IMMERSE

Implementing Mobile MEntal health Recording Strategy for Europe

H2020 - 945263

D8.2	Dissemination plan
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Document history

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1. Summary

This deliverable outlines the dissemination plan that has been developed to disseminate the results to all relevant stakeholders in order to maximise the impact of the IMMERSE project at different levels, including socio-economic, policy, translational, and policy impact. The dissemination plan is a living document that will be updated each year.

2. Deliverable report *D 8.2. Dissemination plan*

2.1. *Mission*

Dissemination of the results to all relevant stakeholders is critical to our vision of changing mental health care into a realistic, acceptable and relevant person-centered care. In order to maximise impact at different levels, we identified the stakeholders that we want to reach as well as the key messages that we want to convey.

2.2. Dissemination plan – overall goals and principles

2.2.1 To maximise socio-economic impact

· **Individuals with mental disorders, informal support network of these individuals, patient and service user organisations**, predominantly centered around mental health disorders, suicide prevention, and affordable and equitable mental health care are the most likely first adopters of the DMMH and their engagement is paramount to the impact of the project

> **Key Message:** conveying the message that DMMH is a tool designed with and for service users to be better served by the clinical team, giving them an active role in their care.
>
> **Deliverables: D2.2** final prototype of DMMH (M48)/ **D5.2** Report on user experience during deployment (M48)/ **D7.5** Implementation process evaluation (M48)
>
> **Dissemination activities:** 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

· **Healthcare professionals, Healthcare professional organisations** bringing together psychologists, psychiatrists and general practitioners that are the first or second line of care of individuals with mental disorders serve as multipliers of the DMMH clinical and economic value.

> **Key Message:** DMMH is a tool that provides clinicians on-demand evidence-based insight into symptom mechanisms and treatment targets of their patients, and allows them to foster shared decision-making in their therapy process.
>
> **Deliverables: D2.2** final prototype of DMMH (M48)/ **D5.1** Report on technology context and self-tracking practices (M18)/ **D7.5** Implementation process evaluation (M48)
>
> **Dissemination activities:** 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
>
> **Channels:** Project website/ Peer-reviewed journals/ Dedicated clinical journals/ Clinician symposia and workshops/ Social media

· **Healthcare managers, Innovation managers in health care systems, Health care digitalisation experts** in charge of stimulating innovation in psychiatry and psychology departments of their respective hospital systems.

Key Message: By supporting the integration of the validated and interoperable DMMH, they would be harnessing the electronic infrastructure and evidence-base to improve care efficiency, clinical treatment of service users and their satisfaction therewith.

Deliverables: D2.2 Final prototype of DMMH (M48)/ **D3.2** Implementation Guide for Interoperable data structures and interfaces (M12)/ **D 5.2** Report on user experience during deployment (M48)/ **D7.5** Report on the implementation processes (M48)/ **D7.6** Report on the economic evaluation (M48)

Dissemination activities: 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

Channels: Project website/ Relevant digital health technology conferences/ Health care networks / Submission to Standardization bodies (e.g. HL7)/ Social media/ News media

2.2.2. To maximise policy impact

· **Health authorities and policymakers**: meso-level ethics oversight bodies (such as hospital's ethics committees and Data Protection Officers), as well as macro-level policymakers at the national and European scale (e.g. policy initiatives for tailoring the EU GDPR to the field of health research and care).

Key message: The DMMH and technology-assisted mental health interventions can generate value and reduce healthcare costs under a fitting reimbursement scheme

Deliverables: D6.4 Policy white paper (M45)/ **D7.6** Report on the economic evaluation/ **D8.4** White paper on forecasting models for digital mobile mental health technology (M48)

Dissemination activities: 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)

Channels: Project website/ Workshops

2.2.3. To maximise translational impact

· **Stakeholders involved in mHealth R&I**, such as pharmaceutical companies, medical technology SMEs and other industry representatives in the space of digital health technology and software.

Key message: The DMMH and technology-assisted mental health interventions can generate value for the healthcare sector and governments and are therefore attractive ventures with sizable market potential

Deliverables: D2.2 Final prototype of DMMH (M48)/ **D3.2** Implementation guide for interoperable data structures and interfaces (M12)/ **D5.2** Report on User experiences during deployment (M48)/ **D7.6** report on economic evaluation (M48)/ **D8.3** Market analysis and strategy (M24) / **D 8.4** White paper on forecasting models for digital mobile mental health technology

Dissemination activities: 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)

Channels: Project website/ Workshops/ relevant conferences and expos/ News media

2.2.4 To maximise scientific impact

· **Scientific community** in the domains of mental health research, psychiatry research, implementation scientists, big data modeling community, health economists and academics active in the participatory science movement

Key messages: Scientists will be able to use and valorise novel predictive machine learning algorithms quantifying mental health and disease, improve their understanding of real-life patterns of symptoms and behaviour, implementation science procedures, clinical effectiveness assessments and economic valuation of digital mental health tools stemming from IMMERSE.

