

WP08 - Dissemination and Exploitation

Presented by Evelyne van Aubel and Jeroen Weermeijer



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Project activities

- Task 8.1 -> Setup of the Exploitation Steering Group (ESG)
 - ESG created, task completed
- Task 8.2 -> Dissemination plan
 - Living document, needs to be updated as our plan for months 0-18 have come to a close (we are in month 19)
 - Will present an overview of what we promised in correspondence to what we delivered
- Task 8.3 -> Scientific exploitation plan
 - DROPS redcap system
- Task 8.4 -> Commercial Exploitation plan
 - Various possible exploitation routes identified
 - Will be proposed at the next ESG meeting on 15/12/2022
- Task 8.5 -> Predictive models of implementation of digital mobile mental health technology
 - Future task, not yet started

8.2 dissemination plan months 0-18, did we deliver what we promised?

Promised	Delivered?			
1. Standard Acknowledgement	\checkmark			
2. Procedures for planning articles, preregistrations and abstracts				
3. Procedures for submitting articles (incl registered reports)	\checkmark			
4. Post-review process	\checkmark			
5. Open access (Grant Agreement, Article 29)	\checkmark			
6. Setting up a Data Governance Board (DGB)	\checkmark			
7. Outlining the topics of interest for the Early Career Researchers	\checkmark			
8. Define principles of authorships	\checkmark			
9. Setting up a dissemination tracking system	\checkmark			
10. Create dissemination strategies for first 2 deliverables	Х			

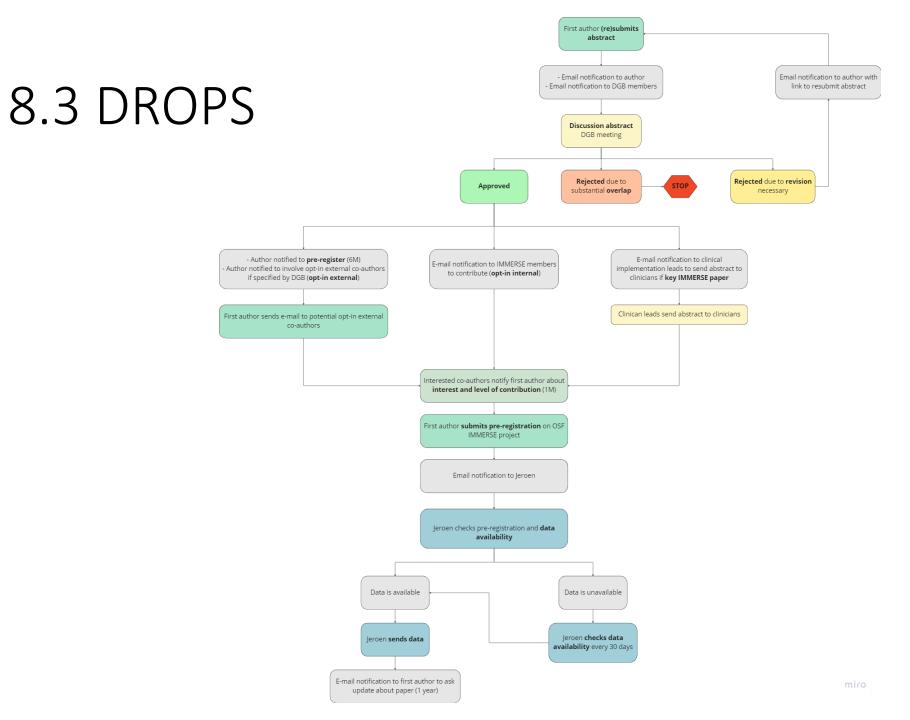
8.2 dissemination activities mentioned but not yet specified in dissemination plan

