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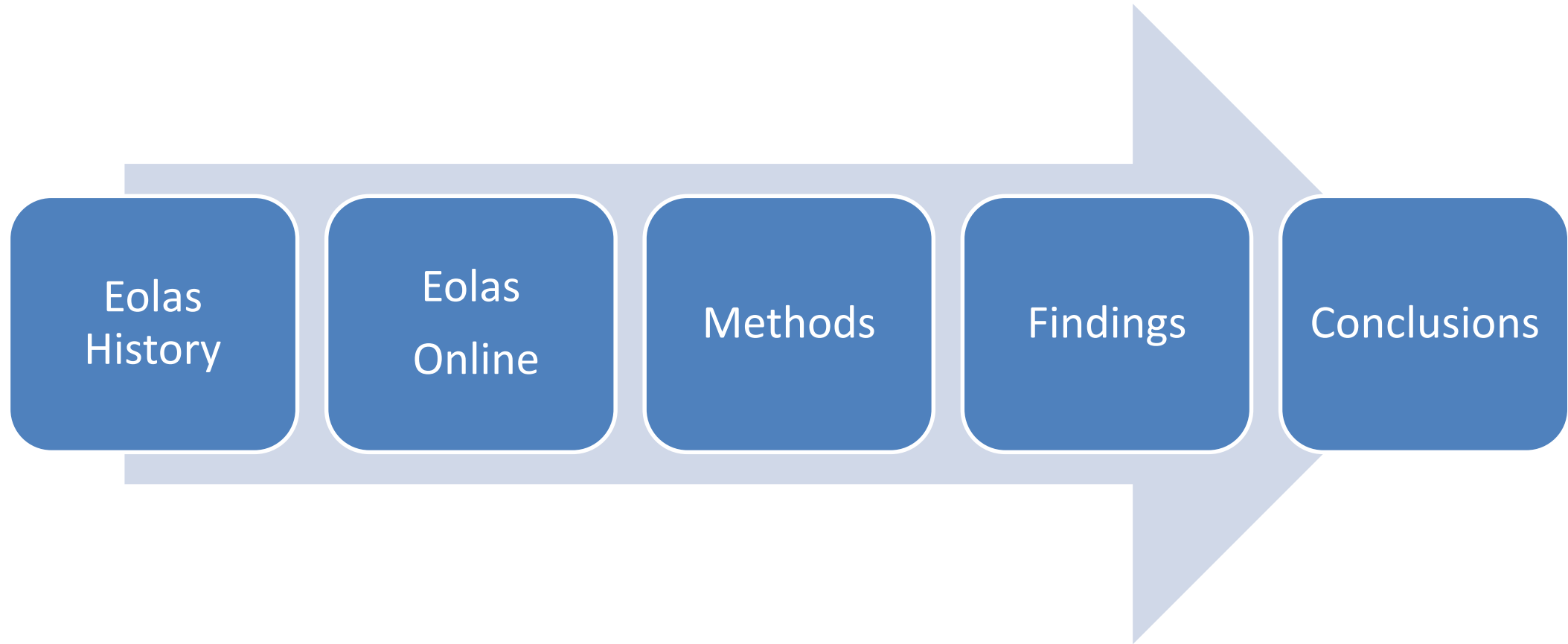
## **EOLAS Online**

