Interreg
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EUROPEAN UNION

NEWS
Autumn 2019

Welcome

to the eMEN Autumn newsletter, updating you on our progress and achievements in e-mental health technologies across Europe.

What has happened so far?

Piloting new products:

As part of the eMEN project, each partner country is piloting an e-mental health product. This Autumn's newsletter highlights some of the innovative approaches developing from these pilots, including how they are addressing barriers to the uptake of e-mental health. Read about how Pulso Europe and Thomas More University of Applied Sciences are "Implementing Moodbuster in Belgian Settings" on page 2. Read about Interapy's progress with the SAM-screener pilot in the Dutch prison service. You can also read about the collaborative activity between Pulso Europe and the Student Services Department of Artevelde University College in Ghent: Studies Without Worries.

Influencing policy and practice:

Combined expertise across the eMEN partners has supported our policy work, illustrated below by our recent update on the 'Transnational Policy Solution' for e-mental health implementation and the new reimbursement possibilities for e-mental health in the Netherlands. Finally, read more about the action that has been taken by the French government to increase

access to healthcare for all citizens: e-health for all – the French strategy for 2022.

Knowledge Sharing & Exchange:

We have also been sharing knowledge about policy and research in new ways, through cross-disciplinary events including the first of the Ireland Briefing Series, on aspects of the eMental Health ecosystem in Ireland. Also see our upcoming Berlin seminar, focusing on 'Digital Innovations in Psychiatry and Psychotherapy' where future key technologies and best practice examples as well as the most current research and ways for innovations to get into healthcare will be discussed.

Knowledge-sharing events are being hosted by eMEN partners throughout the project, so if you missed out on the events above, there is still time to attend our upcoming seminars or conferences. They are all free to attend!

Recent eMEN events

Read full briefing document here.

Piloting new products

Implementing Moodbuster in Belgian Settings

In Belgium, Pulso Europe and Thomas More University of Applied Sciences are currently running an implementation study, evaluating the depression module of Moodbuster. Moodbuster is a flexible online platform and connected mobile app for the online treatment of psychological complaints, developed by VU Amsterdam and INESC TEC. Mental healthcare

professionals in one psychiatric hospital and three psychiatric departments of general hospitals are offering treatment with Moodbuster, for a period of three months, in addition to regular therapy. Implementation in these settings is not only novel for Belgian mental healthcare, but for the whole Moodbuster platform.

The main goal of the study is to obtain insights into the experiences of professionals and patients with Moodbuster and their general attitudes regarding e-mental health applications. Study results will allow the Belgian eMEN partners to increase implementation and dissemination of online depression tools in Belgian clinical practice.

The eMEN SAM-screener pilot: early screening of psychopathology for a Dutch custodial psychiatric clinic

This autumn an exciting eMEN pilot moved into its execution phase. The Clinical Psychology Department of the Dutch Custodial Service started to use the SAM-psychodiagnostic screener app in one of their psychiatric clinics. It is the first time that a clinical app is being used in a prison population.

SAM (Smart Assessment on your Mobile) is a low-threshold digital screener-app to reliably assess psychological complaints in larger groups. The app aims to check for psychological complaints in professional organisations with a high risk for psychological traumatisation, such as the police, fire department or ambulance services. The app was developed by Interapy, the Amsterdam Academic Medical Centre and the Arq-Psychotrauma Foundation and has been

