

2 Innovation in services targeting depression

The complexity of depression means there is no single solution; holistic approaches to prevention and treatment are likely to be most effective and sustainable.

This is the second in a series of briefs based on a policy report entitled *A sustainable approach to depression: moving from words to actions*. This brief considers the role of innovation in mental health services, and how digital tools can help enable more people to access and benefit from high-quality diagnosis, care and support.

What is innovation in mental health?

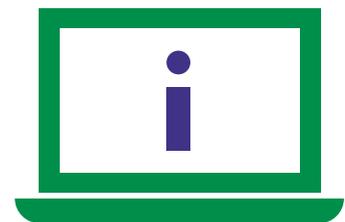
‘Health innovation identifies new or improved health policies, systems, products and technologies, and services and delivery methods that improve people’s health and wellbeing. [It] responds to unmet public health needs by creating new ways of thinking and working...’

—World Health Organization¹

There are significant unmet needs in depression, with less than half of those affected receiving effective treatment.² However, innovation can take many forms, including not just new medicines or models of care, but also digital tools, which may be a game-changer for reaching out to people with depression and helping them manage their condition over time.

Digital tools can help people manage their condition

Depression can be an isolating condition, and services such as e-counselling or online forums can offer more choice, flexibility and accessibility to people with depression than traditional services.³ This may be particularly important for young people, who may benefit from realising that their ‘normal’ peers whom they meet in online forums struggle with the same challenges they face themselves.⁴ Blended care – a combination of e-health and services in a clinical setting – can also empower people to engage more in their own care and recovery.



Technology can enable more personalised care

Depression affects everyone differently and digital tools can facilitate a personalised response. For example, the iFeel platform, developed in Israel, uses smartphone technology to monitor depression-related behaviour.⁵ Collecting real-time information, it alerts the individual and their chosen ‘trust buddy’ (a friend or family member) when there is a clinically significant deviation from their regular usage pattern. As well as providing a support route to the individual, it also produces reliable data that are shared with the clinician to help guide treatment.



What are some examples of digital tools used in practice?

The following examples demonstrate the potential for digital solutions to improve multiple aspects of care for depression.

eMen: collaborating to implement and evaluate digital tools in clinical settings

eMen works with private and public partners across north-west Europe to pilot digital tools and train therapists to use them in practice. It encourages blended care, where digital tools support and complement face-to-face therapeutic sessions. Tools piloted include online programmes, smartphone apps and even a game that offers cognitive behavioural therapy to children with depression. The project team is testing low-cost, short-duration randomised controlled trials to evaluate these interventions, as these are better suited to the fast-evolving world of digital technology than traditional trials.

Speech can Save: harnessing algorithms to identify the risk of suicide

Developed as part of the Zurich Suicide Prevention Programme 2015–2018, Speech can Save made use of social media and online algorithms to identify people at high risk of suicide – and their friends and family – via their use of trigger words or phrases. These people were then shown adverts for the campaign website and crisis hotline. The campaign led to a 141% increase in the number of young people calling the hotline due to suicidal thoughts, and a 271% increase in people calling the hotline to discuss concerns about a friend. It demonstrated how existing technology can be used to offer support to people who might otherwise fall through the gaps.

IAPT: collecting and publishing data to enable continual service improvement

Improving Access to Psychological Therapies (IAPT) services are expanding access to therapies for depression and anxiety disorders by training more than 10,000 new therapists across England. The programme systematically collects data, as each person completes a survey at every appointment. Its unique monitoring system captures pre- and post-treatment depression and anxiety scores for 98.5% of people who are seen at least twice. By making the data available to the public, IAPT has demonstrated that mental health problems can be treated and measured in the same way as physical health problems – helping to change mindsets and offer hope to people with depression.

For more information about these interventions, and to read other case studies of best practice in services for people with depression, please see the report: [*A sustainable approach to depression: moving from words to actions*](#)

How can we effectively implement innovation in practice?

‘We need strong data to inform policy changes and strengthen effective practice.’

—International Federation of Psychotherapy

Reliable data lay the foundation for effective services

There is a need for better data to guide improvement in mental health services. Innovative interventions are only useful if there is information to evaluate their effectiveness. Inconsistent and incomplete data make it difficult to define and address gaps in treatment and drive systemic improvement. Yet data on service availability are often incomplete, and huge differences in methodologies makes estimations and comparisons between settings difficult.^{6 7}

Evaluation should be built into new interventions

Data are also essential to evaluate what works and to inform good practice – and this is true for any form of intervention. New services should embed processes to collect reliable outcome measures so that the effectiveness of given interventions can be assessed reliably. Monitoring patient outcomes helps to identify good practice; this is beneficial for service users, as it gives them hope that their mental health can improve. It can also benefit

the service itself, as policymakers are more likely to support a service that shows evidence of change.⁸ However, too often, evaluation is internal and unplanned, without specific funds allocated for this work.^{9 10}

Health professionals may require training to help them implement digital tools into their practice

Engagement of health and other professionals is key to the successful implementation of any innovation to service delivery. For example, digital tools can reduce the need for in-person appointments, thus using fewer resources – but some professionals may be reluctant to adopt such new ways of working. They may need to develop new skills to work in a blended care environment.^{3 8 11}

This series is based on a report – *A sustainable approach to depression: moving from words to actions* – which was developed to encourage governments and society to step up their commitment to preventing and tackling clinical depression.

The next brief in this series, focusing on joint accountability in suicide prevention, will be published in October 2019.

References

1. World Health Organization. Innovation. Available from: <https://www.who.int/topics/innovation/en/> [Accessed 22/08/19]
2. World Health Organization. Depression. [Updated 02/17]. Available from: <http://www.who.int/mediacentre/factsheets/fs369/en/> [Accessed 16/03/18]
3. Vlijter O, Schermerhorn A-L. 2018. Interview with Sandra Evans at the Health Policy Partnership [Telephone].
4. Lekic K. 2018. Interview with Sandra Evans at the Health Policy Partnership [Written communication].
5. Beezhold J, Destrebecq F, Fresu M, et al. 2018. A sustainable approach to depression: moving from words to actions. Available from: https://wordstoaction.eu/wp-content/uploads/2019/05/A_sustainable_approach_to_depression.pdf27/06/19 [Accessed 27/06/19]
6. Barbato A, Vallarino M, Rapisarda F, et al. 2016. *Access to Mental Health Care in Europe - Consensus Paper*. Available from: https://ec.europa.eu/health/sites/health/files/mental_health/docs/ev_20161006_co04_en.pdf [Accessed 17/09/19]
7. Twynam-Perkins J, Pollock A, Brilikhova P. 2011. Treatment Gap in Depression *Journal of Epidemiology and Community Health* 65: A36
8. Clark D. 2018. Interview with Sandra Evans at the Health Policy Partnership [Telephone].
9. Maununaho S. 2018. Interview with Sandra Evans at the Health Policy Partnership [Telephone].
10. Tuomisalo R. 2018. Interview with Sandra Evans at the Health Policy Partnership [Telephone].
11. White J. 2018. Interview with Sandra Evans at the Health Policy Partnership [Telephone].