



eMEN

Main achievements and Reflections

2016-2020

“eMEN is a first-of-its-kind multidisciplinary European co-operation platform promoting practical implementation of digital technology for improving mental health prevention, diagnostics and treatment. E-mental health technology could greatly contribute to keeping mental health care accessible and affordable for all EU citizens, as demand and costs are increasing.”

Professor Heleen Riper, eMental-Health/ clinical psychology, VU University Amsterdam, eMEN partner

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eMEN project origins and purpose: addressing a societal challenge

The demand for mental health care is increasing globally as a result of societal challenges related to automation, economic competition, social media, the ageing of populations and the growing impact of climate change. The burden of mental health problems poses a tremendous challenge to European societies and healthcare systems.

Overall, more than a third of EU citizens experience some kind of mental disorder every year, corresponding to an estimated 164.7 million persons. Moreover, 4.1 per cent of all deaths in the European Union in 2015 were attributed to mental and behavioural disorders. Each year, mental disorders contribute to approximately 15 per cent of Europe's disease burden (measured as disability-adjusted life years [DALYs]), yielding €600 billion of direct and indirect costs.

By 2030, depressive disorders are expected to become the leading cause of disability in high-income countries. To deal with these challenges, Europe's mental health systems must evolve by improving the utilisation of and access to available mental healthcare resources.

Despite European countries having comparably well-developed mental health care systems, access to treatment is limited and many people who suffer from mental disorders do not receive timely and adequate treatment. Long waiting lists, perceived stigma and negative attitudes towards psychotherapy or mental healthcare services are among

the reasons why such a treatment gap in mental healthcare is still noticeable in European societies. There is also a shortage of health care staff and financial resources.

When the eMEN project started, no-one could have foreseen the coronavirus pandemic. However, it is now the case that the direct measures used to mitigate its impact, such as social distancing, combined with the major economic recession that is expected to follow, will further increase demand for mental health care in the coming years.

How did eMEN address this challenges?

Digital health solutions have enormous potential to improve prevention, diagnosis, treatment, monitoring and management of people's health and lifestyles. E-mental health (eMH) – as part of digital health solutions – presents an opportunity to enlarge the scope of mental healthcare services and address some of the current and future challenges faced by mental health systems.

Good mental health is key for social cohesion, economic progress and sustainable development in North-West Europe (NWE), as it means a better quality of life for everyone. E-mental health has an important role in providing a high level of mental healthcare at reasonable cost to the healthcare systems of the Member States.

The eMEN project is about implementation of e-mental health technology in Europe and setting up a European co-operation platform (network) to promote the development, testing, effective, safe and faster implementation of this technology. eMEN is contributing to keeping mental health care services affordable and accessible for all EU citizens.

Even though e-mental health is very promising, and has been available for almost 20 years, it has faced many implementation barriers, as the technology can be experienced as 'disruptive' for existing mental health care systems.

This is related to the lack of:

- Product quality:
 - Co-creation with developers and end-users (usability, look and feel)
 - Clinical effectiveness; (outdated) evaluation methods – the research to practice gap remains large
 - Privacy; CE compliance
- Training and curricula development – digital skills
- Reimbursement systems; sustainable business models
- Policy reform (national e-mental health strategies)
- Organisational priorities and remodeling of workflows and job design
- Digital infrastructure
- Awareness and acceptance (job insecurity)
- ('Blended care') implementation protocols
- Agreement on definitions (transparency, reliability, validity etc.)

eMEN Products: Pilot Studies and SME support

Piloting eMH products in real-life settings in the different partner countries has been very important for finding and promoting practical solutions for scaling up e-mental health technology and addressing barriers to their use.

The project's main activity has therefore been the selection, modification and piloting of 7 e-mental health applications: 2 for depression, 2 for anxiety and 3 for PTSD (Post Traumatic Stress Disorder).

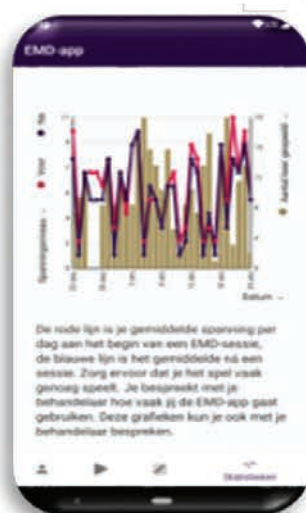
These showcase pilots were conducted by all 6 eMEN partner countries in their different mental health care systems. Each considered the issues of quality, co-creation with SMEs, efficient validation, skills, reimbursement, 'blended care', policy, organisational requirements and acceptance. The selected e-mental health apps were used either unguided or guided, in non-clinical, General Practice, specialised mental health care and inpatient care settings.

The piloting work that has taken place in each country is described below.





moodbuster



The Netherlands

SAM-screener, MIRROR and EMD app

The SAM-screener – screener for possible PTSD symptoms

In this pilot the psychiatric department of the judicial service of the Netherlands (DJI) has piloted the Smart Assessment on your Mobile (SAM)-app as a first step in the clinical assessment of inmates with psychiatric and psychological problems. It is the first time that a clinical app has been used in a prison population. SAM was developed by Interapy, the Amsterdam Academic Medical Centre and ARQ National Psychotrauma Centre.

The SAM application will be used as a first screener for PTSD and general psychopathology. Its main goals are improving prioritisation in caregiving and creating a better risk assessment. Interapy therefore developed an adjusted judicial version of the app and a customised clinical dashboard for clinical psychologists. The judicial personnel have been trained to work with SAM and end-users use the app on a tablet.

Judicial psychologists were highly motivated to use SAM, and Interapy integrated the application into the workflow of the judicial clinic; the app was evaluated with judicial psychologists and patients, resulting in more than 40 assessments of SAM. Some inmates were non-Dutch speaking; although SAM's piloted version is in Dutch, the psychologists used an interpreter so that the app could still be used. This shows that the SAM as a tool was highly recommended by the professionals.

In the capitalisation phase of the eMEN project the plan is to further roll out SAM in correctional facilities, and we are

planning to demonstrate a translated version of SAM in France and Ireland.

For further information contact Interapy's Bart Schrieken: schrieken@interapy.nl

MIRROR – self-screener after a distressing event

The Mobile Insight in Risk, Resilience and Online Referral (MIRROR) application, created by ARQ Centrum'45, is a self-help test to take after experiencing a distressing event. It asks questions about PTSD symptoms, resilience and functioning and returns tailored feedback with personal advice, including towards taking further steps if necessary.

For the eMEN project the goal was to research if the algorithm of the MIRROR would work as intended. A linked question was: if the MIRROR does what it is supposed to do, does it engage users to take action?

In the second half of 2017, the first phase of the pilot, the MIRROR was implemented at Victim Support Netherlands, involving over 10,000 end-users.

At the beginning of 2019, the technical improvements necessary for pilot execution were fully tested and accepted and the new release of MIRROR was deployed to the website of Victim Support Netherlands. The pilot started in February 2019 and data collection was completed on August 20, 2019.

The data export shows that 1314 people completed MIRROR and approved their data to be used for research purposes. Of these individuals, 682 completed MIRROR

and all four research questionnaires. These numbers far exceeded the 300 individuals required for analysing the quantitative research questions.

Results indicated that MIRROR is a valid and reliable self-help test to assess negative outcomes (PTSD symptoms) and positive outcomes (psychosocial resources) in victims of potentially traumatic events (PTE). MIRROR can correctly classify victims of PTEs according to their PTSD complaints and scores on other validated measures. Almost all respondents who started MIRROR completed MIRROR and thus benefited from its personal advice. However, few respondents used its follow-up support options. Nonetheless, the data indicated that MIRROR was able to facilitate self-monitoring. A scientific paper of the pilot study has been submitted for journal publication; when the article is accepted it will be posted on the eMEN website.

In the capitalization phase of the eMEN project we will be further disseminating the MIRROR in France and Ireland. In the Netherlands Victim Support Netherlands will continue using the MIRROR as a self-assessment tool for people who have experienced distressing events. The Dutch police force is also interested in using the application.

**For further information contact
Manon Boeschoten from ARQ at:
m.boeschoten@arq.org.**

EMD app: brings blended EMDR

With the EMD app patients can do a part of their EMDR (Eye Movement Desensitisation and Reprocessing) treatment for post-traumatic stress disorder at home. Patients are asked to think about a traumatic memory, after which they perform a distracting task. The goal of this task is to select the right representation of the presented moving figure. Before and after this task patients are asked to fill in

the 'stress thermometer'. This blended-care app is designed to be used with the guidance of an EMDR therapist.

