MasterMind

MAnagement of mental health diSorders Through advancEd technology and seRvices– telehealth for the MIND

GAMIAN-Europe
European Research project

March 2017

Dear reader,

Welcome to this year's first edition of the Master Mind newsletter.

In this edition, we look back at the MasterMind activities that took place during the last few months in 2016. Details of the Patient Advisory Board meeting that took place on 16 September in Vienna and the 7th Consortium meeting in Turin in October can be found in this newsletter.

As we are approaching the end of MasterMind, it is important to spread the word about its activities and results. Therefore, a final conference has taken place in Barcelona, where Consortium partners and many other stakeholders have presented and discussed MasterMind's outcome. A final newsletter with an overview of the achievements of the project will be issued later in 2017.

In Barcelona, the ImpleMentAll project was shortly introduced as MasterMind's successor.

It is a welcome challenge for GAMIAN-Europe to contribute to EU research projects as we try to ensure the patient's voice and experience in these research activities as much as possible.

We hope you will enjoy this newsletter; comments, suggestions and contributions can be sent to **assistant@gamian.eu.**

The Editorial Committee

7th (last) Consortium meeting
Turin, 12-13 October 2016

Some 60 attendees were present at the last MasterMind Consortium meeting. Focus of the meeting was on a number of key issues relevant to the final stages of the project as well as on the many deliverables that still had to be produced.

The communication and dissemination activities that have been carried out in the different regions/sites were discussed and knowledge about the many tools was shared.

Questions such as 'what dissemination/ communication was the best for your site?' and 'Which deployment barriers had to be overcome?' were addressed. Consortium partners present looked at how this has affected the uptake and implementation of the services at local, regional, or national level.

Thorough discussions of existing plans for sustainability and continuation of the services in the different regions and relevant business models took place.

Sustainability and business models:

In this context following points were addressed:

Think big- work out an appropriate policy – consider that national strategies are vital – don't forget how financing can be organised.

While MasterMind addressed short term funding, longer term funding takes time to arrange. In Germany, for example, reimbursement by health insurance companies for non face-to-face activities was critical. But reimbursement can also be an issue in national health services. In some regions/countries, financing may be impacted by policy decisions; decisions on ongoing financing may be influenced by MasterMind findings.

The need for a new project with focus on implementation and expansion (ImpleMentAll) is clear.

The data collection process has come to an end and the results were reviewed. Analysis of the available dataset was conducted in order to present this in the final evaluation reports. This Consortium meeting provided the opportunity to validate these preliminary findings and to discuss any needs (and possibilities) for adjustments of the analysis.

Again, the two days in Turin were more than necessary to discuss the work done so far. GAMIAN-Europe has played its role in the dissemination and communication activities.

Patient Advisory Board (PAB)

Vienna, 16 September 2016

GAMIAN-Europe's Annual Convention and General Assembly were held on 16 September 2016. Sixteen participants representing fourteen national patient organisations attended the PAB meeting. The represented countries were: Belgium(1), the Netherlands(2), Portugal(1), Sweden(3), Cyprus(1), France (1), Slovakia (1), Croatia (1), Czech Republic(1), Slovenia(1), Romania(1)

The meeting consisted of two parts:

1) Presentation of the EU Research projects in which GAMIAN-Europe participates as a member of the Consortium (E-COMPARED, MooDFOOD and MasterMind).

2)Open discussion regarding the overall acceptance of patients using technology enabled mental health services that are the subject of the research work taking place as part of MasterMind*.

The two technologies/therapies investigated in MasterMind were explained to the audience before proceeding with a discussion i.e.

Computerised Cognitive Behaviour Therapy (cCBT) =

Psychological therapy (cognitions, behaviours & feelings) + Computerised treatment.

Video conference for Collaborative Care and treatment of depression (VCC) =

- between specialist and primary care + patient
- outpatient care of the patient at home
- acute care (between acute ward & specialist)

After the short recap of these e-technologies, an open discussion addressing patients' overall acceptance took place, based on a questionnaire.

Experience with ICT (Information & Communication Technology) care system(s)?

- Less than 5% of the respondents has experience with E-mental health in-use services. Only some persons have experience with video conferencing; none have ever used cCBT. One of the reasons might be the country of origin of the attendees/respondents, where E-mental health services are not available (yet). However, this lack of experience was an advantage for this survey as we aimed to gain insight in which aspects can help create acceptance and a willingness to use this technology enabled therapies.

What needs to be done to ensure that you might consider technology (e.g. online-computerised therapy or video conferencing) as an acceptable option for you?

- At the very start, personal contacts with 'expert', a therapist to explain how these services function is required also to provide a 'human' face.
- A doctor/GP has to inform patients and convince patients it will make their lives easier.
- The questions/exercises should start with some kind of 'self-scanning', so that it gets 'customized' to the individual user.
- If access to the regular therapist is getting difficult or not existing anymore (e.g. patient moving to another country).

