Dear reader,

In this issue, we take a look at MasterMind’s activities over the past three months. Apparently, the project is making good progress: the patient inclusion numbers are well above target and MasterMind presentations have taken place at different scientific international meetings. cCBT (computerised Cognitive Behaviour Therapy) trainings are taking place at the locations of the different project partners and strategies to engage patients were developed at a seminar that took place in Italy addressing uptake. More knowledge has been acquired to find ways involving the stakeholders with the project. The Patient Advisory Boards, coordinated by GAMIAN-Europe, ensure the patient’s voice in the project.

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

The Editorial Committee

Uptake Seminar and 6th Consortium Meeting
Treviso, 10 - 11 February 2016

The ‘uptake seminar’ in Treviso facilitated an exchange of views between experts and the Consortium partners. These experts were invited because of their expertise in a number of different fields such as telemedicine, implementing health care policy, academic relevance and influence within medical and patients associations at regional, national and European levels. The uptake seminar supports the dissemination of Mastermind’s work and its outcomes.

Furthermore, the seminar helps with the identification of possible liaison opportunities within the lifespan of the project while at the same time identifying possibilities of spreading the lessons learned in deploying MasterMind services. The result of the uptake seminar will be a white paper containing recommendations for the uptake of ICT-based mental health care services, facilitating the identification of new strategies for adapting, disseminating, and implementing MasterMind services.
In other words, the seminar supports the Consortium in its strategy to increase the project’s impact and shorten the deployment time of the MasterMind services with the help of relevant international experts.

What should we do to make the MasterMind services available to all citizens in the EU?

All experts considered collaboration and working in partnership crucial. It is important to engage all stakeholders - including service users and clinicians - and to develop a shared understanding between policy makers and services. Encouragement to develop partnerships with international organisations and networks to support and promote the project (e.g. EU, WHO, European eHealth Network (Eu eHN), European Connected Health Alliance (ECH Alliance) a.o. is needed. The use of Multimedia is a ‘must’ to get the message across to policy makers and raise awareness of MasterMind in the most effective ways.

In order to reach the governments, one has to understand the relevant levels within the government structure, develop a shared understanding, identify and involve those who can shape services and to have champions (from a range of sources) that will promote the cause.

The following experts participated in the seminar:

Geraldine Bienkowski: Clinical Psychologist, has worked for over 20 years in adult mental health services, e.g. as Head of Psychology in Community and Primary Care in Edinburgh. Currently involved in strategic planning for the training of multi-disciplinary staff in the delivery of a range of evidence-based psychological interventions, and sits on the Scottish Government Mental Health Delivery Team.

Dr. Miquel Casas: Director of Neuropsychodevelopmental Disorders Program Institut Català de la Salut, Barcelona, Spain. Full Professor of Psychiatry at the Department of Psychiatry and Legal Medicine. Also associated with the School of Medicine of the Universitat Autònoma de Barcelona. Involved in e-Health and m-Health projects in Barcelona.

Morten Elbæk Petersen: former CEO of the Danish eHealth portal, sundhed.dk, with more than 20 years of management experience in public administration with a primary focus on implementing eHealth, quality development, prevention and patient empowerment.

Clayton Hamilton: leads the eHealth and Innovation portfolio of the WHO European Region, providing support and strategic guidance to eHealth development and capacity building initiatives as a component of Health Information System Development and Health Information management in the region’s 53 Member States.

Dr. Stan Kutcher: Sun Life Financial Chair in Adolescent Mental Health and Director World Health Organisation Collaborating Center in Mental Health Policy and Training. A renowned expert in adolescent mental health and leader in mental health research, advocacy, training, policy, and services innovation at the IWK Health Center and Dalhousie University.

Chantal Van Audenhove: Full Professor at the Department of Public Health of KU Leuven, and Director of LUCAS, Centre for Care Research and Consultancy of KU Leuven, Belgium. Research topics concerns: shared decision making, care for persons with dementia and community care.

Sixth Consortium meeting: 11 February 2016.

With 63 participants, mainly professionals (researchers, psychiatrists...), the Consortium meeting was well attended.

GAMIAN-Europe was also there to represent ‘the voice of the patient’.

Before the progress of the project was presented by the different Work Package (WP) leaders, the success of the uptake seminar held the previous day was underlined. Claus Duedal Pedersen (Project leader) informed participants about the status of the new partner from Greece, stating that some administrative issues were still pending on the side of the Commission. However, patients will be recruited as soon as these issues are solved.

With respect to WP2 (dissemination and communication), where GAMIAN-Europe has its role to represent the voice of the patient, the full dissemination package and the activities until now were reported.

