



LUXEMBOURG  
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OF HEALTH  
RESEARCH DEDICATED TO LIFE

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**IMPROVING PATIENT & POPULATION  
HEALTH THROUGH INNOVATIVE e-HEALTH  
INTERVENTIONS**

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## DIGITAL IN MENTAL HEALTH : «FASHIONABLE GIMMICK» OR «TRUE INNOVATIVE TOOL» ?

**SPEAKER: Dr Déborah SEBBANE**

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# DIGITAL IN MENTAL HEALTH : « FASHIONABLE GIMMICK » OR « TRUE INNOVATIVE TOOL » ?

Results of the study EQUME (Qualitative and Quantitative study of m-health expectations by all stakeholders)

Dr Déborah Sebbane

# Who am I ?

- French Psychiatrist
- Forensic psychiatry
- Deputy Director of the WHO Collaborating Centre (WHOCC) for research and training in mental health of Lille
- PhD student in Public Health, attached to the University of Paris Diderot, U1123 Inserm, ECEVE

# WHOCC, Lille

- 46 WHOCC in mental health
- 1 in France based in Lille
- WHO accredited for the period 2018-2022
- 4 terms of reference, including 1 relating to **e-mental health** and more specifically to the participation of users (state of the art, impact) in the développement of e-mental health
- Involvement of the WHOCC in the European eMEN project