When following a therapy via video conferencing what are/would be the 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.

What are (might be) the advantages of therapy delivered through video conferencing for you?

- 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 are (might be) the disadvantages of therapy delivered through video conferencing for you?

- No personal contact or less contact with the therapist; therefore it is important to maximise the opportunities to see the therapist when it is urgently needed.
- More difficult to establish the 'click' between therapist and patient, this 'click' often makes the difference between a successful and non-successful therapy.
- Getting used not go outdoor less and staying too much home, which is not always the best 'medicine'.

You as a member of a patients association: How can these service(s) better engage with patient groups (associations) to ensure that patients (members) develop a greater understanding of the use and value of technology in mental health?

- Organise regular Information session(s) by specialist for group of patients/peers or provide detailed and accessible information by means of leaflets.

- Results of research findings showing whether or not technology is advantageous should be published in medical journals/magazines.
- Presenting this new technology during meetings of self-support groups to make it more attractive (entertainment), especially for depressed patients.
- Encourage the patients to use of internet in general, and thus leading them to new technologies for therapies.
- For the younger generation, use social media to exchange information on this type of therapy.

At the end of the meeting, the attendees were asked to prioritise different features of cCBT and VVC by ranking them from most important to less important.
This exercise resulted in the following ranking:

Very important:

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

Important:

- Use of case studies as examples during sessions
- Monitoring of patient progress by appropriate staff

Less important:

- Availability on mobile devices (smart phones, tablets)
- Attractive visual look of the programme
- 'Homework' between sessions to improve use of CBT techniques

You can have an impression of this Patient Advisory Board by clicking **on the photo** below.

MasterMind news

Reading the latest news ? **Click here for the blogs on MasterMind's website.**

Looking for the previous   GAMIAN-Europe's newsletters on MasterMind?

Click on the issue no.   below.

Issue2014-1 Issue2014-2, Issue2015-1, Issue2015-2, Issue2015-3, Issue2016-1 **,** Issue 2016-2
Also accessible via publication on the **MasterMind website.**

Final Conference – first numbers.

MasterMind Final Conference took place on 8 February 2017 in Barcelona. On this beautiful and sunny day, 127 participants (of 140 registered) came to La Pedrera to attend the conference in person, while 21 joined in through live streaming via the website.

18 speakers and panellists gave their views on the project, its results, eMental health, and health innovation in general with active involvement from the audience through questions, comments, and – not least – tweets.

During the conference itself and the surrounding days, the @EUMasterMind Twitter account tweeted 30 times, was mentioned 103 times, gained 18 new followers, and receievd 1730 profile visits. The aim of this great Twitter activity was to allow anyone not present at the event itself to follow the themes and discussions.
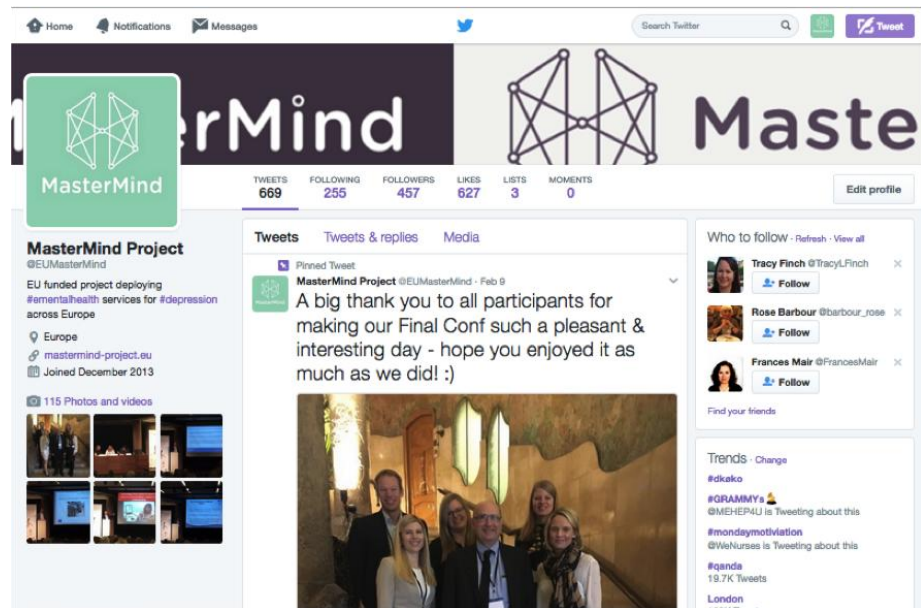
You want to contact the project team managers of the MasterMind project?

Click **here** for the key persons.