After receiving feedback from therapists and patients regarding the usability and functionality of the 1.0 version it became apparent that the EMD app would benefit from a re-design to improve its usability and enhance its functionality. More visually appealing graphs were developed, and more games were provided. Based on the EMDR treatment protocol, more visually appealing to tax the working memory of patients more efficiently but also to include more variety to keep patients engaged. The EMD app 2.0 also became a web and mobile-based application accessible via the Android and iOS system, and its data security was improved to comply with GDPR regulations.

The EMD app is very simple to use and this makes the concept extremely powerful and user-friendly. It is also easy to scale up because it is independent from other systems and runs on the patient's own device. A randomised controlled trial (RCT) involving 57 patients is being conducted in co-operation with VU University in Amsterdam to evaluate its impact. Scientific publication of the results will follow after the summer, so keep an eye open for these on the eMEN website section: 'product showcase'.

For more information on the EMD-app, contact Hobbe Jan Hiemstra from ARQ on: h.hiemstra@arq.org.

Note: the coronavirus crisis has greatly accelerated the use of eMH (telehealth in particular) in the Netherlands. Many treatments went fully online and insurance companies have shown a lot of flexibility with regard to reimbursement. Service providers in the Netherlands were quite well prepared, as most of them already used eMH and were able to scale up quickly / under pressure.

Belgium, Germany and the UK

Moodbuster pilot studies

Three partner countries (BE, DE and the UK) conducted pilots of Moodbuster (<https://www.moodbuster.science/>), a flexible platform for the online treatment of psychological problems. These pilots are described below.

BELGIUM: Thomas More University of Applied Sciences and Pulso Europe

The main goal of the Belgian pilot implementation study was to gain insight into the factors that promote or hinder large-scale implementation of e-mental health applications, specifically the Moodbuster application for depression. The Belgian eMEN partners assessed the views of three groups in the implementations process: mental healthcare organisations, mental healthcare professionals, and patients. This resulted in two projects: one on the attitudes of mental healthcare organisations towards technological applications in general, and another that examined the attitudes and implementation experiences of professionals and patients when working with the Moodbuster application.

1. Attitudes towards e-mental health (research): an exploratory study with Belgian psychiatric hospitals and psychiatric units in general hospitals

The attitudes of the participating organisations tended to be positive. Most of them agreed that apps are useful and easy to use, and they believed in their added value and efficacy. However, only a minority of the interested organisations believed they had sufficient time to use e-mental health applications. Lack of time was also given as the major constraint for the organisations that were not interested in participating.

2. Adding Moodbuster to treatment-as-usual: gaining insights into factors that increase implementation and dissemination of online depression applications in Flemish inpatient settings

The implementation of Moodbuster took place in one psychiatric hospital and three psychiatric units in general hospitals in Flanders. Mental healthcare professionals and depressive patients were free to choose whether they participated. Questionnaires were provided both to professionals and patients at the beginning and end of the 3-4 month implementation period to evaluate their attitudes to and experiences of using Moodbuster. Professionals and patients who were not interested in participating could also complete a questionnaire on their reasons for this.

This is first time that Moodbuster has been implemented in residential, in-patient settings. This pilot study provides a lot of new information, both positive and negative. Data analysis is still going on, but currently shows the following:

Barriers: Even though professionals and patients were interested in using Moodbuster, the technological facilities and procedures in the inpatient settings did not always fit the way Moodbuster is meant to be used. For instance, laptops or computers were often not available for using the Moodbuster platform and patients typically stay in these settings for only a couple of weeks, making it more difficult for them to become familiar with Moodbuster.

Benefits: Moodbuster was seen as a very valuable application and professionals saw a lot of value in using Moodbuster in the follow-up treatment of patients who have left the hospital.

GERMANY: DGPPN (the German Association for Psychiatry, Psychotherapy and Psychosomatics) with support from LVR-IVF

The objectives of the 'Acceptance of e-mental health in German inpatient care' Moodbuster pilot study were threefold:

- I. To assess the attitudes towards online therapy of German mental health care professionals working in an inpatient care setting.
- II. To assess barriers, facilitators, and benefits for the implementation of online therapy in German inpatient care.
- III. To guide further development and adaptation of Moodbuster to the needs of German psychiatric inpatient care settings.

The pilot consisted of ten workshops conducted in psychiatric clinics throughout Germany. During the workshops, eMEN and Moodbuster were presented to health professionals, who were asked to fill in a questionnaire to collect insights and attitudes towards using e-mental health in the inpatient setting. LVR-IVF conducted three of the ten Moodbuster workshops (in Cologne, Düsseldorf and Bielefeld), in collaboration with the DGPPN and the VU.

The key learning from the pilot was as follows:

- I. **Attitudes to online therapy:**
Due to a lack of experience, many German mental health care professionals are not sure how to evaluate online therapy in a psychiatric inpatient care setting. Nevertheless, 58% of the respondents were interested to use online therapy in their daily routine.

- II. The most frequently mentioned potential benefits, barriers, and facilitators for the implementation of e-mental health in German inpatient care are:

Benefits: better-structured psychotherapeutic treatment, attractive add-on to face-to-face treatment, and empowerment of the patient.

Barriers: patients admitted to hospital due to the seriousness of their symptoms may not be willing or cognitively and mentally able to do online therapy; there is a risk of neglecting important face-to-face contacts; there are not enough financial and personnel resources.

Facilitators: technical preconditions (internet access, workspaces, devices); easy-to-use online therapy programme; sufficient functional level of patient; further education of staff.

- III. To better meet the needs of German psychiatric inpatient care, Moodbuster would have to become more flexible regarding its cognitive demands on patients.

Note: These data were collected in April/May 2019, i.e. before the global coronavirus pandemic. Since then, many areas of life have been switched to digital solutions without personal contact. Also, many psychiatric institutions in Germany are now partially providing treatment via telephone or video. It can be assumed that the general attitude towards online treatment will improve after this crisis.

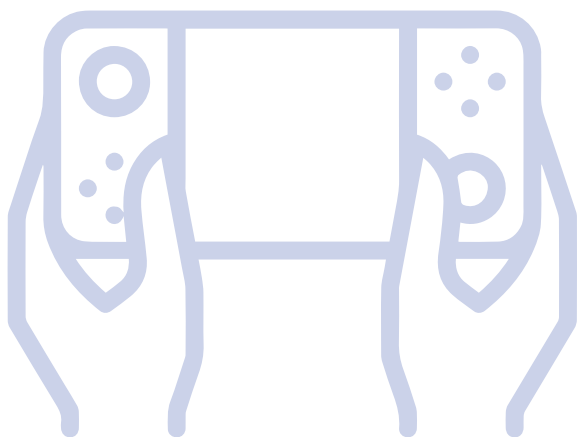
UK: Mental Health Foundation (MHF)

In the UK, MHF has been running the Moodbuster pilot: An online self-help intervention for the prevention of major depression in primary care.

The target population for this study is participants in primary care who are experiencing mild to moderate symptoms of depression but who do not have a clinical diagnosis. The pilot aims to answer the following questions:

- What is the effectiveness of Moodbuster in reducing depressive symptoms?
- What are the effects of Moodbuster on depression incidence, anxiety, unintended effects, quality of life and service utilisation?
- What are the barriers and facilitators to implementing Moodbuster?

Note: Due to the global coronavirus pandemic, healthcare professionals and participants have expressed an increased interest in digital mental health solutions. The reduction in/termination of face-to-face appointments means that online tools are a much more accessible option for patients who are seeking help. The impact of COVID-19 has placed healthcare professionals under greater strain and so digital mental health support may alleviate some of the additional pressure that healthcare systems are currently experiencing.



Key learning to date:

- I. Attitudes towards online self-help tools: Participants found this method of therapy much more flexible and accessible compared with face-to-face therapy and preferred to be able to access support from their own home in their own time.
- II. The most frequently mentioned benefits, barriers and facilitators for the implementation were identified as:

Benefits: The programme is very accessible, encourages reflection and increases people's awareness of their own feelings.

Barriers: Self-motivation is integral to the programme being utilised to the extent it should be to provide effective results. The pressure to complete in 6 weeks was listed by some as a barrier to completion, which is useful learning for future efforts to implement Moodbuster. In addition, the ability to access Moodbuster modules as part of an app would have been preferred, and this would have the potential to increase its use.