# eMEN

- **European Project** financed by the programme

**Interreg**   
North-West Europe

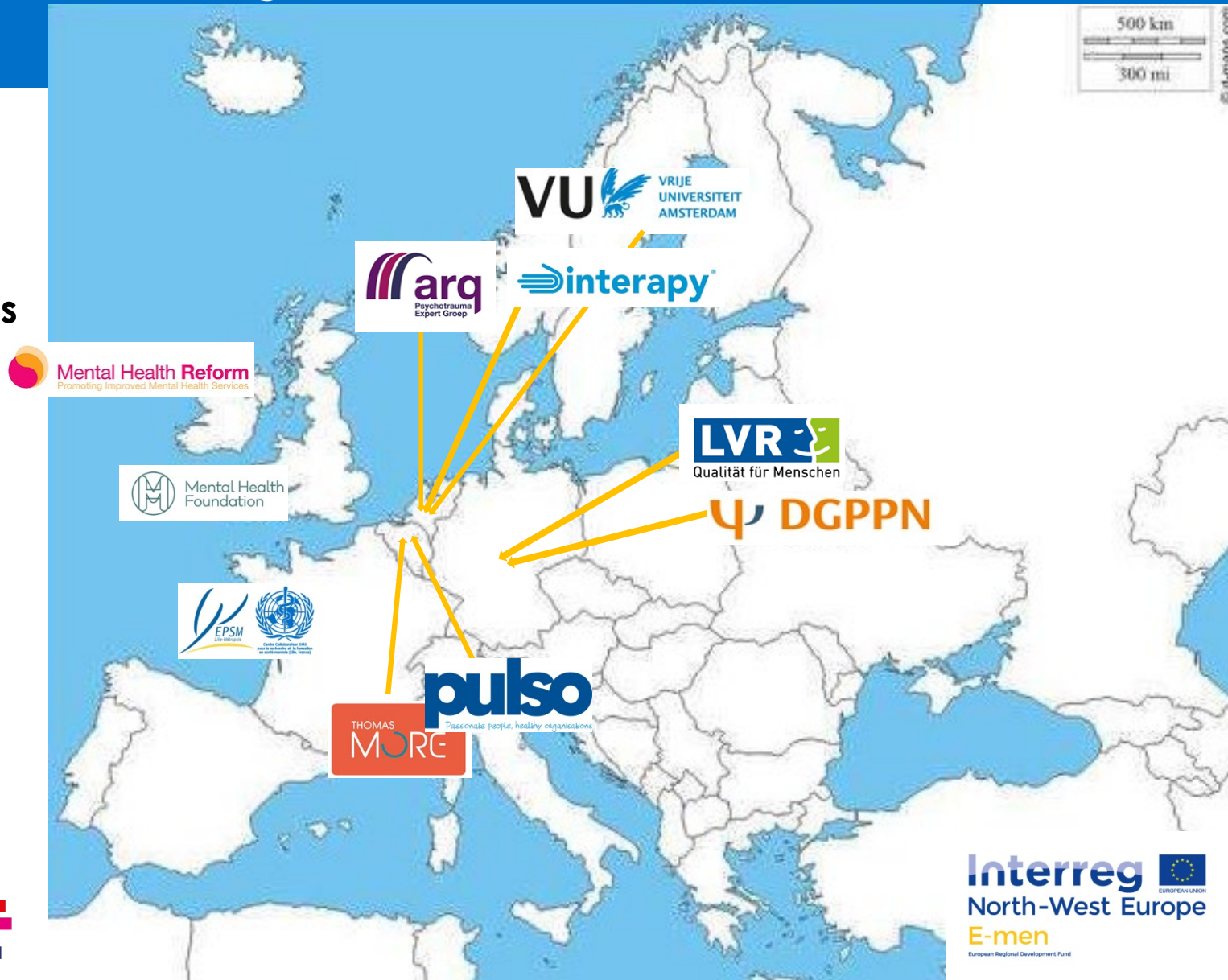


Innovation

- Timeframe: **June 2016 – May 2020**

# Project Partners

- France
- Netherlands
- Belgium
- United Kingdom
- Ireland
- Germany





# eMEN Context

20% of the EU population experience a mental health problem each year = economic and social burden



An increasing care demand



**Innovative potential of e-health, but...**

- Underestimated advantages, and regional differences in use ++
- The average use of e-mental health in NL, FR, DE, UK, BE et IE is 8 %
- Lowest level of use in France (<1 %) and highest in the Netherlands (15 %)

# French context I

## Obstacles for e-MH in France

- **Lack of trust** in e-health solutions among users and professionals
- **Lack of transparency** regarding data use
- **Lack of large-scale evidence** of the cost-effectiveness of e-health
- Inadequate or insufficient **legal framework**
- **Social inequalities** (resources, age) in access to ICT, illectronism
- Many products in **English** (!)



# French context II

- **Unregulated market ++**

*Today's mental health apps — people can say whatever they want due to the lack of standardization and regulation.*

<https://www.deseretnews.com/article/900051747/whos-making-sure-your-mental-health-app-is-safe-no-one-experts-say.html>



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# eMEN objectives

Promoting more accessible, effective and empowering mental health care through new technologies

## 4 specific objectives

1. **Develop and test e-mental health products**
2. **Raising awareness and providing information on e-mental health**
3. **Produce policy recommendations**
4. **Creating a European exchange platform**

# 1. Develop and test e-mental health products

<b>EMDapp</b>	<i>Netherlands</i>	Serious game (EMDR approach) for people with PTSD
<b>MindWise</b>	<i>Ireland</i>	Online therapy (CBT approach) for anxiety and depression
<b>Moodbuster</b>	<i>Netherlands</i>	Mobile app and online treatment for depression (CBT approach)
<b>MIRROR</b>	<i>Netherlands</i>	Selftest after experiencing a distressing event (PTSD)
<b>SAM screener</b>	<i>Netherlands</i>	Online autodiagnostic and self-help tool for PTSD
<b>Pesky gNATS</b>	<i>Ireland</i>	Serious game (CBT approach) for children anxiety and depression
<b>STOPBLUES</b>	<b>France</b>	<b>Mobile app and website for suicide and depression prevention in the general population</b>

## 2. Raising awareness and providing information on e-mental health

### Organisation of 18 transnational seminars and 6 conferences

In France

*« State of play of e-mental health practices »*

**13 June 2017, Paris** - in cooperation with Sainte Anne Hospital

*« Active citizenship and empowerment through mental health »*

**30 March 2018, Lille** – in the framework of WHOCC international meetings



# 2. Raising awareness and providing information on e-mental health

## Organisation of 18 transnational seminars and 6 conferences

### In France

« *E-mental health: Evidence-based & safe?* »

**December 2018, Rennes** - in cooperation with Guillaume Régnier Hospital

« *How e-mental health solutions can be effective in improving mental health services ?* »

**March 2020 6th, Paris** – at the Ministry of Health

# 3. Produce policy recommendations

- **Analysis of the political and legal context** in the partner countries and at a European level
- **Identification of stakeholders**
- **Development of policy recommendations** for a qualitative e-mental health, based on users' needs and promoting empowerment

Ongoing

# 4. Creation of exchange platform

- A dedicated **website**
- Intended for **knowledge collection and exchange**
- **Open to researchers, professionals, users and developers**
- Characterized by **4 pillars**:
  1. Research
  2. Tools/devices
  3. Implementation
  4. Policy

+ **Communication**: News and events

Interested in  
participating  
?!



# EQUME I

**EQUME** = Qualitative and Quantitative study of m-Health expectations and uses by all stakeholders

## Objective of study:

To highlight representations, actual uses and usability of e-health services and tools by the different stakeholders of the mental health care system, as well as to establish professional/user group profiles of these representations and uses.

