



e-Mental Health

Training Toolbox

state of the art and best practice use





Content



About

The demand for mental health care is increasing globally. Crises such as COVID-19 add greatly to this demand. It will be difficult to sustain European mental health care systems without the use of e-mental health (eMH). Even though the technology has been there for many years and with adequate evidence-base, implementation and upscaling of eMH has been slow. Why? The reasons are related to various barriers, such as: concerns of clinicians, quality problems, lack of digital skills and limited policies and guidelines for successful implementation.

Since 2020 remote treatment using digital tools has grown exponentially. And experience shows that digital solutions work very well in some situations and less in others. But, how do you put e-mental health to good use and what can you do with it? How do you implement it? And how do we upscale it?

To take the next step and contribute to a better and sustained use of eMH in European mental health care, several experts combined forces and developed this practical eMH training for clinical (and non-clinical) professionals. The development and roll-out of this training was made possible by a European subsidy from Interreg NW-Europe and co-created by partners from the Netherlands, Belgium, Germany, France and Ireland.

Training content

The training consists of multiple modules that can be followed independently. Besides a general introduction into eMH, there are modules on internet-based interviewing and assessment, internet-based intervention with online writing as intervention, telemental health (therapy via video conferencing), online interventions and blended treatment, technology options (such as immersive and wearables) and embedding into the organization. All modules will be given online as webinars.

Contact

Should you have any questions or remarks regarding this toolbox or the webinars, you can email them to info@e-mence.org.



General Introduction to e-Mental Health

This training module is a short introduction to the e-mental health training toolbox. It lays the foundation for the follow-up modules.

During this introductory training participants will learn more about the e-mental health landscape and its benefits for clinical practice. It will provide examples of e-mental health applications, as well as illustrations of how e-mental health can be used as integral part of clinical practice.

From eQuestionnaires, eDiagnostics and Tele-sessions to Virtual Reality, Gaming and Wearables, e-mental health allows you to make new shapes combining the multiple building blocks of therapy. Paving the way from problem to operationalization of an optimal intervention, whilst working more efficiently, empowering the patient and giving higher impact to interventions.

Goals & Gains

The goals and gains of this training are that you:

- Know the state of affairs regarding scientific evidence for e-mental health
- Know what the e-mental health landscape looks like
- Know what the benefits of e-mental health can be
- Are more knowledgeable about which e-mental health applications are available
- Are more knowledgeable about how to incorporate e-mental health into your treatments
- Know the specific topics featured in the follow-up modules of the training toolbox



General Introduction to e-Mental Health

The recording of the training can be viewed via the [eMEN community](#)
Slides of the training: [Slides introduction to e-mental health](#)

Presented apps

Mindfulness: VGZ Mindfulness [iOS](#) | [Android](#)

Mindfulness: Headspace [website](#)

G-Schema: G-schema app [iOS](#) | [Android](#)

Moods: Daylio | [website](#)

Emotion regulation: DGT Onderweg [iOS](#) | [Android](#)

Emotion regulation: Emopaint [iOS](#) | [Android](#)

PTSD: Support Coach [iOS](#) | [Android](#)

PTSD: Journey [IOS](#) | [Android](#)

Psychose: Temsten [iOS](#) | [Android](#)



General Introduction to e-Mental Health

Wind, T.R., Rijkeboer, M., Andersson, G., Riper, H. (2020). *The COVID-19 pandemic: The 'black swan' for mental health care and a turning point for e-health*, *Internet Interventions*, 20, 100317, ISSN 2214-7829, <https://doi.org/10.1016/j.invent.2020.100317>



Internet-based Interviewing and Assessments

This training module is a basic and practical training that introduces participants to internet based clinical interviewing and assessment.

Participants will learn about general considerations in regards to online interviewing and assessment of patients; availability of resources and practical aspects, as well as psychological aspects and preparation for the first session (attitude, posture, technique, alert plan, list of actions).

A vignette will be presented and patient case discussion will be held. Furthermore, participants are invited to participate in practical exercises (case discussion and role play) to get some hands on experience.