Facilitators: The product is intuitive and easily understood. Its usability is a key factor in participants' experience of Moodbuster. This facilitated use of the programme and was viewed positively.

- III. **Conclusion:** To maximise recruitment, retain participants and ensure the programme is completed, the protocol must not be perceived as burdensome and participants may require a longer intervention period to complete homework and modules.

France

StopBlues mobile application

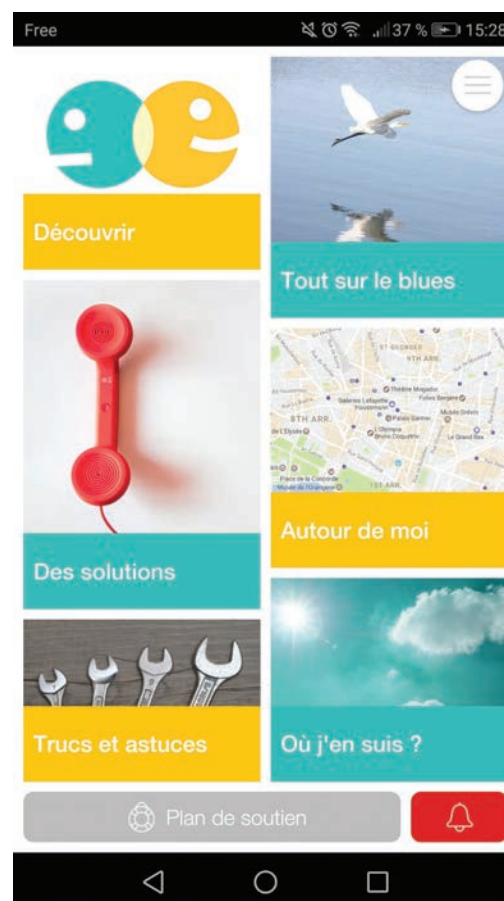
EPSM Lille Métropole World Health Organisation Collaborating Centre (WHOCC) has been piloting StopBlues. This is a mobile application and website for the prevention of depression and suicide within the general population. It was developed as part of the PRINTEMPS research programme (Programme de Recherche INTerventionnelle et Évaluative Mené pour la Prévention du Suicide) carried out at the INSERM research institute in Paris. The programme is funded by Santé Publique France, the Public Health Research Institute (GIS-IRESP) and the eMEN project.

The PRINTEMPS research programme aims to prevent mental distress in the general population through the creation of a website/application, its promotion in different cities in France, and an evaluation of the study. It also aims to support public decision-making and the development of preventive actions in the field of e-health.

EPSM Lille Métropole WHOCC contributed to the development of StopBlues as part of the eMEN project through networking and the promotion of the tool within local authorities.

The StopBlues project was selected for several reasons:

- First, it is a project led by a renowned research team from INSERM in Paris, which already had other projects in common with EPSM Lille Métropole WHOCC.
- Secondly, suicide prevention is recognised as a priority by the French Ministry of Solidarity and Health and by the WHO (<https://www.who.int/news-room/fact-sheets/detail/suicide>).



With regard to the mobile app/website implementation, this was a good but challenging collaboration for the different project stakeholders. As the team gathered partners from various backgrounds (end-users, SMEs, developers and municipalities as well as test sites and facilitators, researchers, mental health professionals and project officers), communication was often a challenge. However, one of the project's biggest strengths was that the team was truly dedicated to think creatively to realise a bigger vision of the project.

Evaluation of StopBlues shows that since April 2018 it has led to the creation of 10,800 accounts and attracted 14,000 end-users.

Ireland

eWell and Pesky gNATs

Mental Health Reform (MHR), the eMEN project lead in Ireland, supported two separate pilots developing e-mental health products – eWell and Pesky gNATs – and three SMEs in a lighter touch manner.

eWell

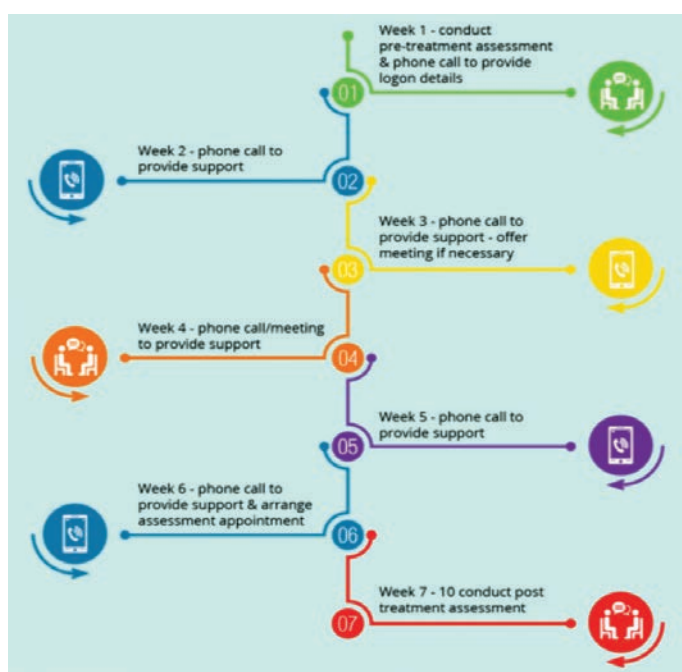
This pilot involved supporting the in-house development of the eWell online CBT programme for adolescents by Ireland's national health service (HSE). It built on an earlier programme (Mindwise) developed for adults with anxiety or depression attending primary care psychology services, to develop an upgraded programme tailored to adolescents.

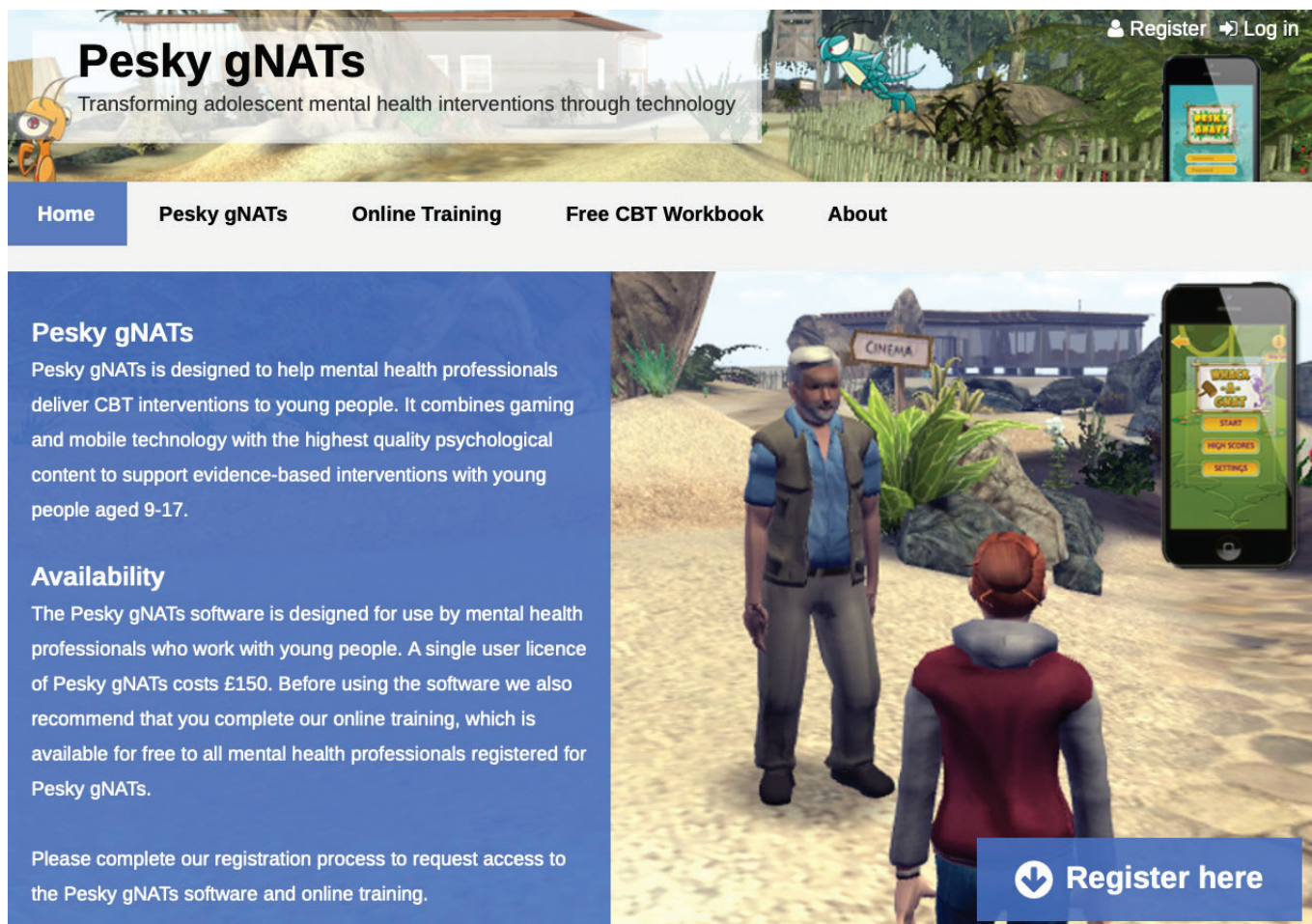
This linked with an HSE human resources pilot introducing a new grade of Assistant Psychologist to primary care psychology services, aiming to help reduce waiting lists and address other challenges facing the service. eWell is a supported intervention, with Assistant Psychologists supporting clients as they work through the CBT programme.