# EQUME II

- Mixed research method
- Qualitative component
  - 10 Focus Group, 70 participants
  - Semi-directive interviews, thematic analysis grid,
  - Audio and video recordings for the analysis, “Constant comparison analyses”
- Quantitative component
  - Questionnaire distributed in Medical-Psychological Centers and C Practitioners offices’ on the use of “Internet for health and menta
  - 1800 questionnaires collected
  - Nearly 10 cities in France
  - Currently being analyzed





- build and develop a fortified village
- train troops
- attack other players' villages
- winning clan wars against other clans



# The clans and their troops (n=70)

Psychiatrists

♥ 44 (25-62)

🍇 3,2 (0-8,5)

X5

GPs

♥ 48 (40-59)

🍇 4,5 (3-5)

X5

Psychologists

♥ 36 (25-59)

🍇 1,7 (0-5)

X7

Nurses

♥ 37 (25-48)

🍇 2,6 (0-6)

X9

Occupational Therapists

♥ 38 (24-56)

🍇 1,1 (0-4)

X9

Social workers

♥ 43 (29-57)

🍇 1,6 (0-5)

X5

Users representatives

♥ 54 (29-77)

🍇 3,3 (1-6)

X3

Users

♥ 42 (30-59)

🍇 3,7 (0-9)

X12

Caregivers

♥ 62 (48-74)

🍇 1,8 (0-4)

X9

General Public

♥ 38 (29-53)

🍇 3,2 (1-7)

X5



Psychiatrists

GPs

Psychologists

Nurses

Occupational Therapists

1 : Relationship patterns & tensions  
between psychiatry and mental health

2 : Distribution of competences/  
Modalities of cooperation

3 : Impact of e-health on health provider-user relationship

4 : Empowerment process/  
injunction to autonomy

5 : Regulation of the socio-technological ecosystem

Social workers

Users representatives

Users

Caregivers

General Public

# Relationship patterns & tensions between psychiatry and mental health



Psychiatrists

GPs

Psychologists

Nurses

Occupational Therapists

## 2) Strong borders between distinct fields



### A. Severity of disorders



Mental health is not  
only the domain of  
psychiatrists

jurisdiction

jurisdiction

**Psychiatry**

Severe mental  
disorders

**Mental health**

Light mental  
disorders

Social workers

Users representatives

Users

Caregivers

General Public

# Relationship patterns & tensions between psychiatry and mental health



Psychiatrists

GPs

Psychologists

Nurses

Occupational Therapists

## 2) Strong borders between distinct fields



A. Severity of disorders

B. Object

**Mental Health**

Social subject

**Psychiatry**

Natural and  
cerebral/individual  
subject

Social workers

Users representatives

Users

Caregivers

General Public





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Social workers

Users representatives

Users

Caregivers

General Public

# Distribution of competences

## Modalities of cooperation



Psychiatrists

GPs

Psychologists

Nurses

Occupational Therapists

### 4) Impossibility of replacing human actors by technological actors



**Defence of the field of competence**  
**e-Health disqualification approach**



That's only  
gadgets...

When I hear e-health, I think about a fashionable gimmick, marketing and commercial stuff. I don't have the impression that we're talking about medicine or health care...medicine, it's a serious stuff with serious tools to be used in this frame.

Social workers

Users representatives

Users

Caregivers

General Public

# Distribution of competences Modalities of cooperation



Psychiatrists

GPs

Psychologists

Nurses

Occupational Therapists

## 4) Impossibility of replacing human actors by technological actors



Disqualification arguments: "*e-health...*"



- ***make people believe*** that it is possible to recover otherwise than by listening and communicating
- ***make people believe*** that you can take care of yourself with your mobile phone
- healthcare at ***discounted prices***

