

BPtK Webinar 29.09.2020: NPCE Member Meeting and Symposium "Mobile health apps in psychotherapy in Europe"

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Situation in Hungary

Session 1:

Do you see psychotherapeutic treatment of mental disorders via digital media as a possibility, for example by video or e-mail?

We consider eHealth interventions as feasible but limited possibilities in the treatment of mental disorders. Online video counselling (e.g. Zoom, skype, etc.) is preferred over e-mail interventions as synchronous e-therapies show better treatment outcomes than asynchronous forms. eHealth and mHealth interventions are most effective when automatic, self-directed elements are combined with online sessions implemented with the involvement of mental health professionals. In Hungary, during the first wave of the COVID-19 pandemic, and within the time frame of quarantine regulations, a classified directory of psychotherapist providing e-counselling (e.g. skype counselling) was made available for the general population in order to decrease the severity of the negative impacts of social isolation, and infection fears. Skype therapies were also provided by clinical psychologists working in health care settings. This might be a good way for harm reduction, and for the management of cases with mild or moderate mental disorder severity, however, more severe cases may necessitate personal forms of psychotherapy.

To what extent and in what relation do personal consultation is this possible, currently, i.e. under the conditions of Corona, and in general?

Right now, it is possible to conduct personal consultation and psychotherapy in Hungary. Psychiatric wards and rehabilitation centres are still starting new treatment phases with novel clients. The general prohibition of visits impede relatives from visiting the patients in the hospital. Broad-scale social isolation, and the hindrance to receive social support might become substantial risk factors regarding the efficacy of the recovery process. Additionally, patients and health care providers have to follow the rules of wearing masks and keeping social distancing. The efficacy of psychotherapy might be impacted by the fact that the faces of both the client and the therapist is partly covered (e.g. influencing their meta-communication, nonverbal signals).

Are internet-based programmes (digital health apps) used by psychotherapists in your country, e.g. in the treatment of anxiety disorders, depression or addictions?

There are available adaptations of international eHealth interventions, such as the iFightDepression project. Moreover, in the past years, the emergence of novel eHealth interventions could be observed in Hungary as well, including mHealth

applications and internet-based programs. Some examples of national projects or international collaborations:

- mHealth solution for patients with treatment-resistant schizophrenia (m-RESIST) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5062002/>)
- A smartphone application for reducing hazardous alcohol consumption (Yoozan) (<https://pubmed.ncbi.nlm.nih.gov/32896955/>)
- An online intervention for the reduction of problematic pornography use (Hands-Off) (<https://osf.io/5tqkb/>)
- An ongoing project (not yet published) developing online intervention (iCBT) that targets patients who struggle with pathological gambling (New bet)
- mHealth intervention to prevent substance use disorder (Once Upon a High) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6299233/>)
- An ongoing project (not yet published) developing a smartphone application to reduce the risk of suicide (LelkiSOS)

Which quality requirements must digital health apps meet in order to be used in psychotherapy (e.g. with regard to data security or evidence of efficacy)?

We would only advice to use digital health apps that are based on previous efficacy studies and are proven effective without the risk of iatrogenic harm. Data security also has to be provided, taking into account all legislation related to data protection, including e.g. the General Data Protection Regulation (GDPR). Given consideration to existing efficacy studies, internet-based programs and digital health apps using CBT techniques should be preferred.

Which professional and ethical standards must be met when using digital health apps (e.g. prior diagnosis in personal contact, therapy monitoring)?

We would recommend the use of digital health apps as a form of adjuvant treatment and not necessarily as a first line treatment option. We would also advice to select eligible participants/clients based on the results of previous severity screening: those patients with severe mental health problems should still be refered to personal therapy. In this sense, primary care providers and mental health professionals could follow an approach similar to the triage model based on severity/emergency screening, and select optimal intervention techniques accordingly. Prior diagnosis should be made in personal contact in each case.

Will these services be remunerated, and, if so, how?

It would be an option to first create a registry of evidence-based eHealth interventions, and subsequently develop an insurance system in which these programs are funded by the National Health Insurance Fund. It would certainly widen the scale of the target population.

What are the potential barriers and facilitators of using digital applications?

Granja et al. (2018) reviewed the facilitators and barriers of using such applications (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5954232/>). For instance, major barriers to workflow include: workload, role definition, undermining of face-to-face communication, workflow disruption, alignment with clinical processes, and staff turnover. Kruse et al. (2017) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5629741/>) identified some determining factors of clients' satisfaction with telehealth programs: e.g. improved outcomes, preferred modality, ease of use, low cost, improved communication and decreased travel time.

How prepared are the national Health Care Systems across Europe in accommodating digital interventions a part of the standard first line of care?

In the study by the Commonwealth Fund, the majority of involved health care opinion leaders pointed out that the acceleration of the development and deployment of health information technologies should be a no.1 priority. Based on such findings, we would expect rapid emergence of additional eHealth programs in the near future, as well as the development of guidelines regarding the feasibility and implementation of digital interventions as part of first line of care. European development of a quality standard for evaluating health apps is already on its way (see <https://www.ehealth-standards.eu/en/projects/> for details), just as eHealth network guidelines are already available (https://ec.europa.eu/health/sites/health/files/ehealth/docs/ev_20190611_co922_en.pdf). The current pandemic further facilitated this progress.

What European Union should do to facilitate mobile health apps as a tool in treatment?

The following steps should be made: 1) The finalization and dissemination of evaluation standards, 2) The implementation of well-designed efficacy studies, 3) Organizing workshops, and trainings for health care professionals regarding the use, benefits and limitations of digital interventions, 4) Selecting funded projects based on their efficacy (e.g. by national health insurance funds as well in order to make the intervention freely available for the public), 5) Implementing public campaigns in order to increase the efficacy of dissemination.

Session 2

What is currently happening in psychotherapeutic care in your country?

- **Legal basis for qualification and practice of the profession; plans for reforms of the legal framework?**

In February 2020, the first subsection of the Section 187 of the Hungarian penal code has been modified, providing for one-year prison sentence for those who conduct psychotherapies without health care qualifications, meaning that only

clinical psychologists with or without subsequent psychotherapeutic training are allowed to label their activity as “psychotherapy”.

Are therapists in your country allowed to prescribe treatments?

Psychotherapists are trained in one or more therapeutic methods. Within their competence they are allowed to choose the form of applied psychotherapy. In case the therapeutic case would necessitate pharmacotherapy, therapists consultate with a psychiatrist/other physician.

How has Corona changed psychotherapy?

Many of the psychotherapists shifted to online counselling (e.g. via skype) during quarantine regulations in order to continue their ongoing therapeutic processes. Novel therapeutic protocols regarding online interventions are being developed by psychotherapists in order to provide clear rationale for therapists.

How the global pandemia has accelerated the use of Mobile health apps to tackle mental health problems?

In April 2020, the Hungarian National Research, Development and Innovation Office in collaboration with the Ministry for Innovation and Technology published a call for tenders providing interventions (including eHealth/mHealth interventions developed and later potentially utilized by psychotherapists) to reduce the adverse outcomes of the pandemic. More than 450 applications were registered.

Are there founded new important professional organisations for psychotherapists in the last years?

There were no new founded professional organisations for psychotherapists in the past years. The Psychotherapeutic Board Association (PBA) of Hungary monitors the classified directory of official organizations representing distinct therapeutic methods. Currently there are 16 organizations listed in the registry of PBA.