The eMEN team facilitated and contributed to the development of eWell in a number of ways, including sourcing and making available relevant international guidance and evidence for its technical development and organising oversight groups related to its clinical content. The team also provided development support and contributed to preparations for its implementation by:

- organising a youth panel feedback for early versions of the programme;
- organising and co-hosting a seminar for HSE psychology managers and senior staff from around the country, to introduce and discuss the broader potential of e-mental health in their services as well as specific issues needing consideration in the implementation and roll-out of eWell in their services; and
- conducting a survey of Assistant Psychologists after their training on eWell to examine their readiness to use the programme and gather feedback on aspects needing improvement.

The team has supported the developers with preparations for implementation and roll-out, including sourcing guidance on issues such as cloud-hosting capacity requirements to meet anticipated volumes of usage. The HSE is updating the business and implementation plan in response to the COVID-19 pandemic and this is expected to be completed after the pandemic ends.





Pesky gNATs

Transforming adolescent mental health interventions through technology

Register Log in

Home Pesky gNATs Online Training Free CBT Workbook About

Pesky gNATs

Pesky gNATs is designed to help mental health professionals deliver CBT interventions to young people. It combines gaming and mobile technology with the highest quality psychological content to support evidence-based interventions with young people aged 9-17.

Availability

The Pesky gNATs software is designed for use by mental health professionals who work with young people. A single user licence of Pesky gNATs costs £150. Before using the software we also recommend that you complete our online training, which is available for free to all mental health professionals registered for Pesky gNATs.

Please complete our registration process to request access to the Pesky gNATs software and online training.

[Register here](#)

Pesky gNATs

This pilot involved support for a university-based not-for-profit enterprise (Handaxe Ltd) to further develop and upgrade the Pesky gNATs programme.

The programme uses gaming technologies to help children and adolescents understand CBT concepts within the context of clinician-delivered psychological therapy for anxiety and depression. MHR provided some development funding for re-design to make Pesky gNATs more inclusive, including making it more age-appropriate for both the younger and older age groups in the child and adolescent cohort, and more gender-neutral for all groups. In addition, eMEN provided supports on methods for involving users in the design process and feeding their inputs into design decisions.

Other SME Support

eMEN partners have been supporting some SMEs as part of their piloting work (as described above), and others in a 'lighter touch' manner.

In the Netherlands, ARQ supported five SME companies: **Pixplicity, Cerios, IJsfontein, Therapieland** and **Interapy**. Besides face-to-face meetings, this support consisted of co-creation during the pilots (Pixplicity, Cerios, Interapy), participation in seminars and conferences and market-access information. Overall, what the companies most appreciated was the network the eMEN project brings, and the co-operation with health care professionals, which gave them more insight into how the world of mental health works and the difficulties that need to be tackled in order to develop a successful business case for products.

In France, EPSM Lille Métropole WHOCC has been supporting the SMEs '**Learn Enjoy**' and '**VO2**' (the SME working on the StopBlues pilot) with their product development. They were given more visibility through linking them to the French eMEN events; for example in March 2018 SMEs were encouraged to demonstrate their eMH pilot at a WHO International meeting about active citizenship and empowerment in community mental health

EPSM Lille Métropole WHOCC is continuing its support through planning a project proposal for a collaboration during the eMEN capitalisation phase.

The Irish eMEN team has supported three Irish SMEs:

- **Wellola** has been developing a platform for therapists to conduct secure video consultations with clients, including an extensive toolkit for practice management, outcomes assessment and other aspects of care.
- **Turn2Me** has been developing and expanding its online platform supporting delivery of online group support and/or one-to-one programmes for people with mental health difficulties.
- **Videodoc** has been expanding its remote GP consultation service to include remote access to psychotherapy and telepsychiatry.

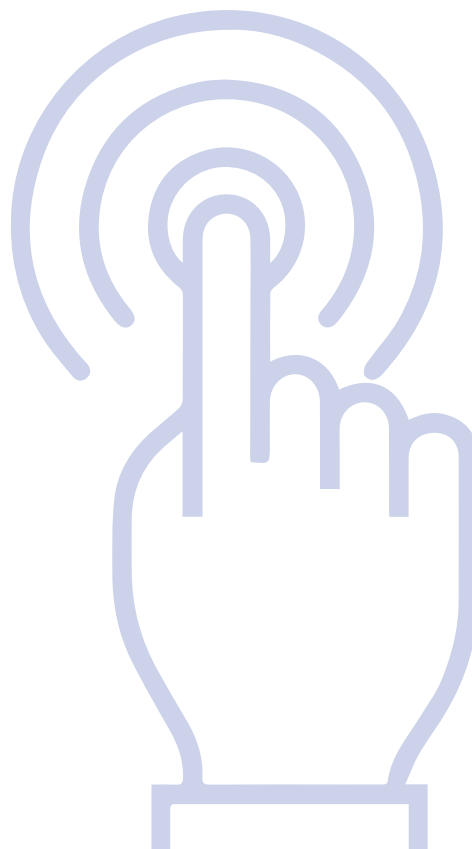
In each case, eMEN has supported the SMEs through sourcing and making available relevant guidance and evidence, facilitating networking within the mental healthcare ecosystem, and identifying and working through proof of concept scenarios with a range of stakeholders and potential market segments.

All supported SMEs have also had the opportunity to join the eMEN network.

In the UK, MHF has been supporting Moodscope (**moodscope.com**), a mood test which enables people to describe, measure, track, share and thereby manage their mood.

It has also given a number of SMEs the opportunity to attend, speak at and demonstrate their technologies at the themed conferences, seminars and roundtable discussions it has organised for key stakeholders.

It is notable that all partners have reported that the recent coronavirus pandemic has led to an increased interest in their countries in the use of e-mental health technologies, and the potential they have to offer treatment and support at a time when opportunities for face-to-face mental health consultations in 'real space' have been either impossible or severely restricted.



What has eMEN achieved between 2016-2020?

One of the drivers for initiating the eMEN project in 2016 was the market failure of e-mental health product development and implementation in North-West Europe (NWE). While demand for services was increasing, this market was not performing effectively. By using a multidisciplinary approach, eMEN has implemented several actions focused on finding and promoting practical solutions for scaling up e-mental health technology. By addressing the challenges and barriers involved, it has contributed to faster implementation of this technology.

It has also positively affected innovation and employment in the ehealth industry and has supported the improvement of e-mental health policies. The project has involved key national and European stakeholders in the field of mental health and directly contributed to the implementation of national eHealth strategies. eMEN has also contributed to NWE's leading position in the field of e-mental health. eMEN will have a positive impact on employment as it creates more jobs within (eHealth) SMEs and supports the development of a healthier workforce in our region. It also promotes exports of eHealth products and services to other regions in the EU and beyond.

Innovative and high-quality e-mental health products substantially contribute to keeping mental health services accessible and affordable for everyone. They are likely to be even more important in the future, when increasing demand may be combined with economic austerity caused by the COVID-19 pandemic.

Summary of main activities and achievements

- 15 SMEs have received specific support with developing eMH products (co-creation, business case, market access etc.). This support was given through involvement in product pilots, via expert meetings and/or participation in conferences and seminars (including product pitches). Almost 100 e-mental health SMEs participated in our conferences and seminars.
- 7 e-mental health products have been developed and piloted in North-West Europe (NL, BE, FR, DE, UK and IE) – 2 for depression, 2 for anxiety and 3 for PTSD. In total more than 25,000 end-users (mental health patients and people with mental health problems) were reached with these pilots.
- Publication of a quality test method for e-mental health development, validation and implementation (eMH toolkit).
- Transnational policy recommendations for e-mental health implementation in Europe.
- 18 transnational thematic seminars.
- 5 transnational thematic conferences.

