**Symposium ‘Innovations in mental health care for depression: Beyond 2020‘**

Speaker 1:

Prof. dr. Pim Cuijpers

VU University Amsterdam, Department of Clinical Psychology, The Netherlands

Title:

Four decades of outcome research on psychotherapies for adult depression: Directions for the future

Abstract:

In the past four decades about 500 randomized trials have examined the effects of psychological treatments of adult depression. In this presentation I will give a brief overview of what these studies have shown about the effects of different types of psychotherapies, including cognitive behavior therapy, behavioral activation therapy, interpersonal psychotherapy, third wave therapies, non-directive supportive therapy and short-term psychodynamic psychotherapy. Two specific subjects will be discussed in more detail. First, it will be shown that the effects of psychotherapies have been considerably overestimated because of the low quality of many trials and due to publication bias. Second, I will discuss the relative effects of psychotherapies and pharmacotherapy for depression. Then I will discuss priorities for future research, based on their potential to reduce the disease burden of depressive disorders.

Speaker 2:

Prof. dr. Heleen Riper

VU University Amsterdam, Department of Clinical Psychology, The Netherlands

Title:

Hitting the moving target of eMental-health with routine care research

Abstract:

The digitalisation of the prevention and treatment of mental disorders such as depression, anxiety and alcohol misuse has gained momentum over the last two decades. Bridging the gap between evidence-based eMental-health interventions (eMH) and their actual delivery, evaluation and implementation in routine care has proven to be a longer and bumpier road than expected. The consequence is that eMental-health has not yet lived up yet to its full potential in terms of increased access to and improved (cost) effectiveness of the treatment of mental disorders. In this presentation, several factors that underline this bumpy road will be discussed by means of presenting the results and lessons learned of the European Comparative Research Project on Internet-based Depression Treatment (E-COMPARED, 2014 - 2017). First, eMH research as usual (RAU)l is characterized by iCBT studies that mainly recruited depressed adults directly from the community and less from patient populations in routine care. This approach limits the generalizability to routine care populations who often have more complex and co-morbid profiles than those in well controlled clinical trials. Second, RAU on iCBT mostly applied waitlist or attention placebo conditions as comparators and not to regular face-to-face depression treatments. The latter type of studies is however needed when policy makers need to decide whether the implementation of iCBT in routine care is advisable from a clinical and cost-effectiveness perspective. Third, RAU has mainly evaluated iCBT in the format of ‘stand-alone’ interventions that were unguided or guided by a professional online but which were not embedded in routine care. E-COMPARED addressed all these three issues: (1) participants were recruited from routine care patient populations; (2) the treatment under investigation was a blended depression treatment which was based on one integrated standardized CBT-treatment protocol combining face-to-face and digital components to the best clinical benefit for patients and therapists (Riper 2017); and (3) the comparator was treatment as usual in primary and specialized mental health care settings. The overall aim of E-COMPARED was to provide mental health care stakeholders with evidence-based information on the clinical and cost-effectiveness of blended depression treatment. In E-COMPARED randomized controlled, non-inferiority trials were conducted in nine European countries among adults diagnosed with major depressive disorder (MDD, N = 750) in primary and specialized mental health care settings. Participants were followed up at 3, 6, and 12 months after baseline to determine clinical improvements in symptoms of depression and cost-effectiveness on the short (1 year) and longer term (5 years).

Speaker 3:

Prof. dr. Claudi Bockting

AMC/University of Amsterdam, Department of Psychiatry, The Netherlands

Title:

Towards sustainable interventions for depression: Is there a role for psychological interventions?

Abstract:

Depression is a highly prevalent recurrent disorder, although this might hold for most psychopathological conditions. Therefore, it is crucial to develop sustainable interventions for depression. Attention will be paid to the merit of psychological treatment versus antidepressant medication as treatment for depression in terms of endurance of effects after stopping this treatment. In addition, several effective sequential brief psychological relapse prevention strategies will be discussed. Outcomes of recent randomized controlled trials will be presented including self help interventions, internet based intervention and face to face psychological interventions. Moreover, recent results will be presented that will shed light on the question whether psychological interventions are an alternative for long term use of antidepressants. Further, indications will be given on what type of preventive treatment can be best given to whom (personalisation). Finally, future innovative developments that might be promising will be discussed.

Speaker 4:

Prof. dr. Simon Gilbody

University of York, Department of Health Sciences, United Kingdom

Title:

How should we support computerized treatments for depression?