Goals & Gains

The goals and gains of this training are that you:

- Become knowledgeable about what is necessary to conduct an online interview/assessment with your patient in terms of resources, practical considerations, and psychological considerations
- Become knowledgeable about the preparations for the first session
- Become knowledgeable about risks, challenges and benefits of online interviewing/assessment
- Become more knowledgeable about blending online and F2F assessment
- Have some practical experience in preparation of an online interview/assessment



Internet-based Interviewing and Assessments

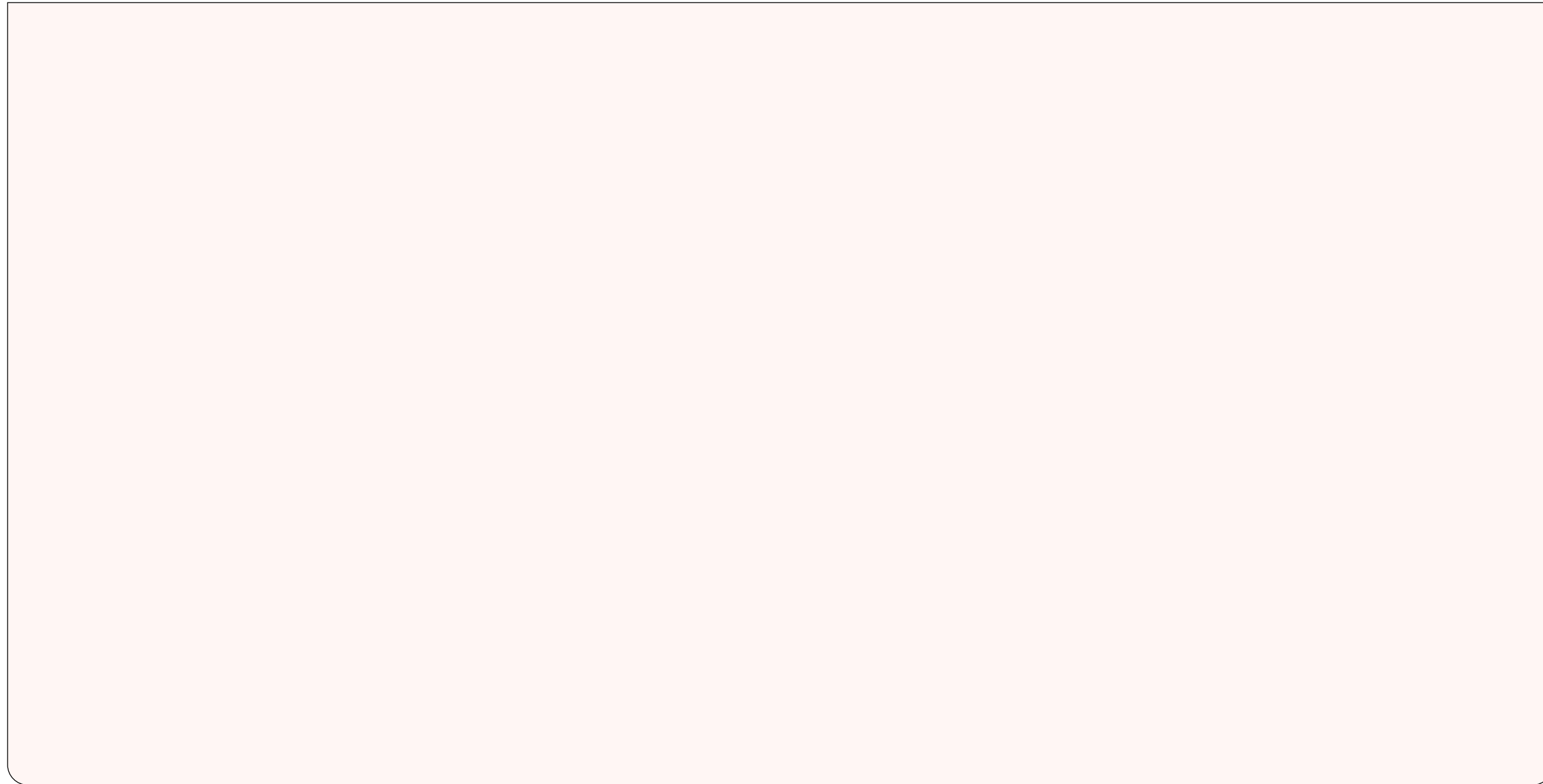
The recording of the training can be viewed via the [eMEN community](#)

Slides of the training: [Slides online assessment and interviewing](#)

Exercises: [Exercises online assessment and interviewing](#)



Internet-based Interviewing and Assessments





Internet-based Interventions: Online Writing as Intervention

Much research has been done on e-mental health in recent years. A growing amount of controlled and naturalistic studies have shown that e-cognitive behavioral therapy can induce clinically relevant therapeutic outcome. Good research is key when you want to introduce new forms of treatment in a responsible way, but reading research papers usually does not learn you very much about the content of the treatments itself.

