

Master your mood (Gripopjedip)

online group course for adolescents with depressive complaints

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Presentation Master Your Mood

- The intervention (Rob Gerrits, Dimence)
- Preliminary results RCT (Rianne van der Zanden, Trimbos-institute)

Depression

- 1 out of 22 adolescents clinical depression
- 1 out of 5 adolescents sub-clinical depression

Help-seeking

Adolescents are not inclined to seek help because:

- Denial of the problems
- Underestimation of the problems
- Pessimisme about the benefit of help

Poor knowledge about mental health problems and the opportunities for help play a role.

Vanheusden, 2008



Master Your Mood: the intervention

Master Your Mood went online in September 2005

- It offers information about depression
 - What is it?
 - What to do about it?
 - Tips and tests
 - Stories and tips of youngsters
- E-mail service
- CBT group course in a chatbox



Period	10/1/08 - 10/1/09
Unique visitors	65.000 / 75% new visitors
Pages/visit	6,5 pages
Time spend	3.4 minutes



The e-mail service

- 3 organizations of Mental Health
- Professionals answer the mails
- Anonymous
- Structure questions and give advice
- Maximum of 8 mails
- Average of 3 mails

• The chatbox is an online CBT course based on Lewinsohn e.a. ('84,'87) for youngsters with complains / symptoms of depression

Purpose

 To teach youngsters techniques with which they can get more grip on their down feelings (Master your Mood).

Target group

Youngsters with depressive
 complains/symptoms between 16 – 24 years

Application en selection

- two questionnaires has to be filled in on site
- when there is some doubt, the depression and suicide chapter of the MINI is filled in
- when not fit, admittance is refused, and in a meticulousness way the youngster is referred elsewhere (GP)
- when fit they get a login name
- only youngsters with a login name have admittance to the closed and protected chatbox

The chatbox course

- six weekly sessions of 1,5 hour in a secure chatbox on a fixed time
- outside this fixed time one can not login into the chatbox
- homework is mailed before every session
- this homework should be returned before the next session
- maximum of 6 participants in one chatbox
- preferable 2 professionals per session

GRIP PDIP

Rob: Hoi welkom

Crazy: Hoi Dippie: Hoi

Vlinder: Am I a little late LoveU: Ff w8 ten

Rob: Today we are going to talk about your feelings, your thoughts and the things you do. You all did well with your homework. Lets

obwawolikośkeneno walkeniem wo vinden ze me welleuken ze me wel leuken zo verwaming angstlevenomico erostlevenom moe-veckiapen lusteloos slapen lusteloos

start with exercise 1

Brad: hoi here I am. Exercise 1 is oke.

haat liefde afschuw at liefde af leven oraelen lielalaren orae

Dippie: I did not understand the difference between thinking and

feeling very well Vlinder: me to!

Rob: Can someone explain it for Vlinder en Dippie?

LoveU: Well, about the thinking I found out that it precedes the way

I feel

Gripopjedip Master your mood

Session 1: YOUR MOOD

READ THIS AS PREPARATION

Roughly your mood consists of three parts: feeling (voelen), thinking (denken) and doing (doen)

Ingelogd:

Rob

Crazy(T)

Dippie (T) Brad (T)

Vlinder (T)

LoveU (T)

Very well LoveU, Brad wat had jij?

Send



















Speed texts

Satisfaction participants

- Average satisfaction with the online course on a 10-point scale: 7.6, sd = 0.9 (n=115)
- Anonymity very important and highly regarded
- Many youngsters tell us that the chatbox helps them because:
 - they do not talk about their depressed feelings with anybody
 - they do not dare to go to a f.2.f. course
 - in a chatbox it is easy to tell more about their problems

Causes for further research

- Positive results pre-post measures
- Effectiveness?
- Course drop-out
- Reducing the number of sessions from 8 to 6
- Severity of depressive complaints
- Recruitement strategies

Effect study Master your mood

Main object. Assessing the effects in terms of:

- Decrease of depressive complaints (CES-D)
- Experienced control (Mastery)
- Decrease in anxiety complaints (HADS-A)

Other research questions:

- Who gains most of the course?
- Is course adherence improved?
- Is motivation a predictor of course adherence?
- Are adolescents with milder complaints reached?
- How is the course satisfaction of the participants?



