the programme in the patient's own environment
- Availability in different languages
- Usability/user-friendliness of the programme
- Initial contact to discuss the programme and its benefits.

- Thank you for listening