

Match Agenda: Digital Technologies for Mental Health - Building Virtual Bridges for Prevention

May 27th-29th

In May 2018, David Lindeby, Camilla Evensson (Research Institutes of Sweden (RISE)) and Clare Murphy (The Mental Health Foundation, UK) had the privilege of hosting 19 guests from across the world (Sweden, New Zealand, Canada, USA, UK, Ireland, and Egypt) who selected this intensive two-day match as a platform for their own pioneering work.



The aim of the Match was to harness the opportunity for knowledge sharing and co-production, with an eye towards future collaboration. The two days were organized into multiple single-case presentations, followed by group workshops on the digital innovation presented. This was designed to lever structured feedback from a group that offered a pool of experience, knowledge and expertise. The workshops addressed how each innovation might be reframed and meet unforeseen barriers as well as exploring the potential for scaling the solution more widely. The desired result of this strategy was to produce/facilitate tangible, practical and workable solutions for all attendees.



The IIMHL theme of building bridges across borders permeated the match effortlessly, as each participant used the opportunity to foreground mental health priorities specific to their own context. A call for formally standardized definitions of terms such as prevention and e-mental health came to the fore rather profoundly. Different actors, including health insurance specialists, clinical psychologists, researchers, academics, entrepreneurs, policy makers, experts by experience, and non-profit organizations, were present to offer their perspective of the problem during cohesive discussions.

Overall, it was agreed that mental health challenges pose the same demand, urgency and crisis across the world, and our digital era must be better harnessed to safeguard the protection of mental health over and beyond the prevention of mental illness. Below we outline the presentations of the two days, as well as information about all Match attendees.

PsykPrevention

David Lindeby, RISE

David Lindeby is one of the pioneers in Sweden when it comes to introducing design thinking and service innovation in the public sector in broad multi-helix collaborations nationally and internationally. He has long-term experience of setting up test beds and innovation hubs in the healthcare sector, which address complex problems using human centered design. At RISE he is also responsible for setting up data-driven and digital strategy platforms that attract and strengthen human capital, regional growth and competitiveness.



Camilla Evansson, RISE

Camilla holds a Master's Degree in International Business Administration and Economics from the University of Karlstad. She has a background as an entrepreneur and has started and led both a consulting company and a wholesale company. In the last ten years she has been building and developing service innovation labs in county councils and RISE. She has developed and led many national and international innovation projects, often in diverse partnerships with a focus on complex societal challenges, such as mental illness.

Hosts of the Match, David and Camilla spoke about an initiative called PsykPrevention. Harnessing a spirit similar to their RISE colleagues, they argue that you cannot solve a problem solely via one organization, you need to cooperate, broaden your view and bring in other perspectives to try to tackle a societal challenge. PsykPrevention literally means prevention in the domain of mental illness, and this initiative has a specific focus on children. They take a user-centric approach, where the youth are the experts and *they* lead in informing PsykPrevention about their everyday lives physically, mentally, and virtually. With youth as the focus, we can contribute to transforming the system.



In Sweden, mental health problems lead to suffering, risk of exclusion and high social costs. PsykPrevention is a systemically innovative approach, using enhanced collaboration between different resources and actors who jointly offer preventive health services. The PsykPrevention project will showcase new solutions, where existing health care, industry, and civil society can collaborate to build an ecosystem where different actors take complementary roles.

Moreover, PsykPrevention engages in the area health-promotion by working preventively with lifestyle issues. The benefit of this project is that it develops a good understanding of how to work with children and young people prior to risk of developing mental illness and receiving care. Generally, users have the resources that they can use if supported through personalized digital services, especially considering their strong presence in and knowledge of the digital world. Children and youth born from 1997 onwards are what we call "digital natives." They are the experts on how we can meet their needs and are an essential part of developing a solution to prevention. These new digital preventative health services will create conditions for commercialization and future exports.

**Clare Murphy eMEN,
The Mental Health Foundation (UK)**

Host of this Match, Clare Murphy works for The Mental Health Foundation (UK), a charity specializing in research and policy development, with a focus on the prevention of mental health problems. Previously, Clare studied psychology and psychoanalysis in Dublin, Brussels and Ghent and worked as an academic writer and researcher for Ghent University for over 13 years.