Yet, little has been published about the work of the online practitioner. For example, we know from meta-research by Palmqvist, Carlbring, Andersson (2007*) that adherence and treatment outcome in online treatments correlate highly with the amount of therapist time invested in a patient. However, less is known about what the therapist exactly needs to do to achieve the best result.

This module is aiming to provide exactly that: more insight into the craft of the internet practitioner. This will be done with the example of 'online treatment using writing assignments', an intervention that is often used in e-therapy platforms.

Goals & Gains

This module aims to introduce participants to the craft of an internet therapist by teaching them some basic techniques that can be applied directly into online treatments with written information exchange.

Topics to be discussed

- Building an online treatment relationship, commitment & motivation
- General therapy factors, specific interventions and online treatment strategy

Also, attention is paid to close reading and interpretation of therapeutic texts.

Working methods: instruction, presentation of case material and practice online treatment technique.



Internet-based Interventions: Online Writing as Intervention

The recording of the training can be viewed via the [eMEN community](#)

Slides of the training: [Slides online writing as intervention](#)



Internet-based Interventions: Online Writing as Intervention

Andersson, G., & Hedman, E. (2013). *Effectiveness of guided Internet-delivered cognitive behaviour therapy in regular clinical setting. *Verhaltenstherapie*, 23, 140–148.*

Cuijpers, P., Marks, I. M., van Straten, A., Cavanagh, K., Gega, L., & Andersson, G. (2009). *Computer-Aided Psychotherapy for Anxiety Disorders: A Meta-Analytic Review. *Cognitive Behaviour Therapy*, 38(2), 66 - 82.*

Lange, A., Schoutrop, M., Schrieken, B., & van de Ven, J. P. (2002). *Interapy: A model for therapeutic writing through the internet. APA books.*

Lange, A., Rietdijk, D., Hudcovicova, M., Van de Ven, J-P., Schrieken, B. & Emmelkamp, P.M.G. (2003). *INTERAPY. A controlled randomized trial of the standardized treatment of posttraumatic stress through the Internet. *Journal of Consulting and Clinical Psychology*, 71(5), 901-909.*

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Ruwaard, R., Schrieken, B., Schrijver, M., Broeksteeg, J., Dekker, J., Vermeulen, H., & Lange, A. (2009). *Standardized Web-based CBT of Mild to Moderate Depression: A Randomized Controlled Trial with a Long-term Follow-up. *Cognitive Behaviour Therapy*, 38(4), 206-221.*

Ruwaard, J., Lange, A., Bouwman, M., Broeksteeg, J., & Schrieken, B. (2007). *E-Mailed Standardized Cognitive Behavioural Treatment of Work-Related Stress: A Randomized Controlled Trial. *Cognitive Behaviour Therapy*, 36(3), 179-192.*

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Schoutrop, M. J. A. (2000). *Structured writing and processing traumatic events: effects and mechanisms. Universiteit van Amsterdam [Host].*

Schoutrop, M. J., Lange, A., Hanewald, G., Davidovich, U., & Salomon, H. (2002). *Structured writing and processing major stressful events: A controlled trial. *Psychotherapy and psychosomatics*, 71(3), 151-157.*

Van Zuuren, F. J., Schoutrop, M. J. A., Lange, A., Louis, C. M., & Slegers, J. E. M. (1999). *Effective and ineffective ways of writing about traumatic experiences: a qualitative study. *Psychotherapy research*, 9(3), 363-380.*



Telemental Health: Therapy via Video Conferencing

Study shows that videoconferencing is effective, acceptable and practical health care. Even equally effective as the classic face-to-face therapy. With easy access and in the comfort of their own home patients can find it easier to reveal certain information. They also experience less anxiety, because they do not have to travel to the clinic or face people in the waiting room. Although videoconferencing offers a lot of positive opportunities, it also harbours some risks.

