

WP5 Update

Steering Committee Meeting, November 18, 2022

Overview

We did it!

Overview of survey findings

- Sample heterogeneity
- Perceived Benefit
- Intention to Adopt
- Implementation Strategies

What is next?

- Finalising data set
- Interviews
- Writing up

D5.1 Submitted on October 31, 2022

All minimum targets achieved - except for 3 relating to supporters and admins

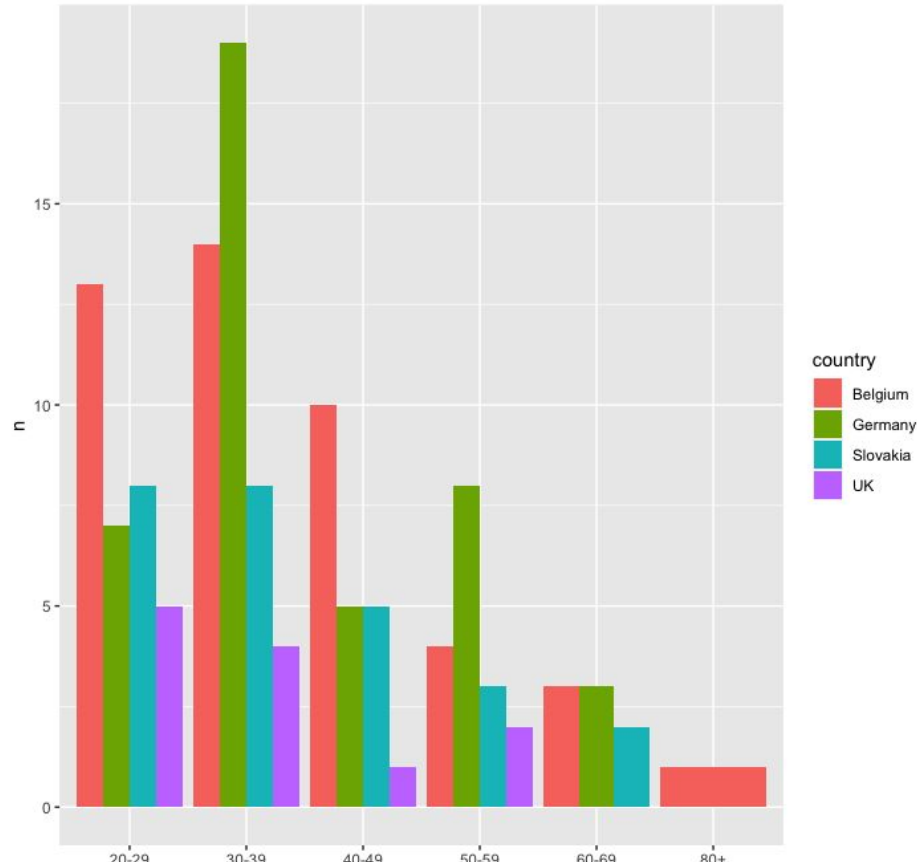
Most actual targets achieved or substantially overshoot

[Reporting](#)

Everyone's hard work paid off - now we need to make sure we don't end up with a data graveyard

Following discussion uses D5.1 data set (end of first week of August 2022)

