



 **ANNUAL  
REPORT**

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**2013**

This Annual Report 2013 is a publication of the Trimbos Institute (Netherlands Institute of Mental Health and Addiction) in Utrecht.

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*Design:* Anton Knipping, Romke Wolters, Canon Business Services

*Printing:* Canon Nederland NV, 's Hertogenbosch

*Printed copies of Dutch edition:* 1500 – order number AF1282

We thank everyone who contributed to the production of the annual report. Our annual financial report (in Dutch) and a full bibliography can be accessed via [www.trimbos.nl/jaarverslag](http://www.trimbos.nl/jaarverslag). Any questions or comments about this annual report may be directed to our Public Relations Service on +31 30 297 1100 or to [info@trimbos.nl](mailto:info@trimbos.nl).



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# Working together **KNOWLEDGE AND** that make



# TO CREATE NEW INTERVENTIONS a difference!

**INTERVIEW** Professor Rutger Engels, Chair of the Board of Directors

APPLY IT! RUTGER ENGELS PREFERS TO SEE IT IN CAPITALS. FOR WHAT GOOD IS KNOWLEDGE ABOUT MENTAL HEALTH AND ADDICTION IF IT NEVER LANDS ON THE GROUND? THE NEW CHAIR OF THE BOARD IS NOT YET WILLING OR ABLE TO SAY EXACTLY HOW THE TRIMBOS INSTITUTE WILL CONDUCT ITS 'CORE BUSINESS' IN THE COMING YEARS. IN-HOUSE CONSULTATIONS ARE STILL ONGOING. BUT HIS APPOINTMENT DIARY SPEAKS FOR ITSELF, WITH MORE AND MORE ENGAGEMENTS OUTSIDE THE INSTITUTE. IN ADDITION TO MENTAL HEALTH CARE AGENCIES AND THE DUTCH MINISTRY OF HEALTH, THEY ARE WITH NUMEROUS NON-GOVERNMENTAL ORGANISATIONS AND ENTERPRISES AT HOME AND ABROAD THAT HAVE A REAL NEED FOR KNOWLEDGE THAT THE TRIMBOS INSTITUTE CAN FURNISH.

“

Considering his imposing record of service in the academic world, the question arises why Rutger Engels applied for the post in the Trimbos Institute. What does that imply about his future career plans? 'I was only 32 when I was appointed professor. In the past twelve years I've done much to expand education and research. I haven't lost interest in that at all, and I'm still very ambitious. But I was also thinking about what I'd like to achieve in the next thirty years.

'But those personal considerations were not my only motivations. At the Trimbos Institute I can contribute to research as well as to new health interventions, working directly with people in the fields of practice – health promotion workers, managers, therapists. From my own experience, I know how effective it can be if you work with organisations rather than for them. That often produces more powerful ideas. Also, the research takes root more easily, and that increases the likelihood of successful implementation. That's why I think it would be a great idea if more Trimbos researchers were to work part-time in a university, college or mental health agency.'

#### **SOCIAL RELEVANCE**

Engels's research on the role played by parents in the onset or continuation of their children's alcohol use broached an important social issue, and it helped win him the prestigious Huibregtsen Award. The study demonstrated for the first time that it definitely matters when parents set clear rules and enforce them. The new insight became widely adopted, and it was integrated into health strategies and public information campaigns to curb alcohol misuse. It eventually helped facilitate passage of new Dutch legislation raising the age limits for the sale of alcohol and tobacco. 'Yes, even though that was just a tiny contribution, I'm proud of it. My research laid a piece of the puzzle, and I'm especially glad about that.'

### ALCOHOL, LOVE, MADNESS AND RESILIENCE...

On the walls of his new office in the Trimbos Institute, Rutger Engels has hung posters of three films that treat his favourite themes. The films are *Sideways*, *Betty Blue* and *Before Midnight*, and they elucidate the positive and negative sides of alcohol, social relationships, psychopathology and personal resilience....

'*Sideways* is filled with dialogues about women, sex and both positive and negative facets of alcohol. *Betty Blue* is about a young woman that is slowly destroyed by her own impetuosity, passion and psychosis. Without trying to glorify psychopathology, the film highlights the beauty of people that are "on the brink": scintillating but slightly crazy. I'd like to have a few nonconformist people like that in the Trimbos Institute. And *Before Midnight* contains more of those fantastic dialogues about life, love and ambitions. It's always intriguing to watch relationships between people!'



In the same fashion, Engels wants future knowledge developed by the Trimbos Institute in cooperation with its partners to make a difference in society. The institute can put its thoroughgoing knowledge of both mental health and addiction to optimum use. 'That breadth of orientation makes us unique in Europe and gives us an advantage for international projects, such as initiatives in developing countries to design mental health policies and implement appropriate interventions. Given our strong reputation inside the Netherlands, I'd like to see much more of the knowledge we develop here get disseminated internationally. Indeed, that's one of my missions. Because we can also learn a lot ourselves by working with others.'

### E-MENTAL HEALTH

The Trimbos Institute is one of the trendsetters when it comes to e-mental health interventions, so that is one of the fields in which it can distinguish itself, both nationally and internationally, Engels argues. At the national level, it can develop new interventions for companies and institutions, as well as for primary care providers, who will be treating more patients with mild to moderate psychological problems in the future. Examples at the international level could be mobile applications to help young people stop smoking or cut down on drinking. 'We need apps that fit in well with youthful mindsets, and which have been rigorously researched and tested and given seals of approval,' Engels continues. 'Apps and serious games also need to be made available in ways that young people can find them and really start to use them, such as through schools, GPs or parents. That last point is essential and requires special expertise. Anybody can make a nice app nowadays, but getting people to use them is something else altogether!'

There is a booming demand for online health applications. New ones are surfacing daily at a breathtaking pace. That

makes it practically impossible to do thorough outcome studies. 'That's definitely a problem,' Engels confirms. 'If we want to assess interventions with randomised controlled trials and then verify their behavioural effects 12 months later, that'll take us three years, by which time the intervention will be outdated. We need to find different research methods to enable us to test effects within a few months' time. We shall also need more graduated quality standards for interventions like that, ranging from 0 for no proof at all to something like 5 for strong evidence deriving from several studies.'

### FROM LOS ANGELES TO THE HAGUE

Rutger Engels's appointment calendar affords an interesting glimpse of his plans. In March 2014, he is to meet with people in Los Angeles and San Francisco to continue discussions about the further development of serious games to treat anxiety and depression. 'I've encountered plenty of enthusiasm in the Trimbos Institute to carry this further. We may need to engage small enterprises that work with such things to help us develop those kinds of applications.'

In New York he plans to talk to UNICEF about applying the Trimbos Institute's specialised knowledge about anxiety to help children in countries where they are exposed to aggression and armed conflicts.

And in The Hague, Engels will be a regular visitor to the Ministry of Health, Welfare and Sport, still one of the major research contractors. 'Our relations with them are good, and they're maintained at various levels by project leaders and programme heads. So my role there will be mainly representative and advisory.'

Engels also intends to call on large employers, as he believes in public-private cooperation whereby companies pursuing



sustainable human resources policies invest in the mental vitality of their staff members. 'That could help staff whose functioning is rated "satisfactory" to move up to "excellent", so they'll be more productive and more satisfied,' he suggests. 'Many employers could also benefit by reducing prolonged periods of sick leave for stress or depression. The current economic crisis, the complexity of our society and the demands placed on staff are all highly distressing for many employees. Depression is really and truly Public Health Problem Number 1. It's a huge problem that I personally worry a lot about. So if we could do something to combat depression in the workplace by offering an attractive range of supportive interventions, that would be excellent!'

#### **PROUD AND IMPASSIONED STAFF**

Within the Trimbos Institute itself, Engels wants to make sure staff members enjoy coming to work. 'I'm really impressed by the professional passion and the energy shown by the people who work here – not only by the researchers, but also by the support staff. People like to work here because of the institute that we are and because of the good cause we stand for. The Trimbos Institute really matters – just have a look in the news media. That makes people here proud of the institute, and I find that very important. That's why I look forward to working with them and contributing my vision and ambitions to ensure good team performance. And, all the while, we need to keep learning from all our research and undertakings.'

**Rutger Engels, 45, took up his post as Chair of the Trimbos Institute's Board of Directors in January 2014. He will continue to hold his professorial chair in special education at Radboud University in Nijmegen, working there one day a week. He studied social and organisational psychology at the University of Groningen and obtained his PhD from Maastricht University in 1998 with a thesis entitled *Forbidden Fruits: Social Dynamics in Smoking and Drinking Behavior of Adolescents*.**

**“We need apps that fit in well with youthful mindsets, and which have been rigorously researched and tested.”**

AFTER SEVERAL YEARS OF RELATIVE AUSTERITY, 2013 WAS A YEAR OF STABILITY FOR THE TRIMBOS INSTITUTE. NET TURNOVER INCREASED SLIGHTLY AND A POSITIVE OPERATING RETURN ON ORDINARY ACTIVITIES WAS ACHIEVED. FURTHER EXPANSION WAS SEEN IN THE INTERNATIONAL REALM: WHEREAS THE TRIMBOS INSTITUTE PREVIOUSLY CONTRIBUTED MOSTLY TO SUBSTANCE USE PROJECTS, IT IS NOW INCREASINGLY INVOLVED IN INTERNATIONAL MENTAL HEALTH CARE ACTIVITIES.



# INDEPENDENCE, quality, INNOVATION and efficiency

*Patricia Geradts MSc, Operational Director*

Our transition from public funding to a market orientation has also implied transformations in working methods and organisational culture, and that has tested the adaptive capacities of the organisation and the resilience of the staff. The commitment and motivation of our staff is unwaveringly high, and in order to ensure that staff members preserve their vitality, productivity and motivation throughout their working life, we have been devoted to sustainable human resource management for many years.

We perceive independence, quality, innovation and efficiency as vital sources of energy and we strengthen them wherever possible. Inspiration and feedback, relationships with superiors and professional development opportunities are crucial for the advancement, productivity and innovative capacities of staff members in both the short and the longer term. We therefore devote particular attention to talent-focused professional development. A number of mutually reinforcing interventions have been promoted. Supervisory staff are trained in talent-focused development, staff members have career coaches available, and their talents and motivations are an explicit focus in their yearly review interviews with their superiors.

At the same time, the Trimbos Institute is acquiring new skills and capacities with respect to business development and

account management. Operational processes are streamlined and improved wherever possible. This is supported by a new system that has recently replaced all previous financial and human resources systems, thus enabling further automation and time savings in operational processes.

A market-oriented organisation needs to adapt its ways of approaching clients. Clients increasingly need customised packages of products and services. Co-creation with clients is essential, as well as reorientation of focus and intensified collaboration with partner organisations, in order to arrive at comprehensive packages of products and services. The Trimbos Institute is committed to both these priorities. An appropriate working environment is also needed, in both a physical and a 'virtual' sense. We are therefore planning adaptations to our premises that should facilitate both internal and external teamwork. Our 'online' presence will also be renewed.

To promote cooperation, we have developed a mental health knowledge plaza ([www.ggzkennisplein.nl](http://www.ggzkennisplein.nl)) with the support of the Netherlands Organisation for Health Research and Development (ZonMw) and the enterprise social networking company BY-ESN. It enables professionals to share information and data on mental health and addiction, as well as to pursue discussions, create online workspaces and share the latest practical information.

The mental health journal MGv published by the Trimbos Institute has also adapted to the changing needs of mental health professionals. On its website [www.mgvonline.nl](http://www.mgvonline.nl), subscribers can obtain up-to-date information and take part in discussions on selected themes. In collaboration with the new publisher Performis, the printed journal has been regenerated into a full-colour magazine with a diversified content. The familiar professional articles and discussion contributions are grouped into a knowledge section, whilst interviews, journalistic reports, opinion columns and briefer articles are found in a magazine section.

This Annual Report also provides an impression of positive developments and achievements in the Trimbos Institute in 2013.

## STAFF FACTS AND FIGURES

- **Trimbos Institute staff as of 31 December 2013:**
  - 201 staff members (163 FTE)
  - 73% women, 27% men
  - 85% permanent, 15% temporary
  - average age: 47
- **Duration of employment:**
  - 48 staff members 0-4 years
  - 76 staff members 5-9 years
  - 38 staff members 10-14 years
  - 39 staff members ≥ 15 years
- 36 trainees, 37 voluntary workers
- **Sickness absence rate: 3.2%**



THE SUPERVISORY BOARD OF THE TRIMBOS INSTITUTE WAS CLOSELY INVOLVED DURING 2013 IN THE APPOINTMENT PROCEDURE FOR RUTGER ENGELS, THE NEW CHAIR OF THE BOARD OF DIRECTORS. IT ALSO ENDEAVOURED TO IMPROVE ITS OWN PROFESSIONALISM, IN ORDER TO OPTIMALLY PERFORM ITS ADVISORY AND OVERSIGHT DUTIES AND SERVE AS A CRITICAL SOUNDING-BOARD FOR MANAGEMENT – FROM A DISTANCE, BUT WITH A KEEN COMMITMENT TO THE DAILY WORK OF THE TRIMBOS INSTITUTE.

# A CRITICAL SOUNDING-BOARD: Commitment from a distance

**INTERVIEW** Wouter Vlasblom MSc, Chair of the Supervisory Board

“**T**he year 2013 saw cutbacks in many areas, especially in health promotion and lifestyle programmes. Despite that, the Trimbos Institute was able to conduct many successful projects and research studies, as well as forming new cooperative partnerships.

At present, the supervisory board has five members, who have diverse backgrounds and areas of expertise. Three new members had joined in the course of 2012, and Dorette Corbeij resigned in late 2013. To maintain optimal functioning, the board made investments in its own professional development, which included participation in a training day on institutional oversight. In 2014, the board will evaluate its own functioning to determine what follow-up measures are needed and how to plan its work in the period to come.

Jan Walburg left his post as chair of the board of directors in 2013. Partly as a result of his visionary leadership, the Trimbos Institute now ‘stands’ as an authoritative institution of knowledge with an eminent national and international reputation. The supervisory board was engaged in the search for a new director. From a shortlist of seven highly qualified candidates, Rutger Engels was ultimately chosen by virtue of his research stature, his administrative experience in the academic world and his lucid vision on the future of the institute. During that intensive selection procedure, the supervisory board was pleased with the highly constructive contributions by Works Council members, who were involved at their own request in the final stages of the procedure. The end result was a unanimous nomination.

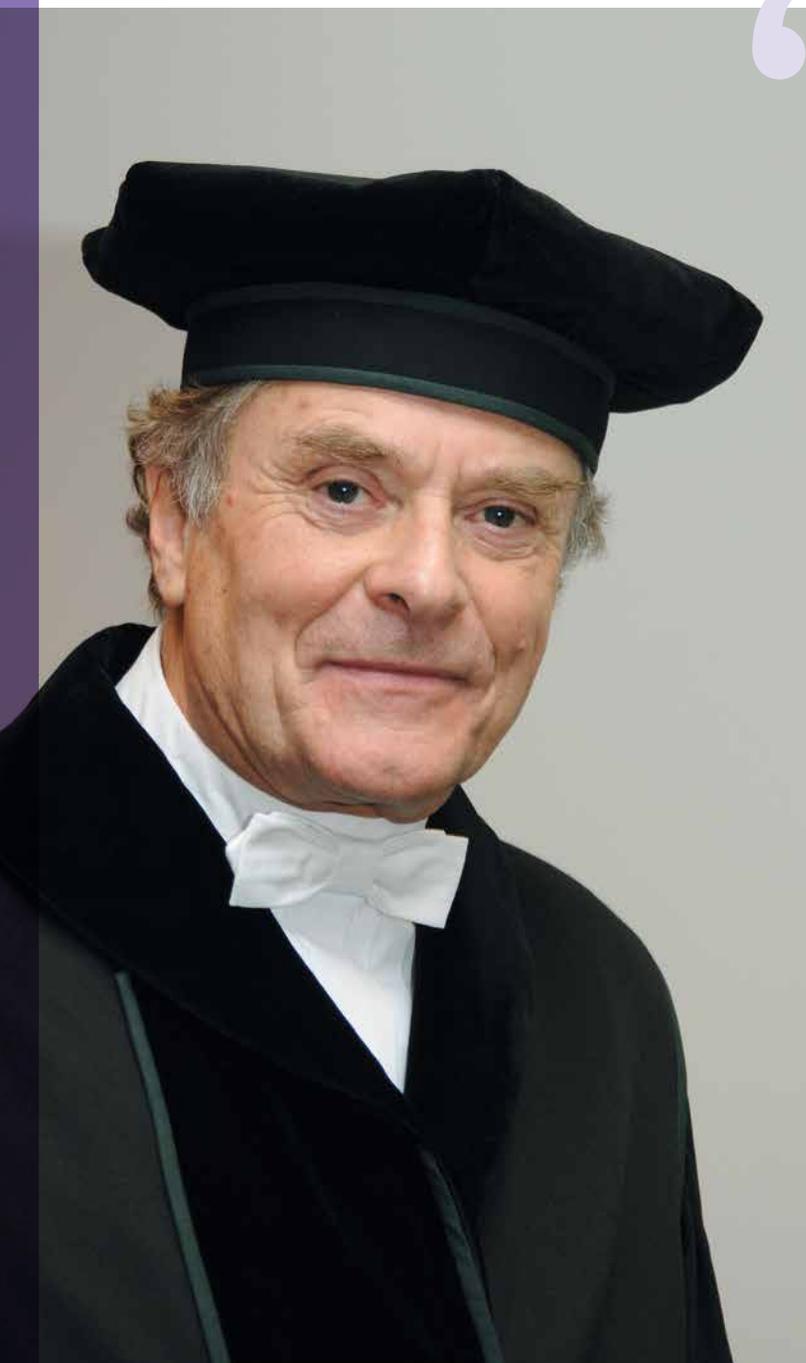
In February 2014, we met with Rutger Engels to preview his annual plan for the current year. The supervisory board recommended concrete, measurable formulations of the aspirations contained in it, to aid in evaluating whether the goals have been achieved by year’s end. All things considered, the supervisory board is confident that 2014 will be a year full of new opportunities for the Trimbos Institute.