- 1 educational video in each language on the use of DMMH in relation to mental health care/ Sharing 8 testimonials of DMMH users (2 from each country)/ Contributing to a blog post in each country/ Newspaper special sections and articles Channels: project website/ Online platforms for individuals with mental disorders and their informal support network/ National outreach organisations/ Social media/ News media
- 1 educational video and 2 webinars in English on the clinical use of DMMH in relation to mental health care/ Sharing 8 testimonials of DMMH users (2 from each country)/ Creating periodic e-newsletters in English/ Scientific publications in clinical journals/ Presentations and discussion panels in symposia / Organising Q&A workshops
- Creating a promotional video in English/ Conducting press releases/ Presentations and discussion panels/ Providing on-site
 demonstrations and pitches organised locally in health care settings and at healthcare events
- Organisation of at least 1 local workshop with health authorities, policy makers and industry partners at the local level (e.g. Biopro BW) and one at the European level (this workshop will be organised right after the last GA)
- Create webinars/ Deliver talks and demos at industry-specific expos/ Conduct press releases/ Perform pitches/ Organisation of at least 1 local workshop with health authorities, policy makers and industry partners at the local level (e.g. Biopro BW) and one at the European level (this workshop will be organised right after the last GA)
- Scientific publications/ Presentations at scientific symposia and conferences/ Podcasts and blog posts/ Press releases

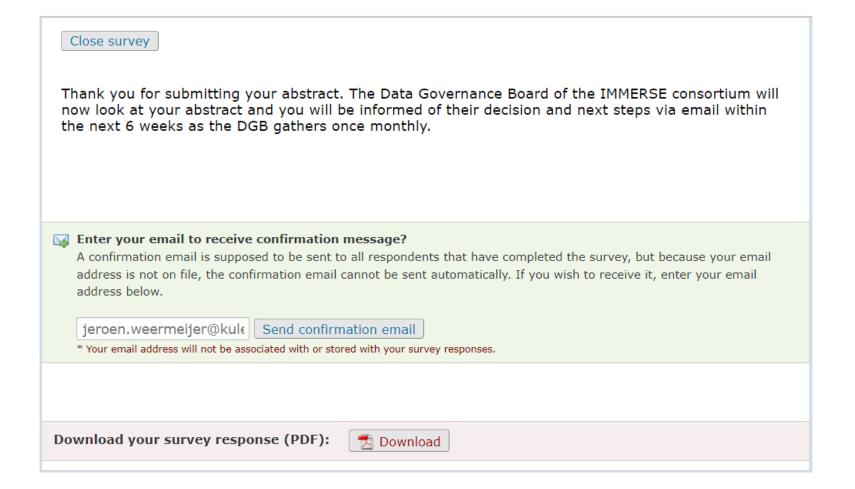
8.3 DROPS

• What?

- System for submitting abstracts
 - Submit->review->accept->preregistration (6m)->data-> write (12m)->publish
 - Submit->review->resubmit->accept->preregistration (6m)->data-> write(12m)->publish
- Build using RedCap
- What for?
 - Delineates who does what research
 - Archives what has been (or is being) done by whom
 - Facilitates open-science practices and facilitates international collaboration
 - Exploitation [outsourcing expertise on system infrastructure to other consortia]



First author submits abstract



First author submits abstract: notification author



do 17/11/2022 10:58

IMMERSE DROPS

DGB IMMERSE <jeroen.weermeijer@kuleuven.be>

To Jeroen Weermeijer

20221117105819_survey_b8017ab4.pdf 44 KB

Dear author,

You have successfully uploaded your abstract within the IMMERSE Abstract Submission System. The Data Governance Board (DGB) will evaluate your abstract at their next meeting and inform you on their decision within one month after the meeting has taken place.

 \sim

Kind regards,

the DGB members.

