MasterMind

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

GAMIAN-Europe
### European Research project

November 2015

CONSORTIUM MEETING & MIDTERM WORKSHOP - ODENSE (DK)

Dear reader,

It is with great pleasure that we present this year's second newsletter provding you with an update of the MasterMind research project. Effective communication channels between the project partners and GAMIAN-Europe have been established and as the project is coming to speed, data collection increases. The focus in these newsletters is on articles containing relevant research data and results, selected for our members, i.e. patient associations, as one of the key stakeholders. Compared to the previous editions, this issue has a new revised look, in line with the website and branding of the MasterMind project. We believe that this newsletter is an important tool for more effective communication and information-sharing among GAMIAN-Europe members and other interested stakeholders relating to research work on mental health care in Europe. We hope you enjoy the newsletter and do let us have your comments.
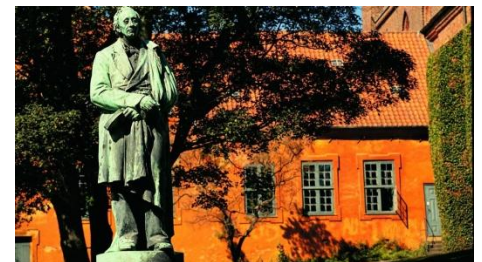
The Editorial Committee

5th CONSORTIUM MEETING
Odense, 20th October 2015
'Are we crazy ?'

'We knew we were close to crazy, but our goals were worth the risk'…

✓ *To integrate telemedicine in the normal health care system, because it is not an 'add on'*
✓ *To shift skills from specialists to generalists and to the population.*
✓ *To reduce the barriers between the different levels of the health care system*

(Erlend Bønes)

MasterMind's 5th Consortium meeting took place on 20 October 2015 in

Odense (Denmark), attended by some fifty attendees representing the different project partners. GAMIAN-Europe was also represented, in its "listener for patients" role.

After a warm welcome and introduction by European coordinator Mr. Claus Duedal Pedersen (Region of Southern Denmark (RSD), the agenda was approved and the project status review started. Here below, you can read the summary of the presented results for the different work packages. As you will see, the project is still in a "data collection and reporting" phase. It is too early to draw conclusions and make recommendations for mental health care systems in the future.

More info

Work package-7- (WP7) -*Collaborative care for depression facilitated by videoconference*

It was pointed out that videoconferencing (VC) must be used in different contexts and with different pathologies in order to disseminate this practice and make it more sustainable. The final evaluation report of WP7 should include this kind of initiative. VC is contributing to collaborative care and the pilots have to report on this contribution in the appropriate deliverables of the project.

The challenge in this respect is to demonstrate the impact and effect of VC itself because other factors (e.g. therapy) will also influence the mental health conditions.

In order to reach the internal goals of this part of the project, there is a need to recruit some 100 patients a month. More info

Work package -3- (WP3) - *Pilot Evaluation and deployment planning:*

An update on evaluation and data collection was presented by Reinhard Prior (Health Information Management SA). More info

He explained the current status of the sites that are involved in the *computerised Cognitive Behaviour Therapy (cCBT)*. These sites will be asked to prepare example cases to go into an Intermediate Trial Report. There seem to be some data collection problems and therefore, it would be useful to know the number of patients whose data has successfully been entered.

Silvia Mancin (ULSS N. 9 of Treviso) (More info), presented information on data management/database. Although the database checks for missing data are already defined in the codebook, each project site must carry out the quality checks on their own data.

Giulia Pellizzon (ULSS N. 9 of Treviso) (More info), presented the current status of database and errors found in the data. He recommended for the partners to try uploading data files, check them and get familiar with the process. The file submission process will be improved at a later stage. (December 2015).

Christiaan Vis (VU Amsterdam) (More info), presented the current status and protocol for the qualitative study of the data. He pointed out that qualitative interviews with patients are optional but then the number of themes needs to be limited; otherwise, too much time will be spent.

It is important for the used terminology to be unanimously understood among the sites in order to make results comparable.

It can be questioned if the focus groups are covering all the relevant stakeholders, particularly for long term deployment. Professional Advisory Boards may be able to help with this but the objectives of this research need to be clearly defined.

### Work package -5- (WP5*) Internet based guided cCBT for treatment of depression - 1st wave*

David Ebert (Friedrich-Alexander-Universität Erlangen-Nürnberg) (More info) presented information about the set up of an intermediate trial report in different stages going from data entry (mid-November) to final version delivery (end December). This means that it may be possible to include relevant information in the next edition of this newsletter.