## MEMBERS OF THE SUPERVISORY BOARD

- **W. Vlasblom, MSc, Chair**  
*Owner-Director, Vlasblom Consultancy & Coaching*
- **S.T. van Lonkhuijzen-Hoekstra, MBA, MCM**  
*Board Member, Cordaan; Supervisory Board Member, Achmea*
- **B.J.A.M. Welten, MSc**  
*Special Adviser, Amsterdam-Amstelland Regional Police and National Police*
- **F.M. Copini**  
*Director of Security Risk Management, Co-Owner and Deputy General Director, IRS Company*
- **J.I.M. de Goeij, MSc**  
*Adviser to the Board and Senior Adviser, Oude Gracht Groep BV; Adviser to the Minister of Health, Welfare and Sport*

# PHDS AND PRO

*Jan Walburg, Professor of Positive Psychology, bids farewell to the Trimbos Institute*



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THE UNIVERSITY OF TWENTE APPOINTED JAN WALBURG, THEN CHAIR OF THE TRIMBOS INSTITUTE BOARD OF DIRECTORS, TO THE POST OF PROFESSOR OF POSITIVE PSYCHOLOGY IN THE DEPARTMENT OF PSYCHOLOGY, HEALTH AND TECHNOLOGY STARTING 1 MAY 2013.

**O**n 12 December, Walburg delivered his inaugural lecture entitled 'Learning and Working with Passion and Pleasure'. He argued that our social, emotional and cognitive skills are society's capital. The country that invests the most in the learning abilities of its young people, the country that is most innovative, that deals with problems the most creatively, will excel in fierce global competition.

Research has shown that productivity in work settings could be boosted by 30% if both schools and employers were to focus more keenly on developing people's mental capacities. 'Figures published by the Gallup Institute have shown that a paltry 9% of Dutch people feel committed to their jobs, one of the poorest scores in the world. If schools and employers were to devote more attention to social, emotional and learning skills and to developing a sense of commitment, those results could substantially improve. The Netherlands could definitely benefit from such measures.'

Positive psychology does not view human beings as being determined by the past, but as anticipating the future. According to Walburg, 'positive psychology cannot do its work alone but needs many other disciplines as well. Many of these are present at the University of Twente. We are therefore working to create a "positive social innovation lab", which will focus on qualities like efficiency as well as users' well-being.'

Professor Walburg holds an endowed chair made possible by the Trimbos Institute. It is part of the Institute for Innovation and Governance Studies (IGS) of the University of Twente. Walburg announced his resignation from the Trimbos Institute in September 2013, effective at year's end. He had chaired the board of directors since 2003 – eleven years of active commitment to mental health, positive psychology and the development of e-mental health applications.

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# FESSORSHIPS

## HIGHLIGHTS 2013

### NEW CHAIR OF THE TRIMBOS INSTITUTE: PROFESSOR RUTGER ENGELS

In late October 2013, the Trimbos Institute announced the name of the new Chair of its Board of Directors: Professor **Rutger Engels**, 45, from Radboud University in Nijmegen.

In Nijmegen, Engels led a research group of international prominence that investigated early stages of addiction in adolescents. He has authored and co-authored an impressive list of research publications in Dutch and international journals. His work has radically altered thinking about the onset of youthful alcohol use. He will continue to hold his professorial chair at Radboud University.

On his motivation to head the Trimbos Institute, Engels said, 'The Trimbos Institute is a top-ranking Dutch centre of knowledge in mental health and addiction. Its core research activities – which include guideline development for mental health and youth services, nationwide monitoring studies, mental health promotion and intervention programmes, international drug use projects and the coordination of Dutch nationwide mental health networks – are of crucial benefit to both policy making and health care provision by institutions and public-sector authorities. I also value its dedication in developing support plans and informal care provision for the elderly and disabled. The Trimbos Institute is also at the forefront when it comes to translating research knowledge into innovative health care methods, as in the field of e-mental health.' [Read more about Rutger Engels in our interview on pages 4-7.]

### PHDS BASED ON THE DEPRESSION INITIATIVE

In 2013, three Trimbos colleagues obtained their PhDs based on research theses deriving from the Depression Initiative. That project, conducted from 2006 to 2011, was a nationwide programme led by the Trimbos Institute that involved 30 mental health agencies, 80 GP practices, the VU University Medical Centre and the Institute for Medical Technology Assessment (iMTA). The aim was to achieve optimal care for people with depression. The initiative also worked closely with the European Alliance Against Depression (EAAD).

The most important conclusion in the study by **Anna Muntingh** on the effects and costs of a collaborative stepped care model was that the effectiveness of treatment for anxiety disorders can be improved, and the societal costs reduced, by creating a new kind of treatment arrangements in primary care settings.

In his PhD study published in April, **Klaas Huijbregts** argued that a new strategy for treating depression, employing collaborative care via GP practices, could achieve five times better results than treatment as usual. Although recovery is slower when depression is accompanied by physical health problems, it is still more rapid than in treatment as usual.

**Kirsten van Steenbergen** concluded in her thesis published in September that severe cases of depression could be treated effectively in patients with diabetes, COPD and cardiovascular diseases. This would also diminish the need for medical interventions for the long-term illnesses themselves.

### THESIS ON THE DEVELOPMENT AND IMPLEMENTATION OF PRACTICE GUIDELINES

In January, **Gerdien Franx** was awarded her PhD for a series of published articles on the development and implementation of mental health practice guidelines, with a particular focus on guidelines for depression in primary care. The 'breakthrough method' enabled a substantial reduction in the number of patients taking antidepressants on prescription. Other research contained in the thesis concerned improving the care of patients with severe psychiatric problems, in particular schizophrenia. Here, too, improvements were achieved using the breakthrough method.

In June, her thesis received the Research Award of the Netherlands Network for Quality Management (NNK). Qualities cited were the groundbreaking nature of the research, its contributions to the field of quality management and its social relevance.

### INAUGURAL PROFESSORIAL LECTURE: PATIENTS WITH LONG-TERM DEPRESSION ARE BETTER OFF UNDER GP CARE

People with long-term depression who have

derived little benefit from existing treatment procedures can receive better care via their general practitioners than via secondary care providers, according to **Jan Spijker** in his inaugural lecture as Professor for Chronic Depression in the Faculty of Social Sciences at Radboud University in Nijmegen. This endowed chair was created on the initiative of the Pro Persona Foundation and the Trimbos Institute, both of which have identified chronic depression and depression management as priority focuses. Spijker argued that secondary care is more appropriate when specialised services and targeted treatments are indicated; these may take the form of brief interventions. 'Subsequent care can then be delivered in primary care settings,' he concluded.

### PHD FOR WORLDWIDE RESEARCH ON ADHD AND ADDICTION

The foremost conclusions in studies conducted by the International Collaboration on ADHD and Substance Abuse (ICASA) are that elevated percentages of clients in addiction services have attention deficit and hyperactivity disorders (ADHD), ranging from 5% to 22% in alcohol treatment and 12% to 57% in drugs treatment. In October, Trimbos Institute researcher and ICASA founder **Geurt van de Glind** was awarded his PhD on the basis of his evaluation of that research. He argued that intensive, innovative research is needed to develop a diversity of treatment approaches, either non-pharmacological, pharmacological or in combination. Professionals in the fields of child and adolescent psychiatry and youth work need to be alert to the risk of substance dependency in children and adolescents.

### PROFESSORSHIP IN HEALTH COMMUNICATION

In June, **Bas van den Putte** was appointed Professor of Health Communication in the Faculty of Social and Behavioural Sciences at the University of Amsterdam. The chair is a joint initiative of the university and the Trimbos Institute. His research focus is on increasing the effectiveness of media communication aimed at promoting healthy lifestyles in various target groups of young people and adults. Findings are to be applied in campaigns addressing a wide range of lifestyle topics, including alcohol, smoking, exercise, nutrition, drugs and sexual behaviour. J

# OLDER PEOPLE engaged directly in

**INTERVIEW** Professor Anne Margriet Pot, Programme Head, Programme on Ageing



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IN A NUMBER OF PROJECTS IN 2013, WE ENGAGED THE EXPERIENTIAL KNOWLEDGE OF POLICYMAKERS AND IMMEDIATE STAKEHOLDERS. THE PURPOSE WAS TO BE MORE RESPONSIVE TO ISSUES THAT ARISE FROM THE ‘SHOP FLOOR’.

**I**n our Dementia Housing Monitoring System, we spoke extensively with professionals working in a range of services to ascertain what things they need to improve the quality of life of older people with dementia. Involving them in the research further improved the quality of the monitoring system.

We applied similar ‘co-creation’ practices in developing health care interventions, including an e-intervention called *Leven in de Plus* designed for healthy older people at risk of loneliness. The input from policymakers and older people themselves enabled us to document their needs and wishes. We are currently testing the initial version of the intervention.

Co-creation also proved valuable in a research project we carried out in the Dutch community of Gemert-Bakel on the work of community care officers, who link care needs to available services at the neighbourhood level. The local input helped us clarify which data we needed to collect.

We shall therefore continue that approach in 2014, for example as we develop a new e-learning programme on dementia for level-2 and -3 care workers. Co-creation has several advantages. It produces better-quality knowledge that is closely consistent with policy and practice. It strengthens the base of support and the sense of involvement within client groups – a key prerequisite for successfully implementing innovations. And, important for researchers, it makes us keenly aware of what we are working for!

”

# and practitioners

## RESEARCH PROJECTS

### HIGHLIGHTS 2013

#### EVALUATION OF A VILLAGE OR NEIGHBOURHOOD APPROACH IN WORK WITH OLDER PEOPLE

In November we began a study to assess whether small-scale, community-based care for the elderly has advantages above care as usual, and whether it produces cost savings. Responsibility for more and more social care and health care elements is being transferred from national to local levels, and more self-reliance and community engagement is being expected of ordinary people. Small-scale, community-focused care is compatible with this trend.

A village- and neighbourhood-based care system has been in place in the Dutch local authority of Gemert-Bakel since 2007. It is a bottom-up approach, developed in cooperation with community councils and residents. The primary emphasis is on the personal strengths of the residents and on creating links between residents and the community. Our study in Gemert-Bakel is being funded by the CZ Fonds.

#### E-LEARNING COURSE ON DEMENTIA FOR CARE WORKERS AND ASSISTANTS

In May, we began development of an e-learning course on dementia specifically designed for use in the training or further professional development of care workers and assistants. The main focuses are on the well-being and the behaviour of people with dementia. By teaching elder care and community care staff to adopt a person-centred approach to people with dementia, the course gives them tools for improving client well-being and for deterring difficult behaviour.

Training programmes for care workers and assistants do not adequately instruct trainees on how to deal with people with dementia. The lack of such skills is also one cause of work-related stress in care workers, as revealed in our Dementia Housing Monitoring Studies.

The Trimbos Institute is developing the e-learning course in cooperation with the health care services Laurens and Lelie, the Nationaal Zorg College (NZCO) and the Albeda College, with financial support from the Fonds NutsOhra.

#### ANNE MARGRIET POT NAMED HONORARY PROFESSOR AT THE UNIVERSITY OF QUEENSLAND

In September, Anne Margriet Pot, head of the Trimbos Institute Programme on Ageing and Professor of Geropsychology at the VU University, Amsterdam, was appointed to an honorary chair at the School of Psychology, University of Queensland, in Australia, one of the world's foremost institutions in the field of geropsychology. Her appointment creates opportunities for intensive collaboration and joint research activities. 

Veerbeek, M., Oude Voshaar, R., Depla, M., & Pot, A. M. (2013). Mental health care Monitor Older adults (MEMO): Monitoring patient characteristics and outcome in Dutch mental health services for older adults. *International Journal of Methods in Psychiatric Research*, 22(2), 100–109. doi:10.1002/mpr.1386

*The Dutch monitoring scheme for mental health care to older people, called MEMO, was initiated in 2007. The data it collects enable quality assessments of the care provided in all areas of the country. This article describes the design of MEMO and the characteristics and care needs of the elderly clients of community-based mental health care services.*

Pot, A. M. (2013). Improving nursing home care for dementia: Is the environment the answer? Editorial. *Ageing & Mental Health*, 17(7), 785–787. doi:10.1080/13607863.2013.828679

*The living environments of people with dementia are vital to their quality of life. This applies not only to their physical environments, but also to the care available there. Small-scale housing forms do not guarantee home-like care, whereas small-scale home-like care can even be ensured in traditional large-scale residential institutions.*

Willemse, B., Smit, D., Lange, J. de, & Pot, A. M. (2013). Is de zorg persoonsgericht? De Monitor Woonvormen Dementie (1) Denkbeeld: Tijdschrift voor Psychogeriatric, (2), 22–24. (Is the care person-centred? The Dementia Housing Monitoring System (1).

*This article explores the importance of person-centred care for people with dementia. What exactly does such an approach imply? And how person-centred is Dutch nursing home care for people with dementia? What services does person-centred care require? This is the first of three Dutch articles on findings deriving from the Dementia Housing Monitoring System.*

“Co-creation results in better questions, and hence in better research!”

# MORE RECKLESS BY

**INTERVIEW** Daan van der Gouwe MSc, Researcher, Drug Monitoring Programme



“ A RISING NUMBER OF INCIDENTS, SEVERAL OF THEM FATAL, PRECIPITATED UPHEAVAL IN THE DUTCH ECSTASY MARKET IN 2013. THE MOST PROBABLE CAUSE OF INCIDENTS WAS THE SHARPLY INCREASING MDMA CONTENT IN ECSTASY TABLETS IN RECENT YEARS.

**A**n evident growing demand for such tablets was fuelled by thrillseekers thinking ‘the stronger, the better’. That’s a misconception! The typical euphoric effect of ecstasy is achieved at a dosage of 70 to 80 milligrams. Higher doses create a more “speedy” effect and undermine the euphoric feeling. The risk of health problems such as overheating also increases at higher dosages.

Many ecstasy users believe the drug is relatively harmless because it’s only mildly addictive. We’ve therefore designed a renewed information campaign to raise awareness of the risks. It’s motivated in part by research from the Bonger Institute of Criminology at the University of Amsterdam that spotlighted a group of thrillseekers who seem oblivious to drug prevention warnings. The challenge is now to reach that group.

Increasing numbers of designer drugs – also known as novel psychoactive substances (NPS) or research chemicals – are appearing on the market. In 2014 we hope to better understand how, and on what scale, those drugs are now being consumed. We’re also monitoring online drug sales via webshops and via anonymous marketplaces in the depths of the Web. More and more drugs are being sold there. Just as the Internet has changed the world, it’s also changed the world of drug dealing.

”

# drug-taking

## THRILLSEEKERS

### HIGHLIGHTS 2013

#### ECSTASY JITTERS: SAFE USE IS A MYTH

Concerns about ecstasy prevailed throughout 2013. The Drug Information Monitoring System (DIMS) in the Netherlands published warnings in April about powders being sold as ketamine and MDMA that actually contained the dangerous substance PMMA. Ecstasy users in general appeared increasingly unaware of the risks of their drug, prompting a Trimbos Institute press release in June entitled 'Safe use of ecstasy is a myth!' It criticised the frivolous ways in which ecstasy risks are treated in the media and in public debates. It reiterated that there is no such thing as safe ecstasy use. Moreover, given the persistent state of flux in the ecstasy market, it urged increased vigilance on the part of ecstasy users. In August, a new warning had to be issued after tablets sold as ecstasy, but containing high doses of the hazardous PMMA, were received twice by DIMS. September saw renewed warnings prompted by ecstasy-attributed deaths. The turmoil on the Dutch ecstasy market has continued into 2014, so the dictum remains: Safe ecstasy use is a myth.

#### RAVERS CONSUME HIGH LEVELS OF ALCOHOL AND ECSTASY

In December, a report entitled *Het grote uitgaansonderzoek 2013: Uitgaanspatronen, middelengebruik en risicogedrag onder uitgaande jongeren en jongvolwassenen* (The comprehensive 2013 nightlife study: Entertainment patterns, substance use and risk behaviour among adolescents and young adults in Dutch nightlife). Virtually all young people who patronise nightclubs and dance events drink alcohol during their night out, many smoke tobacco heavily, and one in three report having taken ecstasy in the past month. Such behaviours carry risks,



both for the nightlifers themselves and for their surroundings. One quarter reported having driven under the influence of drink or drugs, and a further one in four had been involved in a fight during the past year. The study was based on a web survey of more than 3000 nightlifers aged 15 to 35, with a particular focus on frequent patrons of clubs and dance events who had predilections for techno and hard house music.

#### LOWER THC CONTENT IN NETHERWEED

Dutch-cultivated marijuana, or Netherweed, contained a lower average concentration of THC, its active substance, in 2013 as compared to the previous year. THC content decreased from 15.5% to 13.5%, according to the yearly THC monitoring report published in June. About one third of the samples of the most popular Netherweed variants contained 15% to 20% concentrations, so that two thirds were now below the maximum percentage of 15 set by the Dutch government as a standard for marijuana sales in cannabis coffeeshops. In the period up to 2004, the average THC content of Netherweed mounted to above 20%. It gradually diminished in the years that followed, and fluctuated more recently between 15% and 18%. The year 2013 saw the first substantial THC reduction relative to preceding years.



“More and more drugs are sold anonymously via the Internet.”

# ALCOHOL TIME-OUT FOR 30 OR 40 DAYS...

**INTERVIEW** Rob Bovens LL.D., Senior Researcher, Trimbos Institute, and Professor of Addiction Prevention,



“MANY DUTCH PEOPLE NOW FIND IT NORMAL TO DRINK ALCOHOL EVERY DAY. NO PARTY, NO EVENING MEAL, NO PLEASANT MOMENT IS COMPLETE WITHOUT ALCOHOL. THIS INSIDIOUS SUCCESSION OF DRINKING OCCASIONS HAS DEVELOPED INTO A HABITUAL BEHAVIOUR PATTERN.

**W**e therefore designed a new campaign for 2014 called *IkPas!* (I'll pass!), modelled on the traditional fast that follows the Carnival season. By embarking on a period of 30 or 40 days without alcohol, people can become more conscious of their drinking patterns and experience the differences between drinking and not drinking.

We laid the groundwork for the campaign by conducting several studies in 2013. In one study, a group of people kept sleep journals. They discovered that one month without alcohol significantly improved their sleep. They slept more deeply and felt more energetic. In Windesheim University we also investigated effects on educational performance, but the sample proved too small to draw firm conclusions.

