



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

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Dear reader,

Summer holidays have passed and we hope that you succeeded in ‘mastering your mind’ into a relaxing and peaceful state during the past two months. In the coming weeks, MasterMind will take up its activities at normal speed in order to achieve the goals of this project by the end of 2016. The project has made good progress so far and all consortium partners did their utmost to carry out their tasks according to schedule. As we are approaching the end of the project (February 2017) dissemination activities will be increased. GAMIAN-Europe, as one of the partners in MasterMind, has an important role to play in this process. The next Patient Advisory Board, taking place on 16 September in Vienna, will be focused on the accessibility of E- health technologies for the patients and their implementation in mental health care systems. It is challenging for GAMIAN-Europe to contribute to EU research projects as much as possible to ensure the patient’s voice.

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

The Editorial Committee

Time for analyzing the data

Bilbao, 6-8 September 2016

It is not surprising that much of time has to be spent to analyse all data that has been collected during the trials. Looking at the status of the huge number of patients included in the trials - almost 6000 in August – it is clear that the data managers will have to meet to discuss the results. Therefore, a data analysis seminar has been planned (hosted by Kronikune) and a data task force team has been established.

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Data analysis will be based on a 10-step scheme for 8 research domains. In order to give readers a better idea, these are the domains:

- Domain 1 : Health problem and characteristics of the application.
- Domain 2: Safety
- Domain 3: Clinical effectiveness
- Domain 4: User perspective
- Domain 5: Economic aspects
- Domain 6: Organizational aspects
- Domain 7: Socio-cultural, ethical and legal aspects
- Domain 8: Transferability assessment

In each of these domains, main research questions, dataset gathering, method for data analysis and data quality check will be addressed and implemented.

There will be enough work for the duration of the seminar. We plan to publish details of the data analysis in the 'User perspective' domain in the next edition of GAMIAN-Europe's MasterMind newsletter.

7th (last) Consortium meeting

Turin, 12-13 October 2016

The last MasterMind Consortium meeting will take place in Turin and will focus on a number of key issues relevant to the final stages of the project as well as the concrete work to be done, i.e. the (many) deliverables.

First of all, the communication and dissemination activities that have been carried out in the regions will be discussed. Knowledge about the tools that have been used will be shared. The present Consortium partners will look at how this has affected the uptake and implementation of the services at local, regional, or national level.

Secondly, thorough discussions of existing plans for sustainability and continuation of the services in the different regions and relevant business models will be held.

Thirdly, the data collection process will be coming to an end and the results can be reviewed. The analysis of the available dataset in September that will be presented in the final evaluation reports will be conducted. This Consortium meeting gives the opportunity to validate these preliminary findings and discuss any needs (and possibilities) for adjustments of the analysis.

Finally, the major task of finalising the project on time will also be on the meeting agenda. The planning of the final deliverables in the project will be set up and the status, plans, and responsibilities for the last part of the work will be discussed.

Again, the two days in Turin will be more than necessary to carry out the above mentioned work. GAMIAN-Europe will take up its role in the dissemination and communication activities.

Patient Advisory Board

Vienna, 16 September 2016

GAMIAN-Europe's Annual Convention and General Assembly will take place on 15 and 16 September. Some forty patient organisations will be present at this event and it therefore constitutes a perfect opportunity to have another MasterMind Patient Advisory Board. This meeting will take place on Friday 16 September with as a main focus on understanding how e-services and the use of technology, as studied in the MasterMind project, can be made more acceptable to patients in mental health. Prior to this meeting, a separate questionnaire will be sent to the attendees in order to prepare the discussions.



10 guiding principles on e-Mental health

Within MasterMind, 10 guiding principles for e-Mental health have been identified in collaboration and dialogue with stakeholders. These principles (themes) are the result of a Midterm Workshop where 10 speakers representing the policy level, research, industry, therapists, healthcare providers and health insurance made presentations. Participants came from 28 countries and represented 6 broad stakeholder groups, i.e. university and education; healthcare providers; innovation and research centres; industry; authority, government and policy makers; the media.