Work package -6- (WP6) *Internet based guided cCBT for treatment of depression - 2nd wave*

Lucia Prieto (KRONIKGUNE) (More info) provided an overview of the future trials (i.e. Aragon, Badalona and Estonia), scheduled to start in October; Turkey and Basque Country in November and Galicia in January 2016. These late starts are due to some delays in the integration of cCBT into the Electronic health record (EHR)

Work package -2- (WP2*) Dissemination and communication*

A request to increase reporting and dissemination was made. Since May, blog activity has started and social media tools are increasingly used. In the meantime, the number of tweets has also increased. More info: http://mastermind-project.eu/blog/
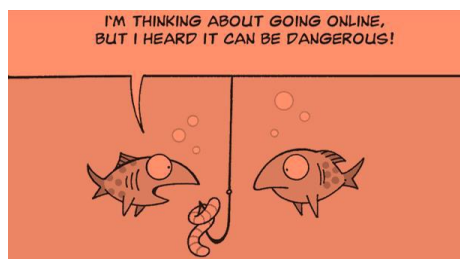
Work package -9- (WP9) *Liaison with other relevant EU and non-EU initiatives*

Participants were informed of a report about liaison activities with other EU and international initiatives and a wider deployment of mapping activities beyond MasterMind.

Emilie Nielsen (RSD) explained the distinction between dissemination and liaison: "Liaison" distinguishes itself from "dissemination" as it refers to activities in which there is an interaction between two or more parties only and entails exchange and processing of information, which relates to MasterMind and the associated fields. This has to have added value for the partners' activities within the context of Mastermind.

Work package -4- (WP4) *Advisory Boards Management*

Three Advisory Boards (Patient, Professional, and Committed Regions are being established to bring together representatives of different stakeholder categories.

These Boards agreed to receive information and disseminate this within their membership, countries or regions.

The Boards will give advice and guidance as required, facilitated through a request process from Work Package Leaders and trial sites. They will share useful data, reports or learning from their own local cCBT activity if this exists. More info

Advisory Boards Co-ordinator Chris Wright (NHS 24) (More info) presented how a request for advice should be handled, using a simple request form.

Main feedback and conclusions obtained from the **Patient Advisory Board** so far:

The language used to communicate with patients is important

- Use of clinical terms should be avoided or at least placed within context.
- The language and tone of the text used should not patronize but respect the patients experience and understanding of their conditions.

Patient should be able to follow up on information:

- It is important to provide web links or contact details that will enable the patient to see the results or conclusions of the project.
- Clarity on who the information is intended for, is important (e.g. age, condition…)

The new challenges of MasterMind

It's all about quality of the data

For the moment, the project faces two main challenges:

- In the short term: the Intermediate Report deliverables have to be prepared for the review and this depends on the available data. So, there is a need to collect the best possible information during the next 2 months.
- Longer term: there is a need for more emphasis on ensuring quality of data of the individual pilots. The quality of the data is very important because the final success of the project will depend on this.

MasterMind Midterm Workshop
Odense, 21st October 2015

The MasterMind Midterm Workshop was held in Odense, Denmark, as part of the European Telemedicine Conference (ETC). The ETC is an annual event organised by Badalona Serveis Assistencials, Catalonia; NHS 24, Scotland; NST, Norway; Odense University Hospital, Denmark; and UPMC, USA and Italy. This conference focuses on the latest innovations in telemedicine and brings together healthcare delivery organisations, governmental leaders, clinicians, researchers, and university faculties. Next year, the ETC will be held in Oslo, Norway.

In addition, the Workshop was held within the context of the WHINN – the Week of Health and INNovation – a unique, first-of-its-kind combination of conferences, events, and networking activities in one week, all addressing health and innovation. The MasterMind Midterm Workshop consisted of three sessions and largely dominated the ETC's first day programme (21 October 2015)

The first session included the ETC's opening keynote entitled 'eMental Health and Telepsychiatry' by MasterMind". The session started with a high-level discussion between *Jane Heidtmann*, Member of the Danish Parliament and Spokes(wo)man for Health and the Elderly, *Venstre* (the Danish liberal Party) and *Heleen Riper*, Honorary Professor at University of Southern Denmark, Telepsychiatric Unit and University Hospital faculty of Health Science, NL.

The second session, entitled "MasterMind Midterm Workshop: eMental Health and Telepsychiatry: Implementation in Everyday Practice in Primary Care" addressed the various reasons for the slower than expected uptake of eMental Health services alongside several strategies for speeding up the process.

The third session, entitled "MasterMind Midterm Workshop: the Power and Potential of Telepsychiatry: Implications and Implementation in Secondary Care", was the closing session of the ETC's first day. Three speakers discussed how innovative telemedicine solutions can enable those with mental health issues to receive care remotely.

All sessions were extremely well received by the audience. Participation numbers were high and apart from comments and questions, the sessions generated lively discussions. All in all, the Workshop was a successful event which put MasterMind on the agenda and reached a large group of relevant stakeholders.

MasterMind NEWS

Publication of generic study protocol by Elsevier in the scientific journal of Internet Interventions. To access the article, click here.

MasterMind and WHO
Potential collaboration with WHO is being explored as both sides could benefit in multiple ways: promotion and connections to high level stakeholders, sharing knowledge about implementing eMental health services and finding ways to provide mental healthcare in many more countries.

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