The 2014 *IkPas!* campaign will target a variety of groups, including new college students starting their induction period at age 17, football teams preparing for an important match, and parents who want to set good examples for their children. Participants can exchange experiences via the campaign's website. I hope that *IkPas!* will enable people to turn down drinks without explaining themselves. After all, it meanwhile goes without saying that a designated driver stays sober.

”

# Who'll dare?

Windesheim University of Applied Sciences

## RECOMMENDATIONS ON ELDERLY ADDICTION: BREAKING THE TABOO AND INTERVENING SOONER

A committee of experts investigated how to stem the persistently growing numbers of older people applying to addiction services. Among its key proposals in May were a nationwide awareness campaign and the wide availability of brief, evidence-based interventions to forestall the development of substance dependence in older people. The number of new addiction service clients aged 55 or older has more than doubled in the past decade. The increase is largely attributable to the misuse of alcohol and prescription medicines. The numbers of older clients dependent on illicit drugs has also risen sharply, but most of them are returning clients.

## ALCOHOL POLICY 3.0 CONFERENCE

A full-day conference called Alcoholbeleid 3.0 (Alcohol Policy 3.0), focusing on integrated alcohol policies at the local level, was held in Amersfoort in June. It was commissioned by the Dutch ministry of health, which also collaborated with the Trimbos Institute in organising it. New local policies were necessitated by major changes to the Alcohol Licensing and Catering Act, including the raising of the drinking age to 18. Harm prevention, in combination with policies on public safety and local law enforcement, requires cooperation between various sectors. More than 500 conference participants explored a range of issues; local as well as nationwide initiatives were presented and discussed in 29 sessions. A booklet entitled *Effectief alcoholbeleid: Hoe pakt u dat aan?* (Effective alcohol policies: How to pursue them) summarises the various measures and suggestions that were discussed.

“Turning down a drink without having to explain yourself”

## HIGHLIGHTS 2013

### HAPPY DRINKS

The number of recipes for Happy Drinks – alcohol-free cocktails with a special buzz and twist, developed by the Dutch chef Pierre Wind at the request of the Trimbos Institute – continued to grow in 2013.



In April, for the investiture of King Willem Alexander, an initiative called Be a King was launched under the slogan ‘Become the new king of Happy Drinks.’ Partners in the initiative were the international fruit and vegetable company The Greenery, the Netherlands Nutrition Centre and the Trimbos Institute. Pierre Wind selected the healthy cocktail Vive le Roy as winner of the competition from over 50 entries. As a crowning touch, the National Investiture Committee awarded an Orange Bow to the project.

Less Sugar, No Alcohol was the name of a summer campaign launched in cooperation with the Stichting Ik Kies Bewust (Conscious Choice Foundation) to promote refreshing, alcohol-free, low-calorie cocktails. The purpose of the campaign was to make people more conscious of the beverages they drink and the many hidden calories contained in them. Recipes include two new ‘flavoured waters’ called Happy Vink and Way of Life – fruit or vegetable drinks with a slight tang.

All Happy Drinks recipes are available in Dutch free of charge at [www.happydrinks.nl](http://www.happydrinks.nl).



# NIX 18 Not smoking BEFORE AGE 18 HAS

**INTERVIEW** Judith Oostendorp MSc, Programme Head, Parenting and Education Programme



“ IT TAKES SOME GETTING USED TO – THE NEW DUTCH BAN ON THE SALE OF ALCOHOL AND TOBACCO TO YOUTH UNDER 18. NOT ONLY THE YOUNG PEOPLE THEMSELVES HAVE TO ADAPT, BUT ALSO PARENTS, EDUCATORS, YOUTH WORKERS, THE CATERING INDUSTRY, RETAILERS AND LOCAL OFFICIALS.

In support of new legislation effective in 2014, the Dutch health ministry has launched a lengthy campaign entitled NIX18. The Trimbos Institute has taken charge of supporting professionals during the campaign, as well as developing information materials for parents and adolescents. The key message is ‘You don’t smoke or drink before you’re 18.’ Although not everyone agrees with the message, it appears to be sinking in.

We’ve developed a website and educational materials for the campaign. We’ve also consulted intensively with a range of stakeholders. The new age limit is now integrated into all our educational information for the public. As a sequel to the activities so far, a series of meetings will be organised in 2014 where educators, practitioners and policymakers can share successful initiatives with one another, such as ‘NIX Parties’ for 16- and 17-year-olds.

In 2013 we also shifted course in our programme The Healthy School and Drugs. In primary schools, we focus on personal resilience and forming your own opinion, to enable pupils to withstand group pressures. Parents are also targeted, in order to help them set and explain limits for their children. This will be supplemented in secondary schools by non-patronising educational activities about tobacco, alcohol and drugs specially designed for adolescents. These likewise concentrate on boosting resilience, with a particular focus on vulnerable youth with higher risks of problem substance use.

”

# or drinking GOT TO BE THE NORM

## HIGHLIGHTS 2013



### ONLINE COURSES FOR EDUCATORS ON SPOTTING ADOLESCENT ALCOHOL AND DRUG USE

What is cannabis? What effects does alcohol have? What risks does cocaine entail? How can you tell if adolescents are using alcohol or drugs? These are some of the many questions addressed in the basic online course entitled Signaleren van Alcohol en Drugs ('spotting alcohol and drugs') that we announced in September. The purpose of this e-learning module is to improve the knowledge and skills of educators and other professionals working in schools with respect to alcohol and drugs. Two follow-up courses are also available on spotting alcohol and drug use in vocational pupils and in special education pupils. The e-learning modules are part of our project The Healthy School and Drugs. More information [www.dgsg.nl](http://www.dgsg.nl)

### HAPPY LESSONS PILOT PROJECT SUCCESSFULLY COMPLETED

Girls in general and adolescents with depressive symptoms were found to derive particular benefit from an intervention called Happy Lessons. This was reported in May on the basis of a study of 373 pre-vocational school pupils in the urban regeneration area of Zuidwest in The Hague. In 2011 and 2012, pupils had worked on improving their state of mental health using Happy Lessons (Happyles), an online school course designed to strengthen psychological resilience and prevent depression in adolescents attending vocational and pre-vocational schools. Most study participants were aged 12 to 14 and came from all levels of pre-vocational schools;



80% to 90% had minority ethnic backgrounds. Course facilitators were mental health promotion workers from De Jutters, a local child and adolescent psychiatry centre. The research was funded by the National Mental Health Fund. More information [www.happyles.nl](http://www.happyles.nl)

### PERSONAL STRENGTHS APPROACH FOUND EFFECTIVE FOR CHILDREN WITH MILD INTELLECTUAL DISABILITIES

Families receiving long-term services for children with mild intellectual disabilities can benefit from a 'personal strengths conference'. Children and adolescents function better, and show fewer areas of concern, once relatives, neighbours and friends are engaged in family problem solving. These were findings from a study published in September that was commissioned by the William Schrikker Group in the province of Overijssel. The improvements were noted in the functioning of the children's families or childrearing environments as well as their wider environments. The approach did not lead to immediate cost savings or reduced service use. This was the first outcome study to focus on the costs and benefits of the personal strengths approach within an integrated service framework for children with mild intellectual disabilities. ]



*“Our educational activities at schools focus on forming your own opinion.”*

# KNOWLEDGE BEHAVIOURS MAKES FOR

**INTERVIEW** Ninette van Hasselt MA, Programme Head, Youth and Risk Behaviour Programme



**“Parents hold more sway than they think, even over recalcitrant adolescents.”**

“

THE KNOWLEDGE WE HAVE ABOUT YOUTH, NIGHTLIFE AND RECREATIONAL SUBSTANCES OFTEN PROVES VALUABLE FOR CRIME PREVENTION. AN EXAMPLE IS THE INFORMATION WE’VE DOCUMENTED ON THE LINKS BETWEEN SUBSTANCE USE AND VIOLENCE AT THE REQUEST OF DUTCH JUSTICE MINISTRY. WE’RE CURRENTLY SYNTHESISING THAT DATA INTO A ‘TOOLBOX’ FOR POLICE OFFICERS WORKING IN NIGHTLIFE DISTRICTS.

In cooperation with Bureau Beke, a crime and safety consultancy, we’re also designing a training course available from the spring of 2014. It will teach police and security staff to interact more effectively with people that are ‘under the influence’.

Public officials working on the streets are not always well informed about which drugs are circulating in which nightlife scenes and how to recognise people that have taken them. Such knowledge could greatly improve the risk assessments they make when assigned to nightlife areas, festivals or events. One point we emphasise is that virtually all intoxicant-related violence arises from the interplay between the substance taken, the person taking it and the context. Understanding that interaction is essential.

Insights like these can come in handy for parents, too. They think they’ve lost all their influence as soon as their kids start going out at night. But often parents hold more sway than they think, even if recalcitrant adolescents would never let them know it. In *Pubers en uitgaan* (Adolescents and Nightlife), a book I wrote last year, we give recommendations and pointers for ‘nightlife education’. The book is mainly aimed at parents. I’ve also had enthusiastic responses from people who work professionally in and around nightlife environments. For one thing, it helps them better understand why nightlife is such an important part of life for many adolescents.

”

# ABOUT NIGHTLIFE BETTER risk assessments

## HIGHLIGHTS 2013



### PROJECT X HAREN VERSUS WEEKLY NIGHTLIFE VIOLENCE

The party riot that went out of control in the Dutch town of Haren on 21 September 2012 was investigated by a committee chaired by former Amsterdam mayor Job Cohen.

Although the riot was virtually unprecedented, in many ways it resembled violent incidents that occur weekly in Dutch nightlife districts. The Trimbos Institute and the Centre for Safe and Healthy Nightlife produced a specialised report in March for the committee entitled *De explosieve mix in Haren: De invloed van middelengebruik en uitgaanscultuur* (The explosive mix in Haren: The influence of substance use and nightlife culture). It summarised and discussed risk factors for nightlife violence that presumably also figured in the Haren riots. Violence under the influence of psychoactive substances almost always derives from an interplay between personal traits of the perpetrators, the substances they have consumed and the environment where the violence takes place.



### OPEN AND ALERT PROGRAMME RENEWED

In December, Open and Alert announced a renewed range of resources. It is a

programme for the prevention of alcohol and drug misuse in at-risk settings like youth residential institutions and facilities for people with mild learning impairments. It provides information and skills to help professionals deal with alcohol and drug use by their clients. Cooperation between addiction services and

youth welfare services played a key part in the designing of Open and Alert. One of the new resources is Open and Alert Online, a digital training course that facilitates broaching conversations with young people who are thought to have problems with alcohol or drugs.

### PILOT PROJECT ON CONNXIONZ, AN ADOLESCENT DEVELOPMENT METHODOLOGY FOR YOUTH RESIDENTIAL FACILITIES

The residential care facility operated by De Rading youth services near Utrecht has reported promising experiences with ConnXionz, an adolescent development methodology for group workers supporting teenagers with serious behavioural problems. A study of this ConnXionz pilot project was published in October. ConnXionz applies the Triple P parenting and family support methodology in residential care settings for adolescents. The Australian developers adapted Triple P for this different environment, where the special education staff are the 'professional parents'. The pilot implementation of ConnXionz for professional carers, complemented by the Triple P module Targeted Advice to Parents, was carried out over a 10-month period in two long-stay residential groups and two supervised living sites operated by De Rading. ConnXionz has enhanced the work of De Rading and instilled a different, more positive approach. The pilot project was conducted in cooperation with the Netherlands Youth Institute (NJI), De Rading youth services and the Australian developers and was supported financially by the Kinderpostzegels Foundation.



Leeuwen, L. van, Renes, R. J., & Leeuwis, C. (2013). **Televised entertainment-education to prevent adolescent alcohol use: Perceived realism, enjoyment, and impact.** *Health Education and Behavior*, 40(2), 193-205. doi:10.1177/1090198112445906

*Entertainment-education (E-E) can be a valuable strategy in the prevention of alcohol misuse by youth. This study assessed whether adolescents watching instalments of the Dutch television series Roes ('High'), which was purpose-developed for alcohol prevention, judged the programmes as realistic and enjoyable and whether their drinking behaviour was influenced by the programmes. Exposure to the programmes predicted the degree to which participants intended to change their behaviour and, especially for less educated viewers, the amount of normative pressure they perceived.*

Onrust, S., & Voorham, L. (2013). **Vier politiestrategieën tegen veel voorkomende criminaliteit: Effectiviteit en werkzame mechanismen** (Four police strategies against common crimes: Effectiveness and effective mechanisms). The Hague: Ministry of Justice, Research and Documentation Centre (WODC). *Four strategies often pursued by police in combating widely prevalent types of crimes were systematically reviewed in terms of effectiveness. Community policing, hotspot policing and problem-oriented policing were found effective in reducing crime, violence and nuisance. Third-party policing, though less widely studied, appeared effective in reducing drug offences.*

Hasselt, N. van, & Wit, J. de (2013). **Let's talk about sex: Over middelengebruik en seksualiteit** (Let's talk about sex: Substance use and sexuality). *Verstaving: Tijdschrift over verslavingsproblematiek*, 9(2), 44-58.

*A strong association is evident between substance use and sexual behaviour. For many users the anticipated sexual effects from particular substances are important motives for taking them. Significant links were also found between substance use and sexual risk behaviours and undesired sexual experiences. In view of the close connections between problematic or hazardous experiences involving sex and those involving drugs, a coordinated approach seems advisable, particularly in nightlife settings.*

# INTENSIVE quality improvement EFFORTS IN MENTAL HEALTH CARE

**INTERVIEW** Hedda van 't Land PhD, Programme Head, Mental Health Care Innovation Programme



“We link quality standards to the treatment outcomes achieved.”

“

THE DUTCH MENTAL HEALTH SECTOR IS FACED WITH A CHALLENGE: TO DEVELOP A NEW STRUCTURE FOR MENTAL HEALTH CARE PROVISION. IMPROVEMENTS IN THE QUALITY, EFFICIENCY AND TRANSPARENCY OF THE SERVICES WILL BE CRITICALLY IMPORTANT, AS WILL THE IMPLEMENTATION OF QUALITY STANDARDS.

The central precept is that patients are the focal point of treatment. The Mental Health Care Quality Development Network, established in 2013, has adopted a four-year programme to achieve this.

The Trimbos Institute works intensively in support of this quality initiative. More specifically, it develops practice-based linkages between the application of quality standards (practice guidelines, standards of care, integrated care pathways) and the treatment outcomes achieved. The result is a ‘learning system’. Monitoring is performed in the field of practice to verify whether the services provided (1) are acceptable from the patients’ and the treatment providers’ points of view, (2) are effective as shown by systematic evidence, (3) achieve the desired outcomes (as determined in routine outcome monitoring, ROM), (4) are cost-effective, and (5) are readily adaptable. To bring about this ideal set of circumstances, we are working to convert existing and new evidence-based quality standards into standards of care with modular structures.

From 2014, we’ve been commissioned by the Mental Health Care Quality Development Network to synthesise a model for standards of care in the mental health sector. Development procedures have already been started for several sets of quality standards (for early-episode psychosis, for diagnosis and treatment in generic primary mental health care, and revised standards for personality disorders). We shall also consider how to renew existing integrated care pathways, including those for depression, anxiety and sleep disturbances for use in the primary mental health care system, and to expand the pathways for unexplained physical symptoms and for burnout.

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Sinnema, H., Terluin, B., Wensing, M., Volker, D., Franx, G., Balkom, A. van, & Lange, J. de (2013). Systematic tailoring for the implementation of guideline recommendations for anxiety and depressive disorders in general practice: Perceived usefulness of tailored interventions. *BMC Family Practice*, 14(94). doi:10.1186/1471-2296-14-94

*GP implementation of practice guidelines for anxiety and depression can be improved by using tailored direct information provision to help resolve perceived barriers that discourage GPs from complying with guideline recommendations. The most common barriers involve knowledge and skills, GP attitudes, perceived attitudes and behaviours of patients, and past experiences in working with mental health care practitioners. Peer supervision sessions and individual telephone conversations were found to be the most useful of the tailored strategies assessed.*

## HIGHLIGHTS 2013

### DEVELOPMENT OF PRACTICE GUIDELINES

**Anxiety and depression** The Dutch multidisciplinary guidelines for anxiety disorders and for depression are 'living guidelines', whose subsections are updated continually. In 2013, revised guideline texts were published for generalised anxiety disorder (GAD) and obsessive-compulsive disorder (OCD), subsections of the anxiety disorder guidelines. A revised guideline text was also published for relapse prevention, a subsection of the depression guidelines, and a chapter on first-step interventions was added.

**Opioid addiction** In December, the multidisciplinary guidelines for opioid addiction were published, including new insights on the first choice of treatment (opioid maintenance therapy), on the risks of fatal heart rhythm disturbances at the onset of methadone maintenance, and on heroin on prescription.

**ODD and CD** Also in December, the monodisciplinary guidelines for oppositional defiant disorder and conduct disorder (ODD and CD) were published. They provide sophisticated overviews of the course, diagnosis and treatment of those disorders, designed primarily for psychiatrists.

**ADHD and substance use** The practice guidelines for attention deficit hyperactivity disorder (ADHD) in relation to adolescent substance use were finalised in late 2013. The guidelines, the workbook for young people and the users' guide were scheduled for publication in the spring of 2014. The project was commissioned by the Scoring Results programme from the Dutch Knowledge Centre for Addiction Services.

**Diabetes and depression** Practice guidelines on the *detection and monitoring of depressive symptoms in people with diabetes* were presented in December. These were drawn up by the Dutch Diabetes Federation and in cooperation with the VU University Medical Centre.

**Children and adolescents** Two pilot tests were carried out in 2013 on the practice guidelines for attention deficit hyperactivity disorder (ADHD) and for autism spectrum disorders (ASD) in the child and adolescent health care sector. Agencies were recruited in cooperation with the Dutch Youth Health Centre (NCJ). Pilot testing in practice is of vital importance

to identify constraints and determine organisational prerequisites before guidelines can be implemented nationwide. The experiences with the guidelines in practice were largely integrated into the final version. All Dutch mental health practice guidelines can be consulted at [www.ggzrichtlijnen.nl](http://www.ggzrichtlijnen.nl)

### WWW.ADHD.NL FOR ADOLESCENTS AND TEACHERS

The new website [www.adhd.nl](http://www.adhd.nl) went online in November. Its purpose is to improve public knowledge about child and adolescent attention deficit hyperactivity disorder (ADHD). Among its features are two online modules designed for adolescents and for teachers. The module for adolescents (aged 12 to 16) is a psychoeducational intervention in game form. Participants can perform it with the support of a professional facilitator, either face-to-face or from a distance. It was tested in 2013 by treatment providers and clients in four mental health agencies; both participant groups rated the website and the module positively. The second module is designed for teachers in primary and secondary schools. It provides practical support on how to engage with pupils with ADHD. The course is based on a book by Mirjam Hinfelaar and Esther ten Brink.

