Dear reader,

It goes without saying that GAMIAN-Europe members fully experience the important role of mental health for their well-being and quality of life, in addition to physical conditions. To be happy at a personal level and successful in professional activities is not always that easy when suffering from mental health problems. Therefore, GAMIAN-Europe will do whatever it can to continue its efforts to raise awareness of mental health and its impact, advocate for patients’ rights and combat the stigma attached to mental health problems. This is why GAMIAN-Europe is happy to be involved with MasterMind.

We hope you enjoy this newsletter; please let us have your comments and contributions at assistant@gamian.eu

The Editorial Committee

Congratulations to the ‘Master Mind blog’

Ten months ago a blog tool was created to share the experiences and knowledge gained within the project, pictures of partners working on MasterMind and other materials resulting from the project. Each project partner was requested to produce a post during the lifetime of the project, based on their area of expertise. So, a variety of topics was selected and publishing dates agreed. Until now, the blog has been a useful experience because of the collaboration of many partners. To access, click here.
New staff member in GAMIAN-Europe’s project team

Paul Arteel, Executive Director of GAMIAN-Europe, will retire on 1 March and Erik Van der Eycken will take over his role in the MasterMind project. Erik already has some expertise relevant to the project as he has been involved in various GAMIAN-Europe activities, such as the General Assembly, Regional and Thematic seminars and the Conventions. Because of his involvement with these activities, Erik is in touch with the organisations. He also participates in conferences, seminars and the meetings of the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders, representing the views of patients. Erik is also project team member at GAMIAN-Europe for the MooDFOOD research project. An expert-by-experience, he is Vice President, Member of the Board of Directors and Regional Coordinator (self-care groups) of Ups & Downs vzw, a Belgian patient association for people with bipolar disorder and chronic depression. Being a member of Steering Committees and Working Groups, related to mental health care in Flanders, he is also involved in community mental health care and employment training programmes for experts by experience. Before he became active in the area of mental health he was project leader of many international research projects in cooperation with industry as well as with academic institutes.

Interview with Mrs Carmen Ceinos (ECOMIT)

MasterMind Consortium member Carmen Ceinos holds three degrees: a BS in Computer Science and a MD in Spanish Literature from Indiana University (USA) along with a degree in Spanish Philology from the Autonomous University of Barcelona (Spain).

Currently, she is owner of ECOMIT consulting S.L. (European Consulting and Management on Information Technologies), an international and multi-disciplinary consultancy firm which actively promotes the use of innovation policies and new technologies across a broad spectrum of initiatives for over twenty years, mainly in the health sector. This has also provided her with a strategic view of the key factors that facilitate the acceptance of these new technologies, as well as of planning strategies for achieving commercial exploitation of results and market success. Her company also provides technical support during the negotiation and execution of European projects, by controlling timelines and the achievement of project objectives.

The GAMIAN-Europe Editorial Committee took the opportunity to ask Carmen a few questions about the MasterMind project.

It is not all that common to actively involve patients as advisors in this type research. What were your considerations for doing so?

The participation of stakeholders, mainly those that will benefit from the results of the project, is extremely important and has many benefits. First of all, because their view on the development of the services proposed is necessary if we want to implement successfully; second, because their approval and commitment to the solution we propose guarantees the dissemination and facilitates the deployment.

How do you view the potential contribution of patients to projects such as these?

As mentioned before, their view on the benefits of the project is essential to provide credibility to the solution and facilitate its implementation. The acceptance by the end-users is a must that gives credibility to the project results.

Do you have any specific expectations in terms of results?

Our main expectation is to have a good critical feedback of what we are implementing now. The result should help to improve the project and may imply revising some of the strategies we plan to set in place for the wide deployment of MasterMind services.

If the results are interesting, would you consider doing a follow up project?

In the context of the European funded initiatives, we have been considering this already. Mental health is, again, on the agenda of the research and innovation programmes of the European Commission. Obviously, as MasterMind is planned now, with a fast deployment in the next months, it is very difficult to do a; European Commission funded follow-up. The deployment is in the hands of the regions and their financial support. It would be necessary to identify new challenges in the implementation of MasterMind services that would be in line with the calls of Horizon2020.
MasterMind NEWS

After one year and nine months...

The Master Mind project started on 1 March 2014 and will run until 28 February 2017. What is the current state of play? Click here for a summary statement of the European coordinator Mr. Claus Duedal Pedersen (Region of Southern Denmark (RSD)) on the progress of the project.

Total of approximately 4000 patients are already included in the trials.

Inclusion of number of patients in 1st and 2nd t wave is exceeding the target.

You want to know more about the inclusion of patients? click here.

The barriers for deployment of e-Mental health

In recent years the use of information and communication technologies (ICTs) by hospitals and health care professionals has increased significantly. This is one of the reasons why MasterMind aims to develop high quality cognitive-behavioural therapy for depression, delivered to adults affected by the condition by means of ICT.

One of the key factors that drives the project and the use of the ICT is the identification of barriers and facilitating factors that can arise when health professionals are working with this method.

Based on pilot experience in the Basque country, five key factors have been identified in which the healthcare professionals appeared to influence engagement. Often these factors are coming together with some barriers for the deployment of e-mental health care.

Do you want to comment on this information from the patient’s point of view?
Please send to assistant@gamian.eu so that we can report your feedback during the next Consortium meeting.

Video-conference for Collaborative Care and Treatment of Depression (ccVC) and how to make it a successful experience

Is there any difference between a telephone conversation and a video-conference session when working in combined primary and specialised care environments?

The health professionals participating in the Aragonese (Spanish) pilot of ccVC in the Mastermind Project are clearly in favour of the visual technological alternative.
The idea of the pilot is simple: Professionals from the healthcare centre of Lafortunada (Huesca, Spain) and from the Mental Health Care Unit from Barbastro General Hospital (both belonging to the SALUD – Aragonese Public Healthcare Service) engage in a one hour video-conference once a month. During this session they discuss the evolution of the patients they have in common and take joint decisions about their care plans and follow-up.

Is a videoconference a solution in its own right? Definitely not. However, the most obvious advantage of videoconference is the visual (“human”) interaction between the participants without the need to travel. Three important lessons have been learnt from this experience, which allows for continuous improvements of the method. For more info, click here.

The voice of the patient
In order to improve and increase the patient’s feedback and input into the MasterMind project, a Patient Advisory Board has been established within GAMIAN-Europe. This Board acts as the voice of the patient in MasterMind.

The next Patient Advisory Board for the Master Mind Project 19 March 2016 in Prague.
The current status of the project (trials and results) will be presented and discussed. In order to have useful input from the patients we kindly request you, as reader (and ex patient), to provide your comments about the project.

Therefore, we will send out a special “Patient Advisory Board” bulletin in the short term, in which you will find some key questions about the use of telemedicine.
We shall do our utmost to bring your replies to the attention of the different MasterMind project partners.

Keep an eye on your mailbox in the coming days. We thank you in advance for your cooperation.