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# GAMIAN-Europe

European Research project

## June 2016

IN THIS ISSUE

Dear reader,

In this issue, we take a look at E-COMPARED's activities over the past four months and highlight the first insights and experiences gained with respect to 'blended treatment' from a therapeutic perspective.

As GAMIAN-Europe is involved in Work Package 6 (WP6) 'Dissemination and business case development', we will inform you on our tasks and approach as well.

Different dissemination activities for all stakeholders are ongoing. These include the development and dissemination of project information on the dedicated project website, in brochures, newsletters, via press releases, publications in peer reviewed scientific journals and policy journals as well as oral and poster presentations at conferences and workshops. In order to be the 'voice of the patient' in these activities, GAMIAN-Europe has established a Patient Advisory Board (PAB). This year, two meetings of this Board have already taken place: in January and in March. On 3 and 4 November, the 4<sup>th</sup> E-COMPARED Consortium meeting will take place in Paris.

We hope you will enjoy this newsletter. Your comments, suggestions and contributions are welcome at [assistant@gamian.eu](mailto:assistant@gamian.eu)

*The Editorial Committee*

### New in E-COMPARED project team:



Paul Arteel, Executive Director of GAMIAN-Europe, retired on 1 March and Christine Marking has taken over his role in E-COMPARED.



**Christine Marking** is a Dutch clinical psychologist, specialised in psycho and social gerontology. She has worked previously as a psychologist in a nursing

home setting in Amsterdam, where she was mainly involved with assessment and treatment aspects of psycho-geriatric patients and has been active in EU advocacy activities since 1990.

She supports GAMIAN-Europe with its EU-level advocacy and outreach activities since 2008, e.g. by setting up and coordinating the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders and responding to relevant EU-level proposals and initiatives.

Christine is no stranger to E-COMPARED as she supported Paul Arteel in his role from the start.

*Christine Marking – EU Policy and Strategy Advisor*  
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<i>New in E-COMPARED project team</i>	<b>1</b>
<i>ICT4depression: Moodbuster</i>	<b>1-2</b>
<i>E-COMPARED and Moodbuster</i>	<b>2</b>
<i>Meeting: Patient Advisory Board</i>	<b>2</b>
<i>Artificial Intelligence</i>	<b>3</b>
<i>E-COMPARED News</i>	<b>3-4</b>

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### ict 4 depression

Depression is one of the most common disorders and is associated with high health care costs. In Germany only there are currently 4 million people affected by depression. However, many do not have access to affective treatment. One option to improve this situation is to supplement 'classical' therapy concepts with internet-based treatments, which supports shorter waiting times, unrestricted location and time support as well as a lower inhibition threshold.

#### Moodbuster-system

From a technical point of view, the Moodbuster system consists of a mobile phone app, a physiological sensor, an adherence monitor and a website version of the app. For more technical details click [here](#).



So, in essence, **Moodbuster is a user-friendly system of ICT tools to enhance the self-management and effective treatment of depression.**

## E-COMPARED & Moodbuster

Not everyone is interested in just internet-based treatments. Combined treatments, including face-to-face therapy and internet-based elements, are able to add to and complement classical treatment options. This is why E-COMPARED started with the evaluation of the effectiveness of combined treatment (face to-face therapy with internet- and mobile based elements).

### How does it work (in Germany)?

Patients are assigned to an 'E-COMPARED therapist' (a professional psychologist delivering cognitive behaviour therapy) who is responsible for their treatment, including face to-face and internet sessions. The first meeting consists of a 'technical instruction-session'. In this session the therapist explains all components of the combined treatment: psychotherapy sessions, the smartphone app (mood ratings, communication with the therapist) and most importantly, the Moodbuster website.

During a 10 weeks intervention programme patients work on a different module (e.g. psycho-education, behavioural activation, cognitive restructuring) each week and receive written feedback from their therapist. Face-to-face psychotherapy sessions are take place once every two weeks. In these sessions, online modules' contents as well as patients' personal topics are discussed.

Emphasis is also put on homework assignments, which facilitated by the internet-based modules and prompts (reminders, feedbacks). The mood evaluation by means of the app enables the therapists to identify the patients' specific patterns and deviations from these patterns.

Initial feedback from patients indicate that they positively rate the 24/7 access to information about their disorder as well as to recap exercises. The appealing and user-friendly design of the Moodbuster website is experienced as a contributing and motivating factor.

Participation in this study means that treatment is immediate – as opposed to more access to care in routine settings. This is also interesting from the therapist's perspective, as patients with recently developed symptoms can be helped immediately. Overall, most of the patients are benefiting from the combined treatment.

### Experiences from therapists to date (The Netherlands)

In the Netherlands, Cognitive Behavioural Therapy (CBT) is provided by integrating individual face-to-face sessions and online sessions delivered via the Moodbuster platform.

The treatment is also supported by a mobile application for monitoring the patients' state of minds and for delivering motivating messages and reminders.

All participating therapists from the different treatment locations are trained in providing blended treatment by the research team. During the training therapists learn how to use and work with the online Moodbuster platform, how to deliver the blended treatment and how to provide the written feedback.