She holds master's degrees in Addiction Studies and Quantitative Analysis in the Social Sciences and her PhD focuses on language disturbances in psychosis. She has extensive clinical experience working with people affected by treatment-refractory schizophrenia in therapeutic community settings as well as both the private and public sector in London.



During the Match, Clare discussed her work with eMEN, a collaborative e-mental health research project funded by the Interreg North West Europe Innovation Programme, of which The Mental Health Foundation is the UK partner. eMEN has been set up to examine the development, quality and availability of digital mental health (e-mental health) across six countries within the European Union (Netherlands [lead partner], the United Kingdom, Ireland, France, Germany, and Belgium). She works on critical issues related to both policy development and the effectiveness of e-mental health interventions currently being developed across Europe and the UK. A significant part of her role concerns product development research, including evaluation and effectiveness research around the implementation and acceptability of digital tools in primary care, in addition to policy development, addressing the challenges, benefits and ethics of implementing digital into the mental health sector.



Ulrika Eriksson, BRIS

On-line support and ChatBot

Ulrika is the director of the online support arm at BRIS. Previously she has worked as social worker and field assistant and, prior to that, as a school teacher. She is a trained supervisor and has managed groups in schools and leisure activities. Ulrika trained as a police investigator at the Polish School of Law in Stockholm. She has been working for BRIS since 2012 in various roles, mainly as unit manager for the then Knowledge Unit.



Ulrika presented the Match with a brief history of BRIS, an organization which was the first to provide the Swedish public with an emergency contact number for any person who finds themselves concerned about the safety of a child. From the outset, BRIS wanted to empower people to protect their young population. What ensued led to several changes in legislation around violence and abuse. Since that time the channels of communication have enlarged significantly from the telephone; nowadays BRIS supports communication platforms including instant messages, email, etc. Last year BRIS launched their digital platform which offers an online support unit. Today children can contact BRIS any day of the year, with 20 counsellors on standby to answer their questions and offer support. BRIS works with counsellors who listen to children experiencing distress and work with them. Ulrika's presentation focused on the importance of working in partnership with other organizations to strengthen their support for young people.

Ulrika also presented the Match with the "BRISbot." "BRISbot represents BRIS's availability and accessibility to children who want facts and have questions they want answered. With up to 26 thousand calls per year, this digital innovation provides an easy way to manage such questions and answers. Children can use BRISbot while waiting to speak with the counsellors.

In developing the online platform, BRIS ensures that access is made user friendly for young people and children; they also ensure that all digital activity is safe and secure and allows for anonymity. Moreover, in developing this online platform it has been essential to work in coproduction with tech organizations that understand the perspective of both sides of its users: social workers and children. In other words, it is essential that the platform is designed for the kind of support requested and the kind of support given, and that the technology experts and the social workers speak the same language in terms of how to work with young people. BRISbot shows children that accessing help and support is easy.



Kristina Ström Olsson and Niklas Huss

Länsförsäkringar

Kristina Ström Olsson is an economist and health strategist with experience in the field of socio-economic analyses in the labour market, social security, tax and pensions. She has a passion for a healthy and sustainable (working) life and for improving the social welfare system.



Niklas Huss has long-term experience of supporting digitization and change projects. He previously worked at the Swedish Tax Agency where he was responsible for developing future processes. Niklas comes from the SAS Institute in the Nordic Region, where he worked as a business advisor and has supported organizations in public and healthcare sectors in order to create better service and more efficient operations. In recent years, Niklas has also been a highly regarded speaker about the future potential of digitization for wide audiences in different industries.



Kristina and Niklas presented the Match with innovations around the movement from 'reactive care' to 'proactive health' that Länsförsäkringar promotes. Länsförsäkringar is an insurance corporation that is unique in that it is owned by its customers (3.7 million customers with 23 local insurance companies). Länsförsäkringar's priority is to meet customers' needs at a local level, focusing on the protection and safety of customers by means of proactive health. In terms of solutions, Länsförsäkringar works with specialist care, and more recently (six years) with preventative care. They offer unique support for people with lifestyle related illnesses and mental health problems, for both young people and members of the workforce. Their 'work-related rehabilitation' programme is designed to support people who go on long term sickness from work, as well as their employers. Their overall goal is to help people *before* they become unwell by offering tailored advice about lifestyle, healthy living, better sleep, how to reduce risk for depression, smoking cessation and nutrition.