Project reach

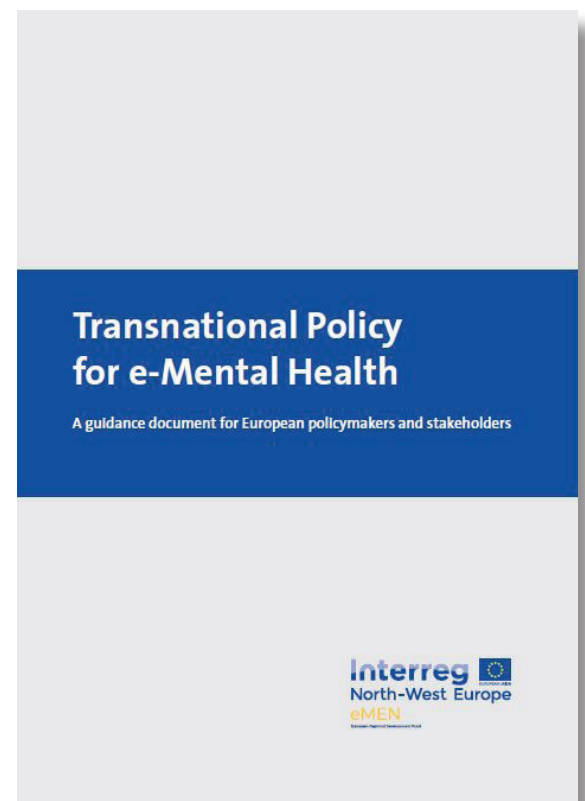
Through these varied activities, project partners have reached almost 100 SMEs, 20 national and regional public authorities, 7,400 health professionals, more than 80 higher education and research stakeholders, 81 NGOs active in the field of mental health and more than 140,000 members of the general public.

The eMEN Transnational Policy for e-Mental Health

Another important project output is a comprehensive European policy recommendation for e-mental health implementation. This Transnational Policy helps to understand the benefits of eMH products and services and their impact on improving population-level mental health throughout Europe.

It outlines the challenges that are yet to be mastered to facilitate the implementation and adoption of eMH solutions and provides a practical guide for achieving these goals at a European level.

The document was developed in co-operation with more than 50 national stakeholders and the European Commission's DG Health & Food Safety provided feedback on the document during a presentation in Brussels on November 11th 2019. The final version of the policy has been disseminated to DG Health & Food Safety, the European Parliament (ENVI's [the European Parliament Committee on the Environment, Public Health and Food Safety] Health Working Group), the WHO / EURO office, Mental Health Europe, the European Psychiatric Association and to national health care stakeholders.



The COVID-19 crisis has further increased the relevance of our policy recommendations, as they provide guidelines on how to effectively implement e-mental health technology, which has become an important instrument for the continuation of mental health services.

Transnational Policy for e-Mental Health – a guidance document for European policymakers and stakeholders is available to download from the eMEN website.



Communications activities

Increasing eMH implementation cannot be successful without effective and large-scale dissemination of knowledge about this technology. The eMEN project therefore developed a strategic and specific communications strategy which focused on reaching relevant target groups such as mental health service providers, SMEs/eHealth developers, policy makers, universities, advocacy groups and end-users, using a mix of communication tools. These included a project website, social media, videos and banners. Partners also participated in eHealth events and organised 23 transnational thematic seminars and conferences, as below.

Due to the coronavirus crisis some final project activities had to be cancelled or moved to the capitalisation phase.

eMEN Conferences and seminars

During the four years of the first phase of the project, each partner country committed to organising one major conference and three thematic seminars on a wide range of topics relevant to e-mental health.

These events aimed to deepen activities related to e-mental health product development and implementation, disseminate project results, and expand the co-operation platform, through reaching a wide variety of professional stakeholders and – through them – thousands more potential end-users.

The varied themes of these events are shown in the table below. In the end, only 23 events took place, as the final conference had to be cancelled due to the coronavirus pandemic.

Panel discussion during the DGPPN eMEN conference in Berlin – November 29th 2019.



2017

| Date | Type | Location | Topic |
|-------------|------------|---------------|---|
| February 23 | Conference | BE, Mechelen | LAUNCH |
| April 28 | Seminar | UK, Belfast | Enhancing equitable access |
| June 13 | Seminar | FR, Paris | State of the art |
| July 11 | Seminar | NL, Amsterdam | Implementation: technical, quality, privacy |
| October 12 | Seminar | DE, Berlin | Practical insights for health professionals |
| November 16 | Conference | IE, Dublin | Technology for wellbeing |

2018

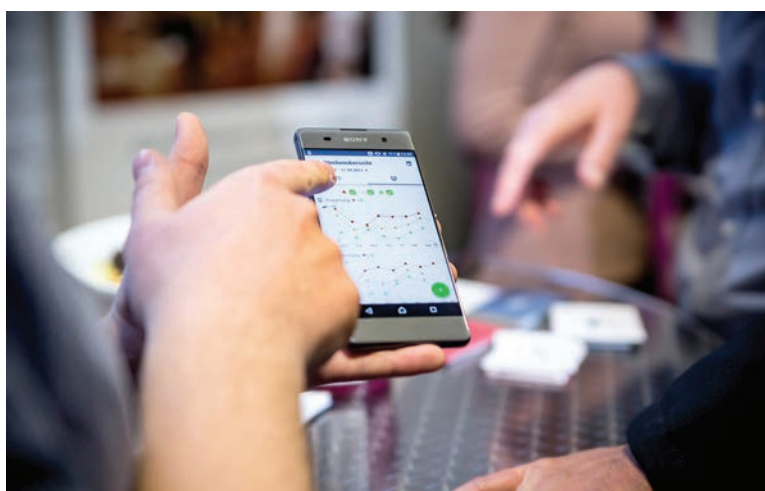
| Date | Type | Location | Topic |
|-------------|------------|----------------|---|
| February 23 | Seminar | BE, Brussels | Ethics and Beyond CBT |
| March 29 | Conference | FR, Lille | New role for therapists, empowerment of users |
| April 10 | Seminar | NL, Haarlem | Training for universities and treatment centres |
| May 24 | Seminar | UK, Edinburgh | Place-based approaches to the use of digital technologies for mental health |
| June 11 | Seminar | DE, Düsseldorf | Results of Y1 policy mapping |
| September 6 | Seminar | BE, Geel | Trends and technological developments of apps in mental healthcare |
| October 9 | Seminar | IE, Dublin | eMental Health: The Next Big Thing in Psychological Practice? |
| November 29 | Seminar | DE, Berlin | E-mental health in Europe: learning from our neighbours |
| December 11 | Seminar | FR, Rennes | Ethical, juridical and quality dimensions of e-mental health tools and services |

2019

| Date | Type | Location | Topic |
|-------------|------------|---------------|--|
| January 24 | Conference | UK, London | Prevention with digital technologies: expanding the possibilities for better mental health |
| March 28 | Seminar | NL, Amsterdam | Implementation solutions |
| April 30 | Seminar | BE, Leuven | Technology and mental health: a good Return on Investment? |
| June 18 | Seminar | IE, Dublin | Technology and Student Mental Health |
| July 4 | Seminar | UK, Cardiff | Digital Mental Health: Increasing access and equity in Wales |
| November 29 | Conference | DE, Berlin | Digital Innovations in Psychiatry and Psychotherapy |

2020

| Date | Type | Location | Topic |
|-------------|---------|------------|---|
| February 18 | Seminar | IE, Dublin | eMental Health: Opportunities for the Third Sector |
| March 6 | Seminar | FR, Paris | E-mental health: Training of Stakeholders and evaluation of Tools for Improvement of mental health services |



More information about these events is available on the [Events page](#) of the INTERREG eMEN website.



Project Recognition: eMEN project chosen as a finalist for the RegioStars Awards 2019

In 2019 the eMEN project was selected as one of the **finalists** for the RegioStars Awards. These annual awards are organised by the European Commission's Directorate-General for Regional and Urban Policy. They aim to identify good practice in regional development and highlight innovative, EU-funded projects, which could be attractive and inspiring to other regions and project managers. A total of 199 projects participated in the 2019 competition. Of these 199 projects, 24 projects were selected as a RegioStars finalist by an independent high-ranking academic jury.