Abstract:

Treatment for depression is largely delivered in primary care, but access to psychological therapy is poor in most healthcare systems. Computer-delivered psychological therapy promises to increase access to evidence supported treatments such as CBT. However the impact of this technology is dependent upon people with common mental disorders accessing and engaging with treatment when it is offered in primary care settings. Influential meta-analyses have shown that computerised therapy is - on average - effective, but there is variation between studies and there are few trials in primary care. The level of engagement with therapy varies between studies, and efforts to support computer-delivered therapy seems to enhance uptake and completion.

We have undertaken a series of large scale pragmatic trials (the REEACT studies) to test the real world effectiveness of computer delivered therapy for people with depression in primary care. Within these trials we have varied the levels of support. In the REEACT1 study [[1](#_ENREF_1)] we offered a lower level of telephone support found that engagement with computer programmes tends to be low. Only a very small proportion of people with depression engage with two or more computer sessions and treatment is ineffective under real world conditions.

In the REEACT2 studies [[2](#_ENREF_2)] we found that enhanced levels of telephone support leads to better levels of engagement and moderate improvements in depression symptoms. Our trials include concurrent qualitative evaluations which have led to important insights into the barriers and facilitators of computerised psychological therapy [[3](#_ENREF_3)]. Our research is informative regarding how we should implement and deliver computerised therapy in order to improve the psychological health of populations.

Professor Simon Gilbody will present an overview of the REEACT studies on behalf of the REEACT collaborative. He is delighted that these trials have contributed to individual patient meta-analyses in this evolving area.

1. Gilbody S, Littlewood E, Hewitt C, Brierley G, Tharmanathan P, Araya R, Barkham M, Bower P, Cooper C, Gask L: Computerised cognitive behaviour therapy (cCBT) as treatment for depression in primary care (REEACT trial): large scale pragmatic randomised controlled trial. *BMJ* 2015, 351:h5627.

2. Gilbody S, Brabyn S, Lovell K, Kessler D, Devlin T, Smith L, Araya R, Barkham M, Bower P, Cooper C: Telephone-supported computerised cognitive–behavioural therapy: REEACT-2 large-scale pragmatic randomised controlled trial. *The British Journal of Psychiatry* 2017:bjp. bp. 116.192435.

3. Knowles SE, Lovell K, Bower P, Gilbody S, Littlewood E, Lester H: Patient experience of computerised therapy for depression in primary care. *BMJ open* 2015, 5(11):e008581.

Speaker 5:

Dr. David Daniel Ebert
Friedrich-Alexander University Erlangen-Nurnberg, Department of Clinical Psychology and Psychotherapy, Germany

Title:

Caring Universities –Fostering mental health in university students. Project overview and first results of the WHO World Mental Health Student Project.

Abstract:

College students are a key population segment that determines the economic growth and success of a country. Epidemiological data indicate that more than one-fifth of college students are burdened by a mental health disorder, even more are affected from subclinical problems.  Poor mental health in students is associated with a range of negative consequences, including poorer academic performance, college dropout as well as an increased risk for suicide.

Based on these findings we recently launched the Caring Universities - WHO World Mental Health International College Student (WMH-ICS) project. This multi-national project is carried out in a large number of countries including among others Germany, Belgium, the Netherlands, Spain, France, USA, Mexico, South Africa, and Australia.

Specific Aims of the project include a) to obtain cross-national data on the prevalence and correlates of mental disorders among college students throughout the world b) to assess unmet need for treatment, c) to develop multivariate risk prediction models that are able to predict the incidence of mental health disorders, suicide and other relevant outcomes  such as college dropout d) to evaluate strategies aiming increase the utilization of psychological preventive services d) to develop and evaluate a range of internet and mobile-based interventions for the prevention of mental health disorders that are tailored to the individual risk profile of the student.

In this talk the overall project is presented as well as first data on the cross-national prevalence and correlates of mental health disorders, attitudes towards preventive internet- and mobile based preventive services and results from first randomized controlled trials aiming to improve mental health and academic outcomes in college students.

Speaker 6:

Ms. Eirini Karyotaki

VU University Amsterdam, Department of Clinical Psychology, The Netherlands

Title:

Innovations in mental health care for adult depression: Results of a series of meta-analyses

Abstract:

Thesis defense for the degree of Doctor of Philosophy in Psychology:
This thesis aimed at improving the mental health care of adult depression by reviewing existing research evidence. It consists of a series of traditional and individual patient data systematic reviews and meta-analyses that were conducted in an effort to expand the current knowledge on psychotherapy short and long-term outcomes, costs, adherence and negative effects. A strong focus was placed on innovative treatment approaches as these approaches have the potential to overcome many of the treatment barriers and increase psychotherapy accessibility and availability.