### MONITORING OF PILOT PROJECTS FOR BUNDLED CARE PACKAGES FOR DEPRESSION

The CZ health insurance company is to purchase bundled care packages for depression on an experimental basis via general practitioners in three regions in the southern Netherlands, who will work together with mental health practice nurses and psychologists. The approximately 150 participants in this pilot project are health care providers from a range of disciplines: GPs, mental health practice nurses, primary care psychologists, social workers and physiotherapists. The catchment areas cover a total of 300,000 people. Health care providers in the region have developed and implemented four modules based on a stepped care model for depression. The cost-effectiveness of interventions will be calculated and monitored over time with the aid of a computer model called STEPMOD developed by the Trimbos Institute. Evaluation will also be made of the implementation and degree of completion of the planned modifications. The results of the pilot projects are expected in late 2014.

### INTEGRATED CARE PATHWAYS IN PRIMARY MENTAL HEALTH CARE

In August, the manual entitled *Building blocks manual for integrated care pathways in primary mental health care* was published on [www.eerstelijnsggz.nl](http://www.eerstelijnsggz.nl). The pathways were developed in cooperation with regional support services for primary care in preparation for the introduction of the new Dutch system of primary mental health care in 2014. With their specific focuses on identification and screening, depression, anxiety, sleep disturbances and alcohol, the pathways are intended as practical guides to aid practitioners in optimising their health care provision processes. They were developed on the basis of existing practice guidelines and the current state of knowledge on the diagnosis and treatment of mental health problems. Care groups (dedicated legal entities in which health care providers work together in disease management), as well as other cooperative arrangements in primary care, can put these resources to use in structuring their health care provision processes. A number of care groups have received training on how to employ the integrated care pathways in their local situations.

### WELL-BEING ON PRESCRIPTION PILOT PROJECT

A pilot project called *Welzijn op Recept* ('well-being on prescription') was completed in the town of Nieuwegein in late 2013. From December 2011 to March 2013, a total of 59 'well-being prescriptions' were written out, most of them by general practitioners. Loneliness, depression and anxiety were the most common problems for which well-being prescriptions were provided. Over one third of the recipients had moderate to severe problems with mobility and daily activities; more than half had moderate to severe pains or other health symptoms. Almost half of the people that received well-being prescriptions took active part in a well-being package, partly as a result of efforts by a well-being counsellor. The existing manual entitled *Welzijn op Recept* was updated on the basis of experiences and ideas gained in the pilot project. The manual is a joint product of De Roerdomp Health Centre and the MOvactor social welfare agency in Nieuwegein, the local health authority and the Trimbos Institute. It can be put to use in implementing well-being on prescription in other locations. 

Spijker, J., Straten, A. van, Bockting, C. L. H., Meeuwissen, J. A. C., & Balkom, A. J. L. M. van (2013). *Psychotherapy, antidepressants, and their combination for chronic major depressive disorder: A systematic review. Canadian Journal of Psychiatry, 58(7), 386-392.*

*Combination treatment with psychiatric drugs and psychotherapy appears the most effective strategy in long-term depressive illness, according to this systematic literature review. There is little evidence for the effectiveness of one or the other strategy by itself. Conclusions are still tentative, as insufficient numbers of well conducted randomised studies are available for antidepressants alone, for psychotherapy alone or for combined approaches.*

Duin, D. van, Franx, G., Wijngaarden, B. van, Gaag, M. van de, Weeghel, J. van, Slooff, C., & Wensing, M. (2013). *Bridging the science-to-service gap in schizophrenia care in the Netherlands: The Schizophrenia Quality Improvement Collaborative. International Journal for Quality in Health Care, 25(6), 626-632. doi:10.1093/intqhc/mzt072*

*Many patients with schizophrenia do not receive treatment consistent with evidence-based guidelines. This study shows that an intensive programme of guideline implementation, based on the 'breakthrough method', can lead to improved provision of evidence-based interventions, improved continuity of care, and mildly improved treatment outcomes for people with schizophrenia. These results need confirmation in studies with more rigorous research designs.*

# FEWER BEDS,

**INTERVIEW** Hans Kroon PhD, Programme Head, Reintegration Programme



“We’re working to implement FACT teams for new client groups.”

“

THE MENTAL HEALTH CARE KNOWLEDGE DAY – ORGANISED ON 7 FEBRUARY 2013 BY THE TRIMBOS INSTITUTE, GGZ NEDERLAND AND THE NETHERLANDS ORGANISATION FOR HEALTH RESEARCH AND DEVELOPMENT (ZONMW) – WAS DEVOTED ENTIRELY TO THE DEINSTITUTIONALISATION OF PEOPLE CURRENTLY LIVING IN RESIDENTIAL CARE. THE THEME WAS EXPLORED FROM A VARIETY OF PERSPECTIVES.

**F**urther to the arrangements made in the Administrative Agreement between the health ministry, mental health care providers and health insurance companies to reduce by one third the number of inpatient psychiatric beds, we carried out the first-ever ‘bed count’ in 2013. An incipient reduction was seen in the numbers of admission beds (which are covered by the Dutch statutory health insurance package), whilst increases were levelling off in other sectors such as sheltered accommodation.

In 2014, we plan more extensive research on deinstitutionalisation in several example regions in Italy, at the request of the Utrecht Foundation for Supervised Accommodation (SBWU) and several other mental health organisations. How do the services there ensure good care with small numbers of inpatient beds? How do they mobilise the strengths of the clients’ personal networks in the care provision?

Here in the Netherlands, we will monitor the arrangements now being created in support of deinstitutionalisation. We shall do so in coordination with the Ministry of Health, the Association of Dutch Health Insurers, the professional association of the Dutch mental health and addiction sector GGZ Nederland as well as the Landelijk Platform GGZ, the Dutch national alliance of client and family organisations in mental health. What new types of services are emerging, and what are their costs and gains? Are local authorities able to cope? What are the ramifications for clients? These are pertinent questions, given the absence of nationwide frameworks for the deinstitutionalisation process and the fears expressed by some stakeholders that little will come of the new services. We’re therefore assisting regions in the creation of plans for community living.

We’ll also continue our work in the implementation of flexible assertive community treatment (FACT) for new target groups, including forensic clients and people with mild intellectual disabilities and complex problems. We support the formation of these new types of FACT teams to ensure that community care for those client groups gets off the ground.”

# better care?

## HIGHLIGHTS 2013

### PSYCHISCH GEZIEN PANEL ON COERCIVE PSYCHIATRIC INTERVENTIONS

People with long-term psychiatric problems express considerable dissatisfaction with the ways in which coercive interventions are carried out. Grievances include the lack of explanation given for administering a measure and the poor staff-client interaction during a period of coercion. These are results of a survey held in June in a large advisory panel called psychologically regarded



Two thirds of the 528 panel members who completed the questionnaire concurred that compulsory admission orders should continue to be allowed for situations arising in the home. But the majority of respondents would prefer to see the other types of coercive measures done away with. The panel was initiated in 2010 to improve understanding of the social and community functioning, life circumstances, and service needs and experiences of people with long-term psychiatric problems. A further aim was to give that group a clearer voice in public debates on mental health care.

### 'SUCCESSFUL TREATMENT AVOIDERS' DESCRIBE LIVING WITH PSYCHOSIS WITHOUT PROFESSIONAL CARE

A report entitled *Het gewone en het bijzondere: Een onderzoek naar ervaringskennis van succesvolle zorgmijders* (The ordinary and the extraordinary: A study of the experiential knowledge of successful psychiatric treatment avoiders) was published in April. Eighteen people with unusual sensory experiences relate how they have built fulfilling lives without help from mental health professionals. By no means everyone who hears voices or experiences a psychosis seeks professional help. Nor are all such 'treatment avoiders' a cause for concern. Some succeed in leading meaningful lives without treatment, or with a self-determined minimum of support or care.

The research results challenge prevailing perceptions of people who have psychoses. The findings not only undermine the 'sick patient' stereotype, but they also refine the current notion

of 'self-reliant self-managers' who simply resolve their symptoms without help.

### 'REGIONAL CONNECTIONS REQUIREMENT' RESTRICTS ACCESS TO SOCIAL CARE

Homeless people are sometimes deprived of services because local authorities and community support services apply stringent criteria requiring clients to have regional connections. That was revealed in September in a study in which people who had experience with homelessness tried to register with services as 'mystery guests'. 'Regional connections' is a principle that limits eligibility for local shelter and social care services to homeless people from the surrounding region. According to the Social Support Act, however, homeless people are eligible for services throughout the country. The Dutch health ministry commissioned the current study after reports that homeless people were being sent from town to town or were denied services everywhere.

The responsible state secretary Martin van Rijn has called on local authorities to make efforts to improve access, in particular by recasting existing arrangements into a formal agreement applying to the regional connections principle. We will repeat the study in 2014 to verify whether access to services has improved.

### MORE FAMILIES EVICTED

Two monitoring reports, published in September, documented policies of local governments in relation to homelessness. It emerged that more people were evicted from housing association social housing in the four largest Dutch cities in 2012 than in the previous year. Although local authorities have assigned increasingly high priority to tenancy sustainment, the financial resources available for that purpose are steadily decreasing.

The two monitoring schemes focus on the Homelessness Action Plan for Amsterdam, Rotterdam, The Hague and Utrecht and the Urban Compass action plans in the other 39 regional homeless services authorities (*centrumgemeenten*). Three of the former cities showed only a limited increase in evictions. The number of regions showing increases in evictions roughly equalled the number showing decreases.

Erp, N. van, Michon, H., Duin, D. van, & Wheegel, J. van (2013). *Ontwikkeling van de multidisciplinaire richtlijn Werk en ernstige psychische aandoeningen (Developing the multidisciplinary guidelines on employment and severe mental illness)*. *Tijdschrift voor Psychiatrie*, 55(3), 193-202.

*Services for people with severe mental illness must focus not just on their illness but also on their daily lives, their community functioning and the roles that partners in the integrated service framework can play in maintaining these. The client group in question has a work participation rate below 20%. The newly created Guidelines for Employment and Severe Mental Illness, developed on the initiative of the Dutch Association for Occupational Health (NVAB), therefore have a multidisciplinary and multisectoral orientation.*

Dom, G., Dijkhuizen, A., Hoorn, B. van de, Kroon, H., Muusse, C., Rooijen, S. van, & Wamel, A. van (eds) (2013). *Handboek dubbele diagnose (Dual diagnosis manual)*. Utrecht: De Tijdstroom.

*Practitioners in addiction services and mental health services often have clients in treatment with strongly intertwined psychiatric and addiction problems. This manual, developed by the Dutch National Centre of Expertise on Dual Disorders (LEDD), aids in the planning of integrated courses of treatment for such problems. It discusses which treatment and care options are indicated for a wide range of conditions.*

Knispel, A., Haggenburg, M., & Hoof, F. van (2013). *Landelijke Monitor intramurale GGZ: 1e meting 2012. (Nationwide monitoring report on inpatient mental health care: First assessment, 2012)* Utrecht: Trimbos Institute. *This initial tally of all psychiatric beds in the Netherlands, from large institutions and general hospital psychiatric units down to small mental health care providers, creates clarity about the types of inpatient places available and their distribution throughout the country. A monitoring scheme commissioned by the health ministry will continue to operate in the coming years to keep track of trends in the numbers and types of beds and the developments within regions.*



# MONITORING valuable data for

**INTERVIEW** Marja van Bon PhD, Programme Head, Epidemiology and National Mental Health Monitoring Programme



“

OUR EPIDEMIOLOGICAL AND MONITORING RESEARCH PROVIDES BUILDING BLOCKS FOR EVIDENCE-BASED MENTAL HEALTH STRATEGIES FOR USE IN BOTH POLICY AND PRACTICE.

In particular, our research identifies and describes problems and developments, proposes solution strategies and evaluates policy. The aim is to lay solid foundations for structured approaches in mental health and addiction services, both at the population level for policymakers and at the client level for practitioners.

The third and final wave of NEMESIS-2, the Netherlands Mental Health Survey and Incidence Study, began in late 2013. This cohort study, unique worldwide, has assessed the mental health of a representative sample of the Dutch adult population at three-year intervals. Among the topics reported on in 2013, on the basis of the first two waves, were the relationships between working conditions and mental health and the predictors of mental health problems in informal carers.

Trend reports from the National Mental Health Monitor (NMG) have investigated issues arising from the Administrative Agreement concluded by the Dutch health ministry, mental health care providers and health insurance companies in 2013. Topics included the strengthening of primary mental health care, the deinstitutionalisation of psychiatric patients, and the transparency of quality information. One finding was that there was insufficient evidence by 2012 that routine outcome monitoring (ROM) had led to quality improvements in mental health care, despite substantial steps to implement it.

To further improve the impact of all our monitoring findings on policy and practice, we will put particular emphasis in 2014 on the dissemination and implementation of the findings.

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# SCHEMES furnish POLICY AND PRACTICE

## HIGHLIGHTS 2013

### FIRST-ONSET MENTAL DISORDERS IN 191,400 DUTCH PEOPLE EACH YEAR

An estimated 191,400 people per year in the Netherlands develop a mental disorder, such as an anxiety, mood or substance use disorder, for the first time. Young, lesser-educated and lower-income people have elevated risks. Divorce, separation, death of a partner, loss of a job or a drop in income are risk factors for mental illness. These are some of the initial findings from the second wave of NEMESIS-2, the Netherlands Mental Health Survey and Incidence Study, which were announced in January.

Anxiety and mood disorders had the highest rates of incidence, followed by substance use disorders. Specific disorders included

depression, specific phobia, alcohol abuse, generalised anxiety disorder and panic disorder. Women, younger respondents, people with less education or lower incomes, people who had separated from or lost a partner, and those who had lost a job or suffered significant

declines in income had greater risks of mood disorders such as depression. The highest incidence rates for substance use disorders were seen in men, young people, lesser-educated people, lower-income people, and those who had lost a partner through separation or death.



### MOST PARENTS SUPPORT AGE LIMIT OF 18 FOR ALCOHOL AND TOBACCO

Eighty per cent of parents with children aged 12 to 13 support the raising of the Dutch age limit for the sale of tobacco and alcohol to 18. That was one conclusion reported in January in the Sentinel Survey of Parents 2011, which was conducted and reported before the final passage of legislation raising the age limit as from 2014. The study thereby underlines the firm public support for the change.

The Sentinel Survey assessed parenting behaviour with regard to tobacco, alcohol and cannabis use for the third time since 2007. The percentage setting strict smoking and drinking rules for their children under 16 continued to grow. All parents were still found to chronically underestimate their children's consumption of tobacco, alcohol and cannabis.



“The final wave of the NEMESIS-2 population survey began in late 2013.”

Graaf, R. de, Tuithof, M., Dorsselaer, S. van, & Have, M. ten (2013). Verzuim door psychische en somatische aandoeningen. (Work absenteeism due to mental and physical illness.) *Tijdschrift voor Arbeidsvraagstukken*, 29(3), 332-337.

Some conclusions in this study, based on NEMESIS-2 data, were that drug misuse, bipolar disorder, depressive disorder, digestive problems and panic disorder showed the strongest connections with work absenteeism. The total costs of sick leave per million employed people were put at €60 million for mental illness and €06 million for physical illness.

Looze, M. de, Vermeulen-Smit, E., Bogt, T. F. ter, Dorsselaer, S. A. van, Verdurmen, J., Schulten, I., Engels, R. C. M. E., & Vollebergh, W. A. (2014).

Trends in alcohol-specific parenting practices and adolescent alcohol use between 2007 and 2011 in the Netherlands. *International Journal of Drug Policy*, 25(1), 133-141.

The percentage of Dutch adolescents aged 12 to 16 who had ever drunk alcohol declined from 75% to 63% between 2007 and 2011. In the same period, parents came to consider under-16 drinking more harmful, found it easier to discuss alcohol with their children, and were more likely to set rules about alcohol use. This trend reflected the increased emphasis put on the issue by government and media in recent years.

Have, M. ten, Nuijen, J., & Graaf, R. de (2013). Ernst van de psychische aandoening als voorspeller van de aard en intensiteit van zorggebruik: Resultaten van de ‘Netherlands Mental Health Survey and Incidence Study-2’ (NEMESIS-2). (Severity of mental disorders as predictor of the nature and intensity of service use: Results from NEMESIS-2. Mental health care trend report 2012, part 2B: Accessibility and use of services). Utrecht: Trimbos Institute.

Even though Dutch mental health care in general is found to be sufficiently responsive to the severity of the patients' illness, (1) many people with relatively mild problems receive secondary mental health care, (2) many people with serious mental conditions make no use of the services, and (3) patients presenting to their GP with mental health problems are equally likely to receive referrals, and they receive similar numbers of consultations, irrespective of the severity of their illness.

# DEBATE ON regulation forms

**INTERVIEW** Franz Trautmann MSc, Programme Head, International Drugs Policy and Addiction Problems Programme



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BEYOND A DOUBT, THE MOST IMPORTANT DRUG POLICY DEVELOPMENT IN THE PAST YEAR IS THE DEBATE ON REGULATING CANNABIS CULTIVATION AND DISTRIBUTION.

**T**he removal of the production, wholesaling, retailing and consumption of cannabis from criminal codes in Uruguay, Colorado and Washington State forms a true milestone. That was unthinkable just 10 years ago.

Interesting developments are also occurring in the Netherlands. The ‘social club’ model, which Utrecht’s portfolio holder Victor Everhardt proposes to experiment with, is a good example. Several countries want to gain experience with that model, which was developed in Spain and involves a kind of not-for-profit cooperatives. It’s a positive turn of events that alternatives for drug prohibition are now under consideration and that experiments in this area are being evaluated in terms of their effects.

