

# E-mental health in the Netherlands

The Internet is increasingly becoming an integral part of the daily lives of the Dutch. Currently, 94% of Dutch households have access to the Internet – the highest figure in Europe – and no fewer than 87% of Dutch people use it on a daily basis. People no longer use the Internet exclusively at home or at work, but increasingly whilst on the move. The Dutch mental health care sector uses this trend and develops online prevention, treatment and support systems, collectively referred to as e-Mental Health.

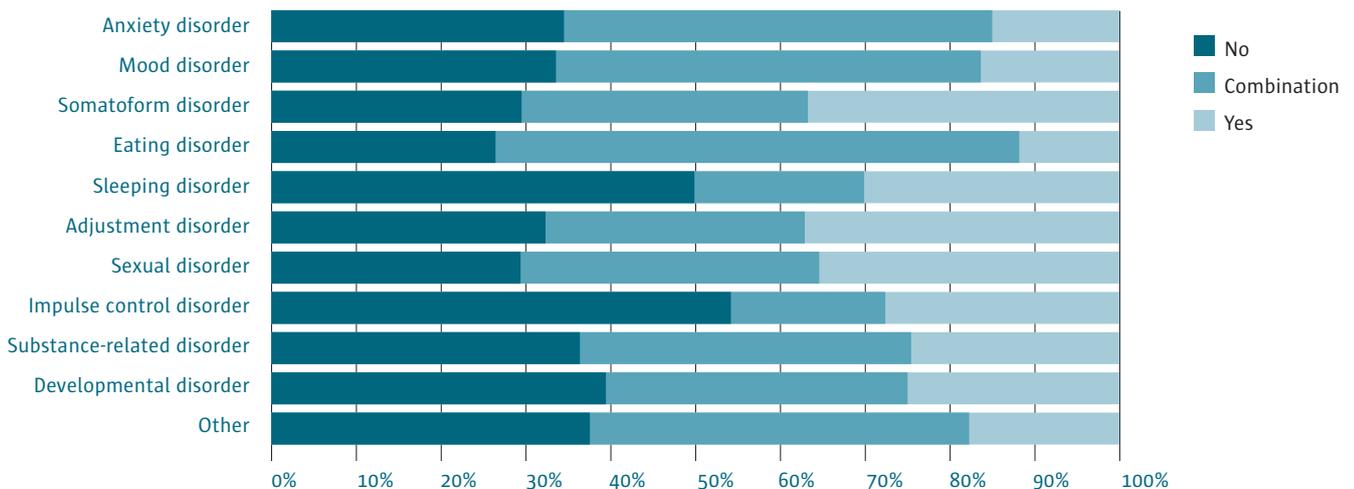
## IN THE NETHERLANDS...

- Some 9 million citizens use the Internet to search for information on health or care.
- Almost 1.8 million people visited an online help site in 2010 for psychiatric or social problems.
- Two out of three Dutch mental health care institutions apply e-Mental Health in their care provision and in communication with patients (such as e-consultations, e-appointments and e-intakes).
- Between 60 and 70% of mental health care clients with a diversity of complaints are receptive to the idea of e-Mental Health.
- The number of people receiving Internet-based help for depression or eating disorders has tripled in a period of three years.

## E-MENTAL HEALTH...

Is the use of information and communications technology (ICT) to support and/or improve mental health and mental health care. It is not about business processes, such as the digital sharing of information and the electronic health record, but about interventions focusing directly on the mental well-being of the consumer. E-Mental Health utilises technological developments to respond to today's challenges, such as the growing demand for mental health care and rising costs, whilst at the same time increasing the number of people in reach of mental health care en thus decreasing the treatment gap.

Percentage of Dutch patients who are receptive to online intervention or a combination of online and offline



## E-MENTAL HEALTH IS (COST) EFFECTIVE

### Prevention

The available preventive online services include information and advice, self-tests and supervised and unsupervised self-help programmes. The advantage of online self-help is that it allows participants to remain anonymous and can be accessed 24/7. This means that groups, who could previously not be (fully) reached by conventional means, may now be reached on a large scale. e-Mental Health has proven its added value in prevention and early interventions for mental health problems such as depression, addiction, suicide and eating disorders.