They offer web-based health programs with access to psychological support if needed. Their personal rehabilitation coordinators investigate each case individually to develop tailored support to get people back to work. They work with RISE on a new platform called the *health movement*. This provides clients with a health integrator, which screens vital data and provides a health coach that can assess the changes to be made to your lifestyle.

Niklas emphasized the need to use technology to offer proactive healthcare instead of reactive sick care. In other words, instead of simply selling insurance, Länsförsäkringar aims to create the conditions for a safe and healthy life. This is achieved by harnessing gamification for all aspects of physical, mental, nutritional health and using data to identify where problems occur.

**Anette Cederberg and Anna Östbom,
Swedish Association of Local Authorities and Regions (SALAR): a National Technical Platform for
Internet-Based Support and Treatment**

Anette Cederberg is Program Manager at SALAR with many years of experience in managing and running public sector projects. Leadership and digitization are her main areas of interest. She has a background as anesthetist and intensive care nurse and has worked in managerial and leadership roles in health care for over 30 years.

Anna Östbom is a senior adviser at SALAR. She is the initiator in supporting the development of the technical platform “Stöd och behandling” and is responsible for further development in new areas of use regarding Internet-based support and treatment programmes.

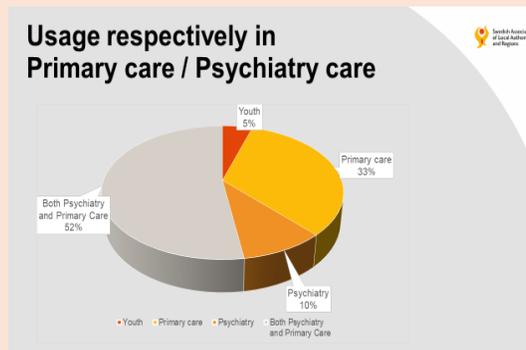
Anna and Anette presented the Match with SALAR and Inera, which coordinate the development and management of joint digital solutions that benefit the public, together with employees and decision makers in county councils, regions and municipalities. SKL and Inera joined forces in 2012 in a project to develop a digital platform aimed for caregivers to offer patients internet-based treatment. The Swedish healthcare system is built on 21 regional County Councils and 290 municipalities. At present the platform is available for the 21 regional County Councils, and in the near future, also for all 290 municipalities. The platform “Stöd och behandling” is one of several national eHealth services that people in Sweden can access.

The platform is classified as a National Medical Information System (NMI), a secure system for information sharing of sensitive pat data over the Internet. There are two technical parts, the *designer tool* where you edit and upload the program and *Stöd och behandling* where the patient logs on to take part in the treatment.

There are approximately 14 treatment programmes available using Cognitive Based Therapy (CBT) within different areas. Below are some examples, some by private vendors and some regionally developed within the healthcare system;

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- Depression Treatment 1.0, *Internetpsykiatri Stockholm*
- Depression Help 2.0, *Psykologpartners*
- Internet help at mood 7.0, *Livanda*
- Internet treatment, depression, region *Örebro County*
- Internet treatment depression, *Uppsala University Hospital*
- (Depression Here & Now, *Mindfulnesscenter AB*)



Anil Thapliyal (Ministry of Health, New Zealand)

Nationally Commissioned Integrated e-Mental Health and Addiction Services by Ministry of Health, New Zealand

Anil Thapliyal is the CEO of Health TrX and adjunct professor at the Center for eHealth (AUT University), specializing in e-mental health, particularly its implementation. Anil has a passion for improving people's health and wellbeing through the application of ICT to people's healthcare. Based on his longstanding work with the National Depression Initiative in New Zealand (The Lowdown and The Journal), he specializes in the implementation of e-mental health programmes and services and he has advised government departments in New Zealand, Canada, Australia, Hong Kong, and the USA and has led the development of key e-mental health strategy work.



