Poster Abstract

Deploying eHealth to face depression

Andrea Gabilondo, Centro de Salud Mental de Amara – Osakidetza, Spain

Ana González Pinto, Hospital Universitario Araba – Osakidetza, Spain

Ander Retolaza, Centro de Salud Mental de Basauri - Osakidetza Spain

Ane Fullaondo, 4Centro de Investigación en Cronicidad – Kronikgune Spain

Lucía Prieto, 4Centro de Investigación en Cronicidad – Kronikgune Spain

Joana Mora, 4Centro de Investigación en Cronicidad – Kronikgune Spain

Esteban de Manuel, 4Centro de Investigación en Cronicidad – Kronikgune Spain

*Correspondence to: **Ane Fullaondo,** Kronikgune, Spain, E-mail: afullaondo@kronikgune.org*

Abstract

Introduction: Depression is one of the most frequent mental health diseases worldwide, with aproximately 350 million of individuals affected. Nevertheless, over 50% of them do not receive an adequate treatment. Lack of resources and mental health illness' stigma are among the barriers to it. On the other hand, lack of accessibility and mental health services' waiting lists contribute to this situation.

Computerised Cognitive Behavioural Therapy (cCBT) has proven to be effective to fight depression, enabling the patient to change destructive patterns. This type of cCBT can be self-administrated at any time and place; this is why it contributes to improve accessibility to treatment. Also, it enables the delivery of care at the natural environment, minimizing the negative effect of mental health stigma, and contributing to the acceptance of the one's own condition.
The main objective of this project is to deploy a cCBT solution, within an integrated care intervention, as well as to identify and analyze the barriers and facilitators of this process, both in the clinical and organizational fields.

Short description of practice change implemented: The practice being implemented comprises two main work areas:
1. Development of a cCBT platform, taking into account the needs for patient-professional interaction and fluid communication, integration within information systems and therapeutic content that nurtures the platform. The integration of the plataform will be finished in January 2015.

2. Put into practice an integrated care intervention targeting 300 individuals over the age of 18, diagnosed of depression according to DSM IV, and recruited in mental health care centres, primary care centres and hospitals. This intervention will begin the September 2015.

The patients will be treated for 12 months and their status will be evaluated at the baseline, in the middle of the treatment, at the end of the treatment and three months after the end of the intervention. The assessment of the professionals and organizations involved will be carried out at the end of the treatment.

Highlights: The cCBT platform enables a two-way patient-professional communication. On the other hand, the architecture of the platform enables a close follow-up, while providing the patient with tools to manage its own condition and prevent future episodes.

Regarding the deployment of the intervention, scalability of the model to the health system, transferability to other health systems, decrease of adverse events and health outcomes, cost-effectiveness, inequities and waiting lists evolution will be measured. For this, the results will be analyzed at three levels: patients (control group and intervention group), professionals (primary care and mental health) and health services organizations.

Conclusions: This project is expected to raise awareness about the key issues underpinning online cCBT integration within regular care, generating the knowledge and expertise needed for the extension of this type of care in a safe, efficient and effective way.

Keywords

ccbt; mental health; integrated care; tele-health; cost-effectiveness; scalability

PowerPoint presentation

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