Lessons from the online delivery of a psychoeducation programmes for psychosis

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Date: 9th November 2023

# Outline of Presentation

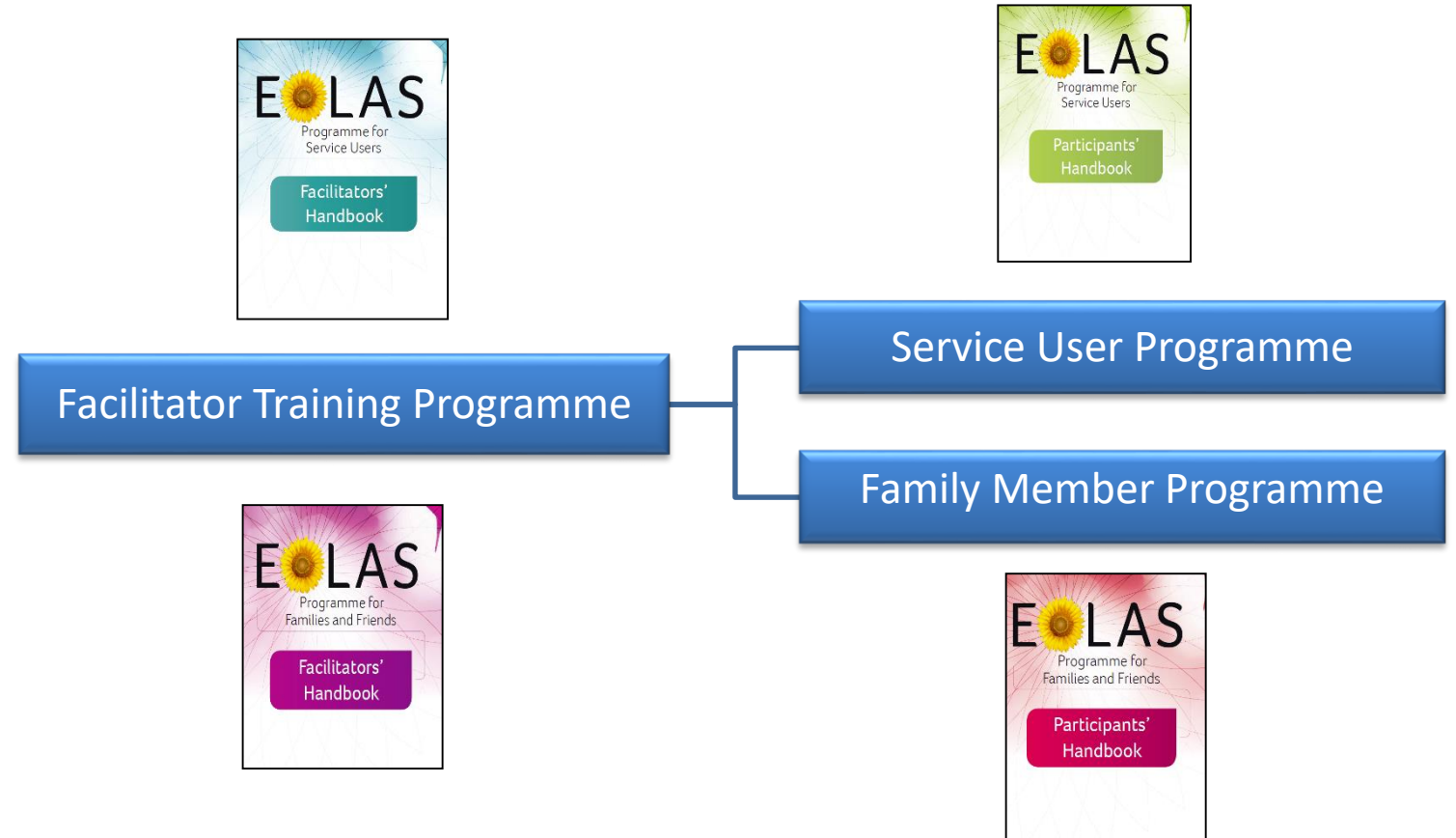


# What is EOLAS?

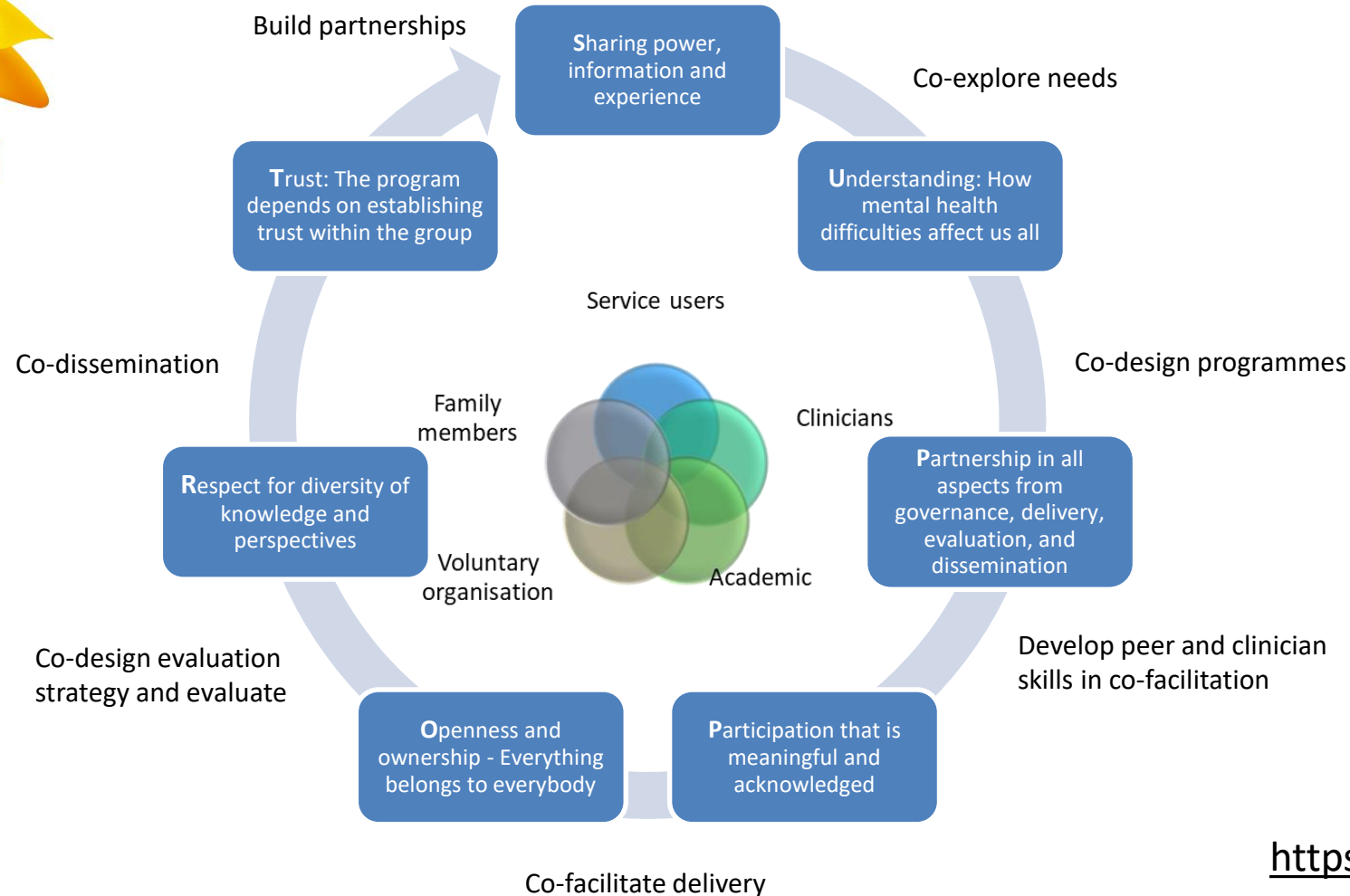


Manualised psychoeducation – with a difference

- The 8 week programmes are:
  - Co-designed
  - Co-delivered by peer and clinician
  - Delivered in a group context
    - capitalising on the power of peer expertise and group support)
  - Delivered in community venues (increase accessibility, acceptability)
  - Based on what people said they needed