First author submits abstract: notification DGB members



do 17/11/2022 10:51 IMMERSE DGB <jeroen.weermeijer@kuleuven.be> New abstract submitted to IMMERSE DROPS

To Jeroen Weermeijer

/

Dear DGB member,

An abstract was submitted to the IMMERSE abstract submission system. We would like to invite you to read the abstract before the next steering committee, provided that this meeting does not take place in the following 2 weeks. Submitted abstracts pending a decision are accessible via this link:

https://redcap.gbiomed.kuleuven.be/surveys/index.php?_report=TFRARRRE8X8N7RJM

Please keep the following evaluation criteria in mind when reading the abstract:

- Do you think the abstract is clear enough?
- Is there no substantial overlap with other (approved) abstracts?
- Is this potentially a key IMMERSE publication?
- Do you think of any relevant authors outside of the consortium (opt-in external authors) to involve in this paper?

For an overview of the approved abstracts, we gladly refer you to the following link, which can also be found on Basecamp:

https://redcap.gbiomed.kuleuven.be/surveys/index.php?_report=FN49HWL8F8XDKR47

Many thanks in advance.

Kind regards,

Jeroen

Discussion abstract DGB meeting

record_ id	redcap_ event_ name	submission_ email	submission_coauthors_	submission_	submission_ hypotheses	submission_	submission_ instruments1	submission instruments2	submission_ country	submission_ variables	submission_ analyses	submission_ references	abstract_ submission_ complete
3	Event 1	j <u>eroen.weermeijer</u> @kuleuven.be	jeroen.weermeijer@kuleuven.be; evelyne.vanaubel@kuleuven.be; martine.vannierop@kuleuven.be	IMMERSE DROPS is a system for submitting abstracts. We use it to	H1. A system for submitting abstracts will lead to significantly fewer duplicate publications within large consortia RQ1. Will implementing DROPS a within consortium lead to less duplicate publications as compared to when it is not implemented?	The scholars from IMMERSE vs. the scholars from NOT- IMMERSE	1 No data necessary	1 No data necessary	No data necessary	Number of duplicate publications within the IMMERSE consortium Number of duplicate publications within the NOT- IMMERSE consortium	ANOVA	Billy Bal et al. 2020	Complete

DGB discusses submitted abstracts

- Potential opt-in external authors
- Key publication ?

-> we will pretend this abstract was approved

Abstract approved: notify author to preregister + opt-in external co-authors

Dear author,

Your abstract entitled test has been approved by the IMMERSE DGB. This means that your proposed hypotheses and methods are now under internal embargo within the IMMERSE project and cannot be used by any other author.

We will send you the data as soon as you have uploaded a preregistration for your paper on the IMMERSE OSF website. However, please note that the data can only be send if it is available (please consult project timeline or contact me).

Preregistration

It is of note that preregistered reports are **mandatory** to acquire the data. We recommend writing the introduction and method section (including statistical coding) in parallel with your preregistration. If you are unfamiliar with the process of preregistration, please contact me.

You can upload your preregistration via this link:

Preregistration OSF

If the link above does not work, try copying the link below into your web browser: https://redcap.gbiomed.kuleuven.be/surveys/?s=YvmCY3kC3W4Aj9tF

This link is unique to you and should not be forwarded to others.

• Timeline

As of today, you have **six months to preregister**. Some extenuating circumstances could be accepted as a reason for an extension (especially if the data is unavailable), but this needs to be approved by the DGB. If no such extension was discussed, we will consider the abstract forfeited after these six months have passed. If your preregistration is completed, you will receive the data you requested (once it is available). After receiving the data, the DGB requires authors to submit their paper to a journal within a year.

Abstract approved: notify author to preregister + opt-in external co-authors

Co-authorship

Please note that co-authorship comes with responsibilities early on in the writing process. If these responsibilities are not met, co-authorship cannot be granted. These responsibilities are as follows:

- Co-authors need to provide feedback on the OSF preregistration. This ensures that they are involved in the writing process early on and that they can give substantial feedback on both the hypotheses and analysis plan.
- · Co-authors need to provide substantial feedback on the final manuscript.
- · Substantial feedback means at a minimum written feedback on the content of the whole manuscript, surpassing grammatical corrections.
- · Feedback needs to be given within one month after receiving the preregistration or final publication

In addition, the IMMERSE DGB recommends to explore the inclusion of external authors that may benefit this paper: Evelyne van Aubel ______. They can be contacted via the following e-mail addresses: evelyne.vanaubel@kuleuven.be ______.