validated in a study with 89 police officers who experienced severe, shocking events (Van der Meer, Bakker, Schrieken, Hoofwijk & Olff, 2017). Development and validation of the SAM-screener app was part of the INPREZE- eHealth project, funded by the European Regional Development Fund (ERDF).
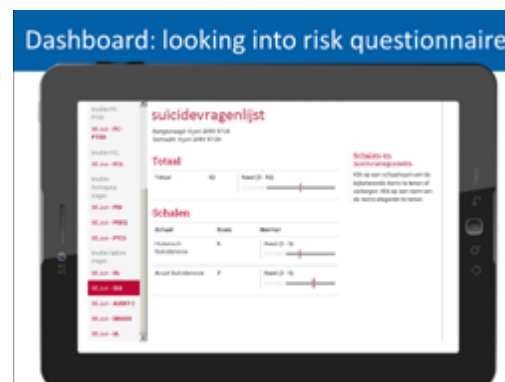
SAM is in fact a two-fold application, consisting of a screener app for the assessment of subjects and a clinical dashboard for health professionals. When the SAM-screener app was chosen as one of the seven validated e-mental health products to be implemented within the eMEN project, trauma risk organisations were informed about the possibilities of the app to monitor psychological complaints. The Dutch Custodial Institution Service (Dienst Justitiële Inrichtingen, DJI) proved to be seriously interested in the app, though, surprisingly this was not for using with their own personnel but for the screening of inmates.

The Custodial service runs several psychiatric clinics in which prisoners with psychological and psychiatric problems are treated, and they were willing to experiment with new tools that could improve the quality of their service. One judicial clinic, Veldzicht, was chosen to set up a pilot with SAM. Talks started with two clinical psychologists that were responsible for three wards of the Veldzicht clinic, to find out what they hoped to gain from the pilot. Dr Robin Kleine, one of the psychologists explains: "We were looking for a way to get an earlier impression of the complaints of new patients, since instant diagnostic examination of every new patient is not possible [for] logistic[al] reasons. We hoped the SAM-screener could fill this information gap. If every new patient could be first assessed with SAM It would give valuable information and more direction in the diagnostic process. It would give clinicians the possibility to hypothesise about possible diagnoses and associated treatments at an earlier stage."

Since the tool was going to be used for a new purpose, changes had to be made to the set-up and content within the application. A Veldzicht implementation working group was set up involving two clinical psychologists of the custodial psychiatric, together with the Interapy implementation specialist and a trauma and research specialist from Arq. The working group made an adjustment plan for SAM, and the adjusted version was dubbed SAM-DJI.

Because it was important to also screen for risks, the working group decided to add two new questionnaires to the SAM app: one to screen for psychotic symptoms and one to screen for suicide risk. In order to keep the screener lean they sacrificed other questionnaires that were less relevant for inmates (such as the assessment questionnaire for working stress).

An adjustment was also needed to the design of the professional dashboard of SAM, so its functionality would fit with the daily routine of the clinical psychologists: a key factor was that the most important information should be presented first. It was therefore decided that the clinical dashboard should be layered. At the highest level it should give an overview of newly-tested patients, with highlighted risk factors, such as psychotic tendencies or suicide risk. At one level deeper, the standardised trauma, depression and anxiety scores of individual patients could be viewed. On the deepest level, all the patients' answers should be available.

Dashboard: looking into risk questionnaire

Dashboard: viewing details

Dashboard: overview patients

Dashboard: generated report

Patient: starts questionnaires

Patient: answers questionnaires

Studies without Worries

Bart Schrieken, Project Manager of the Interapy implementation team comments: "We are very happy to adjust SAM for this new purpose. Besides the gains the tool might have for the clinical prison service, the tool itself will also gain from it. With this new implementation we are getting valuable information on how the tool behaves in this new population; we will learn if cut-off points will hold or need to be adjusted. Because this is an implementation pilot, we will deal with this in an iterative way, [and] will make adjustments to the tool [during] the pilot. We will be interviewing the clinical psychologist after one month, three and six months, and hope that this will result in a calibrated diagnostic screener app for the judicial psychiatric services."