Substantial Demographic Differences in Samples

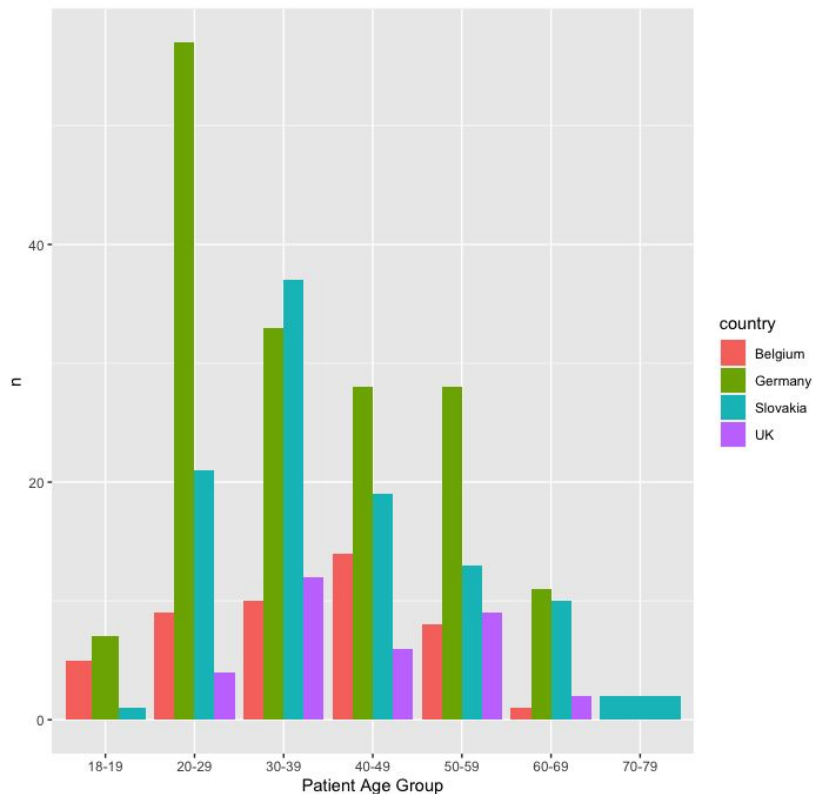


Age distribution of clinicians

Germany: bimodal, older

UK, Slovakia, Belgium: younger

Substantial Demographic Differences in Samples



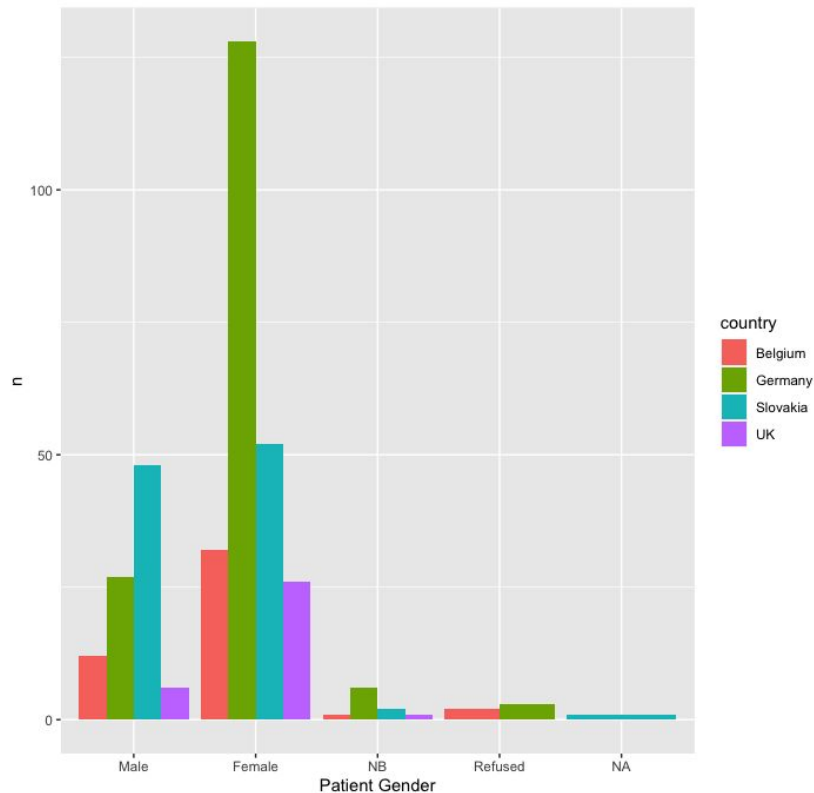
Age distribution of patients

Germany: mode of 20-29

Slovakia and UK: mode of 30-39

Belgium: mode of 40-49

Substantial Demographic Differences in Samples



Gender distribution of patients

Germany, UK, Belgium: mostly female

Slovakia: balanced

Implications for analysis and publication

Need to compare sample demographics to

- demographics of sites / registers accessed
- population level data on technology use and burden of disease

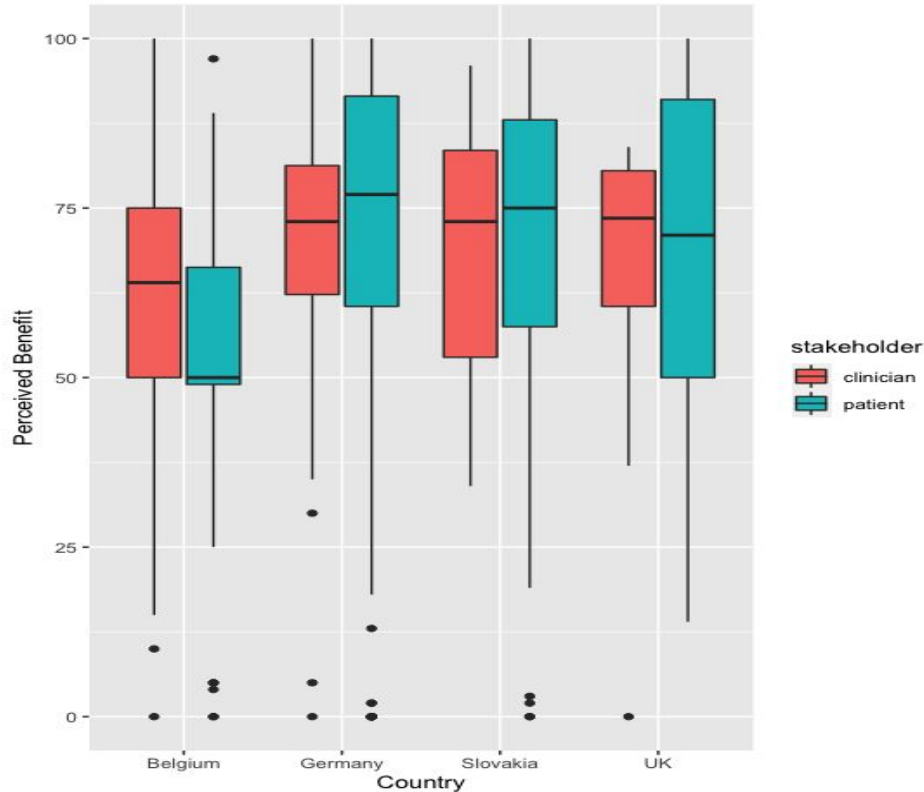
Heterogeneity needs to be accounted for when pooling country data

