

Parallel session 1

Thursday 22. September, 11.15-12.45, Auditorium

A connected health framework for mental health research

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Treatment innovation in mental health is a major public-health priority. A specific sub-challenge underlying the development of new treatments is the use of digital technologies to support mental health interventions. In addition to the potential benefits of increased access to care and reduced costs to service providers, the implementation of digital platforms could enhance patient engagement through tailoring of interventions to best suit patients in their own environments and by offering greater flexibility than afforded by routine systems of care. Such technology-enabled care is probably best captured by the term 'connected health', reflecting the interdependency between health care providers, patients, and relevant data capture and information exchange in order to achieve optimal health outcomes. This talk will highlight some of the activities of a European Network Cost Action for the Joint Evaluation of Connected Health Technologies (ENJECT) and illustrate how novel digital technologies are being used to translate connected health initiatives into mental health research.

An evaluation of the MindSpot Clinic, an Australian online mental health service against programme objectives:

Results from the first 50,000 patients.

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The MindSpot Clinic is an Australian online mental health service for adults with anxiety and depression. This study describes the characteristics of patients and their results, and the Clinic's progress against key objectives. Methods: A prospective study was conducted comprising all patients who registered to receive mental health services at the MindSpot Clinic from January 2013 through June 2016. All patients completed a screening assessment, conducted online or via telephone. Based on their assessment results patients were either supported to access local services, another teleweb service, or completed a MindSpot Clinic treatment course. Primary outcome measures were the Patient Health Questionnaire 9-Item (PHQ-9) and the Generalized Anxiety Disorder 7 Item Scales (GAD-7), measuring symptoms of depression and anxiety, respectively. Results: Demographic and symptom characteristics of users (N >50,000) were mostly similar to national population characteristics. Most patients (82%) were not concurrently using other mental health services, and most were seeking an assessment and information about local services. Those who received MindSpot online treatments (N >10,000) obtained large improvements in symptoms of anxiety and depression. Conclusions: MindSpot is achieving the key objectives of reducing barriers to care, providing information about mental health services, and providing effective online treatments.

Navigating the challenges of developing and disseminating online and smartphone application treatments for childhood anxiety disorders in the UK.

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The development and evaluation of online psychological treatments (e-therapies) is typically focused on demonstrating acceptability, feasibility, clinical efficacy and cost-effectiveness. However, an important challenge is the successful dissemination of e-therapies beyond the realm of academic evaluation into routine clinical practice. Consideration of the scalability and sustainability of the e-therapy beyond the research trials is crucial in the research planning in order to maximise adoption within the NHS or other healthcare settings. This paper presents a navigation of these challenges within the UK, considered alongside the development and evaluation of an online and smartphone application treatment for anxiety disorders in children aged 5-12 years old. The treatment is aimed for use within NHS clinics and it is based on a therapist-supported, parent-led approach that has been demonstrated to be effective as a face-to-face therapy. We will present plans for a rapid iterative design approach towards the development of the treatment within a usability study, and a case-series study to demonstrate the initial acceptability, feasibility and effectiveness of the e-therapy. Adapting this approach for e-therapies to manage child anxiety within a community setting as a public health intervention will also be explored.

Internet vs. face-to-face: A meta-analytic evaluation of internet-based interventions in treating panic disorder

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In contrast to conventional face-to-face CBT (fCBT), internet-based CBT (iCBT) presents an extended form of this treatment intervention with similarly effective results in treatment of panic disorder (PD). This study provides the reader with several meta-analyses targeting the efficacy of internet-based CBT and face-to-face CBT in treating PD. Systematic literature search yielded seventeen randomized controlled trials (n = 1135) that met the eligibility criteria and were included in final analyses. Regarding the group of these 17 trials, three subgroups were formed and we performed various meta-analyses in order to calculate the efficacy of iCBT and fCBT interventions. Firstly, we calculated the within and between group effect size of iCBT trials compared to various active control conditions. Secondly, a between group effect size of iCBT interventions was computed, at both post and follow-up levels. In this subgroup, wait-lists served as control conditions. Also, improvements in general anxiety, depression and quality of life were assessed. Thirdly, a group of six non-inferiority trials was examined with the intention of investigating the difference in efficacy of iCBT and fCBT interventions. Heterogeneity was determined in all meta-analyses. Limitations and directions for future research are discussed.