The adjusted SAM-DJI screener app started to be used in October 2019. The first judicial clients have used the app, and the first evaluation of the results will take place in November.[1]

Studies Without Worries – an online self-help programme for students

Together with the Student Services Department of Artevelde University College in Ghent, Pulso Europe has developed Studies Without Worries, an online self-help programme for students who, in the course of their studies, are held back by fear of failure, lack of assertiveness or procrastination. The tool is currently being used in three university colleges in Belgium, and includes three separate programmes, each consisting of four modules comprised of a combination of self-tests or self-examination, information and practical exercises. The exercises aim to give students more support to deal with the difficulties they are experiencing. They will help them to be able to deal with fear of failure (active and passive), lack of assertiveness and/or procrastination in a concrete way.

There are two ways to get started with the tool: as a self-help programme, or with the guidance and support of a student counsellor working in the school institution.

Students who see a psychotherapist can give them access to their programme so that their evolution can be monitored. The combination of the tool with face-to-face contacts (the blended approach) makes it possible to deepen certain themes so that they act as a support for the student's learning trajectories.

A major advantage is that this tool is accessible 24/7 (at home, in the library, on campus, etc.), which ensures a low access threshold for using it. This is reflected in the high utilisation rate that currently fluctuates between 6 and 7 per cent. About half of the users subscribed for the programme to tackle procrastination behavior, followed by the programme 'dealing with performance anxiety', with 'being more secure in your study' the third most popular option.

Influencing policy and practice

The 'Transnational Policy Solution' for e-mental health implementation

As mentioned in previous newsletter articles, one goal of the eMEN project is to develop a 'Transnational Policy Solution' for e-mental health implementation. The Policy will identify important barriers and facilitators for the implementation of e-mental health (eMH) products and provide an overview of the status quo in e-Mental Health in the eMEN partner countries. It will also make recommendations and propose actions to the European Commission, and to national bodies responsible for the upscaling of eMH implementation.

The work on this document has now advanced considerably. In the past few months, all partners of the eMEN project have revised

the content, and their feedback has been incorporated. Further to this internal revision, eMEN will also be seeking external feedback to enhance the relevance and usefulness of the final Policy. The final draft is being presented to representatives of the Directorate-General for Health and Food Safety of the European Commission this autumn, and after further revision it will be published in early 2020 After this further presentations will be arranged to discuss policy implementation at national level in the partner countries. Make a note to look out for more details of its launch on the eMEN pages of the INTERREG website.

e-health for all – the French strategy for 2022

Acion has been taken by the French government to increase access to healthcare for all citizens through the declaration of the "Ma santé 2022" plan, comprising à detailed strategy, including e-health implementation throughout the country. The ministry of health presented the strategy in September 2018, and its implementation will take place between 2019 and 2022. Included in this global strategy is the political roadmap "Accelerating the digital shift", which focuses on e-health implementation. The roadmap suggests that e-health has something for everyone: it is a space where one can choose which solutions to use according to one's individual situation. Many elements are part of this roadmap, including stronger governance, better interoperability and security of IT systems, broader digital base services, national digital platforms (for both users and professionals), and engagement of all stakeholders. The latter is illustrated by the "Tour de France for Digital Health" where the ministerial delegates visit 17 regions of France, and the organisation of "Citizen Workshops" on different topics concerning e-health. The French eMEN partner EPSM-WHOCC has been invited to participate in the organisation of a workshop on mental health.

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MA SANTÉ 2022
UN ENGAGEMENT COLLECTIF

L'action du gouvernement pour la santé de tous

Demain, la médecine de ville s'organise mieux et les professionnels travaillent ensemble

Au lieu d'aller aux urgences, j'ai pu faire examiner l'otite de ma fille par un médecin de ville

Des communautés de santé (CPTS) se généralisent : elles regroupent des professionnels qui s'associent pour répondre aux besoins de santé dans les territoires

Le recours de tous à un médecin traitant est garanti

Les actions de prévention sont plus nombreuses

Les soins non programmés sont assurés rapidement en ville

Des soins hyper spécialisés
réalisés par les CHU et centres de référence

Des soins spécialisés
réalisés par les médecins spécialistes, centres hospitaliers

Des soins de proximité
réalisés par les professionnels de ville, hôpitaux de proximité