It is your responsibility as a first author to inquire whether potential co-authors have interest in contributing and to send the preregistration and final manuscript to all co-authors involved. If you believe as a first author that some responsibilities were unmet, please inform Martine van Nierop (martine.vannierop@kuleuven.be).

Kind regards,

Jeroen Weermeijer On behalf of the IMMERSE DGB

Abstract approved: notify opt-in internal coauthors (consortia members)

Dear IMMERSE consortium member,

An abstract by test registered as abstract number 4 has been approved by the IMMERSE DGB. Please note that some abstracts have been revised before approval (indicated by _v2 variable names). The approved abstract can be accessed via the following link:

https://redcap.gbiomed.kuleuven.be/surveys/index.php?__report=FN49HWL8F8XDKR47

We provide all consortium members the opportunity to be involved as a co-author on this publication. If you believe this abstract is of interest to you, please respond to the first author within a timeframe of 6 weeks of receiving this e-mail. Please note that co-authorship comes with responsibilities early on in the writing process. These responsibilities are as follows:

- Co-authors need to provide feedback on the OSF preregistration. This ensures that they are involved in the writing process early on and that they can give substantial feedback on both the hypotheses and analysis plan.
- Co-authors need to provide substantial feedback on the final manuscript.
- Substantial feedback means at a minimum *written* feedback on the *content* of the whole manuscript, surpassing grammatical corrections.
- Feedback needs to be given within one month after receiving the preregistration or final publication.

It is the responsibility of the first author to evaluate whether these responsibilities have been met. If they are unmet, co-authorship cannot be granted.

Kind regards,

Abstract approved: notify clinical implementation leads

From: IMMERSE DGB <jeroen.weermeijer@kuleuven.be>
Sent: donderdag 17 november 2022 14:32
To: Jeroen Weermeijer <jeroen.weermeijer@kuleuven.be>
Subject: Update on an abstract submitted to IMMERSE DROPS: Key publication

Dear clinical implementation lead,

You have previously received an email that an abstract registered as number 4 has been approved by the IMMERSE DGB. The approved abstract can be accessed via the following link:

https://redcap.gbiomed.kuleuven.be/surveys/index.php?_report=FN49HWL8F8XDKR47

Please note that this abstract and ensuing manuscript has been evaluated as a "key IMMERSE publication". We therefore ask you to forward the abstract to any clinician in the project you think should be involved as a co-author.

Please note that co-authorship comes with responsibilities early on in the writing process. If these responsibilities are not met, co-authorship cannot be granted.

Kind regards,

Jeroen Weermeijer On behalf of the IMMERSE DGB

Abstract approved: e-mails co-authors

- First author sends e-mail to potential opt-in external co-authors
- Interested co-authors notify first author about interest and level of contirbution (within one month)

First author submits preregistration on OSF IMMERSE project and completes RedCap survey

Preregistration OSF				
Please complete the survey below.				
Thank you!				
 Link to OSF pre-registration. For guidance on how to create a view-only link for your pre-registration, see <u>here</u>. * must provide value 				
	Expand			
Submit				

Pre-registration uploaded: notify Jeroen

From: IMMERSE DGB <jeroen.weermeijer@kuleuven.be> Sent: donderdag 17 november 2022 14:35 To: Jeroen Weermeijer <jeroen.weermeijer@kuleuven.be> Subject: OSF LINK SUBMITTED

Dear Jeroen from the future,

An OSF link had been submitted for an approved abstract with identifier number 5.

Please check redcap.