Study Design

- Randomised control design (RCT)
- Randomisation after t0; two conditions:
 - Starting directly with the course
 - Waitinglist, three months
- Randomisation also for not-included participants
- N=240 respondents needed (120 per condition)
- Three measurements:
 - Pre-test (t0)
 - Post- test 12 weeks after t0 (t1)
 - Follow-up 24 weeks after t0 (t2)



Measurements

e	Course period 1		t1		t2
С	(waiting time)		t1	Course period waitinglist	t2
0		1	.2	14 24	4
Weeks =	⇒				

Randomisation:

e=experimental group (start directly with the course)
c=control waitinglist

t0=pretest; at the same moment as the registration

t1: measurement 12 weeks after T0

t2: measurement 24 weeks after T0

Inclusion criteria RCT

- 16 26 years
- Ces-d score: 10 46
- Ces-d core 24 46: Mini plus
 - suïcide risk excluded
- Permission of the course leader
- Informed consent (16/17 years old also parents)

Preliminary Results

Juni 2008 - sept 2009 (15 months):

- N=741 (100 %) registered for de online course
- N=430 (58.0%) were admitted to the course
- N=233 (54.2%) complied with the inclusion criteria
- N=191 (82.7%) gave informed consent (see next slide)

Randomisation

- N=95 experimental condition.
- N=96 control condition (waiting list)

Responserate

- t0: 100%
- t1: 77.7%
- t2: 75.2%

Double informed consent 16/17 years old

	Frequency
Yes, I want to participate in the trial (16/17 years old)	N=52
Received parental informed consent forms	N=9

Features of included respondents

- Mean age: 20 years (sd=2.8)
- Sexe: 85% female; 15% male
- Education level: high 52%; low 48%
- Social status: 68% student; 18% has a job; 5% looking for a job; 1% housewife
- Living situation: 39% with parents; 12% lives alone; 18% with others
- Mean age of onset depression complaints: 14.8 years

Features of included respondents

- Mini plus depression section:
 - 39.4% no clinical depression
 - 60.6% clinical depression
- Mini plus suïcide section:
 - 57.6 % no risk
 - 42.4 % low risk
- Automutilation:
 - No: 86%
 - Yes: 13%

E-Mental Health
Summit 2009

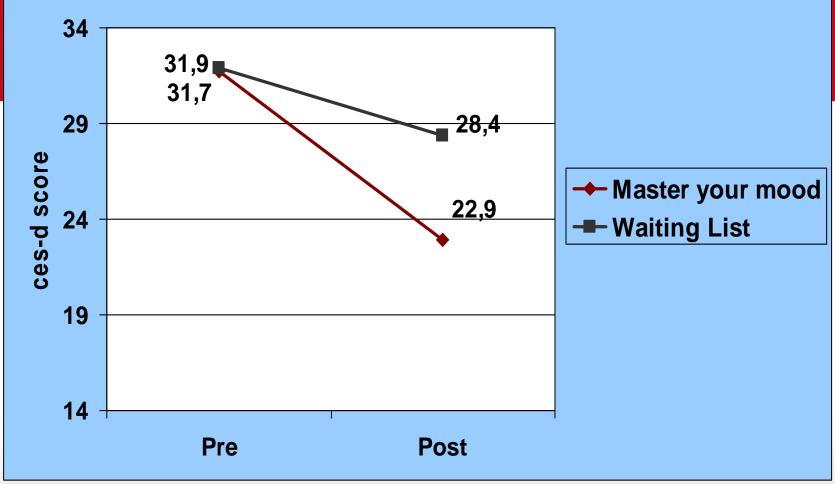


Course adherence

number of sessions followed	% participants (n=79)	% participants (n=68) 0 sessions left aside
0 sessions	13.9%	-
1 session	8.9 %	10.2%
2 sessions	8.9 %	10.2%
3 sessions	10.1 %	11.7%
4 sessions	16.5 %	19.1%
5 sessions	17.7 %	20.5%
6 sessions	24.1 %	27.9%
≤ 3 sessions ≥ 4 sessions	41.8% 58.3%	32.2% 67.5%

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Between group differences at post-test: t(164)=3.6 p<.001 dif d=0.63 Copyright: Rianne van der Zanden, Trimbos-institute

First International

E-Mental Health Summit 2009

14, 15 and 16 October AMSTERDAM
The Netherlands



- Thanks for your attention -