HÔPITAL

Demain, les patients sont mieux orientés et les moyens médicaux mieux répartis

J'ai accouché à 30 km de chez moi mais au moins, j'étais certaine de la qualité des soins que j'allais recevoir

Demain, les professionnels modernisent leurs pratiques pour soigner

J'évite des déplacements fatigants entre ma maison de retraite et l'hôpital grâce aux téléconsultations avec mon médecin

Des CPTS, des maisons et centres de santé, des hôpitaux pour assurer des missions de proximité

Des assistants médicaux pour libérer du temps médical

Des compétences renforcées chez certains professionnels pour un accès plus large aux soins

Des consultations par télémédecine, et un dossier médical partagé pour rapprocher patients et professionnels

Ensemble, médecins et soignants peuvent apporter leur expertise croisée sur un même patient

Pour alléger leur charge de travail, les médecins s'appuieront sur des assistants

Une nouvelle profession d'infirmiers en pratique avancée assurera le suivi des malades chroniques

Des avancées numériques vont faciliter le suivi des patients

Further, this summer, the French National Authority for Health published a prospective report on e-health in France. This focus on digital health in their annual publication is an important political step. The report is comprehensive and brings forward the importance of involving all stakeholders. It lays out the context for successful implementation of e-health in the health system in France.

Click here for more information.

Knowledge sharing & exchange

The eMEN Ireland Briefing Series

Mental Health Reform have published "eMental Health in Third Level Education settings", the first in a series of eMEN project briefings on aspects of the eMental Health ecosystem in Ireland.

The Irish eMEN briefings will provide useful information and analysis on the opportunities and potential demand for eMental Health in different settings in Ireland. The data and analysis draw extensively on statistics and other information about the Irish eMental Health ecosystem, prepared for the Irish eMEN project by WRC research consultancy. Their analysis covered three main sectors/settings: the general population, and associated public, private and third sector services; employment-related settings –employees & unemployed, employer & employment services; and third level education – students and student support services.

This first briefing was prepared to coincide with the eMEN international seminar on 'Technology and Student Mental Health' held in Dublin on 18th June, 2019. Apart from its relevance in Ireland, the topic is also relevant at the European level, for example in the context of the European Union's activities in the European Higher Education Area (EHEA).

Third-level students are an important target group for mental (and eMental) health supports, and third-level education is an important setting for addressing mental health issues in Ireland, especially for the young adult age group. Currently, just over 225,000 students are attending third level education in Ireland, and almost 80% of the 179,500 undergraduates are in the 18-24 years age group. The setting has relevance both for mental health promotion purposes and for delivery of services and supports for young adults experiencing mental health difficulties.

The data on prevalence of mental health issues amongst the student age group, as well as the more general digital-readiness of this demographic, indicate a substantial potential contribution from increased utilisation of eMental Health in third-level education settings. This includes innovative approaches to positive health promotion, better access to support for students with common mental health issues, and enhanced supports for students with more severe and enduring mental health conditions.

Read the full briefing document here.

New reimbursement possibilities for e-mental health in the Netherlands

In 2020 the Dutch healthcare system continues to use integrated tariffs to pay healthcare providers. This allows the insurer and healthcare provider to agree on increasing rates for reimbursing digital care services. The health services that can be reimbursed are described in a very generic way, which enables care providers to use different types of digital tool to treat patients – e.g. chat, video calling, secured email, apps and e-health platforms – without the need

to see patients face-to-face. Care providers can declare these digital activities as reimbursable patient care time, as long as the composition and effectiveness of the care remains the same or improves.

All activities are funded from the rates that are agreed upon with health insurance companies. Investments in e-mental health can be partly covered by using a higher maximum rate, of 10% above the maximum amount of the Diagnostic Treatment Combination (DBC), although digital care costs should be included mainly in the integrated tariffs that normally apply.