Kind regards,

Jeroen from the past

Jeroen checks preregistration and data availability

- Data is available: Jeroen sends data <
- Data is unavailable: Jeroen checks data availability every 30 days —

Manuscript check: ask for update after one year

Update on your IMMERSE paper



Jeroen Weermeijer To • Evelyne van Aubel

← Reply	🏀 Reply All	\rightarrow Forward	•••
		do 17/11/202	2 14:51

Dear Jeroen,

One year ago you have received IMMERSE data for your submitted abstract registered as number <u>5</u> to our IMMERSE DROPS system. Would you be so kind to provide us with an update on the status of your manuscript?

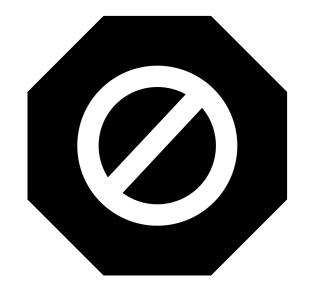
Many thanks in advance.

Kind regards,

Jeroen Weermeijer

On behalf of the IMMERSE DGB

Abstract rejected: substantial overlap



Abstract rejected: revision necessary

Subject: Abstract needs revision

Dear author,

Your abstract entitled test has been discussed by the IMMERSE DGB and needs review. The DGB provided the following comments on your abstract:

"Dear Jeroen, the DGB recommends you to < message of valuable feedback> We hope this feedback helps you improve your abstract; good luck with resubmitting!"

We invite you to address these comments and resubmit your abstract by clicking the link below:

IMMERSE Abstract Revision

If the link above does not work, try copying the link below into your web browser: https://redcap.gbiomed.kuleuven.be/surveys/?s=iDFJGBnkZGPbMGsA

This link is unique to you and should not be forwarded to others.

Kind regards,

Jeroen Weermeijer On behalf of the IMMERSE DGB

- First Name
- Last Name
- Email
- Names of your authors with indication of first, second, and final author.
 E.g.: Jeroen Weermeijer (first); Evelyne van Aubel (second); Martine van Nierop (final)
- Email addresses of the authors. E.g.: jeroen.weermeijer@kuleuven.be; evelyne.vanaubel@kuleuven.be; martine.vannierop@kuleuven.be
- Abstract title
- Please provide a short lay summary of the study you want to conduct (250 words maximum)
- Background and rationale (250 words maximum)

Hypotheses and research questions

- Please clarify your hypotheses and research questions. E.g.:
- H1: Coffee increases productivity. RQ1: Does providing free coffee to academics increase academic output?
- H2: ... RQ2: ...
- H3: ... RQ3: ...
- Methods
 - Please describe the sample you will be using (e.g. all participants aged 16 to 25).

- Data Phase I
 - Please select the measurement instruments you need to conduct your analyses.
 - For more information about the specific questionnaires (1 to 17 below) used in Phase I, please have a look at our <u>codebook</u>.
 - For more information about the qualitative interviews (18 to 21 below) conducted in Phase I, please have a look at the interview guides.
 - Service users
 - <u>Support network</u>
 - <u>Clinicians</u>
 - IT administrators

* must provide value

- 1 No data necessary
- 2 Demographics
- 3 Technology Use
- 4 Privacy
- 5 Admin Specific Demographics
- 6 Clinician Specific Questions
- □ 7 Patient Specific Questions
- 8 Patient Activation Measure Mental Health (PAM-MH)
- 9 Shared Decision Making Patient
- 10 Shared Decision Making Clinician
- 11 Organizational Readiness to Change Assessment (ORCA)
- 12 Perceived Stress Scale 4
- 13 Usability Self Tracking
- 14 Usability EHR
- 15 Implementation Patient
- 16 Implementation Supporter
- 17 Implementation Clinician
- 18 Implementation Admin
- 19 Qualitative Interviews Service Users
- $\hfill\square$ 20 Qualitative Interviews Support Network
- 21 Qualitative Interviews Clinicians
- 22 Qualitative Interviews IT Administrators

- Data Phase II
 - Please select the measurement instruments you need to conduct your analyses.
 - For more information about the specific questionnaires used in Phase II, please have a look <u>here</u>.
 - For more information about the specific ESM items used in Phase II, please have a look <u>here</u>.