Long-term connection for eMH activity

As eMEN wants to be sustainable, the project included a dedicated Long-Term Work Package. This developed a workplan that allows for continuation of eMH implementation activities after the funding phase of the projects ends. All eMEN partners have signed a Memorandum of Understanding (MoU) for post-project co-operation in order to continue with eMH research, product development, implementation, policy and communication activities.

The platform will also expand, with new members and a signed MoU with the eHealth Hub platform, an EU-funded (Horizon 2020) cross-border initiative which focuses on the vertical integration of digital health systems.

The hub provides long-term support for eHealth SMEs and stakeholders to address key challenges, such as fine-tuning of a business model, securing investments, engaging the demand-side, accelerating commercialisation, and accessing legal and regulatory guidance to develop solutions. The eMEN partners are now using the eHealth Hub platform as an online database for e-mental health stakeholders, which has expanded the number of e-mental health stakeholders currently active in the eHealth Hub database. It has also created more opportunities for business co-operation in Europe's digital health economy. SMEs, research organisations, eHealth experts and eHealth service providers will now be able to find each other much more easily.

Reflections and key learning from project partners

In this section, project partners share their reflections and key learning from the first phase of eMEN

BELGIUM

Pulso Europe and Thomas More University of Applied Sciences

Pulso Europe's mission is to build vibrant, healthy organisations, where everyone is passionate about their work. It does this by supporting the heart of any organisation: its people. It has a history of developing and implementing online tools for employees' and students' wellbeing and safety, such as HappyCare, Studies without Worries, APPA, SAS. Even though studies had indicated that these tools were effective, we noticed that trust in them remained low, and as a consequence so was their uptake. The eMEN project was the perfect opportunity to increase awareness of e-mental health and to learn from other countries' challenges and best practice.

Throughout the four years of the first phase of the project, Pulso Europe worked in close partnership with Thomas More University of Applied Sciences. The multidisciplinary team of psychologists, healthcare professionals and engineers at Thomas More conducts practice-oriented research in the field of technology, health and psychology. There is a strong focus on the interaction between these domains and the synergy they create, particularly within mental healthcare and human-technology interaction.

The eMEN project fitted neatly with the research domains of the Thomas More partners and provided an ideal opportunity to collaborate with other European partners who shared the same goal: to use technology to improve people's mental health.



Project partners gathered in Düsseldorf, DE, for the project's 9th Steering Group meeting – June 12th 2018.

The combination of the pragmatic knowledge and approach of Pulso and the scientific background of Thomas More proved to be a good combination. We organised an initial conference and three seminars to raise awareness of the subject among students, healthcare professionals and organisations willing to invest in the mental health of their employees.

Feedback from the attendees showed that most of them already shared a certain interest in the topic, but that they reported gaining supplementary insights from the events. We also heard a need for real testimonials from users: did it work for them? How did they use the technology? We feel that such testimonials strongly inspire healthcare workers such as psychologists to use the tools.

In addition to raising awareness and acceptance of e-mental health, we ran an implementation study in Belgium, to gain insights into factors that are hindering or helping the implementation of e-mental health tools in psychiatric hospitals or psychiatric units in general hospitals. The preliminary results show that the main issues continue to be: implementation costs (especially time), availability of the necessary technology, and a certain resistance to new technologies.

The collaboration with other partners in the eMEN project helped both Pulso Europe and Thomas More to learn more about e-mental health implementation and providing advice to different stakeholders regarding its use. Pulso can now better support the use of these tools with their own employees, the network of psychologists for the Employee Assistance programme, and within organisations. Thomas More relies on the insights from the programme to further research on e-mental health implementation and to guide support for national and European policy recommendations.

The current COVID-19 pandemic has given mental health care a strong push towards digitalisation. Pulso and Thomas More have been able to provide adequate, rapid support and training to coaches, psychologists, and mental healthcare professionals. They have also been able to provide their federal government and other important stakeholders with reliable information concerning e-mental health, where to find adequate online platforms for teleconsultations, and how to make short-term changes to the mental health care system, all of this using feedback and lessons learned throughout the eMEN project.

FRANCE

EPSM Lille Métropole WHOCC

Since 2016, EPSM Lille Métropole WHOCC has contributed to the operation and exchange of standards of good practice within the field of eMH through its involvement in the eMEN project. Our main achievement has been our co-development of the Stopblues mobile application in close partnership with the public research team, municipalities and SMEs. **More detail about this is given in the section on the eMEN Pilot Studies.**

The eMEN project gives both an international visibility to EPSM Lille Métropole WHOCC and an international overview of eMH and its different uses and progress within the eMEN consortium.

In addition, international eMH collaboration and understanding has been reinforced by the eMEN events and other eMH communication and dissemination that has connected stakeholders with an interest in the topic – mental health professionals, mental health service users, carers and political authorities.

A link between the eMEN consortium and the World Health Organisation has been created through EPSM Lille Métropole WHOCC, as a collaboration centre for the



Project partners attending the 14th Steering Committee, November 12th 2019 Lille, FR.

WHO, undertaking eMEN initiatives. The last eMEN seminar in Paris on March 6th 2020 helped to strengthen this link, especially with the participation of Dan Chisholm, the Programme Manager for Mental Health, WHO Regional Office for Europe.

The visibility of the work of the WHOCC through its involvement in the eMEN project has greatly contributed to raising the awareness among stakeholders of digital mental health. The final seminar allowed the French Ministerial Delegation for Digital Health to connect with the French Ministerial Delegation for Mental Health and Psychiatry. We now plan to set up a task force to develop a plan for coherent implementation of e-mental health in France.

One of the key things we have noted is the contribution of eMEN work to the French context for eMH, in terms of economics, health system structure, mental health service users & digital habits.

GERMANY

DGPPN (the German Association for Psychiatry, Psychotherapy and Psychosomatics)

In Germany, the last four years have been very turbulent regarding e-health. So, we were in the eMEN project at the right time and in the right place to learn from our project partners and to help shape these new developments in Germany.

In 2016, at the beginning of the project, the first **E-Health Law** came into force in Germany. It focused on digital infrastructure, the electronic health insurance card and the legal basis for video consultations within the context of public services. Since December 2019, the **Digital Healthcare Act (DVG)** has been in force. Certified digital health applications can now be prescribed by doctors and psychotherapists and will be free of charge to insured people.

As the largest scientific medical association focusing on mental health in Germany, DGPPN took the opportunity to contribute to this legislative processes.

Further, the DGPPN has organized four successful **eMEN events** in Germany from 2017 to 2019, three of them in the context of the large DGPPN Congress for Psychiatry and Psychotherapy in Berlin. The events were very well attended, and we received a lot of positive feedback for this new format in Germany, bringing together e-mental health developers, practitioners, policy-makers and researchers. The e-mental-health sector has grown enormously in Germany in recent years. We are pleased that some start-ups, which presented themselves to professional audiences for the first time at our events, have already made the step into being part of the healthcare system.

We are very grateful for the transnational exchange in the eMEN project, which enabled us to catch up a little regarding the implementation of e-mental health in Germany.

LVR Institute for Mental Healthcare Research (LVR IVF)

LVR-IVF has been the partner responsible for the development of the Transnational Policy Solution – a guidance document for EU policymakers and stakeholders. Based on a systematic literature search and qualitative interviews with stakeholders in the eMEN partner countries, this document identifies important barriers and facilitators for the implementation of eMH products, and provides an overview of the status-quo in the eMEN partner countries. The document, which was published on June 2nd, makes recommendations to the European Commission and to national bodies, and suggests actions for the

upscaling of eMH implementation. The final draft of the Transnational Policy Solution document was presented to representatives of the Directorate-General for Health and Food Safety of the European Commission and was well received. Its official launch has had to be postponed because of the coronavirus pandemic. We therefore sent a digital version of the document to important stakeholders such as the ENVI (European Parliament Committee on the Environment, Public Health and Food Safety) Health Working Group of the European Parliament and to the WHO.

Other activities of LVR-IVF included supporting the Moodbuster pilot in Germany (**more details are given in the section on the eMEN pilots**), as well as providing support to all other work packages as needed.

During this first project phase of eMEN, LVR-IVF has learned a lot from different stakeholders about the expectations and concerns related to the use of e-mental health in routine practice. This experience is helping to inform the ongoing discussions about the implementation of online treatments in LVR clinics. Furthermore, LVR-IVF has been able to enhance its skills in policy writing and in communication within large projects. LVR-IVF is looking forward to being part of the capitalisation phase of the eMEN project.