In September this year the Dutch Healthcare Authority published the Digital Care 2020 Reimbursement Guide, and from January 2020 there will be some new incentives for the use of e-mental health technology. There is a possibility to request an extra reimbursement per patient for digital mental health innovations. A request for this can be issued by a consortium of supplier, health institute and a health insurance company. This is provisional funding to boost new innovations and start-up costs. It is important that these innovations really improve care and/or lower total care costs.

In specialised mental health care, e-mental health can also be used in intramural care where patients stay in a clinic for several days or weeks/months. In the Netherlands 40 per cent of mental health care costs are currently spent on intramural care, and no staff time registration is required for this type of care. Sixty per cent of total mental health care costs are based on professional hours directly connected to patient care.

To further increase the use of e-mental health technology, Central Health Fund (CZ), one of the largest Dutch health insurance companies (CZ) will be asking mental health care providers with whom they have a contract to actively address long waiting lists with digital care. These mental health care providers should provide direct and quick access to digital care, if possible and desirable for specific patients. At the moment,

an unnecessary number of people are on waiting lists while direct or faster access to digital care is possible. This is not only necessary for shortening the current waiting lists; from now on CZ also wants providers to offer the choice to start an online treatment when registering, if desirable and appropriate for the patient. CZ has included this in its procurement policy for 2020, and other insurance companies are likely to follow.

Although the measures above will increase the use of e-mental health, there is not yet a strong financial incentive for service providers to reduce treatment time and treat more patients with the same number of staff. The current reimbursement system is based on a maximum number of minutes/hours spent with a patient, and treatment centers have based their business case on this model. More changes in the reimbursement system are expected to take place in the coming years.

We also have to take into account that there are currently no effective 'blended care' treatment protocols available. In addition, effective and successful implementation of e-mental health depends on different variables, such as the quality of the products, blended-care protocols, skills development, regulatory frameworks, and prioritisation within an organization.

Sources: www.nza.nl/actueel/ nieuws/2019/09/19/verplicht-fysiek-consult-op-de-poli-vervalt-per-2020?utm_ source=twitter&utm_medium=social&utm_ campaign=msz; https://puc.overheid.nl/nza/ doc/PUC_280639_22/1/

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1. Van der Meer C.A.I., Bakker, A.,Schrieken, B.A.L., Hoofwijk, M.C., & Olff, M. (2017). Screening for trauma related symptoms via a smartphone app: The validity of Smart Assessment on your Mobile in referred police officers. Intenational Journal of Methods in Psychiatric Research;26:e1579. DOI: 10.1002/ mpr.1579

Upcoming FREE transnational seminars and conferences

Over the life of the project (2016-2020), eMEN is delivering 24 transnational events across Europe addressing e-mental health evidence-based innovations, quality, access and scale.

Most of these have now taken place, but there are still a few you can attend:

29 November 2019: Berlin, Germany
The focus of the conference will be on 'Digital innovations in psychiatry and psychotherapy'

February 2020: Dublin, Ireland (date tbc)
Stay current with the news items posted on the eMEN website for our next e-mental health seminar taking place in Dublin in February 2020. More details to follow soon.

March 6th 2020: Paris, France
Stay current with the news items posted on the eMEN website for our next e-mental health seminar taking place in Paris, France 2020. More details to follow soon.

Share our animation!

Our eMEN animation is available at nweurope.eu/emen. It explains the concept of e-mental health and the many ways it can support mental wellbeing. We encourage you to share this with your networks, embed it in your website and use it in your presentations.

Why not join our transnational network?

eMEN is an e-mental health project running until May 2020, funded through the Interreg North West European Innovation Programme with a value of €5.36million. The six country partners are led by the Netherlands and include Belgium, France, Germany, Ireland and the UK, who together combine diverse technological, clinical, research, and policy expertise.

To receive updates on our future activities and connect to e-mental health stakeholders across Europe, we encourage you to register to join our network.

We also welcome invitations to contribute to your event. Further contact information for all the partners is available at www.nweurope.eu/emen.