Bit by bit, latitude is emerging worldwide for pragmatic drug policies. That seems a logical route to follow, because policies that one-sidedly concentrate on repression have not worked. The goals formulated at the UN General Assembly Special Session (UNGASS) on drugs in 2008 – substantial reductions in the production, trade and use of illicit drugs – have clearly not been achieved. Far from that, research shows that the problems have become aggravated.

The Trimbos Institute is engaged in many international research studies on drug trade and drug policy, often as project leader. In cooperation with our partners, we’ve conducted two extensive, European Commission-funded studies on international drug markets. We are now part of ALICE RAP (Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project), a large European initiative involving more than 200 researchers from over 25 countries and from 29 research fields. Scheduled for completion in 2016, ALICE RAP conducts transdisciplinary research designed to foster innovation in policy and practice. The Trimbos Institute coordinates the research in the field of drugs policy. It’ll be very interesting to see what findings emerge and, more importantly, what will be done with the new knowledge. The next UNGASS meeting on worldwide drugs policy is scheduled for 2016. I’ll be curious to see where we stand by that time, in Europe and in the Netherlands, and what direction we’ll take after that.”

# cannabis

# A MILESTONE

## HIGHLIGHTS 2013

### SCALE OF CANNABIS MARKET IN EU NOT AS LARGE AS PRESUMED

The European Commission report entitled *Further Insights into Aspects of the EU Illicit Drugs Market*, published in April, found that the cannabis market in Europe is smaller than had previously been thought. The report analysed a range of characteristics, mechanisms and governing factors in markets for illicit drugs within the European Union. The Trimbos Institute led the study.

Markets for illicit drugs follow the same economic principles as legal markets. They are subject to economic laws such as the scaling up of production, globalisation of supply and market diversification. Another similarity is that most disputes and potential conflicts appear to be settled through negotiation rather than violence.

### INTERNATIONAL RESEARCH IN HEALTH ECONOMICS

The Centre of Mental Health and Economic Evaluation (CMHEE) at the Trimbos Institute conducted or initiated a number of international research studies in 2013. For the World Health Organization (WHO), it published two health economics reports on the prevention of depression, one of them in cooperation with the London School of Economics. It also collaborated with Leuphana University in Germany in several evaluations of e-health services for prevention and early intervention with respect to alcohol use, depression and anxiety disorders.

In rural India, we assisted in an economic sustainability project to improve the accessibility of mental health care. Village inhabitants received training via information videos on their mobile phones on effectively recognising mental disorders. Investment was also made in improved referral pathways to professional care.

In developing guidelines on bipolar disorder, we worked together with the National Institute for Health and Care Excellence (NICE) in the UK. We collaborated with Deakin University in Australia to develop advanced simulation models for health economics.

### TWINNING PROJECT IN MONTENEGRO

In September, implementation began of an EU-funded twinning project in which the Netherlands supports Montenegro in improving mental health care provision. Working with mental health professionals from the North-Holland-North Mental Health Services and agencies in Utrecht and Amsterdam, the Trimbos Institute trained nursing staff working in Montenegrin mental health services in providing evidence-based care. Particular attention was devoted to the FACT method, a broader-ranging Dutch variant of assertive community treatment (ACT). Psychiatrists and psychologists received training in cognitive-behavioural therapy, family therapy and motivational interviewing. A national centre for mental health was founded to oversee the further implementation and monitoring of the initiated reforms.

### JOINT EU ACTION PLAN FOR MENTAL HEALTH AND WELL-BEING

February marked the start of the European Union's Joint Action for Mental Health and Well-Being. The Trimbos Institute and Semmelweis University in Hungary assumed the leading role in the subproject on depression prevention, suicide and e-mental health. A mapping exercise was carried out to identify the most important stakeholders on these topics within the EU and to document the status quo. An initial report will be issued in 2014. 

**Petrea, I., & McCulloch, A. (2013). *Mental health*. In J. P. Mackenbach & M. McKee (eds), *Successes and failures of health policy in Europe: Four decades of divergent trends and converging challenges*, pp. 193-213. Maidenhead: Open University Press, McGraw-Hill Education, 2013.**

*Which European countries have pursued evidence-based mental health care policies in the past four decades, what determinants can be identified for successes and failures, and what factors contribute the most to good health? Special focuses are on suicide prevention and anti-stigma programmes.*

**Pot, A., & Petrea, I. (2013). *Improving dementia care worldwide: Ideas and advice on developing and implementing a National Dementia Plan*. London: Bupa / Alzheimer's Disease International.**

*This report examines the content of national dementia plans, makes recommendations on how countries can develop such plans, and summarises factors that can facilitate or hamper implementation. National dementia plans in seven countries (Australia, France, Netherlands, Norway, South Korea, UK, USA) are taken as examples. The report is now used in the training courses of Alzheimer's Disease International and is available in English, French and Brazilian Portuguese.*

# PREVENTING WHO'S IN

**INTERVIEW** Brigitte Boon PhD, Programme Head, Public Mental Health Programme



“We’re preparing a plan of action for depression prevention.”

“

THE MOST IMPORTANT DEVELOPMENTS IN THE PAST YEAR WERE THE ADMINISTRATIVE AGREEMENT CONCLUDED BY THE HEALTH MINISTRY, MENTAL HEALTH CARE PROVIDERS AND HEALTH INSURANCE COMPANIES AND THE LAUNCH OF A NEW SYSTEM OF PRIMARY MENTAL HEALTH CARE. ONE QUESTION THIS RAISES INVOLVES THE TYPE OF SETTING WHERE INDICATED PREVENTION ACTIVITIES WILL TAKE PLACE.

**T**he programmes were formerly provided by the disease prevention sections of secondary mental health care agencies. Indicated prevention interventions are now to be delivered by GPs and mental health practice nurses, at least for common conditions such as depression, anxiety and alcohol misuse.

A key issue is how to fit the already existing effective interventions into the primary care environment. Many interventions in the Dutch field of mental health care have been standardised and evaluated in randomised controlled outcome studies, often in cooperation with the Trimbos Institute, and this has resulted in an outstanding arsenal of evidence-based interventions. These have been entered into the databank of the Centre for Healthy Living at the National Institute of Public Health and the Environment (RIVM). Can these still be provided in their current formats and under the new funding arrangements, or will they need to be adapted? If adaptation is necessary, how can quality and effectiveness be preserved? And a further open question is who in the primary sector will be responsible for the prevention of mental health problems and for quality assurance. There’s a risk of fragmentation, whereby effective interventions will no longer reach their target groups because it’s unclear who’s responsible. There’s a lot of apprehension about where that will wind up.

Specifically in the case of depression prevention, we’ll be working in the coming year to draw up a plan of action. This arises from the National Health Promotion Programme initiated by the Dutch health ministry, which singles out a number of high-risk groups for depression: postpartum mothers, children who have parents with mental health or addiction problems, vocational school pupils, primary care patients with depressive symptoms, workers in stressful occupations, people with long-term illnesses, and informal carers. At the request of the ministry, we’re documenting what provisions are needed to avert depression in each of those target groups, which health care providers ought to be engaged, and what staffing levels will be required to accomplish this. We hope our efforts will help to extend the reach of depression prevention services and to make clear which providers are responsible for which services.

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# mental illness: CHARGE?

## HIGHLIGHTS 2013

### SYMPTOM-FOCUSED MINI-INTERVENTIONS: SLEEP, WORRY AND STRESS

Sleep disturbances, rumination and stress are common symptoms that are known to be linked to depression and anxiety and which entail high costs in terms of service use and work absenteeism. In recent years, in cooperation with various partners, we had developed symptom-targeted mini-interventions to address these problems. In 2013, web-based variants were introduced. The online programmes consist of limited numbers of modules and tools that participants can work with on their own. Such interventions can also be delivered as blended variants by mental health care professionals, who provide one or two face-to-face therapeutic sessions in combination with the online procedures.

Most of the techniques contained in the symptom-targeted mini-interventions are derived from widely used therapeutic interventions that have been shown effective in preventing depression and anxiety. Exercise folders containing clear instructions and worksheets for course participants make it easier for them to perform the course exercises in which they practice the suggested techniques. An outcome study will be carried out in 2014 to evaluate the practical applicability of the interventions and their effects on the symptoms.

### IMPROVEMENT PROJECT COMPLETED ON MILD LEARNING DISABILITIES AND ADDICTION

A project to improve services for addiction problems in people with mild intellectual disabilities, initiated in 2012, was completed in April 2013. The main purpose was to ensure that more agencies serving people with disabilities had appropriate policies in place and services available for clients with mild learning disabilities when it came to prevention, care and treatment for alcohol and drug misuse. The improvement project was largely successful. These are the outcomes in a nutshell:

- A greater number of agencies set out visions and policies concerning alcohol and drug use by their clients.
- Practitioners and behavioural experts in the agencies widened their knowledge about problem alcohol and drug use.

- Addiction services and disability services became better acquainted with one another at both local and national levels.
- All information about the project is available on the Dutch website entitled Kennisplein Gehandicaptensector:  
[www.kennispleingehandicaptensector.nl](http://www.kennispleingehandicaptensector.nl)

### SCOPING STUDY ON DEPRESSION PREVENTION

In December, our scoping study entitled *Depressiepreventie: Stand van zaken, nieuwe richtingen* (Depression prevention: State of affairs, new directions) was published.

The study was commissioned by the Netherlands Organisation for Health Research and Development (ZonMw) and conducted in cooperation with the VU University Medical Centre and the University Medical Centre Groningen. An important question was what types of research can promote more effective prevention of depressive illness.

Two of the hurdles faced by depression prevention efforts, as identified in the report, were (1) the need to expand the reach (and thereby the impact) of the programmes in order to improve, protect and maintain the mental health of the general population and (2) the need to do so in highly cost-effective ways, due partly to the economic crisis. Briefly, there is a demand for more health gains for less money. This causes tensions. How to devise prevention measures that are broader and more cost-effective at the same time? It is a formidable challenge: can we succeed in protecting and maintaining the mental health of the Dutch population in ways that are economically sustainable? 



**Bolier, L., Haverman, M., Kramer, J., Westerhof, G. J., Riper, H., Walburg, J. A., Boon, B., & Bohlmeijer, E. (2013) An Internet-based intervention to promote mental fitness for mildly depressed adults: Randomized controlled trial. *Journal of Medical Internet Research* 15(9):e200. doi:10.2196/jmir.2603**

*Psyfit is an online self-help course that helps people to maintain their mental fitness. This study, in which course participants were randomly assigned to an intervention group and a waitlist control group, found Psyfit to be effective in improving feelings of well-being in the short term and in reducing symptoms of anxiety and depression in the short and longer term.*

**Lokkerbol, J., Adema, D., Cuijpers, P., Reynolds, C. F., III, Schulz, R., Weehuizen, R., & Smit, F. (2013). Improving the cost-effectiveness of a healthcare system for depressive disorders by implementing telemedicine: A health economic modeling study. *American Journal of Geriatric Psychiatry*. doi: advance online publication. 10.1016/j.jagp.2013.01.058**

*Investing in prevention can make the management of depression more cost-effective. That conclusion was reached in a cost computation using a health economic simulation model, whereby epidemiological evidence on depression was compared with evidence on clinical effectiveness and treatment costs.*

**Zanden, R. van der, Galindo-Garre, F., Curie, K., Kramer, J., & Cuijpers, P. (2013). Online cognitive-based intervention for depression: Exploring possible circularity in mechanisms of change. *Psychological Medicine*, 18 July, 1-12.**

*This study of 244 participants in a randomised controlled trial of the Master Your Mood online intervention for young people with depressive symptoms appears to confirm the hypothesis that the recovery process in depression is circular in nature. High comorbidity of depression and anxiety was found, and mediation analysis revealed reciprocal influence between changes in depression and anxiety symptoms and changes in mastery (perceived control over one's own life).*

# M-HEALTH, sensor games: NEW PROSPECTS and

**INTERVIEW** Katherina Martín Abello BA, Programme Head, Innovation Centre of Mental Health and Technology (I.COM)



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MORE AND MORE PEOPLE ARE WORKING TO IMPROVE THEIR PHYSICAL AND MENTAL HEALTH BY USING APPS ON THEIR MOBILE PHONES OR TABLETS. A NUMBER OF STUDIES INDICATE THAT MOBILE HEALTH, M-HEALTH OR, BETTER STILL, DIGITAL HEALTH IS THE WAY OF THE FUTURE.

**T**his was confirmed once more in 2013 in our pilot project to test the use of an application called Robbin that we developed for patients with breast cancer. Patients can make use of this app during their treatment to give one another psychological support and to strengthen their mental fitness. We found that it was used intensively and was highly valued.

The development of costly online programmes for use via computers is expected to further decline, while the production of health apps will expand. The Trimbos Institute must go with this trend, even if it means cannibalising some of the online interventions we've already developed. We're now actively exploring the many possibilities offered by smartphones, sensors, public data resources (such as traffic information or weather and news reports), or combinations of these, to enhance e-mental health programmes. We are also focusing on persuasive technologies and on new ways of providing apps and programmes so as to make them more attractive and accessible to a variety of groups. Examples are serious games.

New independent testing procedures will be essential so that users can be sure that their health apps and web-based programmes are trustworthy and useful. We've developed the Onlinehulpstempel quality seal and have approved an initial group of programmes. However, the people providing such interventions won't feel a pressing need to apply for the seal until consumers themselves demand that *en masse*.

”

# technology and serious for mental health addiction services

## HIGHLIGHTS 2013

### QUALITY SEALS FOR WEB-BASED HELP AWARDED

In July, we awarded our first seals of approval for web-based help, known as Onlinehulpstempels, to the Dutch Internet programmes *Alcohol en ik* 'alcohol and me' and *Praten Online*. The endorsements certify that the programmes meet the quality criteria for e-mental health interventions. The Onlinehulpstempel



is a quality seal designed to provide clarity to consumers and health professionals about the quality of online programmes for mental health care.

The seal of quality was commissioned by the Dutch health ministry. It was developed in collaboration with mental health professionals that were involved in Dutch e-mental health from the outset. The following organisations take part in the Onlinehulpstempel programme: 113 Online, Altrecht Institute for Mental Health Care, the Academic Medical Centre of the University of Amsterdam, Dimence Institute of Mental Health, GGZ Nederland (the professional association of the Dutch mental health and addiction sector), Interapy, North-Holland-South Child and Adolescent Mental Health Service (Jeugdriagg), Lentis Mental Health Care, E-hulp.nl Foundation, Netwerk Online Hulp, Tactus Addiction Treatment, Netherlands Organisation of Applied Scientific Research (TNO), Trimbos Institute and VNN Addiction Care Northern Netherlands.

Further information in Dutch:

[www.onlinehulpstempel.nl](http://www.onlinehulpstempel.nl)



### ROBBIN, AN APP FOR BREAST CANCER PATIENTS

In October, we presented Robbin, the first tablet and smartphone app designed to strengthen the mental fitness of people with breast cancer.

It facilitates contacts with fellow patients during the diagnostic and treatment phases, boosts their

stamina and gives them psychological support. It is based on principles of mental fitness, cognitive-behavioural therapy and mindfulness.

Robbin has been nominated for the Spider Award, an endorsement from the health care promotion organisation Zorgvisie ICT for the most innovative and effective IT project in the health care sector. Robbin was funded by the Pink Ribbon Foundation. Further information: [www.metrobbin.nl](http://www.metrobbin.nl)



### STRENGTHENING THE PARENTAL ROLE ALLEVIATES MENTAL HEALTH PROBLEMS IN CHILDREN AND PARENTS

We developed the web-based self-help parenting programme *KopOpOuders* (chin up, parents) for parents with mental health problems and reduced parenting capabilities. The five online modules launched in October provide low-level, effective parenting support. Some 405,000 Dutch parents every year experience mental health or addiction problems. Children of such parents (sometimes referred to as COPMI children) have an elevated risk of developing mental health issues themselves. One cause of this lies in the impaired childrearing abilities of the parents who have problems. The module was developed in cooperation with parents and with the Dutch mental health promotion and addiction prevention sectors. It was funded by the Achmea Foundation and the Rabobank Foundation. It focuses on helping parents to strengthen protective factors in their children's lives. 

**Smeets, O., & Pranger, M. (2013). Resultaten project Bewustwordingsprogramma depressiepreventie: Toeleiding naar de portal Mentaalvitaal.nl. (Results of the project Depression Prevention Awareness Programme: Signposting users to the Mentaalvitaal.nl portal). Utrecht: Trimbos Institute.**

From late 2010 to early 2013, we undertook activities to publicise the online portal Mentaalvitaal.nl. A total of 370,000 people visited the site in the course of that time. Frequently viewed topics were grief, depression, anxiety disorders and relaxation. The depression test was the most popular of the online tools provided. The two highest-scoring online exercises were Stop Worrying and Positive Thoughts.

**Martín Abello, K., & Petrea, I. (in press). E-health: Scope and potential in mental health care in Europe. Copenhagen: WHO Regional Office for Europe.**

This article reviews the aims, availability and potentials of various types of e-mental health interventions available in Europe, including programmes for psychoeducation, screening, self-management, self-help and telecoaching. It explores opportunities, challenges and possibilities for the fuller integration of e-mental health into both primary and specialised care settings.

**“M-health is the way of the future!”**

# CLOSE CONTACT

**INTERVIEW** Annemarie Pijnappel-Kok, Head of Public Information Service



“OUR PERSONAL CONTACT WITH THE PUBLIC IS INVALUABLE TO US! IT HELPS US STAY GROUNDED IN PRACTICE.

**W**e need to translate the latest research findings into readily accessible, practical solutions for ordinary people. To reach as many people as possible, we employ all conceivable channels, including telephone, Internet, social media and discussion forums. We talk to people that are struggling with their use of alcohol or drugs, with parents that can't cope with their adolescents' behaviour and with practitioners that need advice about a specific treatment option. We even make use of experiential narratives: as part of our Addicted to You project, which helps friends and relatives of people with substance dependence find mutual support via a Facebook page, we invited them to write poetry on the day before Valentine's Day.

In 2013, our smoking information telephone service Roken Info Lijn was opened as an integral part of the existing Alcohol and Drugs Information Line, and the smoking information website [www.rokeninfo.nl](http://www.rokeninfo.nl) also went online. Working with the Mikado knowledge centre for intercultural mental health, we evaluated it as well as our alcohol and drugs information websites to improve accessibility for people from different cultures or people with limited reading abilities. We produced short videos for young people about waterpipes and about ways to stop smoking. These are all examples of how we find different means of communicating with different target groups to get our messages across.