Anil presented the Match with the great strides that New Zealand has made in the last 15 years in terms of policy and strategy around e-mental health. New Zealand has come far in developing and integrating digital technology into both health and mental health services. Anil illustrated how one of the initial challenges to developing and implementing e-mental health in New Zealand was engagement. The extent of this challenge was revealed, for example, through a report in 2007 which indicated that 76% total suicides were male, 67% of which had never engaged with primary or secondary care. Thus, people in distress were not reaching out to services. A national campaign was therefore set up to engage men as a priority in government policy and strategy.

Early in his career as a family therapist and counsellor, Anil was disappointed in the lack of point-of-care data. This started him on the innovation journey of gathering relevant data about access to care through a range projects with the Ministry of Health. Projects, such as The Lowdown, a text-message based mental health programme, which provided a modestly sized (24/7) call center that responded to people in distress. In the first month, however, it was revealed that the organization had made 19 thousand text counselling contacts. Thus, the programme demonstrated enormous uptake and exposed a significant dearth in data around who these people were. This huge uptake prompted a nationwide engagement strategy using one of the world's best social marketing organizations, which subsequently led to the launch of another programme called The Journal, which now has 32 thousand patients across New Zealand (18% total service users being Maori).

Four core areas that were highlighted at the level of public health strategy included the sub-initiatives: Information provision; screening/assessment; engagement/intervention; and social support. By means of cohesive strategy, e-mental health is in the process of being optimally integrated into primary and secondary care services.

In the New Zealand context, the core components that underpin implementation science include areas such as policy alignment (with the problem being solved), generating evidence to underpin the services provided, change management and industry involvement. For e-mental health to be implemented both in primary and secondary care in New Zealand and optimizing how it serves and supports the care continuum for the nation, it is necessary to work directly with ministers, get the right leaders at the table and harness political impetus to drive new policy.

Krystian Fikert

MyMind Centre for Mental Wellbeing, Ireland

Krystian Fikert is the CEO and Founder of MyMind Centre for Mental Wellbeing, a non-profit, social enterprise that provides affordable and accessible mental health services to the community. Krystian set up [MyMind](#) in 2006 in response to Ireland's complicated mental healthcare system. With four national centers in Ireland and the provision of online therapy, MyMind is bypassing the need for clinical referral, long waiting lists and costly services, empowering people to directly access mental health support when they need them.



By offering early intervention support and a blended service, Krystian drives a model that helps to build people's resilience and prevent more serious problems from developing in the long term, reducing suicide rates and preventing the necessity for long-term treatment. Krystian is a Clinical Psychologist and has certifications in CBT, CAT and EMDR. In his work with MyMind, Krystian has been named an Ashoka fellow (2011), received multiple awards from Social Entrepreneurs Ireland, received the Captain Cathal Ryan Scholarship (2010), and won the Arthur Guinness Award in 2012.

MyMind provides easy access to mental health services across Ireland and focuses on solutions instead of problems. Stakeholders are involved in decision making processes. MyMind actively seeks to partner with other organizations working in mental health. In January 2018, MyMind launched a new appointment system for clients and mental health professionals. The online platform underpins MyMind's mission of providing affordable and accessible mental health services.



Using MyMind, mental health professionals have full access to client feedback, allowing them to better monitor the progress of their clients and conduct their practice most effectively. A comprehensive appointment system minimizes the amount of time that our operational team spend dealing with administrative issues, freeing up resources and keeping costs low. The improved system also allows staff to gather in-depth data and relevant analytics to help to improve and scale services. The system allows clients to monitor their own progress via a wellbeing scale, keep an emotional diary, complete tasks, book talks and workshops and buy discounted packages of counselling and psychotherapy.

To date, MyMind has impacted 28k lives, provided 75k appointments and has seen a 20% growth. In terms of its client profile, 43% are aged between 25 – 34 years old, and 60% are female. In terms of nationality, 59% are Irish, 11% Brazilian, and 7% Polish. For device user data, 53% use laptops; 42% use mobile phones; and 5% use a tablet. MyMind has nearly 60k visitors to per, and in 2017 it responded to more than 10k emails and 3.5k chats.