=> Technology placed at the service and under the medical authority



Professionals

Social workers

Users representatives

Users

Caregivers

General Public



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Social workers

Users representatives

Users

Caregivers

General Public

# Impact of e-health on health provider-user relationship



Psychiatrists

GPs

Psychologists

Nurses

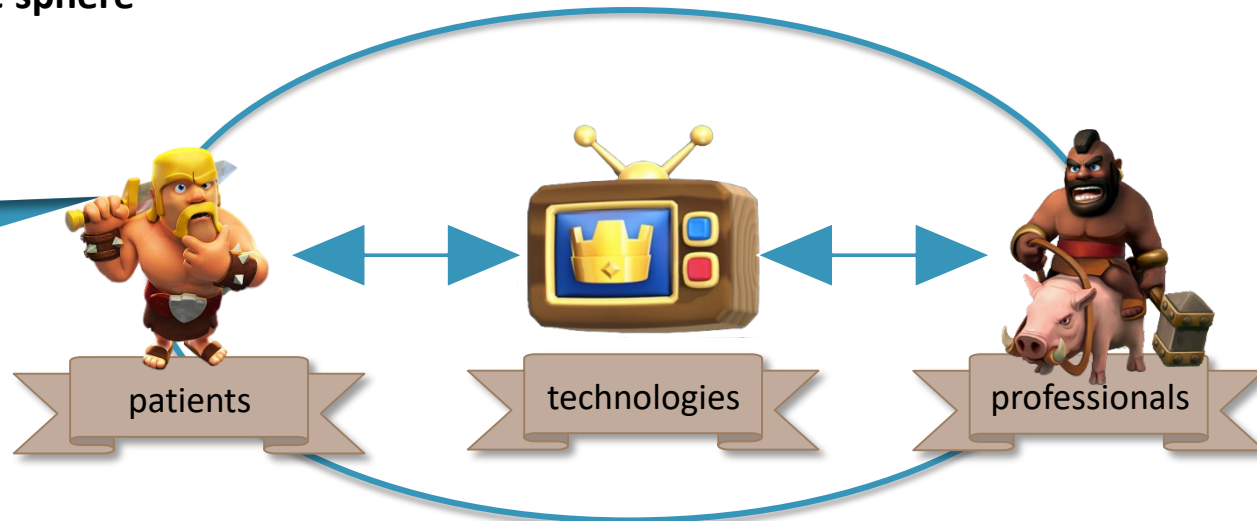
Occupational Therapists

## 3) Technology: an agent of relational densification



- ✓ A vector of connection and network
- ✓ Redefine relationships hierarchy
- ✓ Location of care in the private sphere

A patient can now consult his psychiatrist in his living room



Social workers

Users representatives

Users

Caregivers

General Public

Psychiatrists

GPs

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Nurses

Occupational Therapists

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Social workers

Users representatives

Users

Caregivers

General Public



# Empowerment process/ injunction to autonomy



Psychiatrists

GPs

Psychologists

Nurses

Occupational Therapists

## 1) Technology participates in the user's empowerment processes and expertise



Horizontalize the *power of care* & the *power to decide*



technologies



patients

Accessing information  
makes us independent  
from doctors. It leads us  
to recovery.

Social workers

Users representatives

Users

Caregivers

General Public



# Empowerment process/ injunction to autonomy



Psychiatrists

GPs

Psychologists

Nurses

Occupational Therapists

## 1) Technology participates in expertise and empowerment processes



Empowerment is also being able as a patient to create its treatment. We will not synthesize penicillin in our kitchen but patients, through new technologies, are able to invent and use tools for their recovery.



Professionnels



patients

Social workers

Users representatives

Users

Caregivers

General Public



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Social workers

Users representatives

Users

Caregivers

General Public

# Regulation of the socio-technological ecosystem

Psychiatrists

GPs

Psychologists

Nurses

Occupational therapists

## Regulation under the authority of the health system



### ✓ Legitimate actors to regulate the field of e-health

- Ministry of Health
- Researchers
- Health professionals
- Users representatives
- Family carers
- Peer carers
- Ministry of Justice

New technologies enter  
in a health system: a  
health system has its  
rules.



Social workers

Users representatives

Users

Caregivers

General Public

## In conclusion

- Heterogeneity of opinions among the groups and inside each group
- Tensions among different stakeholders
- The representations on e-mental health devices are still far from being stabilized
- The ideal of social autonomy through technology is part of the new logic of health democracy and empowerment
- Complementary approach to new technologies in a care framework

E-mental health: **accelerator of the "*gender retroactive loop in mental health*"**

**“Looping effect”, I. Hacking** : Technology influences human beings, who themselves influence the technological tools.

# Priorities

- Identification of the needs of all stakeholders
- Promote the involvement of users at all stages of design and development of mental health solutions
- Participate in the establishment of parameters for a chosen and informed use of eHealth and e-Mental Health devices by users
- Increase the “digital literacy skills” of users and caregivers
- Development of evaluation possibilities of e-health and e-mental health products by users themselves

# Perspectives

- Potential project extension of eMEN until 2022
- Involvement of WHOCC in a 2<sup>nd</sup> INTERREG North-Ouest Europe project
  - Presence of user associations in the consortium
  - EQUME study on an international level
  - Deployment and evaluation of training for all stakeholders

# Thank you for your attention

## More information?

<http://www.nweurope.eu/projects/project-search/e-mental-health-innovation-and-transnational-implementation-platform-north-west-europe-emen/>

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