In the coming year, we'll continue to extend the reach of our information services to make sure more people get objective information. We also plan to further develop the topics of behavioural addictions (gaming, Internet, social media) and 'nightlife education' aimed at promoting healthy nightlife. Online media are increasingly part of every aspect of life, and we receive more and more enquiries about how to deal with problem behaviours connected with them. This is new territory for the Trimbos Institute and we're keen to find out what we can contribute.

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# with the public IS INVALUABLE

## HIGHLIGHTS 2013

### FACTS AND FIGURES

The Public Information Service of the Trimbos Institute provides information on alcohol, drugs and tobacco via a telephone helpdesk and three websites: [www.alcoholinfo.nl](http://www.alcoholinfo.nl),

[www.drugsinfo.nl](http://www.drugsinfo.nl) and

[www.rokeninfo.nl](http://www.rokeninfo.nl). The busiest of these is our alcohol website, with more than 500,000 visitors per year, followed by the drugs and the tobacco websites. Most telephone queries are about drugs, followed by tobacco, whilst telephone alcohol queries only come in third.



We reach out to our target groups through many other online channels as well, from Facebook and Twitter to online forums such as the Partyflock house music forum and the Drugsforum, where we respond to questions posted by young people from groups that are notoriously difficult to reach.

### SMOKING INFORMATION AND SMOKING CESSATION DIRECTORY

In January 2013, the public information website [www.rokeninfo.nl](http://www.rokeninfo.nl) went online and the smoking information telephone service Roken Info Lijn was opened. The website provides educational

information to the general public about smoking and about how to stop. One section specifically targets health professionals and provides an overview of smoking cessation interventions.

An intercultural evaluation of the new public information website on smoking was carried out in cooperation with the Mikado knowledge centre to ensure it would respond to the needs of people from various cultural backgrounds and socioeconomic classes in Dutch society. The results of the evaluation were integrated into the website.

A new directory called the Sociale Kaart went online in September that can serve as a guide to the effective smoking cessation interventions available in various regions of the country. It includes a listing of smoking cessation practitioners and professionals with knowledge and expertise about effective and intensive methods to help people stop smoking. J

Dekker, N., de Josselin de Jong, S., van der Wulp, NY, van Bijsterveldt, M., *Wat je moet weten over alcohol en roken vóór, tijdens en na de zwangerschap*. (What you need to know about alcohol and smoking before, during and after pregnancy), product number PFG79053, Trimbos Institute, 2013.

*This new booklet is designed for people planning for parenthood. Most women know that smoking and drinking during pregnancy is harmful to their child. But what exactly can go wrong? And does it hurt if you just smoke or drink occasionally?*



# NETHERLANDS CENTRE CONTROL RESEARCH

**INTERVIEW** *Margriet van Laar PhD, Programme Head, Drug Monitoring Programme*



“ AT THE REQUEST OF THE DUTCH HEALTH MINISTRY, THE TRIMBOS INSTITUTE JOINED THE SMOKING PREVENTION EFFORT IN 2013. THE NETHERLANDS CENTRE FOR TOBACCO CONTROL RESEARCH (NET) WAS ESTABLISHED, AND GENERAL INFORMATION FOR SMOKERS AND HEALTH PROFESSIONALS IS NOW PROVIDED VIA [WWW.ROKENINFO.NL](http://WWW.ROKENINFO.NL).

In 2013, one quarter of the Dutch population smoked, the same percentage as a year earlier. Statistics from other countries show that lower rates are possible. We have therefore banded together with a broad group of partners – including the Netherlands Smoke-Free Alliance, the Dutch Cancer Society, the Netherlands Heart Foundation, the Lung Foundation Netherlands, the Stop Smoking Partnership and other organisations – to bolster one another’s knowledge and expertise and to jointly support the effort to further reduce the number of smokers.

NET began its work at the Trimbos Institute in 2013. Its aim is to consolidate and disseminate the available systematic knowledge on tobacco addiction and smoking deterrence. That is especially important for the development of effective interventions and policies. We design and implement smoking prevention programmes, analyse population trends in smoking behaviour, and provide educational information to the general public and to health professionals via [www.rokeninfo.nl](http://www.rokeninfo.nl).

In 2014 we plan to carefully monitor and analyse trends relating to alternative tobacco and smoking products like e-cigarettes and waterpipes. What exact risks do they carry for smokers and their surroundings? Does the use of such products serve to normalise smoking? Do e-cigarettes help people stop smoking? We will also work to safeguard the quality of evidence-based interventions and to promote their broader implementation. Much progress is still to be made there. Another priority focus will be on the youth. The interventions now available don’t really resonate with young people, so an innovative strategy is needed. We see that as a challenge. We intend to investigate whether technological m-health approaches that are compatible with youthful mindsets could be helpful in smoking prevention and cessation.”

# FOR TOBACCO off to a flying start

## HIGHLIGHTS 2013

Laar, M. W. van, & Blankers, M. (2013) **Interventies stoppen met roken jongeren: Factsheet 2013. (Smoking cessation interventions for the youth: 2013 fact sheet). Utrecht: Trimbos Institute.**

The Netherlands Centre for Tobacco Control Research (NET) at the Trimbos Institute has catalogued the interventions currently available for young people who want to stop smoking and has ascertained what is known about their effectiveness. This fact sheet cites systematic evidence to answer a range of questions about such smoking cessation interventions. The Dutch age limit for buying tobacco has been raised to 18, an additional reason to encourage young smokers to quit.



Pol, P. van der, Liebrechts, N., Graaf, R. de, Have, M. ten, Korf, D. J., Brink, W. van den, & Laar, M. van (2013). Mental health differences between frequent cannabis users with and without dependence and the general population. *Addiction*, 108(8), 1459-1469. doi:10.1111/add.12196

This study of 600 young adults aged 18 to 30 who had been smoking cannabis three or more times a week for at least one year distinguished two groups: those who were addicted to (dependent on) cannabis and those who were not. The two groups were compared to 1027 peers of similar age who used little or no cannabis. The mental health of the non-addicted frequent cannabis users was found to be comparable to that of average members of the comparison group, whereas the addicted users were more likely to suffer from depression and anxiety. It could not be determined whether these were a cause or consequence of the addiction.

Laar, M. W. van, Cruts, A. A. N., Ooyen-Houben, M. M. J. van, Meijer, R. F., Croes, E. A., Ketelaars, A. P. M., Verdurmen, J. E. E., & Brunt, T. (2013). *Nationale Drug Monitor: Jaarbericht 2012. (Netherlands National Drug Monitor: Annual report 2012). Utrecht: Trimbos Institute.*

In the Netherlands there are numerous monitoring schemes that keep track of trends in the use of drugs, alcohol and tobacco. The annual reports of the National Drug Monitor (NDM) provide up-to-date overviews of this continuous stream of monitoring data. The 2012 annual report is the thirteenth edition.



“What risks do e-cigarettes carry?”



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- Brunt, T. M. (2013, Mei).** *Strengths and weaknesses of price, purity and adulteration data*. Presentatie Testing the waters: First international multidisciplinary conference on detecting illicit drugs in wastewater, Lissabon.
- Brunt, T. M. (2013, September).** *Drug testing as a tool for market monitoring and harm reduction in the Netherlands: the Drug and Information System (DIMS)*. Presentatie NIGHTS 2013: Health, Pleasure & Communities, Padova.
- Brunt, T. M. (2013, November).** *Drugsgebruik bij thuis- en daklozen*. Workshop. Situatie thuis- en daklozen., Harderwijk.
- Brunt, T. M. (2013, December).** *Welke drugs en welke ziekten bij dubbele diagnose*. Training. Dubbele diagnose, Utrecht.
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- Notten, N., Bogt, T. ter, Roos, S. de, & Dorsselaer, S. van (2013, Mei).** *(Un)healthy lifestyles and overweight: The relevance of parenting, media and school policy for adolescents' BMI-score.* Presentatie Dag van de Sociologie, Nijmegen.
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- Verdurmen, J. (2013, April).** *Roken onder jongeren: Cijfers en trends uit het Peilstationsonderzoek 2011, ESPAD 2011 en HBSC 2009.* Presentatie Studiedag Tabakspreventie en Jeugd, Utrecht.
- Verdurmen, J. (2013, November).** *Monitoring van roken in Nederland, stand van zaken en toekomstige ontwikkelingen.* Presentatie Congres Nederlands Netwerk voor Tabaksonderzoek, Utrecht.
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## PUBLICATIONS Innovation Centre of Mental Health and Technology (I.COM)

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- Fischer, E. (2013, Januari).** *Boost your mood: An online mental fitness intervention for young people.* Presentatie bezoek Schotse delegatie aan het Trimbos-instituut, Utrecht.
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- Fischer, E., & Splunteren, P. van (2013, November).** *Verleiden met e-technology: Van serious gaming tot social media.* Workshop KIZ congres, Arnhem.
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- Kramer, J. (2013, September).** *E-mental health in Nederland.* Plenaire presentatie Prinsjesdagsymposium SGB0, Nijmegen.
- Kramer, J. (2013, April).** *E-mental health.* Presentatie EU Conference Joint Action on Mental Health and Well-being, WP 4, Depression, Suicide and e-Health, Budapest.

- Kramer, J. (2013, Januari).** *Drinking less.* Presentatie Invitational Conference NHS Schotland, Utrecht.
- Martin Abello, K., & Smeets, O. (2013, Juni).** *Digitale zorg zelf doen: Wat kan je zelf doen bij psychische problemen? Van drinktest & drugdancer tot hulp bij depressie en angst.* Workshop Digitale Zorgevent, Utrecht.
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- Martin Abello, K., & Smeets, O. (2013, April).** *Kwaliteit, effectiviteit en innovatie.* Plenaire lezing op Landelijke studiedag E-mental health., Amersfoort.
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- Smeets, O., & Wind, L. (2013, November).** *E-mental health bij de huisarts.* Presentatie Bijscholingsbijeenkomst GGZ Stadsmaatschap Utrecht, Utrecht.
- Smeets, O. (2013, September).** *Different care forms: From experience into practice!* Interne presentatie Philips, Utrecht.
- Smeets, O. (2013, Juni).** *E-GGZ Kwaliteitskeurmerk: Onlinehulpstempel.* Workshop Congres Kennisplatform internettoepassingen voor preventie en zelfhulp in de GGZ, Utrecht.
- Smeets, O. (2013, Mei).** *Onlinehelpstamp: Quality seal for E-mental health interventions.* Webinar projectteam WHO, Utrecht.
- Smeets, O. (2013, Maart).** *E-mental health: Sociale zorg!* Presentatie Regiobijeenkomst Oost-Nederland Sociaal Psychiatrisch Verpleegkundigen, Wezep.
- Smeets, O. (2013, Maart).** *E-mental health, wat betekent dit voor uw praktijk?* Workshop voorjaarschool NSPOH, nascholing voor bedrijfsartsen, Apeldoorn.
- Smeets, O. (2013, Januari).** *Colour your life.* Presentatie Invitational Conference NHS Scotland, Utrecht.
- Smeets, O. (2013, Januari).** *General introduction e-mental health.* Presentatie Invitational Conference NHS Scotland, Utrecht.
- Walburg, J., & Haverman, M. (2013, September).** *Flourishing St. Maarten.* Workshop congres Transforming Care, Sint Maarten.
- Walburg, J., & Haverman, M. (2013, Oktober).** *Positive schools: Strengthening resilience, improving flourishing.* Workshop Congres Transforming Care, Sint Maarten.
- Walburg, J., & Haverman, M. (2013, Oktober).** *Resilience and addiction prevention.* Plenaire lezing Congres Transforming Care, Sint Maarten.
- Zanden, R. van der, Haverman, M., & Nobelen, J. van der (2013, December).** *Focus op ouders met psychische problemen en/of verslavingsproblemen.* Presentatie Preventieoverleg GGZ, Utrecht.
- Zanden, R. van der, Galindo-Garre, F., Curie, K., Kramer, J., & Cuijpers, P. (2013).** *Online cognitive based intervention for depression: Exploring possible circularity in mechanisms of change.* Utrecht: Trimbos-instituut.

## PUBLICATIONS *Internationalisation*

**Trautmann, F. (2013).** Key trends of the illicit drugs market and drug policy in the EU: What do experts anticipate for the coming years? In F. Trautmann, B. Kilmer, & P. Turnbull (Eds.), *Further insights into aspects of the EU illicit drugs market: Summaries and key findings* (pp. 41-43). Luxembourg: Publications Office of the European Union.

**Trautmann, F., Kilmer, B., & Turnbull, P. (2013).** *Further insights into aspects of the EU illicit drugs market* Brussels: European Commission.

**Trautmann, F. (2013, November).** *Developing National Drug Policies in the Central Asia Drug Action Programme (CADAP) – Phase 6*. Presentatie EU-Central Asia Senior Officials Dialogue on Drugs, Brussel.

**Uitterhaegen, B. F. G. (2013, December).** *Drugs prevention among young people*. Presentatie Bezoek delegatie Saudi Arabië, Trimbos-instituut, Utrecht.

**Uitterhaegen, B. F. G. (2013, November).** *Drug prevention and education among young people through social networking in Europe*. Presentatie Ministerie van Volksgezondheid, Welzijn en Sport, Den Haag.

**Uitterhaegen, B. F. G. (2013, Maart).** *On new synthetic drugs: Identification and health effects*. Workshop Ministry of Interior, Forensic Department, Ministry of Health and Medical Faculty, Skopje, Macedonia.

**Uitterhaegen, B. F. G. (2013, Oktober).** *Action plan on drugs*. Presentatie Police Directorate & Ministry of Health, Podgorica, Montenegro.

## Presentations & training

**Trautmann, F. (2013, Maart).** *Further insights into aspects of the EU illicit drugs market*. Presentatie bij CND, Wenen.

**Trautmann, F. (2013, April).** *Understanding changes in governance practice*. Presentatie ALICE RAP General Meeting, Barcelona.

**Trautmann, F. (2013, Mei).** *Drug prevention and treatment in the Netherlands: Continuum of care*. Presentatie The Second Regional Symposium on Drugs Control and Information Exchange, Riyadh Saudi Arabië.

**Trautmann, F. (2013, Mei).** *Key trends of the illicit drugs market in the EU: What do experts anticipate for the coming years?* Presentatie Seventh Annual Conference of the International Society for the Study of Drug Policy (ISSDP), Bogota Colombia.

**Trautmann, F. (2013, Juni).** *Converging and diverging trends in European drug policies drug control policy: The European perspective*. Presentatie International Symposium, Florence.

**Trautmann, F. (2013, Juni).** *Drug use: Change from the crime to the health/illness paradigm. NAPDI - New Approaches in Drug Policy & Interventions*. Presentatie Innovative cocaine and poly drug abuse prevention programme Experts' seminar, Florence.

**Trautmann, F. (2013, September).** *Trends in the EU drugs market en drug policy: Implications for responses*. Presentatie Symposium The EU Drugs Strategy 2013-2020: Combating Illicit Trafficking and Substance Misuse, Brussel.

**Trautmann, F. (2013, Oktober).** *Assessing the effectiveness of drug policy: National Drugs Monitoring System in Croatia*. Presentatie TAIEX Workshop, Zadar Croatië.

**Trautmann, F. (2013, Oktober).** *How to assure/improve service quality: Going beyond quality standards*. Presentatie Scottish Drugs Forum, 2013 AGM Conference Building the road to recovery, Glasgow.

**Trautmann, F. (2013, November).** *Drug demand reduction in the Netherlands*. Presentatie EU-Central Asia Senior Officials Dialogue on Drugs, Brussels.