Thomas Canning
Maudsley International

Thomas has a background in Neuroscience and specialized in mental health through an MSc in Global Mental Health at Kings College London/London School of Hygiene and Tropical Medicine. He now works as a Business Development Manager at Maudsley International, where one of his current projects is the development of an App for the “prevention and promotion” agenda using the *Wheel of Wellbeing* (WoW). The WoW is a holistic wellbeing tool, currently in use in various councils and companies in the UK, as well as in Australia.



The WoW was designed in 2008 as part of a Big Lottery Well London’s programme and is based on the Foresight’s *Five Ways to Wellbeing*. It is now part of ongoing collaboration between the Mental Health Promotion team at South London and the Maudsley NHS Trust, Maudsley International (now Implemental) and Uscreates. More and more research is showing us how certain things we do can improve our moods, reduce the risk of depression, strengthen our relationships and keep us healthy. The six parts of the WoW aim to provide a holistic way of thinking about how we can bring positive aspects into our everyday lives. Each section has an action associated with it: Body: Be active; Mind: Keep learning; Spirit: Give; People: Connect; Place: Take notice; Planet: Care.



The WoW has a wider theory of change, including Train the Trainer courses on implementing the WoW into population-level well-being activities. Other activities include workshops and resources, such as a website (www.wheelofwellbeing.org). These have been used all over the world, most notably in Australia. WoW resources are currently licensed on a creative commons so it is free to use for non-profit activities. As part of our investment in the community we serve as a community interest company. Implemental are currently looking to expand WoW into an app to build on the useful, but old website functionality.

Implemental and Uscreates undertook a feasibility and design study as a first step. The process included focus groups, interviews, a co-design workshop and user testing of wireframes with three core segments of the population (service users, students and members of the workforce, especially service-based employees). Outcomes included a set of technical and strategic recommendations and a wireframe of the minimal viable app, as well as qualitative inputs such as what individuals want from an app. A mock-up was produced on the Marvel platform.

The next steps will be to look at the evaluative challenges, such as how we measure behaviour change, the strategic questions, such as what the real core requirements for a well-being app are to be helpful for individuals and how to incorporate the app into the wider WoW offer. Challenges remain in the domain of funding and development.

Magnus Jägerskog, Secretary General BRIS
BRIS Children's Rights in Society and Mental Health

Magnus Jägerskog holds a Master's degree in Business Administration from Stockholm University. Since early 2000 he has held various executive roles in the non-profit sector as well as in state-owned companies. Between 2011 and 2016, Magnus was CEO of Systembolaget's subsidiary IQ, previously working as Marketing and Communications Manager at Friends. Magnus is General Secretary for Bris since 2016.



Magnus presented the Match with information about how BRIS works with other organizations to tackle mental health problems in Sweden. Starting with a presentation of BRIS' history, reflecting back to its inception in September 1971, we learned of its first goal of banning corporal punishment. Since that time, the spirit of BRIS as a children's rights organization continues to go strong, responding to the needs of young people by pushing for the enforcement of new laws when necessary.



BRIS is among the top three organizations when it comes to public trust and confidence. In 2003 BRIS initiated a global helpline network, last year receiving 24 million contacts from children. The purpose of BRIS work concerns strengthening the rights of children, through advocacy and by mobilizing this member-based organization into cooperation with other organizations. For example, the BRIS network has worked with up to 3,500 people who work with children, which is key for change.

In terms of financing, 85% of BRIS turnover comes from fundraising and private donors. BRIS works alongside many different support services. Mental health contact is on the increase in Sweden, particularly in the domain of sexual harassment. The data that BRIS collect indicates that children are contacting for a number of different reasons and it is very important to look at these reasons.

When BRIS receive contact from a child, it can be documented in 55 different contact categories. Thus, while this helpline is a service for children, having such a robust system of documentation means that they can gather a rich informative data. Last year BRIS had 28,415 conversations with children, and the data collected from these contacts informed BRIS of what is happening for children in society. For example, last year BRIS saw a huge increase in calls from children experiencing depression and suicidal ideation (increase between 25-34%). A possible reason for this could be that the public health sector is under strong pressure. BRIS writes numerous reports and works together with a research team to fully capture the social context in which these changes in behavior unfold.