During this webinar the seven myths about online treatment will be disproved and the risks will be discussed. Afterwards, online practice of four different evidence based (trauma) therapies is illustrated (i.e. online Narrative Exposure Therapy; Eye Movement Desensitization Reprocessing; Brief Eclectic Psychotherapy for PTSD; Imaginary Exposure Therapy).

We will also inform you about the integration of online modules in telemental healthcare, such as apps, VR and biofeedback. And in closing, we will explain how you can deal with patients in crisis, such as suicidal patients or patients that dissociate during treatment.

Goals & Gains

The goals and gains of this training are that you:

- Have an understanding of what therapy via videoconferencing entails
- Are aware of the risks involved
- Know how to perform crisis intervention using videoconferencing



Telemental Health: Therapy via Video Conferencing

The recording of the training can be viewed via the [eMEN community](#)

Slides van de training: [Slides online telemental health](#)



Telemental Health: Therapy via Video Conferencing

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Berryhill, M.B., Culmer, N., Williams, N., Halli-Tierney, A., Betancourt, A., Roberts, H., King, M. (2018). *Videoconferencing Psychotherapy and Depression: A Systematic Review. Telemed J E Health. 25(6):435-446.* <https://doi.org/10.1089/tmj.2018.0058>. Epub 2018 Jul 26. PMID: 30048211.

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Wind, T.R., Rijkeboer, M., Andersson, G., Riper, H. (2020). *The COVID-19 pandemic: The 'black swan' for mental health care and a turning point for e-health, Internet Interventions, 20, 100317, ISSN 2214-7829,* <https://doi.org/10.1016/j.invent.2020.100317>



Online Interventions and Blended Treatment

Online interventions are gradually finding their way to routine practice and can be delivered in different ways (e.g. as stand alone interventions, guided self-help or blended treatment). In this module we will provide participants with an introduction to online interventions in general and 'blended treatment' specifically, which is the integration of face-to-face and online sessions into one treatment protocol.

Goals & gains

The goals and gains of this training are that you:

- Learn about different ways of delivering online treatment
- Become familiar with the concept and state-of-the-art of blended treatment
- Gain an understanding of current best practice of blended treatment such as: what patients are suitable for blended treatment, what is the role of the therapist in the online part and what is known about the therapeutic alliance



Online Interventions and Blended Treatment

The recording of the training can be viewed via the [eMEN community](#)

Slides of the training: [Slides Online interventions and blended treatment](#)



Online Interventions and Blended Treatment

Carlbring, P., Andersson, G., Cuijpers, P., Riper, H., & Hedman-Lagerlöf, E. (2018). *Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: An updated systematic review and meta-analysis*. *Cognitive Behaviour Therapy*, 47(1), 1–18. <https://doi.org/10.1080/16506073.2017.1401115>

Cuijpers, P., & Riper, H. (2014). *Internet Interventions for depressive disorders: An overview*. *Revista de Psicopatología y Psicología Clínica*, 19(2), 209–216.

Erbe, D., Eichert, H.-C., Riper, H., & Ebert, D. D. (2017). *Blending face-to-face and Internet-based interventions for the treatment of mental disorders in adults: Systematic review*. *Journal of Medical Internet Research*, 19(9), e306. <https://doi.org/10.2196/jmir.6588>

Karyotaki, E., Riper, H., Twisk, J., Hoogendoorn, A., Kleiboer, A., Mira, A., MacKinnon, A., Meyer, B., Botella, C., LiSlewood, E., Andersson, G., Christensen, H., Klein, J. P., Schröder, J., Bretón-López, J., Scheider, J., Griffiths, K., Farrer, L., Huibers, M. J. H., ... Cuijpers, P. (2017). *Efficacy of self-guided internet-based cognitive behavioral therapy in the treatment of depressive symptoms: A meta-analysis of individual participant data*. *JAMA Psychiatry*, 74(4), 351–359. <https://doi.org/10.1001/jamapsychiatry.2017.0044>