## PUBLICATIONS Programme on Ageing

- Asch, I. van, Willemse, B., & Pot, A. M. (2013).** Ouderen online? Hulpverlening voor ouderen via internet. *PsychoPraktijk*, 5(1), 34-37.
- Asch, I. F. M., Nuyen, J., Veerbeek, M. A., Frijters, D. H. M., Achterberg, W. P., & Pot, A. M. (2013).** The diagnosis of depression and use of antidepressants in nursing home residents with and without dementia. *International Journal of Geriatric Psychiatry*, 28(3), 312-318. doi:10.1002/gps.3830
- Blom, M. M., Bosmans, J. E., Cuijpers, P., Zarit, S. H., & Pot, A. M. (2013).** Effectiveness and cost-effectiveness of an internet intervention for family caregivers of people with dementia: Design of a randomized controlled trial. *BMC Psychiatry*, 13(17). doi:10.1186/1471-244x-13-17. Retrieved from <http://www.biomedcentral.com/content/pdf/1471-244x-13-17.pdf>
- Bos, M. (2013).** *Agreement between resident and proxy assessments of quality of life in Korsakoff's syndrome and other alcohol related cognitive disorders.* Amsterdam: VU. (Masterthese).
- Burg, P. van der (2013).** *Toegepaste psychologie.* Amsterdam: Hogeschool Amsterdam. (Scriptie)
- Groot Zwaaftink, R., & Veerbeek, M. (2013).** Met andere ogen: Twee jaar Alzheimer Experience. *Denkbeeld: Tijdschrift voor Psychogeriatric*, 25, 7-9.
- Keehnen, C. (2013).** *Als de familie participeert: Een exploratief onderzoek naar familieparticipatie in woonvoorzieningen voor mensen met dementie en de relatie tot de arbeidsbelasting van verzorgenden.* Utrecht: Universiteit Utrecht.
- Lange, J. de, Willemse, B., Smit, D., & Pot, A. M. (2013).** Het geheim van de succesvolle woonvoorziening: De Monitor Woonvormen Dementie (3). *Denkbeeld: Tijdschrift voor Psychogeriatric*, 25(4), 26-29.
- Lange, J. de, Deusing, E., Peeters, J., Francke, A., & Pot, A. M. (2013).** De kunst van case management: 10 Succesfactoren volgens mantelzorgers. *Denkbeeld: Tijdschrift voor Psychogeriatric*, 25(1), 26-29.
- Leven, N. van 't, Prick, A. J. C., Groenewoud, J. G., Roelofs, P. D. D. M., Lange, J. de, & Pot, A. M. (2013).** Dyadic interventions for community-dwelling people with dementia and their family caregivers: A systematic review. *International Psychogeriatrics*, 25(10), 1581-1603. doi:10.1017/s1041610213000860
- Pot, A. M., & Asch, I. F. M. van (2013).** *Veerkracht bij ouderen.* B-these Klinische Ouderenpsychiatrie VU.
- Pot, A. M. (2013).** Mantelzorgers voor mensen met dementie onder druk. *Telegraaf*, 27 mei 2013.
- Pot, A. M. (2013).** Maatschappelijke beroering over extramuralisering in de ouderenzorg. In *Jaarverslag 2012* (pp. 10-14). Utrecht: Trimbos-instituut.
- Pot, A. M. (2013).** Improving nursing home care for dementia: Is the environment the answer? Editorial. *Ageing & Mental Health*, 17(7), 785-787. doi:10.1080/13607863.2013.828679
- Pot, A. M., Vink, M., & Kuin, Y. (2013).** Richtlijnen en protocollen: Specifieke aandachtspunten bij ouderen. *PsychoPraxis: De praktijk van de GGZ*, 5(1), 30-33.
- Pot, A. M., Smit, D., Willemse, B., & Lange, J. de (2013).** Partners in de Zorg? De Monitor Woonvormen Dementie (2). *Denkbeeld: Tijdschrift voor Psychogeriatric*, 25(3), 34-35.
- Roosendaal, L. (2013).** *Effects of family participation on caregiver satisfaction and burden in long term care facilities for people with dementia.* Amsterdam: VU. (Masterthesis).
- Sterke, M. de (2013).** *The influence of neuropsychiatric symptoms.* Amsterdam: VU. (Masterthesis).
- Verbeek, M., Stirbu-Wagner, I., Verhaak, P., & Nuijen, J. (2013).** Huisartsenzorg voor volwassenen en ouderen met psychische problemen tussen 2002-2010. In J. Nuijen (Ed.), *Trendrapportage GGZ 2012. Deel 2A: Toegang en zorggebruik.GGZ in de eerste lijn* (pp. 19-54). Utrecht: Trimbos-instituut.
- Verbeek, M., Nuijen, J., Smit, D., Emmen, M., & Verhaak, P. (2013).** Volwassenen bij de eerstelijnspsycholoog in 2010: Kenmerken en geboden hulp. In J. Nuijen (Ed.), *Trendrapportage GGZ 2012. Deel 2A: Toegang en zorggebruik GGZ in de eerste lijn. De rol van de huisarts en de eerstelijnspsycholoog* (pp. 55-82). Utrecht: Trimbos-instituut.
- Verbeek, M., Oude Voshaar, R., Depla, M., & Pot, A. M. (2013).** Mental health care Monitor Older adults (MEMO): Monitoring patient characteristics and outcome in Dutch mental health services for older adults. *International Journal of Methods in Psychiatric Research*, 22(2), -100-109. doi:10.1002/mpr.1386
- Verbeek, M. A. (2013).** Onderzoek naar zorgmodel Eindhoven. *Eindhovens dagblad*, 28 november 2013.
- Verbeek, M. A., Oude Voshaar, R. C., & Pot, A. M. (2013).** Psychometric properties of the Dutch version of the Health of the Nation Outcome Scales for older adults (HoNOS 65+) in daily care. *International Journal of Nursing Studies*, 50(12), 1711-1719. doi:10.1016/j.ijnurstu.2013.05.004
- Willemse, B., Smit, D., Lange, J. d., & Pot, A. M. (2013).** Is de zorg persoonsgericht? De Monitor Woonvormen Dementie (1). *Denkbeeld: Tijdschrift voor Psychogeriatric*, 25(2), 22-24.
- Willemse, B. (2013).** Gesprekken. *Denkbeeld: Tijdschrift voor Psychogeriatric*, 25(3), 36.

## Presentations & training

- Asch, I. F. M. van, & Pot, A. M. (2013, Februari).** *Leven in de plus: Ontwikkeling van een internetinterventie voor ouderen waarin de verbetering van zelfmanagementvaardigheden centraal staat.* Presentatie Geriatriedagen, 's-Hertogenbosch.
- Asch, I. F. M. van, & Lamers, S. M. A. (2013, Juni).** *E-health & veerkracht.* Presentatie NIP-SOP Symposium, Amersfoort.
- Asch, I. F. M. van (2013, November).** *Casemanagers diagnose, en dan?* Training, Trimbos-instituut, Utrecht.
- Blokland, M. A., & Asch, I. F. M. van (2013, November).** *Aan de slag met co-creatie.* Workshop tijdens NKOP congres.
- Blokland, M. A. (2013, Oktober).** *Formele versus informele zorg.* Debat Landelijk congres Palliatieve zorg en psychiatrie, Lunteren.
- Blokland, M. A., & Vermeer, L. (2013).** *Zorg voor ouderen met een psychiatrische achtergrond.* NKOP training: Zorgstroom (diverse 65+ trainingen), Middelburg.
- Blokland, M. A., & Vermeer, L. (2013, November).** *Zorg voor ouderen met een psychiatrische achtergrond.* NKOP training, Ridderkerk.
- Blokland, M. A. (2013, September).** *Werken met groepen, train de trainer.* Incompany training Trimbos-instituut, Utrecht.
- Blokland, M. A., & Kruidenier, E. (2013, Oktober).** *Op zoek naar zin, train de trainer.* Incompany training Trimbos-instituut, Utrecht.
- Lange, J. de (2013, Januari).** *Dementie: Ontwikkelingen in behoeften, zorg en diensten.* Lezing Beleidsdag Laurens, Rotterdam.
- Lange, J. de (2013, April).** *Onderzoekleerlijn in het CV van de HBOV.* Presentatie Studiedag docenten HBOV Hogeschool Rotterdam, Rotterdam.
- Lange, J. de (2013, April).** *Casemanagement: De oplossing om de dementiezorg in goede banen te leiden?* Presentatie Studiedag Samen Sterk, 20 jaar Ontmoetingscentra, Amsterdam.
- Lange, J. de (2013, Mei).** *Sociale participatie van mensen met dementie.* Presentatie Bijeenkomst van Syntens/TNO/Alzheimer Nederland, Amersfoort.
- Lange, J. de (2013, Mei).** *Randvoorwaarden en kansen voor persoonsgerichte zorg.* Presentatie Symposium De persoon met dementie: Handvatten voor persoonsgerichte zorg, Utrecht.
- Lange, J. de, & Asch, I. F. M. van (2013, November).** *Diagnose, en dan?* Workshop Congres Moderne Dementiezorg, Nieuwegein.
- Lange, J. de (2013, April).** *Happy games voor mensen met dementie.* Presentatie Symposium Hogeschool Rotterdam, Rotterdam.
- Pot, A. M. (2013, April).** *An internet intervention for family carers.* Presentatie 28th International Conference of Alzheimer Disease International: Dementia: Action for Global Change, Taipee, (Taiwan).
- Pot, A. M., Smeets, O., & Mittelman, M. (2013, Oktober).** *Internet interventions for caregivers.* Presentatie 16th International congress of International Psychogeriatric Association (IPA): Towards Successful Aging: Harmony of Mental, Physical and Social Life, Seoul (South Korea).
- Pot, A. M. (2013, December).** *ICT innovation for dementia caregivers.* Presentatie WHO Global Forum on Innovation for Ageing Populations, Kobe (Japan).
- Pot, A. M., Veerbeek, M. A., Willemse, B. M., Velden, C. van der, Blokland, M. A., & Wessel, C. (2013, Mei).** *De PERSOON met dementie: Handvatten voor persoonsgerichte zorg.* Presentatie Symposium Trimbos-instituut & DCM Nederland, Utrecht.
- Pot, A. M., & Willemse, B. M. (2013, December).** *Resultaten van de Monitor Woonvormen Dementie.* Presentatie Lunchbijeenkomst VWS, Den Haag.
- Pot, A. M. (2013, November).** *Realistische verwachtingen van mantelzorg.* Presentatie Valleiconferentie: De toekomst van de mantelzorg, Bennekom.
- Pot, A. M. (2013, November).** *Monitor Woonvormen Dementie: Activiteiten in de zorg voor mensen met dementie.* Presentatie Symposium UKON: Al 10 jaar topzorg, Nijmegen.
- Pot, A. M. (2013, Oktober).** *Oog voor waarden en voorkeuren van mensen met dementie.* Presentatie NOOP-dag 2013: Oud en autonomie, Enschede.
- Pot, A. M. (2013, September).** *GZ-psychologie en ouderen: Een jong veld.* Presentatie NIP symposium 15 jaar: GZ-psycholoog, Amsterdam.
- Pot, A. M. (2013, Juni).** *Oude en nieuwe behandelvormen voor ouderen.* Presentatie NIP-SOP symposium, Amersfoort.
- Pot, A. M. (2013, Juni).** *Sleutels tot succes in de zorg voor mensen met dementie: Resultaten van de Monitor Woonvormen Dementie.* Presentatie Bijeenkomst Amsterdam Center on Aging (ACA), Amsterdam.
- Pot, A. M. (2013, Mei).** *Hoe staat het ervoor en wat levert persoonsgerichte zorg op?* Presentatie Symposium Person-centered Care, Utrecht.
- Pot, A. M. (2013, Mei).** *Best practice in de langdurige zorg.* Presentatie Kwaliteits-instituut CVZ: Andere kijk op kwaliteit, Amsterdam.
- Pot, A. M. (2013).** *Klinisch-psychologische behandelvormen bij ouderen.* College VU, Amsterdam.
- Pot, A. M., & Asch, I. F. M. van (2013).** *Hulpverlening aan ouderen.* Colleges voor Themavak VU, Amsterdam.
- Pot, A. M., & Asch, I. F. M. van (2013).** *Klinische ouderenpsychiatrie.* Colleges voor Keuzevak VU, Amsterdam.
- Veerbeek, M. A. (2013, November).** *ROM in de ouderenpsychiatrie.* Presentatie NKOP Congres: State of the art ouderenpsychiatrie: Een multidisciplinaire tour in woord en beeld, Utrecht.
- Velden, C. van der (2013, November).** *Inventory of end-users' ICT needs and problems.* Presentatie Partner meeting iAge, Groningen.

- Willemse, B. M. (2013, Augustus).** *Inventory of end-users' ICT needs and problems.* Presentatie Partner meeting iAge, Groningen.
- Willemse, B. M., Downs, M., Smit, M., Arnold, L., Lange, J. de, & Pot, A. M. (2013, November).** *Staff-resident interactions in relations in relation to people with dementia's psychological needs and well-being.* Poster presentation at the International Psychogeriatric Association (IPA), Seoul (South Korea).
- Willemse, B. M., & Blokland, M. A. (2013, Februari).** *Weten, voelen en doen.* Presentatie Symposium Gerion: Niet normaal meer (in de reeks: Gedragsproblemen bij ouderen), Amsterdam.
- Willemse, B. M., & Post, A. (2013, Maart).** *Persoonsgerichte of belevingsgerichte zorg en de rol van de psycholoog.* Presentatie Studie PgD: Psychologische expertise voor de verpleegzorg, Laren.
- Willemse, B. M. (2013, April).** *Maken of breken? Persoonsgerichte communicatie bij dementie.* Presentatie Vrijwilligersdag Alzheimer Nederland, Utrecht.
- Willemse, B. M., Lange, J. de, & Post, A. (2013, Mei).** *Maak je organisatie klaar voor persoonsgerichte zorg!* Presentatie Symposium De PERSOON met dementie: Handvatten voor persoonsgerichte zorg, Utrecht.
- Willemse, B. M. (2013, Oktober).** *Persoonsgericht omgaan met mensen met dementie.* Presentatie Alzheimer Café, Vinkeveen.
- Willemse, B. M. (2013, November).** *E-health voor dummies.* Presentatie Congres Moderne Dementiezorg, Nieuwegein.

## PUBLICATIONS Public Mental Health Programme

- Beekman, A. T. F., Cuijpers, P., & Smit, F. (2013).** Prevention of depression in later life: A developmental perspective. In H. Lavretsky, M. Sajatovic, & C. Reynolds III (Eds.), *Late-life mood disorders* (pp. 448-456). New York: Oxford University Press.
- Bohlmeijer, E., Bolier, L., Westerhof, G., & Walburg, J. A. (2013).** *Handboek positieve psychologie: Theorie, onderzoek, toepassingen.* Amsterdam: Uitgeverij Boom.
- Bohlmeijer, E., Westerhof, G., Bolier, L., Steeneveld, M., Geurts, M., & Walburg, J. (2013).** Welbevinden: Van bijzaak naar hoofdzaak? Over de betekenis van de positieve psychologie. *De Psycholoog*, 49-59.
- Bohlmeijer, E., Bolier, L., Steeneveld, M., Westerhof, G., & Walburg, J. A. (2013).** Welbevinden: Van bijzaak naar hoofdzaak? Introductie van de positieve psychologie en deze bundel. In E. Bohlmeijer, L. Bolier, G. Westerhof, & J. A. Walburg (Eds.), *Handboek positieve psychologie: Theorie, onderzoek en toepassingen* (pp. 17-38). Amsterdam: Boom.
- Bolier, L. (2013).** Positieve psychologie online. In E. Bohlmeijer, L. Bolier, G. Westerhof, & J. A. Walburg (Eds.), *Handboek positieve psychologie: Theorie, onderzoek en toepassingen* (pp. 355-371). Amsterdam: Boom.
- Bolier, L., Walburg, J. A., & Boerfijn, J. (2013).** Positieve psychologie op school. In E. Bohlmeijer, L. Bolier, G. Westerhof, & J. A. Walburg (Eds.), *Handboek positieve psychologie: Theorie, onderzoek en toepassingen* (pp. 325-338). Amsterdam: Boom.
- Bolier, L., Haverman, M., Westerhof, G., Riper, H., Smit, F., & Bohlmeijer, E. (2013).** Positive psychology interventions: A meta-analysis of randomized controlled studies. *BMC Public Health*, 13(119). doi:10.1186/1471-2458-13-119. Retrieved from <http://www.biomedcentral.com/content/pdf/1471-2458-13-119.pdf>
- Bolier, L., Walburg, J. A., Smit, F., Petrea, I., & Bohlmeijer, E. (2013).** *WHO policy brief: How to promote well-being: Effective interventions and implementation in settings.* Utrecht: Trimbos-instituut.
- Boonk, E., Meulenbeek, P., Prenger, R., & Smit, F. (2013).** Kosteneffectiviteitsanalyse van de cursus Geen Paniek. *GZ-psychologie*, (7), 18-26.
- Boonk, E., Meulenbeek, P., Prenger, R., & Smit, F. (2013).** Kosteneffectiviteitsanalyses in de ggz: begrippen en technieken. *GZ-psychologie*, (6), 20-23.
- Bouwman, C., Jong, K. de, Timman, R., Zijlstra-Vlasveld, M., Feltz-Cornelis, C. van der, Tan, S. S. et al. (2013).** Feasibility, reliability and validity of a questionnaire on healthcare consumption and productivity loss in patients with a psychiatric disorder (TiC-P). *BMC Health Services Research*, 13(217). doi:10.1186/1472-6963-13-217. Retrieved from <http://www.biomedcentral.com/1472-6963/13/217>
- Bransen, E., Gee, A. de, & Jonge, M. de (2013).** Psychische problemen in de familie: Een groepscursus voor mantelzorgers. *TSG: Tijdschrift voor Gezondheidswetenschappen*, 91(3), 139-142.

- Bransen, E., Lokman, S., Neijmeijer, L., & Rooijen, S. van (2013).** *Eindrapportage LVB en verlaging: Verslag van een verbeterproject in de gehandicaptenzorg*. Utrecht: Trimbos-instituut.
- Deursen, D. S., Salemink, E., Smit, F., Kramer, J., & Wiers, R. W. (2013).** Web-based cognitive bias modification for problem drinkers: Protocol of a randomised controlled trial with a 2x2x2 factorial design. *BMC Public Health*, 13(674). doi:10.1186/1471-2458-13-674. Retrieved from <http://www.biomedcentral.com/1471-2458/13/674>
- Dozeman, E., Marwijk, H. W. J., Schaik, D. J. F., Smit, F., Stek, M. L., Horst, H. E. et al. (2013).** Preventie van depressie en angst in verzorgingshuizen. *Huisarts en Wetenschap*, 56(4), 154-158.
- Elissen, A., Steuten, L. M. G., Lemmens, L. C., Drewes, H. W., Lemmen, K. M. M., Meeuwissen, J. A. C. et al. (2013).** Meta-analysis of the effectiveness of chronic care management for diabetes: Investigating heterogeneity in outcomes. *Journal of Evaluation in Clinical Practice*, 19(5), 753-762. doi:10.1111/j.1365-2753.2012.01817.x
- Gaag, M. van der, Smit, F., Bechdolf, A., French, P., Linszen, D., Yung, A. R. et al. (2013).** Preventing a first episode of psychosis: Meta-analysis of randomized controlled prevention trials of 12 month and longer-term follow-ups. *Schizophrenia Research*, 179(1-3), 56-62. doi:10.1016/j.schres.2013.07.004
- Gee, A. de, Havinga, P., Baas, I., & Poel, A. van der (2013).** Infectieziektepreventie onder harddruggebruikers. Verslaving : Tijdschrift over Verslavingsproblematiek, 9(1), 3-13.
- Havinga, P., Poel, A. van der, Velden, C. van der, & Gee, E. A. de (2013).** *Hoe is het met jou? Resultaten van het onderzoek naar de levenssituatie, gezondheid en middelengebruik van harddruggebruikers in Nederland*. Utrecht: Trimbos-instituut.
- Joling, K. J., Marwijk, H. W., Smit, F., Horst, H. E., Scheltens, P., Ven, P. M. et al. (2013).** Familiegesprekken voor mantelzorgers van mensen met dementie. *Huisarts en Wetenschap*, 56(4), 160-164.
- Kenter, R. M. F., Straten, A. van, Hobbel, S. H., Smit, F., Bosmans, J., Beekman, A. et al. (2013).** Effectiveness and cost effectiveness of guided online treatment for patients with major depressive disorder on a waiting list for psychotherapy: Study protocol of a randomized controlled trial. *Trials*, 14(412). doi:10.1186/1745-6215-14-412. Retrieved from <http://www.trialsjournal.com/content/14/1/412>
- Ketelaar, S., Nieuwenhuijsen, K., Gärtner, F., Bolier, L., Smeets, O., Dijk, F. van et al. (2013).** PMO-module psychische gezondheid verbetert werkfunctioneren in de zorg. *Tijdschrift voor Bedrijfs- en Verzekeringsgeneeskunde*, 21(9), 406-411.
- Ketelaar, S. M., Nieuwenhuijsen, K., Gärtner, F. R., Bolier, L., Smeets, O., & Sluiter, J. K. (2013).** Mental Vitality@Work: The effectiveness of a mental module for workers' health surveillance for nurses and allied health professionals, comparing two approaches in a cluster-randomised controlled trial. *International Archives of Occupational and Environmental Health*. doi:advance online publication. 10.1007/s00420-013-0893-6
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- Bolier, L. (2013, November).** *Positieve psychologie in de praktijk: Mental fitness.* Workshop Congres Mooi Leven van Lentis, Veendam.
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- Bolier, L. (2013, November).** *Mental Fitness in wetenschap en praktijk.* Workshop Landelijk congres positieve psychologie, Ede.
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- Lokkerbol, J. (2013, Oktober).** *Improve the cost-effectiveness of primary mental healthcare by selectively investing and de-investing in interventions: A generalized health economic modeling approach.* Presentation ENMESH Conference, Verona.