**Marion Cooper & Greg Kylo, Canadian Mental Health Association
National Digital Ecosystem, Canada**

Greg Kylo is the National Director of Program Innovation at the Canadian Mental Health Association, (CMHA: National). The CMHA is the largest national non-profit mental health organization in Canada providing a full-continuum of services and supports through its 330 locations and 5000 staff across the country. Greg’s strategic innovation priorities include: population mental health, promotion and prevention, e-mental health and peer support.



Marion Cooper is the Executive Director of CMHA for Manitoba and Winnipeg. She also serves as the Executive Lead for Strategic Partnerships with the CMHA National supporting partnerships with Indigenous organizations and communities and partnerships to advance population mental health. She is a registered clinical social worker and mental health and addictions leader who has worked in the community sector in various positions since 1992. She has worked as a community developer, child protection social worker, youth development worker, rehabilitation case manager, workplace mental health consultant and program director. She is the past president of the Canadian Association of Suicide Prevention. She was also the co-chair of the Pan-Canadian Committee for Mental Health Promotion and Mental Illness Prevention.

During the Match, Marion and Greg discussed a conceptual e-mental health framework that could enhance how clients take care of their mental health and well-being. As leaders in community mental health for over a century, CMHA aspires to develop digital innovation that will support and empower all citizens to achieve greater levels of positive mental health and advance their well-being and recovery journey.



The Ecosystem supports will be validated resources for anyone seeking better mental health and well-being. Within the ecosystem, visitors would be guided and supported on their personal path to improved mental health and well-being through interaction with practical and meaningful information, resources, tools and supports. The vision of the ecosystem includes self, AI, and peer guided access to a comprehensive suite of on and offline resources. The Ecosystem will be co-produced based on culturally-safe, client-centered, trauma-informed and recovery-oriented principles.

CMHA is currently in the early stages of socializing the Ecosystem and is looking to learn from and partner with others in e-mental health promotion and prevention.

Dennis Morrison (PhD)

Disruptive Innovation in Behavioral Healthcare

Dr. Morrison (Morrison Consulting) is an experienced executive and leader specializing in behavioral health and social services. His career has focused on integrating clinical care and technology to improve care delivery and empower people to achieve better healthcare. From 2012-2017, he served as the first Chief Clinical Officer for Netsmart Technologies, the largest US provider of electronic health records and related technologies in the behavioral health, social services and post-acute care markets.



Before this (2008-2012), he served as CEO of Centerstone Research Institute (CRI), which was created to manage the clinical research and information technology needs of four merged mental health treatment organizations creating a \$120M multistate provider organization (Centerstone) serving 70,000 consumers per year. CRI was recognized in IBM's *Smarter Planet* Series and won the Best Practices Award from TDWI (Transforming Data with Intelligence) for *Leading Innovations in Business Intelligence and Data Warehousing*.

Dr Morrison presented the Match with the factors that contribute to a healthcare environment that is challenging, scary but also exciting. From changes in technology to social realignment due to age to biomedical advances, healthcare is set for major disruption, and behavioral healthcare will be significantly affected.



Technology has contributed to all facets of our lives. With the ability to put more computing power in smaller formats comes the ability to personalize computing capabilities. Smart watches, trackers, smartphone apps and personalized medical devices are all available to anyone who wants them. Thus, consumers need to know that the tools they are using actually do what they purport to do, especially in regard to Intervention. Moreover, apps that are marketed for interventions such as Computerized Cognitive Behavioral Therapy (CCBT) must be vetted, psychometrically.

Sociological changes also drive disruption: Younger, "digital natives" often prefer online tools to physical interaction. In addition, as we are moving from a clinician-centric healthcare system to a consumer-centric one more power and responsibility will be put into the hands of all healthcare consumers. The increasing cost of healthcare is forcing providers and consumers to find less expensive alternatives to care-as-usual. Indeed, soon mobile-based devices could supplement or even replace the work of traditional care providers.

With the rapid drop in cost for genomic sequencing, genetic testing can be done as part of routine physical exams. This could allow medical providers to 1. Look for known genetic anomalies that cause medical problems, and 2. Look for specific single nucleotide polymorphisms or "SNIPs" – small pieces of genetic material that control the metabolism of everything we ingest, including drugs. Knowing how well an individual will metabolize a specific drug will allow more accurate prescribing practices and curtail many of the "drug failures" that occur now.