Kooistra, L. C., Ruwaard, J., Wiersma, J. E., van Oppen, P., van der Vaart, R., van Gemert-Pijnen, J. E. W. C., & Riper, H. (2016). *Development and initial evaluation of blended cognitive behavioural treatment for major depression in routine specialized mental health care*. *Internet Interventions*, 4, 61–71. <https://doi.org/10.1016/j.invent.2016.01.003>

Thase, M. E., Wright, J. H., Eells, T. D., Barrett, M. S., Wisniewski, S. R., Balasubramani, G. K., McCrone, P., & Brown, G. K. (2018). *Improving the efficiency of psychotherapy for depression: Computer-assisted versus standard CBT*. *The American Journal of Psychiatry*, 175(3), 242–250. <https://doi.org/10.1176/appi.ajp.2017.17010089>

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Webb, C. A., Rosso, I. M., & Rauch, S. L. (2017). *Internet-based cognitive-behavioral therapy for depression: Current progress and future directions*. *Harvard Review of Psychiatry*, 25(3), 114–122. <https://doi.org/10.1097/HRP.0000000000000139>

Wentzel, J., van der Vaart, R., Bohlmeijer, E. T., & van Gemert-Pijnen, J. E. W. C. (2016). *Mixing online and face-to-face therapy: How to benefit from blended care in mental health care*. *JMIR Mental Health*, 3(1), e9. <https://doi.org/10.2196/mental.4534>

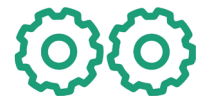


Technology Options

The Technology Options module consists of two separate modules, a module on Immersive Technologies in mental healthcare and a module on Wearable Technology in mental healthcare.

Both modules can be taken separately and do not require any technological background knowledge. They are structured in such a way that the participants are introduced to the possibilities of the respective technology by means of concrete examples from daily practice. This way, participants get an idea of what can be expected from this technology and what not.

The aim of both modules is that participants get a clear view on the different possibilities of the respective technology and to give them a starting point to further explore and put this technology into practice.



Technology Options: Immersive Technologies for Mental Health

This training first introduces the most important and clinically relevant immersive technologies: virtual reality, 360° video and augmented reality. We explain what these different technologies entail and that even though people might think they are relatively new, some have been around for decades and/or already used in clinical practice.

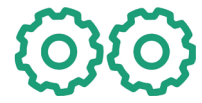
Next, we discuss key advantages and disadvantages that professionals should be aware of when using immersive technologies in their clinical practice. This is followed by a presentation of clinical applications of immersive technologies such as virtual reality exposure therapy in simple phobias or virtual prolonged exposure therapy in PTSD.

This all is illustrated with concrete platforms applying immersive technologies so that professionals get a clear view on the possibilities of these technologies in clinical practice.

Goals & Gains

The goals of this training are that you:

- Know the different immersive technologies that can be used in mental healthcare
- Understand and think critically about benefits and considerations when using immersive technologies in clinical settings
- Have knowledge of concrete clinical immersive technologies applications



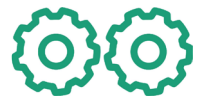
Technology Options: Immersive Technologies for Mental Health

The recording of the training can be viewed via the [eMEN community](#)

Slides of the training: [Slides immersive technology](#)

Examples of VR for mental health

Video about [Bravemind](#)
[Fear for heights or flying](#)
[Fear for animals \(iOS\)](#)
[Fear of spiders](#)



Technology Options: Immersive Technologies for Mental Health

Czerniak, E., Caspi, A., Litvin, M., Amiaz, R., Bahat, Y., Baransi, H., ... & Plotnik, M. (2016). *A novel treatment of fear of flying using a large virtual reality system. Aerospace medicine and human performance, 87(4)*, 411-416. <https://doi.org/10.3357/AMHP.4485.2016>

De Witte, N. A. J., Scheveneels, S., Sels, R., Debar, G., Hermans, D., & Van Daele, T. (2020). *Augmenting exposure therapy: mobile augmented reality for specific phobia. Frontiers in Virtual Reality, 1, 8*. <https://doi.org/10.3389/frvir.2020.00008>

Hoffman H.G. et al. (2019) *Virtual Reality Distraction to Help Control Acute Pain during Medical Procedures. In: Rizzo A., Bouchard S. (eds) Virtual Reality for Psychological and Neurocognitive Interventions. Virtual Reality Technologies for Health and Clinical Applications. Springer, New York, NY.* https://doi.org/10.1007/978-1-4939-9482-3_8

