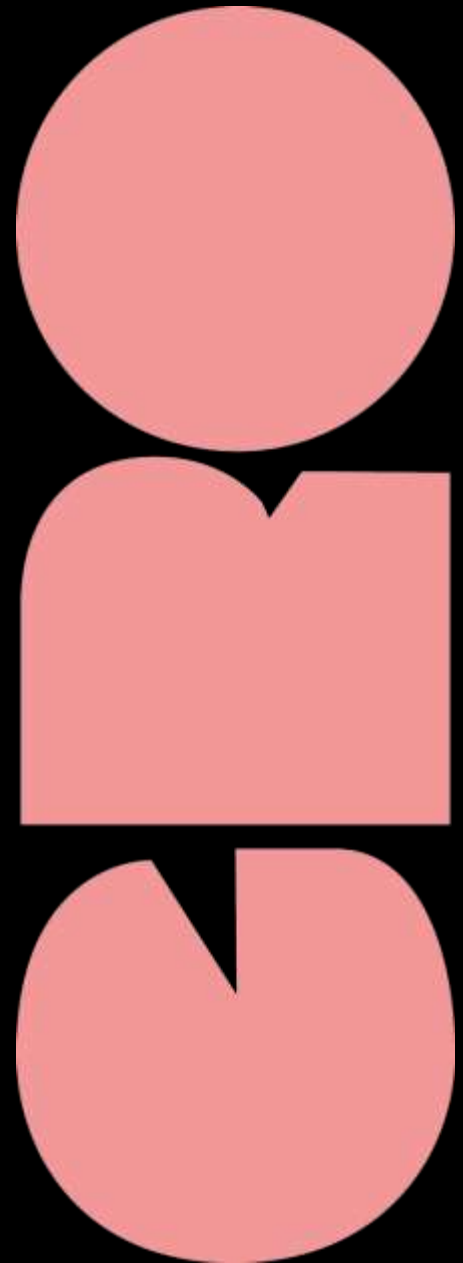


Webbased therapy for depression and anxiety

What is it?

What can we learn from viewing webbased therapy as
an enabling and industrial technology?



Outline of presentation

- Aim: To use webbased therapy as an example of enabling and industrial technology
- How do I know? Methods
- What is webbased therapy?
- What effects do webbased therapy have?
- How is webbased therapy organized?
- What do Danish stakeholders think about webbased therapy?