1 No data necessary 2 Assessment of clinical units for eligibility 3 Allocation of clinical units 4 Screening checklist 5 Inclusion/ Exclusion criteria 6 Medical Research Council Socio-demographic Schedule (MRC) 7 Family history of mental disorder 8 Self-injurious thoughts and behaviors (SITBI), 9 Green Paranoid Thought Scale 10 Tobacco, Alcohol and Prescription Medication Scale (TAPS) 11 Childhood trauma questionnaire 28 12 List of Threatening Events 13 Brief Experiential Avoidance Questionnaire (BEAQ) 14 Service Attachment Questionnaire (SAQ) 15 Questionnaire about the Process of Recovery (QPR-15) 16 Mental Health Self-Management Questionnaire (MHSEQ) 17 Patient-rated Shared Decision-Making Questionnaire (SDM-Q-9) 18 Goal Attainment Scaling (GAS) 19 Interpersonal functioning of Social Functioning Scale (SFS) 20 General Health Ouestionnaire (GHO-12) 21 Manchester Short Assessment of Quality of Life (MANSA) 22 UCLA Loneliness Scale 23 Reflective Functioning Scale (RF) 24 The Difficulties in Emotion Regulation Scale (DERS-SF) 25 Working alliance Inventory (patient rating) 26 ESM Debriefing (in case participant uses ESM) 27 Adverse trial effects 28 Completion rate, degree of DMMH usage 29 MoMent App Debriefing 30 Health care practice based on the use of DMMH 31 ESM-weeks: Social Functioning, guality of life, further secondary ESM outcomes 32 Mobile sensing (device activity, message and telephone activity, steps, GPS location, 33 Clinician- administered Service Engagement Scale (SES) 34 Clinician-rated Shared Decision-Making Questionnaire (SDM-Q-9) 35 Clinician administered Clinical Global Impression (CGI) 36 Working alliance Inventory (clinician-rating) 37 Researcher-administered Service Engagement Scale (SES) 38 Symptom exacerbation, undesired effects of treatment 39 Distress, interference, burden, and any other effects directly related to the DMMH (mHealth safety) 40 Unusual activity patterns (system/privacy protection) 41 Severe Adverse Events 42 Implementation fidelity rating by clinicians 43 Intervention fidelity based on the use of DMMH by service user and clinician (remotely collected)

- 44 Intended and actual continuation of using the DMMH (based on App and dashboard usage data)
- 45 Media and Technology Usage and Attitudes Scale (MTUAS)
- 46 Organizational Readiness to Change Assessment (ORCA)
- 47 Semi-structured interviews
- 48 Sections of the CSSRI
- 49 EQ-5D-5L

- Data
 - please select the study country (countries) from which you would like to receive data.



- Data
 - What kind of files do you need? R, Stata, SAS and SPSS files provide you with code to label the data, so we strongly advise you to download one of these file types.
 - csv (raw data)
 csv (labels)
 csv + R-files
 csv + Stata files
 csv + SAS files
 csv + SPSS files
 CDISC ODM (XML)

- Methods
 - Please list all of the variables that you will operationalize using IMMERSE data in your analysis, including any covariates (e.g.: positive affect, negative affect).
 - Please provide a description of the statistical analysis that you plan to carry out.
- References
 - Please provide no more than 5 references.

Discussion points

- Dissemination plan, point 10
 - ~ WP3 and WP5 leads
- DROPS
 - Project implementation in Uni Erlänge
 - Consistency in names of variables across databases (e.g.: codebook Phase I)
 - Methodological information