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- Lokkerbol, J. (2013, Oktober).** *Improving the cost-effectiveness of a healthcare system for depressive disorders by implementing telemedicine: A health economic modeling study.* Presentatie Global Consortium for Depression Prevention, Pittsburgh.
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- Smit, F., Boon, B., & Ruiter, M. (2013, Februari).** *Klachtgerichte mini-interventies: Concepten, kennisvragen, kansen.* Presentatie Platform Depressie- en Angststoornissen., Utrecht.
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- Zanden, R. van der (2013, Januari).** *Implementatie van online depressiepreventie GOHD in huisartsenpraktijken.* Presentatie GOJD Partners, Utrecht.
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## Presentations & training

- Boumans, J. (2013, November).** *Op weg naar empowerment*. Presentatie Trimbos Strategiedagen, IJmuiden.
- Boumans, J. (2013, Oktober).** *Succesvolle zorgmijders: Over het leven met psychose zonder zorg*. Presentatie Congres Werken met Zorgmijders, Eindhoven.
- Boumans, J. (2013, Oktober).** *Mijn been is een ander: De ervaringskennis van Oliver Sacks*. Presentatie Symposium Hersenziekten / Literatuur & geneeskunde, VUmc.
- Boumans, J. (2013, Oktober).** *Ervaringskennis als ontdekkingsreis*. Presentatie Disability Studies Tweedaagse, Gent, België.
- Boumans, J. (2013, September).** *Doorleefd Verstaan*. Presentatie Disability Studies Tweedaagse, Gent, België.
- Boumans, J., & Lochtenberg, M. (2013, April).** *Op weg naar empowerment*. Presentatie Bijeenkomst werkplaats herstelondersteuning Phrenos.
- Boumans, J., & Lochtenberg, M. (2013, February).** *Op weg naar empowerment*. Presentatie GGZ Kennisdag Ambulantisering, Amsterdam.

- Tuynman, M., & Lochtenberg, M. (2013, December).** *Nu leef je zelf: Zelfbeheer in de maatschappelijke opvang.* Plenaire lezing 13e Landelijke studiedag OGGz Schakelen tussen bemoeizorg en zelfredzaamheid, Amsterdam.
- Wamel, A. van (2013, Maart).** *Middelen en verslaving.* Presentatie Teamdag woonbegeleiders Stichting Anton Constandse, Den Haag.
- Wamel, A. van (2013, April).** *Middelen, verslaving, werken met fasen en verslavingsbehandeling.* Training GGZ WNB, GGZ WNB Halsteren.
- Wamel, A. van (2013, Mei).** *Afname van de ROPI.* Training, Utrecht, Nijverdal.
- Wamel, A. van (2013, September).** *Middelen en effecten: Introductie geïntegreerd behandelen.* Training, Reinier van Arkel groep Den Bosch.
- Wamel, A. van, & Egelmeer, R. (2013, November).** *Dubbele diagnose.* Train de trainer, Reinier van Arkel groep Den Bosch.
- Wezep, M. van, & Bolier, L. (2013, April).** *Herstel en veerkracht bij een chronische aandoening.* Presentatie Nederlands Congres Volksgezondheid (NCVGZ), Ede.
- Wezep, M. van, Rijkaart, A. M., Kroon, H., & Michon, H. (2013, Mei).** *Effect 'recognition of acquired competences' for vulnerable volunteers: A randomized controlled trial.* Presentatie 2nd International Conference on Positive Psychology, Brno, Tjechië.
- Wezep, M. van (2013, Juni).** *Effect 'recognition of acquired competences' for vulnerable volunteers: A randomized controlled trial.* Presentatie 3rd World Congress on Positive Psychology, Los Angeles, Amerika.
- Wezep, M. van (2013, November).** *Effectieve, evidence based 'menselijke maat' interventies.* Workshop Congres zorginkoop met de menselijke maat, Almelo.

## PUBLICATIONS Board of Directors

- Feltz-Cornelis, C. van der (2013).** Comorbid diabetes and depression: Do E-health treatments achieve better diabetes control? *Diabetes Management*, 3(5), 379–388. doi:10.2217/dmt.13.37. Retrieved from <http://www.futuremedicine.com/doi/pdf/10.2217/dmt.13.37>
- Feltz-Cornelis, C. van der, Volker, D., & Vlasveld, M. (2013).** Depression: From remission to functional recovery. *Die Psychiatrie*, 10(2), 82–86.
- Heer, E. W., Dekker, J., Eck van der Sluijs, J. F., Beekman, A. T. F., Marwijk, H. W. J., Holwerda, T. J. et al. (2013).** Effectiveness and cost-effectiveness of transmural collaborative care with consultation letter (TCCCL) and duloxetine for major depressive disorder (MDD) and (sub)chronic pain in collaboration with primary care. *BMC Psychiatry*, 13(147). doi:10.1186/1471-244X-13-147. Retrieved from <http://www.biomedcentral.com/1471-244X/13/147>
- Huibregts, K., Jong, F. de, Marwijk, H. van, Beekman, A., Hakkaart-Van Roijen, L., & Feltz-Cornelis, C. van der (2013).** Collaborative care voor depressieve patiënten. *Huisarts en Wetenschap*, 56(5), 210–213.
- Huibregts, K. M., Jong, F. J., Marwijk, H. W. J., Beekman, A. T. F., Adèr, H. J., Hakkaart-Van Roijen, L. et al. (2013).** A target-driven collaborative care model for Major Depressive Disorder is effective in primary care in the Netherlands. A randomized clinical trial from the depression initiative. *Journal of Affective Disorders*, 146(3), 328–337. doi:pii: S0165-0327(12)00643-x
- Kouijzer, M. E. J., Loman, F., & Feltz-Cornelis, C. M. van der (2013).** Kinderen en jongeren met somatisch onvoldoende verklaarde lichamelijke klachten in een ggz-instelling. *Tijdschrift voor Psychiatrie*, 55(8), 599–608.
- Maloney, J., Pfuhlmann, B., Arensman, E., Coffey, C., Gusmão, R., Poštuvan, V. et al. (2013).** Media recommendations on reporting suicidal behaviour and suggestions for optimisation. *Acta Psychiatrica Scandinavica*, 128(4), 314–315. doi:10.1111/acps.12131
- Walburg, J. A., & Place, C. (2013).** Positieve psychologie in de forensische zorg. In E. Bohlmeijer, L. Bolier, G. Westerhof, & J. A. Walburg (Eds.), *Handboek positieve psychologie: Theorie, onderzoek en toepassingen* (pp. 291–310). Amsterdam: Boom.

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- Feltz-Cornelis, C. M. van der (2013, Juli).** *E-health interventions for depression in diabetes: Risks and benefits.* Presentatie European Association for Psychosomatic Medicine Annual Conference, Cambridge.

- Feltz-Cornelis, C. M. van der, Heer, E. W. de, & Eck, S. J. van der (2013, Juli).** *A medication treatment algorithm for chronic pain with comorbid depression or anxiety disorder, based on the WHO pain ladder.* Presentatie European Association for Psychosomatic Medicine Annual Conference, Cambridge.
- Feltz-Cornelis, C. M. van der (2013, Juli).** *Ethical implications of an economic framework for mental health care in the Netherlands.* Presentatie 33rd International Congress on Law and Mental Health, Amsterdam.
- Walburg, J. A. (2013, Oktober).** *Flourishing Sint Maarten.* Presentatie Verslavingszorg Turningpoint, Mental Health Foundation en ParnassiaGroep, Sint Maarten.
- Walburg, J. A. (2013, Oktober).** *Welzijn op recept.* Lezing huisartsen Buurtplein, Nieuwegein.
- Walburg, J. A. (2013, Oktober).** *Flexibel en tevreden.* Expertmeeting Zorg & Facilitair, Utrecht.
- Walburg, J. A. (2013, November).** *Positieve psychologie: Mooi leven!* Symposium Lentis Direct, Veendam.
- Walburg, J. A. (2013, November).** *De tijd is rijp: Anders kijken naar kwaliteit en verantwoording in de gehandicaptenzorg.* Bijdrage aan Dialoogconferentie: Stand van zaken en ontwikkelingen op het gebied van kwaliteit en verantwoording in de langdurige zorg, Amersfoort.
- Walburg, J. A. (2013, April).** *Passie voor gezondheid.* Presentatie Nederlands Congres Volksgezondheid, Ede.
- Walburg, J. A. (2013, Februari).** *Ambulantisering in de GGZ.* Presentatie GGZ-Kennisdag 2013, Amsterdam.
- Walburg, J. A. (2013, April).** *Active aging.* Presentatie Forum on Mental Health and Somatic Disorders, Belgrado.
- Walburg, J. A. (2013, April).** *Positieve psychologie en justitie: Resocialisatie* Utrecht. Presentatie Expertise Centrum Psychiatrie, Utrecht.
- Walburg, J. A. (2013, Mei).** *Senioren onmisbaar!* Presentatie PVGE symposium, Eindhoven.
- Walburg, J. A. (2013, Juli).** *Jong van geest.* Presentatie Minisymposium Wilgaerden in het koper ter gelegenheid van het 12,5 jarig bestaan, Hoorn.

## PUBLICATIONS Mental Health Care Innovation Programme

- Balkom, A. L. J. M. van, Vliet, I. M. van, Emmelkamp, P. M. G., Bockting, C. L. H., Spijker, J., Hermens, M. L. M. et al. (2014).** *Multidisciplinaire richtlijn Angststoornissen (Derde revisie). Richtlijn voor de diagnostiek, behandeling en begeleiding van volwassen patiënten met een angststoornis.* Utrecht: Trimbos-instituut.
- Brink, W. van den, & Glind, G. van de (2013).** Multidisciplinaire richtlijn opiaatverslaving. Aanbevelingen voor de klinische praktijk. *De Psychiater*, 20(9), 14-15.
- Duin, D. van, Franx, G., Wijngaarden, B. van, Gaag, M. van de, Weeghel, J. van, Slooff, C. et al. (2013).** Bridging the science-to-service gap in schizophrenia care in the Netherlands: The Schizophrenia Quality Improvement Collaborative. *International Journal for Quality in Health Care*, 25(6), 626-632. doi:10.1093/intqhc/mzt072
- Duin, D. van, Hermens, M., Kan, C., & Geurts, H. (2013).** Autismspectrumstoornissen bij volwassenen en GRADE. *MGV: Maandblad Geestelijke volksgezondheid*, 68(1), 34-39.
- Glind, G. van de, Emmerik-van Oortmerssen, K. van, Carpentier, P., Levin, F. R., Koeter, M. W. J., Barta, C. et al. (2013).** The International ADHD in Substance Use Disorders Prevalence (IASP) study: Background, methods and study population. *International Journal of Methods in Psychiatric Research*, 22(3), 232-244. doi:10.1002/mpr.1397
- Gllind, G. van de, Brink, W. van de, Koeter, M. W. J., Carpentier, P., Emmerik-van Oortmerssen, K. van, Kaye, S. et al. (2013).** Validity of the Adult ADHD Self-Report Scale (ASRS) as a screener for adult ADHD in treatment seeking substance use disorder patients. *Drug and Alcohol Dependence*, 132, 587-596. doi:10.1016/j.drugalcdep.2013.04.010
- Gonçalves-Pereira, M., Xavier, M., Wijngaarden, B. van, Papoila, A. L., Schene, A. H., & Caldas-de-Almeida, J. M. (2013).** Impact of psychosis on Portuguese caregivers: A cross-cultural exploration of burden, distress, positive aspects and clinical-functional correlates. *Social Psychiatry and Psychiatric Epidemiology*, 48(2), 325-335. doi:10.1007/s00127-012-0516-7
- Hendriks, S. M., Spijker, J., Licht, C. M. M., Beekman, A. T. F., & Penninx, B. W. J. H. (2013).** Two-year course of anxiety disorders: Different across disorders or dimensions? *Acta Psychiatrica Scandinavica*, 128(3), 212-221. doi:10.1111/acps.12024
- Lemmens, K. M. M., Lemmens, L. C., Boom, J. H. C., Drewes, H. W., Meeuwissen, J. A. C., Steuten, L. M. G. et al. (2013).** Chronic care management for patients with COPD: A critical review of available evidence. *Journal of Evaluation in Clinical Practice*, 19(5), 734-752. doi:10.1111/j.1365-2753.2011.01805.x
- Matthys, W., & Glind, G. van de (2013).** Richtlijn oppositioneel-opstandige stoornis (ODD) en gedragsstoornis (CD). Aanbevelingen voor de klinische praktijk. *De Psychiater*, 20(4), 14-15.

**Muntingh, A. D. T., Heer, E. W., Marwijk, H. W. J., Adèr, H. J., Balkom, A. J. L. M., Spinhoven, P. et al. (2013).** Screening high-risk patients and assisting in diagnosing anxiety in primary care: The Patient Health Questionnaire evaluated. *BMC Psychiatry*, 13(192). doi:10.1186/1471-244X-13-192

**Muskens, E., Eveleigh, R., Lucassen, P., Weel, C. van, Spijker, J., Verhaak, P. et al. (2013).** Prescribing ANtiDepressants Appropriately (PANDA): A cluster randomized controlled trial in primary care. *BMC Family Practice*, 14(6). doi:10.1186/1471-2296-14-6

**Schene, A., Wijngaarden, B. van, & Randamie, J. de (2013).** Depressie. In J. Baars & E. van Meekeren (Eds.), *Een psychische stoornis heb je niet alleen. Praten met families en naastbetrokkenen* (pp. 293-306). Amsterdam: Boom.

**Sinnema, H., Franx, G., Spijker, J., Ruiter, M., Haastrecht, H. van, Verhaak, P. et al. (2013).** Delivering stepped care for depression in general practice: Results of a survey amongst general practitioners. *European Journal of General Practice*, 19(4), 221-229. doi:10.3109/13814788.2013.780018

**Sinnema, H., Terluin, B., Wensing, M., Volker, D., Franx, G., Balkom, A. van et al. (2013).** Systematic tailoring for the implementation of guideline recommendations for anxiety and depressive disorders in general practice: Perceived usefulness of tailored interventions. *BMC Family Practice*, 14(94). doi:10.1186/1471-2296-14-94

**Spijker, J., Straten, A. van, Bockting, C. L. H., Meeuwissen, J. A. C., & Balkom, A. J. L. M. van (2013).** Psychotherapy, antidepressants, and their combination for chronic major depressive disorder: A systematic review. *Canadian Journal of Psychiatry*, 58(7), -386-392.

**Spijker, J., Bockting, C. L. H., Meeuwissen, J. A. C., Vliet, I. M. van, Emmelkamp, P. M. G., Hermens, M. L. M. et al. (2014).** *Multidisciplinaire richtlijn depressie (Derde revisie). Richtlijn voor de diagnostiek, behandeling en begeleiding van volwassen patiënten met een depressieve stoornis.* Utrecht: Trimbos-instituut.

**Splunteren, P. van, Boerema, I., & Leeuw, R. de (2013).** Eigen regie bij schizofrenie: Een e-mental health toepassing voor mensen met ernstige psychische aandoeningen. In J. van Busschbach, S. van Rooijen, & J. van Weeghel (Eds.), *Psychiatrische rehabilitatie. Jaarboek 2013-2014* (pp. 97-110). Amsterdam: SWP.

**Volker, D., Vlasveld, M. C., Anema, J. R., Beekman, A. T. F., Hakkaart-van Roijen, L., Brouwers, E. P. M. et al. (2013).** Blended E-health module on return to work embedded in collaborative occupational health care for common mental disorders: Design of a cluster randomized controlled trial. *Neuropsychiatric Disease and Treatment*, 9, 529-537. doi:10.2147/ndt.s43969

**Wijngaarden, B. van, Meije, D., & Oskam, K. (2013).** *Een Consumer Quality Index voor het landelijk zorgsysteem voor veteranen.* Utrecht: Trimbos-instituut.

**Wijngaarden, B. van, & Nuijen, J. (2013).** Prestatie-indicatoren in de geestelijke gezondheidszorg: Wat is er bereikt en hoe verder? In J. Nuijen (Ed.), *Trendrapportage GGZ 2012. Deel 3A: Kwaliteit en effectiviteit Naar transparante kwaliteitsinformatie* (pp. 21-60). Utrecht: Trimbos-instituut.

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## Presentations & training

**Glind, G. van de, Kaye, S., & Brink, W. van den (2013, Mei).** *A new continuous performance test for ADHD, tested in SUD patients: Preliminary results from an international multi-site study.* Presentatie Neurotalk 2013, Xi'an, China.

**Glind, G. van de (2013, Juni).** *Substance addiction in relation to ADHD: Motivation and reward.* Presentatie 4th World Congress on ADHD, Milan, Italy.

**Glind, G. van de (2013, Oktober).** *International ADHD in Substance use disorders Prevalence study (IASP).* Presentatie 3rd International Congress on Dual Disorders, Barcelona.

**Glind, G. van de (2014, Juni).** *ADHD and substance abuse: A general perspective.* Presentatie 4th World Congress on ADHD, Milan, Italy.





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