IRELAND

Mental Health Reform (MHR)

The Irish activity in eMEN has already had significant impact and influence on the development of the e-mental health ecosystem across the country. The project has achieved this through a number of activities, including in-depth support for the development and piloting of strategically-selected and innovative e-mental health products and services, policy inputs, and broader awareness-raising and knowledge-sharing across the mental health system.

Our work to pilot eWell and Pesky gNATs is described in the section on the pilot studies.

Policy inputs

Another stream of work in Ireland has focused on providing policy inputs on eMental health. During 2018, MHR commissioned and published a well-received e-mental health state-of-the-art report, launched at an eMEN project

event by the Minister of State for Mental Health, Jim Daly, TD. The report provides an overview of practice and evidence for digital technology in mental healthcare, aiming to inform policy-makers, mental health practitioners and other stakeholders about the potential to incorporate digital technology into mental health service delivery and help address the challenges facing mental healthcare in Ireland.

Additionally, the Irish eMEN project made contributions to: the forthcoming national policy for mental health in Ireland, 'A Vision for Change', to relevant initiatives by the Department of Health, and within the eHealth Strategy. The project has also been very active in supporting the mental healthcare sector to address the logistical challenges for service delivery posed by the restrictions in place across Ireland in response to the COVID-19 pandemic. This included publication of a rapid briefing document providing a collation of guidance materials on telemental health for mental health services and practitioners.



eMEN team 2017_seminar Belfast April 28th 2017.

Awareness-raising and knowledge-sharing

We have organised several large-scale awareness-raising and knowledge-sharing events in Ireland, including a programme of annual international seminars and conferences on eMental health:

- The 2017 conference was in partnership with ReachOut Ireland (the Irish offshoot of the influential Australian-based parent voluntary organisation), and attracted a large, mixed audience including professionals, providers and young people.
- The 2018 seminar focused on ‘*e-mental Health – The Next Big Thing in Psychological Practice*’, organised in partnership with the Psychological Society of Ireland.
- The 2019 seminar was in partnership with the representative body of Psychological Counsellors in Higher Education in Ireland (PCHEI) and the Union of Students in Ireland (USI), focusing on e-mental health in third-level education settings.
- The final seminar in 2020 focused on the role of the third sector in innovation and utilisation of eMental health.

The eMEN team prepared and published briefing documents addressing the sectors and issues covered in the 2019 and 2020 events.

THE NETHERLANDS

ARQ National Psychotrauma Centre

In the second half of 2015 ARQ National Psychotrauma Centre started to develop the eMEN project, as a part of its e-mental health strategy, building on the results from previous e-mental health projects. A multidisciplinary consortium was put together, consisting of six partner countries and 10 organisational partners in the North-West Europe (NWE) region of the EU.

The application phase was very challenging, as e-mental health was a relatively new topic for most of the partners, as it was for the Interreg NWE programme. The eMEN project was finally approved at the end of May 2016, with a budget of 5.3 million Euro. As lead partner, ARQ was responsible for the overall coordination of the project and the six-monthly progress reports; ARQ was also work package leader for project management and product development.

The main output of the project was the development and piloting of 7 e-mental health products and supporting 15 SMEs with the development and scaling of e-mental health products. After a relatively slow start in the first half of 2016, the pace of the project increased substantially. Implementing the three Netherlands product pilots (Mirror, EMD app and SAM-screener) was our main challenge. **The detail of how this was done can be read in the section on the pilot studies.**

ARQ also coordinated the development of our e-mental health development and implementation toolkit and organised three seminars and different stakeholder meetings. We actively communicated about our project and gave presentations at a variety of international seminars and conferences.

Lessons learnt

The main things we learned were related to the fact that the national mental health care systems turned out to be more diverse than initially assumed. This made broad, cross-border piloting difficult, and much flexibility and innovative thinking was required to successfully implement this complex multidisciplinary implementation project.

Regarding the pilots: we think it is very important to take enough time to select an SME. Do not necessarily choose the cheapest SME, but do make sure that the partner you select is a real partner that can help improve the product, rather than simply carry out your ideas. It is also

important to pay attention to the required safety and security certificates and other services such as support.

To research an app effectively, it is important to do this in an iterative way. It is best to start with a literature study and to test the basic elements of the app to ensure that these core elements are effective. Be sure also to take enough time for the Medical Ethics Commission (METC), as this can be time-consuming. Finally, thorough market research is recommended before starting to develop a particular app in order to be aware of competitors.

Regarding implementation: look specifically into safety and security and note that all departments within the organisation must comply with the security and safety rules. The process of achieving this can be time consuming.

Finally, we have been very positively surprised about the speed at which e-mental health activities developed in the partner countries. At the start of the project in 2016 there was a lot of scepticism, but by the end of the project in 2020 e-mental health was embraced by a lot more stakeholders, and the eMEN project has become well known within the mental health community. The COVID-19 crisis further increased the speed of e-mental health implementation. We hope to build on this implementation of eMH during our project capitalisation phase which starts on June 1st 2020 and continues until at least December 2021.

Interapy

Interapy contributed in different ways to the project:

- It operated as the main e-mental health implementation consultant, working closely with the lead partner ARQ, advising and monitoring the implementation pilots in the six project countries. Interapy visited all the sites regularly and helped to improve the

functionality of implemented applications and to optimise the pilot results.

- In their own implementation pilot, Interapy introduced e-mental health into the field of forensic psychiatry. Together with the Custodial Service of the Dutch Ministry they adjusted the SAM post-traumatic psycho-diagnostic screening app to the needs of a forensic clinic. It was implemented successfully and was used to assess new patients in the Veldzicht forensic psychiatric clinic.
- It shared knowledge on the development, research and implementation of e-mental health with different target groups. For instance, by making contributions to eMEN seminars in the UK, Ireland, Germany, France and the Netherlands.

Lessons learnt

eMEN is the first project which addresses not only the development but also the implementation of e-mental health in Europe. It was impressive to see how well and how committedly the project partners worked together to effect tangible results in six North-West European countries. They showed in the implementation pilots how co-operation between stakeholders in mental health, research institutes and ICT partners can kickstart dissemination of eHelp in practice.

Not so much a lesson, but definitely a benefit of the eMen project is the incredible amount of knowledge exchange between the partners. This made it possible to come to a shared vision on what is essential for fruitful implementation of e-mental health in Europe. This vision is laid down in the 'Transnational Policy for e-Mental Health' report. This document will be of great value for decision makers and professionals who are responsible for improved mental healthcare in the European member states.

A very important lesson learned from the different implementation pilots is how important it is to regard e-mental health

not as a goal, but as a mechanism – a mechanism to improve treatment and solve logistical problems for institutions and professionals. This means by definition that successful introduction and implementation of e-techniques in (mental) healthcare is only possible when working very closely with professionals, and also listening very closely to them. For example, by listening to the clinical psychologists in the forensic psychiatric clinic we found out that they lacked a quick risk assessment of new patients. This resulted in adding a suicide screener to the SAM-psycho-diagnostic app that was implemented in their clinic.

The Vrije Universiteit Amsterdam (VU)

The VU team had several tasks in the eMen project:

- Co-ordinating the development of a platform to sustain the long-term results of the eMen project.
- Redesigning and upscaling Moodbuster 1.0, developed by the VU in several European consortia, to a 2.0 version,

which has been piloted in Belgium, Germany and the UK.

- Participating in the redesign and upscaling of the EMD-app, which is developed by ARQ.

Lessons learnt

It was new for our team to work with Interreg requirements, and we have found that this offers a challenging and stimulating framework for fruitful collaboration.

The eMen project brought with it a very extensive and multidisciplinary network, which made it possible to determine almost every step in the development and implementation processes of internet-based applications, and to take other important factors, such as policy requirements, into account.

Working as part of a multidisciplinary and multi-professional project team with different perspectives on e-mental Health has been very valuable. While at the start partners spoke 'different languages', relating to their different professional standards, eventually this



A youth panel (eMEN seminar, Amsterdam, March 28th 2019).

created an awareness of the different dimensions of the development and implementation process.

The fact that other partners work in different, sometimes more fixed, settings, also turned out to be valuable. It offered varied perspectives, which might be interesting for further research. Using this knowledge can both speed up and scale up innovative work. For example, the involvement of Thomas More University means that Moodbuster has been implemented in a hospital, which was not the initial intention when the application was developed. This inpatient unit implementation has increased the scalability of the intervention.