# Where did we start? The way of researching - Participatory Action Research (PAR)

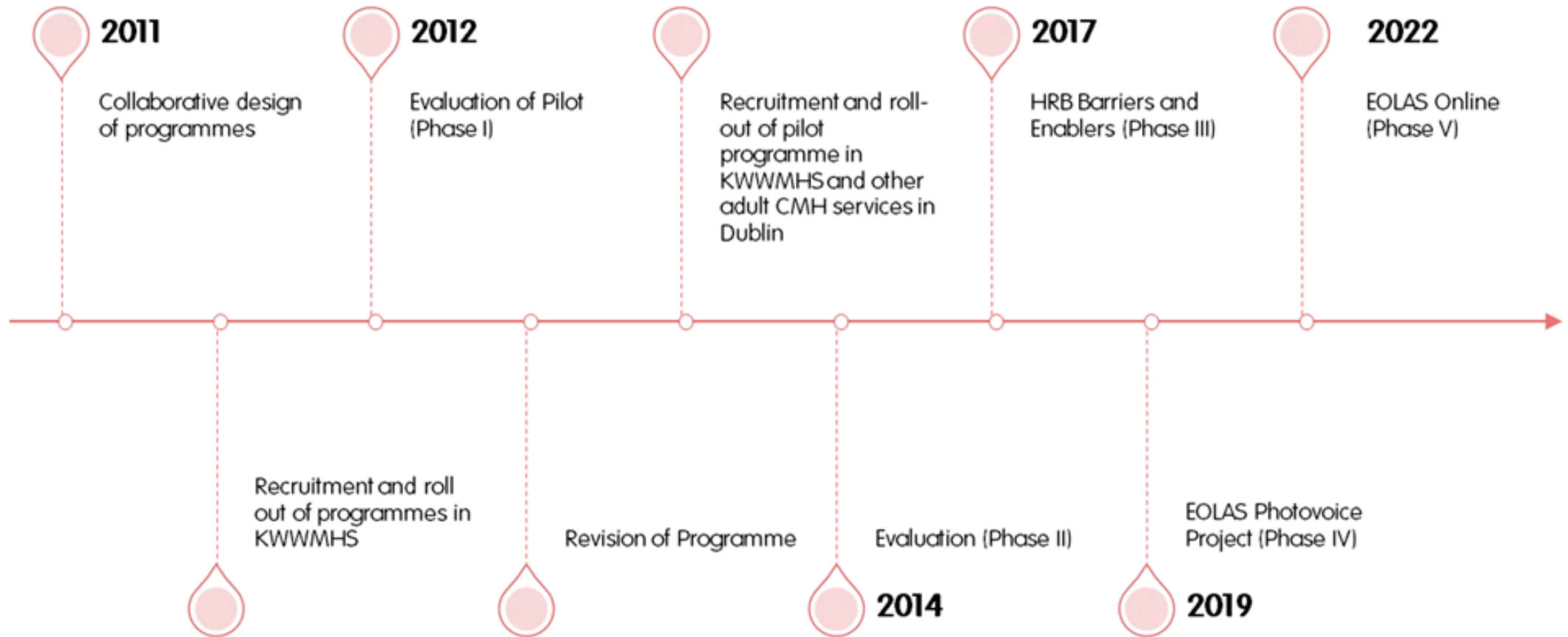


<https://www.eolasproject.ie>

# EOLAS Milestones



EOLAS



# Current state of knowledge in the field



## Recent reviews examining (psycho)education interventions identify:

- Web, mobile, or app based unguided/self-directed; web-based psychoeducation interventions with moderated forums (asynchronous or text based), or wearable activity monitoring devices.
- Feasible, acceptable and useable; high rates of satisfaction
  - Service users: Gaebel et al. (2016), Naslund et al. (2015), Alverez-Jimenez et al. (2014)
  - Family members/supporters: Barbeito et al. (2020); Onwumere et al. (2018)

# Positioning EOLAS Online: Types of Digital/Internet Interventions



Intensity/amount of contact/support	Mode of communication patient-provider	Interventions can occur	Approaches to HC delivery
<ul style="list-style-type: none"><li>• Web-based unguided self-help programmes</li><li>• Internet based guided self-help / some level of provider contact</li><li>• Internet as communication medium, e.g. email, chat, video</li></ul>	<ul style="list-style-type: none"><li>• Asynchronous (e.g. email/msg systems)</li><li>• Synchronous/Real-time (e.g. text, audio, video)</li></ul>	<ul style="list-style-type: none"><li>• Internet intervention used together with in-person contexts</li><li>• Internet only intervention</li></ul>	<ul style="list-style-type: none"><li>• New approach to delivery of established intervention</li><li>• New approaches to delivery new intervention</li></ul>

Berger, 2017

**EOLAS Online categorisation:** Internet-based, real-time, co-facilitated, group programme, of an established psychoeducation intervention for services users and family members/supporters

# Study Aim



## **Aim:**

- To explore how the transfer of EOLAS online impacted attendee and facilitators experiences.