Moodbuster allows for some flexibility. Therapists are required to include at least four elements of CBT (psycho education, cognitive restructuring, behavioural activation and relapse prevention),

but are free to decide how many sessions are spent on each module. During the trial, regular supervision sessions take place between the therapists and the researchers. These meetings provide useful information and feedback on user experiences with Moodbuster. The initial experiences are positive.

### And the patients' experience?

*This is for GAMIAN-Europe to find out and hopefully, we can report on this subject in our next newsletter.*

## Patient Advisory Board (PAB)

**On 16 January a meeting of the Patient Advisory Board (PAB) took place in GAMIAN-Europe's new office in Brussels.** Christine Marking presented the contents and status of E-COMPARED. However, at this point in time, there was not so much to involve the PAB as the progress in E-COMPARED was relatively small, due to the limited recruitment of patients for the project's trials.

It was underlined that, as a result of GAMIAN-Europe's involvement with E-COMPARED (and two other FP7 funded projects), the organisation is increasingly invited to participate in fora addressing the involvement of patients in research. This creates opportunities for raising awareness of E-COMPARED and its activities to a wider audience.

**On 19 March, another meeting of the PAB took place in Prague, on the occasion of GAMIAN-Europe's regional seminar.**

Prior to this meeting in Prague, it became apparent that E-COMPARED was struggling to enroll patients in the project's trials and therefore – after meeting with Christiaan Vis and colleagues in Amsterdam in February, the PAB was asked what could be done to reach, motivate and involve patients in this type research.

Leaflets aiming to inform and enroll patients from Germany were shared with members of the Patient Advisory Board.

### Some general comments were collected from the PAB:

- The need for simple and accessible language was stressed. The leaflets seem to be too 'crowded', and while the info they contain is relevant, it will take a very motivated and interested patient to read it in its entirety. As patients suffering from depression are not so easy to motivate in the first place, it may be the case that information leaflets as presented by academics are not the most useful channel.
- It may be useful to work with patient organisations to inform patients. While it is also useful for patients to receive information on Internet-based treatment from their health care professionals, it may be more empowering to engage patient organisations directly.
- The information leaflets asks patients to communicate their interest by fax or regular post; offering a possibility to enroll via e-mail would increase the chances of patients responding substantially.

### How to motivate patients to enroll:

- Lack of perceived technical skills might hinder enrollment in the research. It would need to be very clear that the level of technical expertise is very low in order not to scare people off.
  - It could be considered developing a video about the project, with a practical demonstration of what is at stake, which could be used by patient groups across the EU to raise awareness of this research and the benefits of Internet-based depression treatment among their members.
- It was remarked that the level of awareness of this type therapy is

low, as it is by no means mainstream yet.

- Financial incentives could work in some countries.
- GP's, psychologists, psychiatrists and hospitals could be involved with informing patients of the possibility to participate in this type research, but as already said above, the most motivating 'messengers' will be patient organisations themselves.

## Artificial Intelligence

### Can Artificial Intelligence tell us how we will feel tomorrow?

To provide effective therapy for people suffering from depression or any mental health problem it is important to understand the impact therapies and experiences can have on the future state of mind (e.g. mood) of a person. If we can understand this influence, it allows us to select specific treatments that are more effective and speed up recovery. Currently, limited evidence is present within the domain of psychology that allows us to obtain a deeper understanding and therefore make well-founded decisions. This is where the area of Artificial Intelligence can contribute: trying to create predictive models for the development of mental states - in the case of E-COMPARED, our mood. Can we estimate how fast a person would recover given certain conditions this way? Within E-COMPARED, this contributes to one of the intended outcomes of the project: **can we identify for specific groups of patients for which a certain therapy (blended therapy or treatment as usual) would be particularly beneficial?**

So far, researchers are still collecting data within the E-COMPARED project. However, preliminary studies with datasets taken from other studies show that making predictions is certainly not a trivial task. [More info](#)

## E-Compared News

### ISRII 8th Scientific Meeting in Seattle

The 8th scientific meeting of the International Society for Research on Internet interventions (ISRII, [www.isrii.org](http://www.isrii.org)) took place in Seattle (USA). The organising committee did a great job in organising the largest ISRII meeting so far, held in a beautiful venue.

The E-COMPARED Consortium was represented and the project was presented in a symposium, along with presentations on other interesting EU-projects on e-mental health (e.g. MasterMind, eCH, iCare).

### Forthcoming 4<sup>th</sup> Consortium Meeting in Paris

The 4<sup>th</sup> Consortium meeting will take place on 3 and 4 November 2016 in Paris in order to work closely together towards the goals of the project.

This meeting is important to foster communication and exchange of knowledge throughout Europe and to develop important steps collaboratively.

### Important upcoming event:

### 4th ESRII conference in Bergen, Norway.



It is important to spread the word about the E-COMPARED project and its results. Furthermore, general dissemination concerning internet-based interventions is an essential task to inform policy, research and society about their (cost-) effectiveness and quality.

The Conference will be held on **22 and 23 September 2016** at the Faculty of Psychology, University of Bergen. More information about the conference can be found on [www.esrii.org](http://www.esrii.org)

Looking for previous GAMIAN-Europe's newsletters on E-COMPARED?

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



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