



Attitudes towards digital treatment for depression: A European stakeholder survey



Naira Topooco^{a,*}, Heleen Riper^b, Ricardo Araya^c, Matthias Berking^d, Matthias Brunn^e, Karine Chevreur^f, Roman Cieslak^g, David Daniel Ebert^d, Ernestina Etchmendy^h, Rocío Herreroⁱ, Annet Kleiboer^b, Tobias Krieger^j, Azucena García-Palaciosⁱ, Arlinda Cerga-Pashoja^c, Ewelina Smoktunowicz^g, Antoine Urech^j, Christiaan Vis^{b,k}, Gerhard Andersson^{a,l}, On behalf of the E-COMPARED consortium:

^a Department of Behavioural Sciences and Learning, Linköping University, Linköping, Sweden

^b Department of Clinical, Neuro-, & Developmental Psychology, Faculty of Behavioural and Movement Sciences, VU Amsterdam, The Netherlands

^c Department of Population Health, London School of Hygiene & Tropical Medicine, London, United Kingdom

^d Department of Clinical Psychology and Psychotherapy, Friedrich-Alexander University Erlangen-Nuremberg, Erlangen, Germany

^e ECEVE, Inserm, Univ. Paris Diderot, Paris, France

^f URC Eco Ile-de-France (AP-HP), Paris, France

^g Department of Psychology, SWPS University of Social Sciences and Humanities, Warszawa, Poland

^h CIBER Fisiopatología Obesidad y Nutrición (CIBERObn), Instituto Salud Carlos III, Spain

ⁱ CIBER Fisiopatología Obesidad y Nutrición (CIBERObn), Instituto Salud Carlos III, Universitat Jaume I, Castellón, Spain

^j Department of Psychology, University of Bern, Bern, Switzerland

^k EMGO + Institute, VU Medical Centre Amsterdam, VU Amsterdam, The Netherlands

^l Department of Clinical Neuroscience, Psychiatry Section, Karolinska Institutet, Stockholm, Sweden

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ABSTRACT

Background: The integration of digital treatments into national mental health services is on the agenda in the European Union. The E-COMPARED consortium conducted a survey aimed at exploring stakeholders' knowledge, acceptance and expectations of digital treatments for depression, and at identifying factors that might influence their opinions when considering the implementation of these approaches.

Method: An online survey was conducted in eight European countries: France, Germany, Netherlands, Poland, Spain, Sweden, Switzerland and The United Kingdom. Organisations representing government bodies, care providers, service-users, funding/insurance bodies, technical developers and researchers were invited to participate in the survey. The participating countries and organisations reflect the diversity in health care infrastructures and e-health implementation across Europe.

Results: A total of 764 organisations were invited to the survey during the period March–June 2014, with 175 of these organisations participating in our survey. The participating stakeholders reported moderate knowledge of digital treatments and considered cost-effectiveness to be the primary incentive for integration into care services. Low feasibility of delivery within existing care services was considered to be a primary barrier. Digital treatments were regarded more suitable for milder forms of depression. Stakeholders showed greater acceptability towards blended treatment (the integration of face-to-face and internet sessions within the same treatment protocol) compared to standalone internet treatments. Organisations in countries with developed e-health solutions reported greater knowledge and acceptability of digital treatments.

Conclusion: Mental health stakeholders in Europe are aware of the potential benefits of digital interventions. However, there are variations between countries and stakeholders in terms of level of knowledge about such interventions and their feasibility within routine care services. The high acceptance of blended treatments is an interesting finding that indicates a gradual integration of technology into clinical practice may fit the attitudes and needs of stakeholders. The potential of the blended treatment approach, in terms of enhancing acceptance of digital treatment while retaining the benefit of cost-effectiveness in delivery, should be further explored.

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* Corresponding author at: Department of Behavioural Sciences and Learning, Linköping University, SE-581 83 Linköping, Sweden.
E-mail address: Naira.Topooco@liu.se (N. Topooco).

1. Introduction

Depression is currently a leading cause of years lived with disability (YLD) in 146 countries (Vos et al., 2015) and Major Depressive Disorder is expected to become the greatest contributor to the global burden of disease (WHO, 2008). Treatment resources are insufficient and it is an international priority to increase the coverage of interventions for depression (WHO, 2013).