#### IMPACT AND REACH

- The website 99gram.nl, which was set up for young women with an eating disorder, received 100.000 visitors within the space of one year. Currently, 120 visitors have registered for online treatment.
- 42% of male visitors to the website drinktest.nl were drinking less after a month.
- Participants in the alcohol consumption reduction programme on the website minderdrinken.nl were drinking less than the control group after six months.
- The website gripopjedip.nl offers help to 250 young people with depressive disorders each year and refers 100 young people to mainstream services.
- The suicide helpline 113Online estimates that an average of two people per month decides not to commit suicide after contacting the service. Volunteers carry out an average of 19 online chat discussions and 15 telephone conversations each day.

#### COST-EFFECTIVENESS

- The economic cost of depression in the Netherlands is estimated at € 2.8 billion per year, while the annual cost of excessive alcohol consumption is estimated at € 2.6 billion.
- The self-help programmes provided via minderdrinken.nl (alcohol), kleurjeleven.nl and allesondercontrole.nl (depression) are cost-effective and entail lower care and social costs than standard care services.
- An economic analysis of minderdrinken.nl based on 15.000 participants in the programme suggested potential savings of more than € 2.5 million per year.

### Online treatment

The first treatment and support programmes offered via the Internet were launched at the end of the 1990s, and already offered a 100% online treatment alternative. Usually an approach based on cognitive behavioural therapy is at the heart of these online treatment programmes. Using this therapy online can produce major and significant reductions in complaints related to post-traumatic stress, burnout, depression, panic and eating disorders.

There is growing attention for blended care, which combines the benefits of traditional face-to-face contacts (such as the support of a therapist) with the benefits of Internet interventions, chatting, telecare and mobile phone apps (freedom to participate in the therapy at a time and place that suits the participant). The mobile revolution enables patients to access care using a tablet or smartphone whenever and wherever they choose. Examples of 'mHealth' applications are a 'digital coach' for people with autism, which offers support in unpredictable situations at any time of the day through an app on their smartphone.

The expectation is that the costs of blended care will prove to be lower than those of mainstream services, because part of the traditional face-to-face consultation is replaced by online interventions. Initial results show that online contact times are significantly shorter and that the number of face-to-face contacts drops sharply. Further research on the cost-effectiveness of blended care and mobile apps is needed in order to facilitate large-scale implementation and optimise the social benefits for the healthcare sector.

### Developments

The Dutch mental health care sector is also experimenting with new forms of e-Mental Health. Serious games are (computer) games that involve a combination of playing, thinking and doing and in this way, convey information, knowledge and skills to the user. During Virtual reality exposure therapy the patient is not exposed to real life situations, but to virtual worlds. This is an effective approach in treating specific phobias, such as fear of heights and fear of flying, as well as for more complex anxiety disorders such as a panic disorder combined with agoraphobia. Serious games and virtual reality offer very promising applications, but will require further development and investment.

#### Sources of information:

H. Ripper, L. Kooistra, J. de Wit, W. van Ballegooijen en T. Donker (2013) Preventie & eMental • Health kennisysythese 2012. ZonMW. Den Haag. • H.Ripper, F.Smit, R.van der Zanden, B.Conijn, J.Kramer, K. Mutsaers (2007) e-Mental Health: High Tech, High Touch, High Trust. Trimbos Institute. Utrecht. • Ruwaard, J. (2013). The efficacy and effectiveness of online CBT. Amsterdam: Department of Clinical Psychology, University of Amsterdam. • KPMG. (2012). Verkenning e-health. Een nulmeting van de toepassing van e-health in de eerste- en tweedelijns curatieve zorg in Nederland. • TelePsy (2013) Statistieken cliëntvoorkeuren GGZ. • www.trimbos.nl • www.113online.nl