Differences in sample size need to be addressed

Most important information to be coded from free text:

- self-reported patient diagnosis. Coding manual exists, just needs to be applied
- inventory of apps used by patients

Perceived Potential Benefit

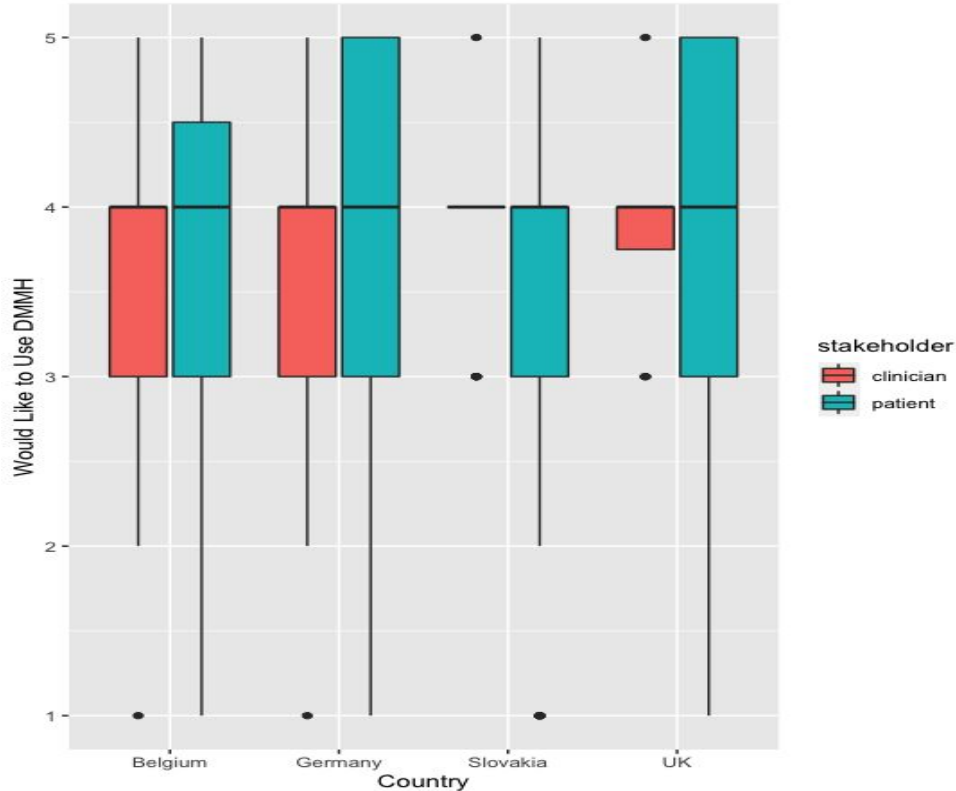


Response assessed by slider

Most respondents can imagine some benefit, based on description - but hard to explain in survey!

Grumpy Belgian patients

Intention to Adopt



Response assessed by Likert scale
(higher = better)

Patients and clinicians overall
inclined to try IMMERSE, even the
Grumpy Belgian Patients

Implementation Strategies

Mostly validated, except for the handbook, which no one reads, but which we need to write as a reference for everyone

Having an experienced person to fall back on is extremely important. Initially, this will be the researcher. So the hard in-person recruitment work for Phase I may well pay off in Phase II

Interviews

Rich data, with information on tensions, practices, and attitudes that cannot be captured by the survey

Recommend checking out whole interviews plus existing coding - information is often in places where you least expect it

Transcription and coding bottlenecks, even though coding is (for a qualitative study) very simple

What's Next? - Data

Cleaned survey data set with most important free text coded, all scales scored, all categorical data with numerical code and alternative

- categorisation of self-reported mental health issues
- reported apps used
- harmonisation of ethnicity / nationality

Fully transcribed interviews from all four countries with complete metadata. One NVivo project per country, which can be exported / converted to MaxQDA as needed

- establish inter-rater agreement
- further refinements of codebook

What's Next - Interview Coding

We have Theresa until March 31, 2023, for DE and UK coding and assistance with SK and BE

Potential strategies:

- Coding by proposed paper with particular emphasis on certain codes versus full coding
- Authors of paper code based on DeepL translations versus original data collectors are involved in coding and writing

What's Next - Writing Up

Core team available while Phase II gets underway:

- Maria, Theresa, Martien for further data cleaning?, ???

Maybe two blocks of paper writing

- Core team while Phase II starts:
 - overall Phase I paper focusing on intention to adopt and perceived benefit (abstract to come)
 - qualitative analysis paper led by Theresa (still discussing abstract)
 - one more qualitative paper (abstract to come) on data sharing between patients, clinicians, and supporters
- Wider team once Phase II is safely underway:
 - Abstracts discussed today