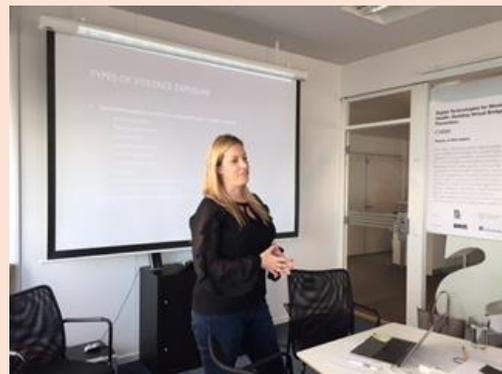
Health care providers and consumers can expect significant changes to how they provide and receive healthcare in the future that, if done well, will result in improvements in quality and access.

Kate Ellis, American University in Cairo
Arabic translation of the PTSD Coach

Kate Ellis is an assistant professor of psychology at The American University in Cairo, and serves as both the graduate programs director and the coordinator of the leadership in mental health course. She is also a clinical psychologist who works predominantly with refugees and individuals who have experienced trauma. Her research focuses on the impact of violence and conflict, with a particular focus on young people. Dr Ellis has published several peer review works regarding the experiences of young people exposed to community and political violence. She has also published works on the mental health experiences of 'looked after children' and the challenges faced by detained youth offenders. Dr Ellis is currently involved in projects to develop and evaluate intervention programs in conflict-affected settings such as Egypt, upscaling mental health interventions in low economic countries and developing accessible online, culturally appropriate interventions for trauma in Egyptian Arabic.



Dr Ellis presented her work on the adaptation and development of an online intervention for the treatment of PTSD in Egypt. As young adults in Egypt have been heavily exposed to violence in recent years, including political violence in the Egyptian revolution and sexual assault, creating not-for profit online resources addressing young adults' mental health is an important component in establishing equitable access to care. Addressing global mental health in vulnerable groups is critical to the success of integral human development, and has been listed by the World Health Organization as one of its new development goals. One of the most serious mental health challenges facing young adults in Egypt is post-traumatic stress.



Dr Ellis's work involved the adaption and translation (into Arabic), of an online program, developed by the National Center for PTSD, the 'PTSD coach." By consulting with Egyptian experts in the field of mental health, as well as, conducting public focus groups to develop a culturally and colloquially appropriate online intervention for PTSD, Dr Ellis reflected on the process, challenges and successes of developing the tool, and designing a large-scale intervention study to implement and measure effectiveness and acceptability amongst Egyptians.

Ian Power, SpunOut.ie, Ireland
HSE Ireland & digital support

Ian Power is the executive director of Ireland's youth information website SpunOut.ie. The service is run by young people, for young people and harnesses the latest in digital to educate, empower and inform young people for active, happy and healthy lives. He is also President of the National Youth Council of Ireland and a board member of the Ireland's Citizens Information Board, the organisation with responsibility for the 100+ citizen information and budgeting advice services in communities across the country. He also works as a



subject matter lead for the Health Service Executive's digital mental health supports project, which includes the development of an AI signposting tool, livechat active listening services and online therapies.

Ian spoke about the various agencies, taskforces and policy directions which are either set up or being set up for youth mental health in Ireland. They have acquitted both the ministerial support and targeted funding from departments of health, education and children and youth. Nevertheless, what is needed is a single point of access that will serve all those wanting to access support with mental distress, regardless of the way in which this manifests. In other words, a centralized platform that can function as a single mechanism to respond to all enquires. This eliminates the burden of having to contact multiple agencies for someone in mental distress. In practice, this would involve: One point of phone contact (services; active listening); One online portal (information & signposting); One dynamic signposting tool; Expansion of instant messaging support; Developing a governance framework for online counselling.



To achieve this it is necessary to upskill HSELive to navigate mental health services; Signpost to one helpline number; Refresh the 'YourMentalHealth.ie' design; Develop a dynamic signposting tool; Expand synchronous active listening provision and examine the possibility of bringing all chat providers onto one platform, and finally develop a service provider led governance framework.