This workshop was organised as part of the ETC (European Telemedicine Conference) and WHINN (Week of Health and INNOvation) events and consisted of three sessions on the first day of the ETC: the opening keynote session and two track sessions. The purpose of the workshop was to create visibility for the MasterMind project as well as to reach key stakeholders, put e-Mental health on the agenda, generate input for policy development and create discussion and dialogue. Ultimately, it aimed to attract relevant stakeholders to the project and lead to greater uptake of e-Mental health services.



The guiding principles relate to:

- *Disruption of current mental healthcare;*
- *Inspiration from other fields;*
- *International collaboration and knowledge sharing;*
- *Communication & marketing;*
- *Trust;*
- *Reimbursement;*

- Evidence-based mental healthcare and rapid development of new interventions;
- Political support;
- Division between physical and mental health care;
- Need for empirical insights in implementation and dissemination of evidence-based e-Mental health.

More detail can be in the [report from the MasterMind Midterm Workshop](#).



MasterMind and E-COMPARED - what's the link?

MasterMind has a close collaboration with the E-COMPARED project and shares several partners with this Consortium. As the objectives and focus areas differ between the two projects, joint research activities have been set up to make the most of combining the knowledge generated in each of them.

To date, ample research has shown that guided and even unguided iCBT (internet based Cognitive Behavioural Therapy) can be effective as stand-alone interventions for persons with subclinical and clinical depression. This is what constituted the point of departure for the MasterMind project: implementing evidence-based iCBT and videoconferencing technologies for the prevention and treatment of depressive disorders.

As a next step in optimising mental health care services for depression, increasing attention is focused towards integration of iCBT as stand-alone interventions or in blended formats (bCBT) in existing care, i.e. integrating online and face to face depression treatments into one treatment protocol in primary and secondary care. However, the evidence of the clinical and cost effectiveness of bCBT in routine care has yet to be established.

The **E-COMPARED** project evaluates the clinical and cost-effectiveness of bCBT treatments as compared to treatment as usual (TAU) by means of the results of pooled randomised controlled trials (RCT) in nine EU countries on the short (one year) and longer term (5 years). These routine care RCTs (i.e. Comparative Effectiveness Research) are conducted in Denmark, France, Germany, the Netherlands, Poland, Spain, Sweden, and Switzerland.

Combining the clinical and cost-effectiveness generated in E-COMPARED and the inhibiting and promoting implementation factors identified in MasterMind will shed light on whether bCBT and iCBT are viable options to improve the reach and cost-effectiveness of depression treatment in the community and within primary and specialised mental health care facilities and how to develop targeted implementation strategies to increase the upscaling and implementation of these services.

Learn more about E-COMPARED [here](#).

MasterMind news



In late June, a Twitter chat on the subject of e-Mental Health was organised between the MasterMind project, WHO, and WeNurses. The purpose was to raise awareness of new treatment options in the mental

health area – and of course from our side, to increase the project's visibility on Twitter.

The chat consisted of one intense hour of discussions, based on pre-defined questions:

- What is the role of technology in supporting patient's mental health?
- When is a high-tech approach the right one?
- Can e-Health improve co-ordination in mental health care?
- What are different countries in Europe doing to use the full potential of e-Mental Health?

A **Post Discussion Report** shows that the chat had a total of 119 contributors, produced 661 tweets, and reached 6,903,362 Twitter profiles. At the end of the hour, the chat received excellent feedback through a poll done by the WeNurses Twitter account. MasterMind itself participated in the chat, and several Consortium members joined in – some to discuss, others just to follow the chat and retweet relevant points.

Reading the latest news in [a blog](#) ?

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



[Issue2014-1](#), [Issue2014-2](#), [Issue2015-1](#), [Issue2015-2](#), [Issue2015-3](#), [Issue2016-1](#)

Also via publications on the [MasterMind website](#).



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