Experts emphasize that the digital technology has the potential to improve access to care for mental disorders (Andersson, 2016). Digital psychological interventions are under development and testing in Australia (Perini et al., 2009), Canada (Hadjistavropoulos et al., 2016), The United States (Andersson, 2016; Mohr et al., 2013) and a range of European countries (Andersson et al., 2005; Berger et al., 2011; Buntrock et al., 2016; O'Mahen et al., 2014; Ruwaard et al., 2009). The digital treatment approach involves adapting standard face-to-face protocols into computerised self-help material that is delivered over a set time period either as pure self-help program or alongside brief therapist support. In this way the treatments become highly automated and geographically independent, which positively impact therapist capacity and patient access. Currently, digital programs that are based on Cognitive Behavioural Therapy (internet-based CBT or ICBT) have been evaluated in >100 controlled trials with promising results for several mental and somatic disorders (Andersson, 2016). The reported clinical effects for therapist-supported ICBT for depression are large and stable over a number of trials (Cuijpers et al., 2015). In direct comparison to face-to-face treatment effect sizes are similar (Andersson et al., 2014; Andersson et al., 2016). A relatively newly developed but increasingly applied route in the field of digital treatment is 'blended treatment' (BT) (Wentzel et al., 2016). In this approach self-help material is blended with face-to-face sessions (reduced in number compared to standard treatment) (Kleiboer et al., 2016). The blended treatment emphasises the integration of standard and digitalized modalities and the advantages this brings for both the therapist and the patient. Face-to-face sessions enable more extensive therapist support and improved monitoring of the patient's wellbeing in comparison to standalone ICBT. As the standardized parts of treatment are delivered online it also means that sessions can be used to address and tailor the treatment to individual patient's needs. The standardized components can be delivered online, which for the patient means unlimited access to treatment and less demands in terms of travel and costs (Romijn et al., 2015). It has been suggested that BT can be an alternative to ICBT (the most common treatment for mild to moderate depression), for example in specialized treatment services and for patients with more severe symptomatology (Kleiboer et al., 2016). Examples of BT designs that have been evaluated with promising result are unguided self-help reading material combined with face-to-face sessions, and digital therapy as a partial replacement of face-to-face sessions (Ly et al., 2015; Wentzel et al., 2016).

In some countries like Australia, Canada and Sweden there are examples of ICBT programmes being transferred from research settings into utilisation within regular care services (Andersson and Hedman, 2013; Hadjistavropoulos et al., 2014; Titov et al., 2016). An integration of ICBT treatment into national health services is now on the agenda in the European Union (Vis et al., 2015). This is reflected in several ongoing European research and funding programs (E-COMPARED, Joint action and Wellbeing, Horizon 2020). Effectiveness-research to establish clinical and cost-benefits of ICBT in real world settings has been conducted (e.g. Hadjistavropoulos et al., 2014; Hedman et al., 2014; Ruwaard et al., 2012; Titov et al., 2016) and is currently researched in different European settings (Kemmeren et al., 2016; Kleiboer et al., 2016). Therefore, it is of importance to assess the views of all stakeholders that would be directly involved or affected by the implementation of ICBT treatments such as government bodies, care providers, professionals, patients and funders.

Limited research exists that investigates current knowledge, attitudes and expectations of digital treatment. This survey was conducted with the aim to explore European mental health care stakeholders' knowledge and acceptance of ICBT and BT, and their expectations when considering integration of digital treatments into regular care services. The survey was conducted in the context of the wider research project E-COMPARED, that was initiated to provide mental healthcare stakeholders with evidence-based information about the clinical and cost-effectiveness of digital treatments for depressive disorders.

2. Material and methods

2.1. Background

This study presents findings on European stakeholders' self-reported knowledge and attitudes towards ICBT and BT in treatment of adult depression. The results derive from a European online survey that was conducted by the E-COMPARED project between March to June 2014. Six survey items that assessed stakeholders' views on ICBT and BT were selected to be discussed in this paper. The original survey was more comprehensive and also assessed views on standard pharmacological and therapeutic treatments for adult depression. The survey in its full length can be found in Appendix 2.

2.2. Survey development and design

No prior surveys existed on stakeholder's views on standard treatments and digital treatments for depression, therefore this survey was conducted by the E-COMPARED consortium. Initially the consortium jointly developed an English version of the survey, thereafter consortium members translated the survey into their first languages (French, German, Dutch, Polish, Spanish, Swedish). Consortium members that adapted the survey were involved in the development of the original version and the process did not include formal back-translation.

The full survey was comprised of 40 questions that assessed views on standard treatments and novel digital treatments (ICBT and BT) on adult depression. The survey covered four thematic areas: i) knowledge of treatments, ii) attitudes towards treatments, iii) acceptability (recommendation) of treatments and iiiii) near future expectations of treatments. The survey questions were presented in the form of six-point scales (0–5), yes/no options and as ranking alternatives. Beyond standard response options the survey allowed free text comments and the alternative "not applicable". ICBT and BT were not expected to be familiar to respondents and these treatments were presented in explanatory terms. Table 1 shows how the treatment concept and survey questions on ICBT and BT were presented to participants. See Appendix 1 for original survey items. The aim was to optimise understanding (attributing the same meaning to the terms) and the validity of the outcome. Participants were asked fill out the survey on behalf of their organisation and to contribute opinions on digital treatment regardless if these treatments were currently accessible in their country.

2.3. Included countries

The survey was conducted in France, Germany, Netherlands, Poland, Spain, Sweden, Switzerland and The United Kingdom. The selection of countries was made a priori to the survey on the basis of the constellation of the E-COMPARED consortium, which in turn was composed to reflect the diversity in Europe in terms of health care infrastructure and level of e-mental health implementation. A distinction of participating countries (as 'frontrunners', 'learners' and 'followers') was made a priori to the survey. The Netherlands, Sweden, and the United Kingdom (UK) has in relation to other European countries come far in terms of inclusion of e-health and presence of digital treatment approaches,

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