New versions of the dissemination materials, which are continuously being updated, can be found via the website, the blog and on the Twitter activity:

Click here

The plans to present MasterMind on conferences were shared with all project partners.

- ISRII 8th Scientific Meeting, 7-9 April, Seattle (collaboration with E-COMPAR, iCare & eCare@Home) For details, click here
- ICIC16, 23-25 May, Barcelona
- eHealth Week, 8-10 June, Amsterdam. Promoted by Project Office, . click here
8th Biennial Conference of The International Society for Affective Disorders, 13-16 July, Amsterdam.

The need to exchange of experiences by informing citizens, patients and healthcare professional about online mental health services was discussed. Three target groups were considered:

Healthcare professionals:
Professionals can act as good facilitators but lack of time and resources constitute a barrier for recruitment. Low digital literacy and lack of experience with complex technology can also act as a barrier, while involvement of local healthcare leaders and good quality support (training and continuous monitoring), can facilitate healthcare professionals’ engagement.

Engaging with patients
There seems to be great success in terms of media coverage. The plan to better target patients consists of creating recruitment material, updating the homepage to include information about depression and the online services, information material sent to GPs, psychologists, psychiatrists and to job centres. A brochure addressed to patients and a press release are working well.

Engaging with citizens
One of the project partners presented on how to make citizens aware of the services and on the activities. The cCBT program was shown in two city halls with some movie clips related to mental disorders; and flyers in different Mental Health Departments in the region. To watch the film ‘3-2-1 Action’, click here:

It is interesting to note that the feedback and conclusions of the previous Patient Advisory Board,(PAB) organised by GAMIAN-Europe in March, was presented during this Consortium meeting as well. Concerning the communication of project activities and results, the following statements were made by the PAB:

- The language used to communicate with patients is important, the use of clinical terms should be avoided or at least placed in a context. The language and tone should not patronising but respect the patients experience and understanding of their condition.

- The patient should be able to follow up on information by providing contact details or by directing to project website. It is important to provide web links or contact details that will enable the patient to see the results or conclusions of the project. It is important to be clear who the information is relevant for, in terms of age and condition.

28 participants of different patient organisations in Europe attended this Patient Advisory Board. Prior to this meeting, a bulletin with a questionnaire had been sent out to the GAMIAN-Europe’s members. The questionnaire can be found on our website, click here.

Basically, feedback was requested via six questions on cCBT (computerised Cognitive Therapy) and VCcc (Video conference for collaborated care). The outcome of this mini survey was presented during the meeting and discussed among the attendees.

Summary of results and discussions.
As a general comment, and as in previous meetings of the Patient Advisory Board, participants underlined the need for easy, understandable language when communicating about the project; it may be useful to have patients themselves provide information rather than the academic community.

It was also remarked that this type therapy could empower patients but technical issues and having problems making use of this type therapy in practice could hinder patient engagement. More awareness and much lower barriers would be helpful in increasing the use of these type therapies, as awareness – also within healthcare systems themselves – is low.
Some participants emphasized that these type therapies do not exist and are therefore not available in their countries (e.g. Greece, Czech Republic); but asking for these therapies will help healthcare systems to be more aware and respond – the incentives are there for health care systems (e.g. lower costs, better use of scarce resources). Participants underlined the need for trust, as there is a risk of a ‘Big Brother is watching us’ feeling. Some participants expressed concern about these therapies replacing the standard sessions with psychologists and psychiatrists, but were informed that these therapies are complementary and that contacts with health professionals will remain. Apparently, these therapies are really effective in the Northern countries, where distances between patients and health care professionals are very large. It can also work for expats, as these systems enable patients to stay in touch with their regular health professionals and treatment methods, even when living abroad. Software is continuously being developed and improved and might even be free of charge at some point. Lastly, it was suggested that the MasterMind Consortium could consider developing a video about the project, with a practical demonstration of what is at stake, which could be used for patient groups across the EU to raise awareness among their members and empower them to ask for these type therapies. These comments have been forwarded to the Work Package 2 (dissemination and communication (WP2)) leader and will be included in the interim project reporting to the EU Commission. The points of discussion will be subject of the next patient Advisory board in Vienna, September 2016.

MasterMind news

Did you know that you can follow MasterMind on Twitter?

You want to see a videolog on “How to inform citizens about e-mental health services”?

Reading the latest news in a blog?

Looking for the previous GAMIAN-Europe’s newsletters on Master Mind


Also via publications on the MasterMind website.

Publications in connection with the project

The Master Mind project is part of the FP7 research programme funded by the European Commission.