It also became very clear during the development and implementation process that the need to meet safety and security requirements can be time-consuming. The diversity in the requirements and wishes of the different partners, which is the basis of this project, did not only bring new challenges but also new opportunities. The result is a better idea of the future scalability of internet-based e-mental health products from different perspectives.

THE UK Mental Health Foundation

The Mental Health Foundation (MHF) provided communications expertise to the project and was the lead partner for the Communications Work Package. Communications activities were vital to the success of the eMEN project, as project partners needed to identify, engage, inform, influence, and enhance their target audiences and their support for and use of digital mental health.

The project's main communications plan was complemented by country-specific plans tailored to the communications needs of each partner country. The two main overall communications activities were:

- development of a communication plan for internal and external project communication, with a specific timeline and five specific target groups: mental health professionals, service providers, people with mental health problems, health care policy makers, and SMEs / e-mental health developers;
 - organisation of 23 transnational events: 18 thematic seminars and 5 conferences in the 6 NWE project partner countries, to disseminate results, expand the co-operation platform and intensify / deepen activities related to e-mental health product development and implementation.
- Details of these events are in the Conferences and Seminars section.**

As well as providing communications and campaign advice and support to partners, MHF produced 11 **project newsletters**, managed the **eMEN website and Twitter account**, and produced an **eMEN animation** for partners to use to give an easily accessible overview of the project's aims and the potential of eMH.

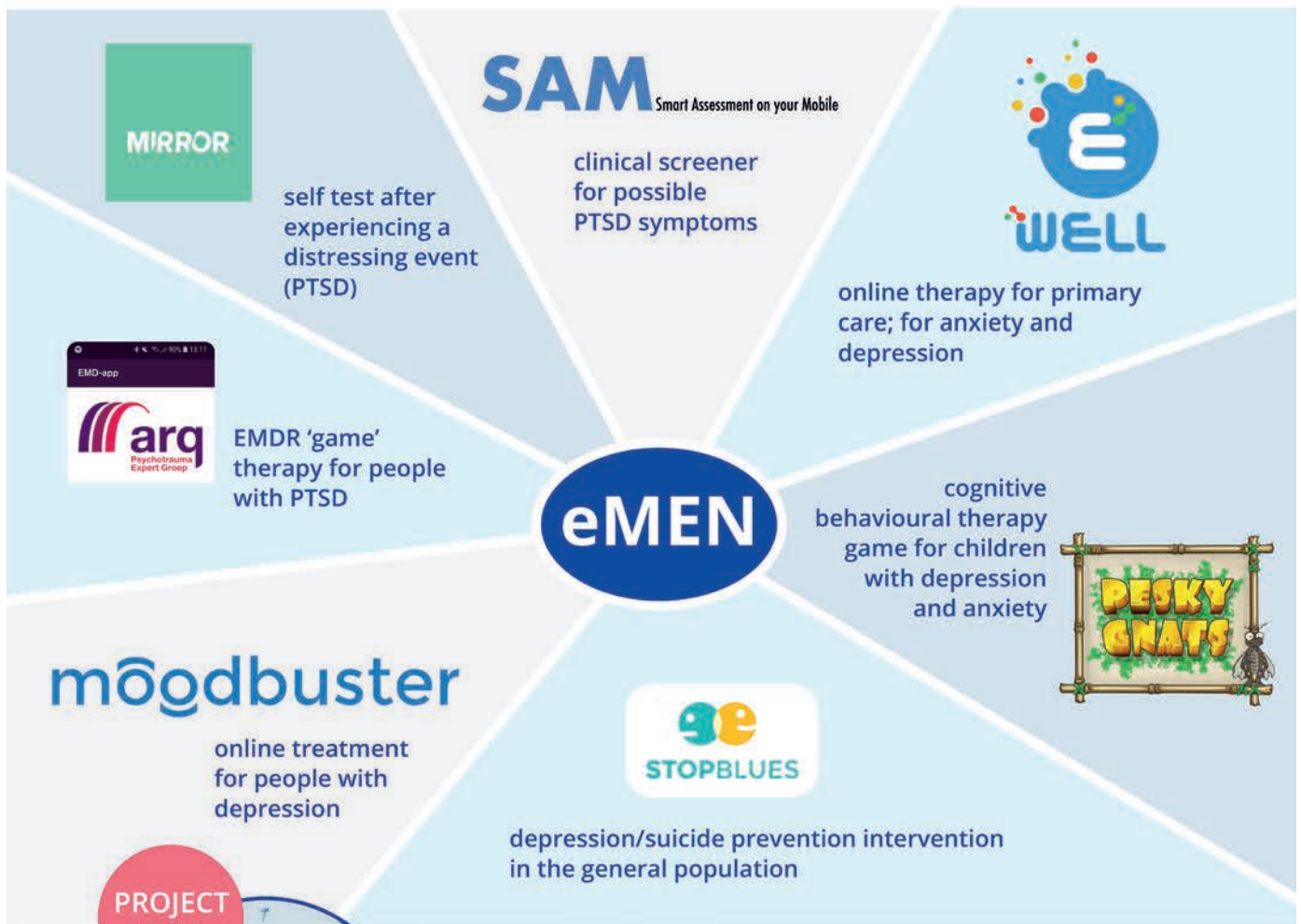
MHF has enjoyed and welcomed working with partners in other NWE countries to broaden access to e-mental health technologies, and learning about the implementation landscape in other countries has been helpful for reflecting on implementation in the UK. We are grateful to have had the opportunity to test an online intervention to prevent depression, and eMEN has been a valued strategic relationship and shown the possibility of a productive third-sector and academic partnership.

It has also given us a UK platform, and we have been invited to speak at several major conferences (such as those organised by MindTech and the King's Fund), in addition to being able to organise four interesting and well-attended events in each of the four jurisdictions of the UK. We wish the project and the partners involved well for the next, capitalisation, phase.



E-MENTAL HEALTH PRODUCTS

Unlocking the power of technology to improve Europe's mental health.



PROJECT AREA



Amount of ERDF received from Interreg North-West Europe:

€3.22 million

Total project budget:
€5.36 million

www.nweurope.eu/emen

Looking ahead to the second phase of eMEN

June 2020-December 2021

eMEN capitalisation phase

eMEN is delighted that we have successfully applied for the first-ever Interreg NWE capitalisation funding, and that the project will now be entering a second phase of activity, from June 2020 until at least December 2021. This funding aims to further increase the impact of a project by promoting and scaling existing project results into new geographical areas and within new stakeholder networks.

In its first phase, eMEN activities were implemented in urban settings, and therefore reached only a limited number of mental health care service providers outside the main cities in NWE, including with its successful product innovation.

To maximise project impact it is now necessary to roll-out the results into rural communities, where there is less access to mental health services, and particular challenges for providing mental health services, due to:

- **Accessibility:** rural residents often travel long distances to receive services and are less likely to recognise a mental illness.
- **Availability:** shortages of mental health professionals.
- **Acceptability:** the stigma of needing or receiving mental healthcare.

During this phase, the project will focus on implementing specific process innovation activities to stimulate the roll-out of eMH technology to service providers in rural areas and transnationally. Capitalisation will be implemented in the Netherlands, Belgium, France, Germany and Ireland and will focus on three main activities:

- 1) 28 in-house e-mental health implementation training sessions for mental health service providers, including product demonstrations.
- 2) Policy dissemination via 28 stakeholder meetings (at national and European level).
- 3) Targeted communication activities, which will include the organisation of five seminars and co-operation with the **eHealth Hub platform**.

Better access to mental health care services should improve health outcomes for communities in rural areas, thereby reducing territorial disparities.

In addition, capitalisation will specifically focus on the complexities of eMH integration into existing mental health services. This is process innovation and requires (understanding of) new workflows, skills, 'blended care' protocols (combining face-to-face and online), reimbursement systems, good quality and validation guidelines, etc. In general, eMH is a social innovation tool which can effectively reach excluded groups who have mental health problems. With our capitalisation activities we will also be able to contribute to mitigating the growing mental health impact of the coronavirus pandemic.

CORONAVIRUS PANDEMIC – RESOURCES TO SUPPORT YOU

The eMEN consortium has created a ‘COVID-19 resources’ page on the website which mental health professionals and service providers may find useful in the context of the COVID-19 pandemic.

We hope to see you during our capitalisation project; please join the eMEN platform!

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