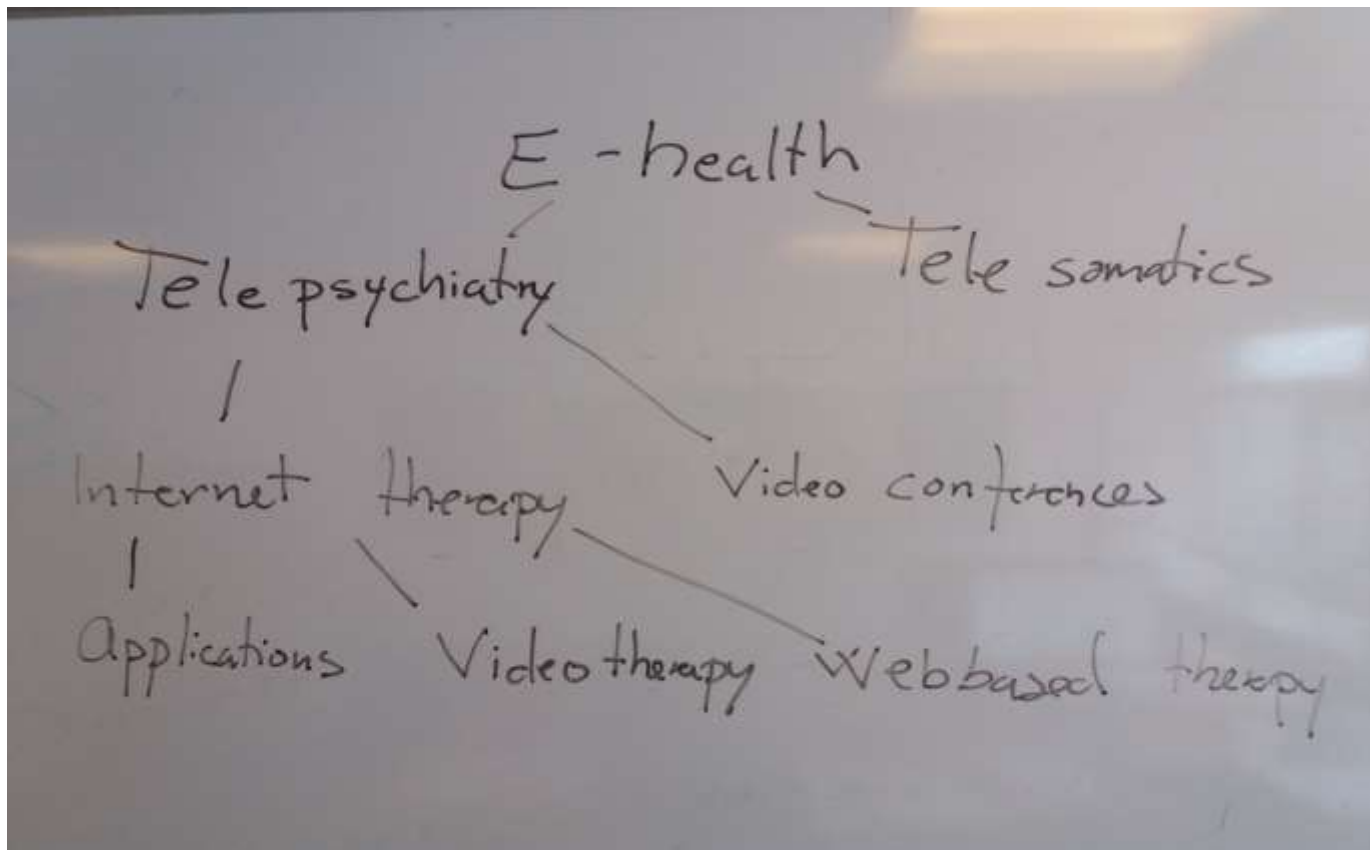


The research

- Review of findings form international studies
- Desktop research and interviews on organisation
- Interviews with stakeholders in Denmark.



Overview of E-health and terminology



Variations of webbased therapy

- More/less time for support
- Support: psychiatrist, doctor, psychologist, nurse
- Illness – Stress (primary care), ICD-1 (secondary care)
- Open access, closed access
- Services: Diagnostics, support, visitation, treatment, national/local.



Review of international literature

- Clinical effects:
 - Probably no lasting effect
 - No difference between age, gender = Small digital divide
- Patients accept of webbased treatment:
 - more appreciation from persons who tried it
- Economy
- Not enough sound knowledge



Organisation of webbased therapy

- Australia and England
 - Webbased therapy nation wide and in daily operation
 - Stepped care
 - Different treatments, depression, anxiety
- Sveden, Norway and Denmark
 - Local and in pilot scheme
 - Lots of apps
 - Private psychologists



Stakeholders point of view

- Danish stakeholders: A municipality, a region, a psychologist
- Does the treatment have effect?
 - Clinician: yes! But we need knowledge on subgroups etc
 - Municipality: No! Small populations, not tested in daily operation



Stakeholders point of view 2

- How is the business case for webbased therapy?
 - Clinicians: Go for it!
 - Municipality: "One of the big challenges is, that the winnings are highly overestimated, while the costs are highly underestimated"
 - Municipality: Pilot vs daily operation
 - Municipality: Substitute or add-on?



Some points

Clinicians and people, who pay for it, are divided

- Payers: Overestimated winnings, underestimated costs
- Payers: Pilot vs daily operation
- Payers: Substitute or add-on?

In order for UAS to get involved in webbased therapy, UAS needs to alliance with other partners (doctors, municipality, unions, etc).

How centralized can the technology become? Local, national, or EU?

What role can busisness play?