The benefits of a single number include having one place to go to ask questions (services), one number to remember and promote (listening) and the ability to transfer to services like CAMHS. The benefits to users include finding help fast, easy navigation of the mental health system and reducing inappropriate referrals. It can be used online or with HSELive staff and it will provide one signposting tool on all partner websites. Developing this requires training HSELive staff and messaging volunteers, funding coordination and technology.

Laureen MacNeil

Canadian Mental Health Association Calgary Region (CMHA Calgary)

Laureen MacNeil is the Executive Director at the Canadian Mental Health Association Calgary Region (CMHA Calgary). She has held senior management positions at the Mental Health Commission of Canada and Alberta Health Services and in the private and government sectors. In 2018, CMHA Calgary launched the first Recovery College in Alberta. Recovery College is an innovative, educational approach to supporting addiction and mental health by providing over 30 courses co-designed by individuals that have experienced a mental health or addiction challenge. CMHA Calgary has also launched a School of Peer Support and is advancing community based mental health services by launching a Centre for Excellence in Recovery and Peer Support.



Laureen is a professional engineer and holds a Masters in Health Services Administration from Dalhousie University and an Executive Certificate in Management and Leadership from the Massachusetts Institute of Technology – Sloan School of Management. Increasing access to mental health supports is a key goal of her organization, which is why they aim to increase their knowledge and provision of digital technologies.



During the Match, Laureen focused her interests on peer support and increasing access to recovery-oriented skill building; understanding leading digital technologies that could be adapted to support increase access and improved mental health outcomes; developing partnerships that could be explored to support growth of these supports in Alberta Canada; and user preference and tools to support uptake of digital technologies.

Jordan Davis

Thunderbird

Jordan Davis is an application developer with a background in design for Thunderbird Partnership Foundation. Thunderbird has a variety of initiatives that involve digital technologies for mental health, and also advise other organizations about digital tech for mental health. They collect data on the benefits of cultural interventions in First Nations populations.



Jordan is interested in learning about projects that have used a digital pathway to impact mental health, and what has contributed to their success and what challenges they face. He is particularly interested in innovative methods, cost/benefit of different methods, marketing challenges, and innovative uses of data. Jordan’s technical/programming background proved to be useful during the Match.

Aisling Doherty

Mental Health Ireland

Aisling has been working in the area of Mental Health Promotion for eight years. Mental health promotion, incorporating the science of health promotion, explores ways to give control back to the individual so they can improve their health through knowledge. It is a population approach to improving the public's mental health and wellbeing while also engaging with at-risk population groups in order to bridge the gap and reduce induce inequalities. In Aisling's current role at Mental Health Ireland she is exploring how to improve mental health in Ireland, while also looking at the health needs of those with severe and enduring mental illness and how to address them.

Aisling has designed, developed and evaluated many health promotion programmes and initiatives for a range of groups across Ireland. She has a particular interest in the area of mental health promotion, health inequalities, social determinants, MH literacy and Youth participation.

Aisling attended this Match as she feels that in Ireland, and indeed the world, digital technology is the medium to connect with others every day. She is particularly interested in exploring the ethics behind e-mental health and how to ensure end-users are safeguarded from any potential harm caused by apps/online learning tools.



Urban Petterson Bargo

WeMind Mental Health Clinic

Urban Petterson Bargo first encountered mental health care as a teenager when a family member had been heavily reliant on psychiatric care for many years, but the quality of care was disappointing.

Urban's goals, therefore, were to identify treatment best practices using robust longitudinal outcomes data, together with distinguished leaders in the mental health field, and to help make these best practices the routine 'gold standard' of care for mental health patients in Sweden. Urban teamed up with psychologist Thomas Tegenmark and business major Christina Carlsson to set up a new mental health provider that would place routine patient-centered outcomes measurement at the core of its operational model. Urban, Thomas and Christina co-founded the first WeMind Mental Health Clinic in Stockholm in 2008. The first clinic comprised three small clinic rooms at a single site. Today, WeMind is spread over 17 sites with over 400 clinic rooms. It contracts with four of the five largest county councils in Sweden (Stockholm County Council and Gothenburg County Council, Southern Sweden County Council and Uppsala County Council) to receive tens of thousands of referrals for patients with mental health diagnoses.