Deliverables: D4.3 Software for identification, visualization and feedback of behavioural contingencies (M48)/ **D5.1** report on technology context and self-tracking practices (M18)/ **D5.2** report on user experience during deployment (M48)/ **D7.5** Report on the implementation processes (M48)/ **D7.6** Report on the economic evaluation

Dissemination activities: Scientific publications/ Presentations at scientific symposia and conferences/ Podcasts and blog posts/ Press releases

Channels: Project website/ Peer-reviewed journals/ Scientific symposia and workshops / Social media/News media

2.3 Dissemination plan month 0-18

The dissemination plan is a living document that will be reviewed and updated every 12 months after discussion with the entire consortium. The plan is now developed for the first 18 months of the project. In order to facilitate and promote dissemination of the findings of the IMMERSE project, we will use the first 18 months to develop a dissemination policy that explicates the procedures that will facilitate the implementation of the IMMERSE dissemination rules as set out in the IMMERSE Grant Agreement and the IMMERSE consortium agreement. This will include:

2.3.1 Setting up a Data Governance Board (DGB) – Month 6

The DGB is tasked with overseeing and approving all data flows within and outside the IMMERSE consortium. It is thus responsible for exercising data governance throughout the full life cycle of personal data, while aiming to valorize personal data processing for research in compliance with ethics and normative requirements. The composition of DGB and its tasks are outlined in the IMMERSE data governance framework. As the DGB is responsible for data

access, they will also oversee and manage the output of IMMERSE in terms of papers, abstracts, conference contributions etc. The DGB has been established.

2.3.2 Define principles of authorships – Month 12

A set of guidelines will be developed on authorship and order of authors for IMMERSE related output. This set of guidelines will be developed by WP8 and proposed to the General Assembly on the next general assembly meeting (Month 12), where they will be discussed and amended so that they can get approved and implemented as of month 12.

2.3.3 Procedures for planning articles, preregistrations and abstracts – Month 6

Two sets of articles will be distinguished:
I.   *Articles based on new data collected through the IMMERSE-funded project*

II.   *Articles based on ideas generated through DynaMORE but using existing data sets, as well as review articles*

1) Lead author submits an abstract, including an outline of the planned publication and list of proposed authors, taking into account potential contributions from researchers from different IMMERSE partners with an interest in the topic to the automated data check-out system. Authors need to identify background, hypotheses, variables they will include and analytic strategies (articles type I and II).

2) The DGB provides a brief procedural review of the abstract (eg. Looking at potential overlap with other dissemination activities, requested data etc). If the abstract overlaps with other dissemination activities, the DGB will initiate a discussion between the relevant partners, to find the optimal way to maximise the impact of the IMMERSE publications (either by collaborating, streamlining timing of publication, or changing the angle of the planned publication) (articles type I and II).

3) When the abstract is approved by the DGB, the authors are requested to then create a preregistration of their planned analyses, with detailed information on hypotheses, variables, analytic strategies, etc. This needs to be preregistered on the open science framework, including the statistical code. After upload of the preregistration, the authors can request the specific variables they need for their analyses through the automated data check out system. The authors will then get a time-stamped file with the requested data (articles type I).

4) The abstract will then be added to the publication tracker which is part of the dissemination tracker (articles type I and II).

5) The DGB will monitor progress and may suggest adjustments when progress is not going as expected (e.g add other authors, open the topic for other researchers) (articles type I and II).

2.3.4 Procedures for submitting articles (incl registered reports) – Month 6

Once a manuscript containing IMMERSE research output is completed, the primary author must ensure that the proposed publication is in line with the submitted abstract, and complies with the rules of the IMMERSE publication strategy (both this document and as outlined in the IMMERSE Grant Agreement and Consortium Agreement). In short, the output may only be disseminated if

1) The output has been submitted to the DGB that performs a basic check of the proposed dissemination (are the dissemination procedures followed, content in line with the abstract, check of authorships and acknowledgements).
2) The paper is then submitted to all relevant partners and they have **15** days to raise an objection
3) If an objection is raised, the involved parties shall discuss how to overcome the justified grounds for the objection on a timely basis (for example by amendment to the planned publication and/or by protecting information before publication) and the objecting party shall not unreasonably continue the opposition if appropriate measures are taken following the discussion.

2.3.5 Post-review process – Month 6

Once the document is published (in any form – journal article, abstract, podcast, ..) or released (press release, leaflets), an electronic copy of the published version or final manuscript needs to be sent to the Project Management Office within 6 weeks of publication (martine.vannierop@kuleuven.be), so that it can be added to the Dissemination Tracking system.

2.3.6 Standard Acknowledgement – Month 3

The following acknowledgement should be added to every output of the project 'This project has received funding from the European Union's Horizon 2020 research and innovation Programme under grant agreement 945263 (IMMERSE)'. Please also include a disclaimer: This publication reflects only the authors' view and the European Commission is not responsible for any use that may be made of the information it contains. Appropriate logos to be included on any dissemination (mandatory, unless impossible) i. EU emblem ii. IMMERSE logo

2.3.7 Open access (Grant Agreement, Article 29) – Month 6

Each beneficiary must ensure open access to all peer-reviewed publications relating to IMMERSE results. Types of open access:
    i.   Green open access: Access is granted after an embargo period (6 months max.)
    ii.   Gold open access: Paid Open Access

2.3.8 Setting up a dissemination tracking system – Month 12

WP8 together with WP1 will set up a dissemination tracking system on the internal website of IMMERSE to keep clear track of all forms of dissemination of the IMMERSE project. This

tracking system will include a separate abstract / paper tracking system for paper output specifically.

2.3.9 Outlining the topics of interest for the Early Career Researchers – Month 8

During a life meeting with all the phd students and postdocs that are involved in the IMMERSE project, we will discuss and outline topics of interest for each early career researcher on the project to work on. This will guarantee a) that all important topics of the projects are being covered in publications, and b) that each early career researcher has sufficient access to data in order to fulfil their personal career goals for their phd or for their post-doc position. After this discussion, all ECR's will be invited to submit the first abstracts to the DGB so that this then is documented in the abstract submission system.

2.3.10 Create dissemination strategies for first 2 deliverables – Month 12 / 18

i. **D3.2** Implementation guide for interoperable data structures and interfaces (M12)
ii. **D5.1** Report on technology context and self-tracking practices (M18)