Migoya-Borja, M., Delgado-Gómez, D., Carmona-Camacho, R., Porras-Segovia, A., López-Moriñigo, J.D., Sánchez-Alonso, M., ... Baca-García, E. (2020). *Feasibility of a Virtual Reality-Based Psychoeducational Tool (VRight) for Depressive Patients. Cyberpsychology, Behavior and Social Networking, 23(4)*, 246-252. <https://doi.org/10.1089/cyber.2019.0497>

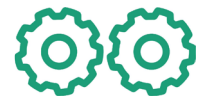
Paul, M., Bullock, K., & Bailenson, J. (2020). *Virtual Reality Behavioral Activation as an Intervention for Major Depressive Disorder: Case Report. JMIR mental health, 7(11)*, e24331. <https://doi.org/10.2196/24331>

Rizzo, A., Hartholt, A., Grimani, M., Leeds, A., & Liewer, M. (2014). *Virtual reality exposure therapy for combat-related posttraumatic stress disorder. Computer, 47(7)*, 31-37. <https://doi.org/10.1109/MC.2014.199>

Serino, S., Pedroli, E., Keizer, A., Triberti, S., Dakanalis, A., Pallavicini, F., ... & Riva, G. (2016). *Virtual reality body swapping: a tool for modifying the allocentric memory of the body. Cyberpsychology, Behavior, and Social Networking, 19(2)*, 127-133. <https://doi.org/10.1089/cyber.2015.0229>

Veling W, Lestestuiver B, Jongma M, Hoenders HJR, van Driel C. (2021). *Virtual Reality Relaxation for Patients With a Psychiatric Disorder: Crossover Randomized Controlled Trial. Journal of Medical Internet Research, 23(1):e17233*; <https://doi.org/10.2196/17233>

Zimmer, A., Wang, N., Ibach, M. K., Fehlmann, B., Schicktanz, N. S., Bentz, D., ... & de Quervain, D. J. (2021). *Effectiveness of a smartphone-based, augmented reality exposure app to reduce fear of spiders in real-life: A randomized controlled trial. Journal of anxiety disorders, 82*, 102442. <https://doi.org/10.1016/j.janxdis.2021.102442>



Technology Options: Wearables and their potential in Mental Health

In this training, we start with an introduction on wearable technology. We provide an overview of the different aspects of wearables and how to evaluate them with respect to e-mental health applications. This will help to give a proper idea of what to expect and what not to expect from this technology. This introduction concludes with the positioning of wearables within the field of eHealth and mHealth.

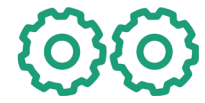
Next, the training provides some examples of successful implementation of wearables in practice ranging from Ecological Momentary Assessment & Ecological Momentary Intervention, Promotion, Rehab, Education. In addition, some examples of applications are shown where wearables can provide useful biofeedback within healthcare.

This training concludes with a broader view on wearables. More specifically, we discuss the reliability, added value, and the privacy and GDPR regulations which come along with this kind of technological applications.

Goals & Gains

The goals of this training are that you:

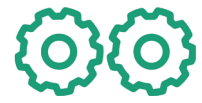
- Understand what wearables can do for e-mental health
- Have knowledge of successful implementation of wearables in practice
- Understand the reliability, added value and privacy challenges of wearables
- Have a scientific base to evaluate wearables for your application purpose



Technology Options: Wearables and their potential in Mental Health

The recording of the training can be viewed via the [eMEN community](#)

Slides of the training: [Slides wearable technology](#)



Technology Options: Wearables and their potential in Mental Health

De Witte, N. A. J., Buyck, I., & Van Daele, T. (2019). *Combining biofeedback with stress management interventions: a systematic review of physiological and psychological effects*. *Applied Psychophysiology and Biofeedback*, 44, 71-82. <https://doi.org/10.1007/s10484-018-09427-7>

Economides, M., Lehrer, P., Ranta, K., Nazander, A., Hilgert, O., Raevuori, A., Gevirtz, R., Khazan, I., & Forman Hoffman, V. L. (2020). *Feasibility and Efficacy of the Addition of Heart Rate Variability Biofeedback to a Remote Digital Health Intervention for Depression*. *Applied Psychophysiology and Biofeedback*. <https://doi.org/10.1007/s10484-020-09458-z>

Gal, R., May, A. M., van Overmeeren, E. J., Simons, M., Monninkhof, E. M. (2018). *The Effect of Physical Activity Interventions Comprising Wearables and Smartphone Applications on Physical Activity: a Systematic Review and Meta-analysis*. *Sports Medicine – Open*, 4,42. <https://doi.org/10.1186/s40798-018-0157-9>

Holland, J. (2016). *Wearable Technology and Mobile Innovations for Next-Generation Education*. Hershey, PA: IGI Global

Howe, K. B., Suharlim, C., Ueda, P., Howe, D., Kawachi, I., & Rimm, E. B. (2016). *Gotta catch'em all! Pokémon GO and physical activity among young adults: difference in differences study*. *BMJ*, 355, i6270. <https://doi.org/10.1136/bmj.i6270>

Hunter, J. F., Olah, M.S., Williams, A. L., Parks, A. C., & Pressman, S. D. (2019) *Effect of Brief Biofeedback via a Smartphone App on Stress Recovery: Randomized Experimental Study*. *JMIR Serious Games*, 7(4), e15974. <https://doi.org/10.2196/15974>

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Simblett, S., Matcham, F., Siddi, S., Bulgari, V., Barattieri di San Pietro, C., Hortas López, J., ..., RADAR-CNS Consortium (2019). *Barriers to and Facilitators of Engagement With mHealth Technology for Remote Measurement and Management of Depression: Qualitative Analysis*. *JMIR Mhealth Uhealth*,7(1), e11325. <https://doi.org/10.2196/11325>

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◀ ▶ Embedding in the Organization

The past years the mental health sector produced a lot of proven e-mental health solutions. Still, the number of users of these solutions is disappointing. It seems that a good solution alone is no guarantee for success. Why is e-mental health so important? And how can we change the result of e-mental health implementation projects?

In this training module, the focus is on how-to successfully embed e-mental health in mental health organizations. Based on nine Success Factors you will learn how to improve acceptance, frequency of use and impact of implementing e-mental health.

Goals & Gains

The goals and gains of this training are that you:

- Understand e-mental health barriers
- Learn that embedding e-mental health is not easy
- Can avoid common pitfalls
- Understand the success factors of implementation
- Can prepare for a successful embedding

After attending this training you have the tools to set up an implementation plan for your e-mental health projects.

◀ ▶ Embedding in the Organization

The recording of the training can be viewed via the [eMEN community](#)

Slides of the training: [Slides embedding e-mental health in the organization](#)

Exercises

[Generate goals and barriers](#)

[Discuss ideas with stakeholders](#)

[Review and prioritise goals and barriers](#)

[Match barriers with implementation strategies](#)

[Choose strategy categories and choose strategies](#)

[Choose most important strategy category and choose top strategies](#)

(source: ItFits-Toolkit)

List of implementation barriers for inspiration: [List of barriers](#)

List of possible implementation strategies: [Implementation strategies](#)

Tools for implementation

[ItFitsToolkit by Implementall project](#)

[Consolidated Framework for implementation Strategies - Implementation Strategy Matching Tool](#)

[Link to Normalization Process Theory](#)



◀ ▶ Embedding in the Organization

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Best Practice / Evidence-based Applications

App stores contain thousands of applications (apps) aimed at people's mental health. Finding suitable apps in it is difficult. There are two overviews containing reviewed websites and/or apps for people's mental health; a Dutch and Belgian one. They can help you find suitable apps to use in aid, health care and services.

Before an app is included in the Dutch GGZ-app guide, it is assessed on many points and tested by experience experts and care providers. Taken together, this gives a good impression of what you can expect from an app.

The Belgian [onlinehulp-apps.be](https://www.onlinehulp-apps.be) bundles screened and approved apps and websites for wellbeing and mental health. Apps and websites are screened on 9 criteria and described with the necessary practical links and explanations about the screening.



Best Practice / Evidence-based Applications

Find professionally reviewed e-mental health apps through the following Dutch and Belgian app stores:

Dutch appstore: <https://www.ggzappwijzer.nl>

Belgium appstore: <https://www.onlinehulp-apps.be/>