## **Objectives:**

- To explore attendees' experience of being involved in an online information and support programme.
- To explore the clinician and peer facilitators experiences on delivering the programme online.
- To identify barriers, enablers, advantages to delivery of the online programme
- To determine ways of improving and further developing the online information and support programme



# Ethics

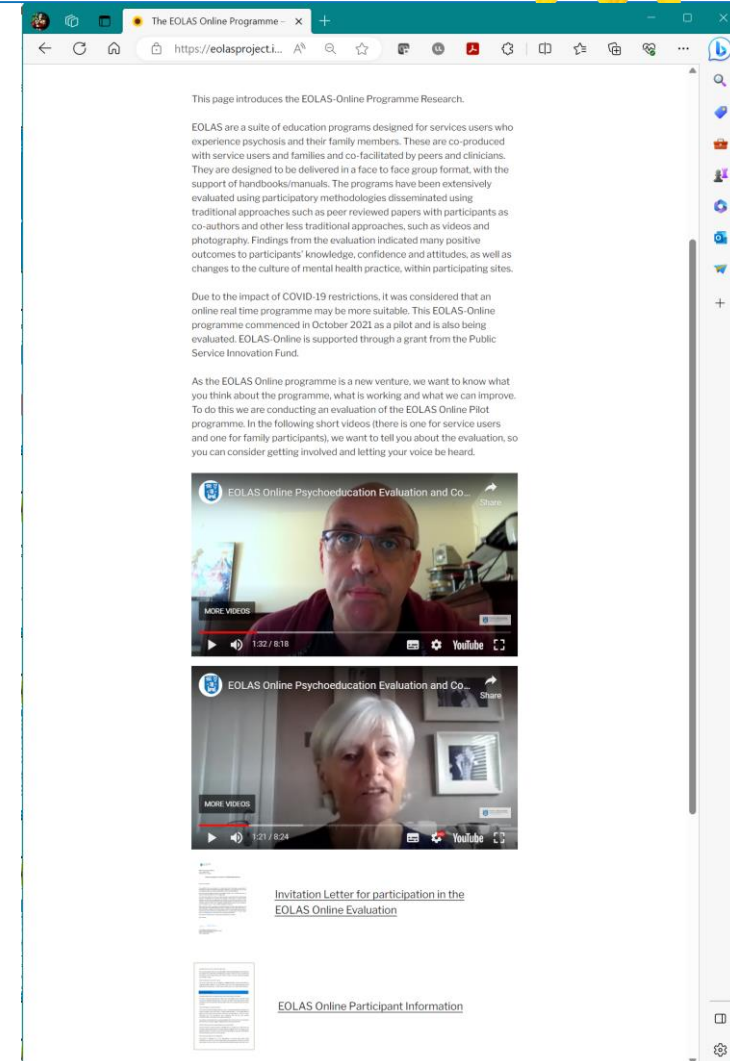


## Ethical Approval

- Faculty of Health Sciences Research Ethics Committee, TCD. (12th October 2021)
- 2 x Hospital Ethics Committees in Pilot Programme Regions. (24th August 2021; 26th October 2021)

## Consent

- Online Survey: Anonymous - Tick box consent
- Interviews: Electronic consent form



# Intervention



## **EOLAS Online Pilot programme**

**Six co-facilitated, group programmes – on a videoconferencing platform.**

- Region 1. 2 x Service user / 2 x Family member
- Region 2. 1 x Service user / 1 x Family member
- Total participants across programmes n = 37 (Service User n = 16, Family Member n = 21)

## **Co-facilitators training for online facilitation**

# Intervention - EOLAS content



Modules Shared by Both Groups	Specific Modules for People with a Diagnosis of Psychosis	Specific Modules for Family Members and Significant Others
<ul style="list-style-type: none"><li>• Introduction to EOLAS</li><li>• Understanding psychosis</li><li>• Treatment interventions towards recovery</li><li>• Stigma and self-advocacy</li></ul>	<ul style="list-style-type: none"><li>• Dealing with voices and distressing beliefs</li><li>• Recovery</li><li>• Maintaining recovery and preventing relapse</li><li>• Review of rights and entitlements</li></ul>	<ul style="list-style-type: none"><li>• How mental health difficulties affect families and close friends</li><li>• Coping &amp; effective communication</li><li>• The family in recovery</li><li>• Planning for the future</li></ul>

# Methodology: Mixed Method Approach



## Design and Data collection

### Sequential Design

- Part 1 – Anonymous online survey (Qualtrics, 10-15 minutes to complete)
- Part 2 – Interviews/Focus Groups (Phone/Video Conference - opt-in form at end of survey)

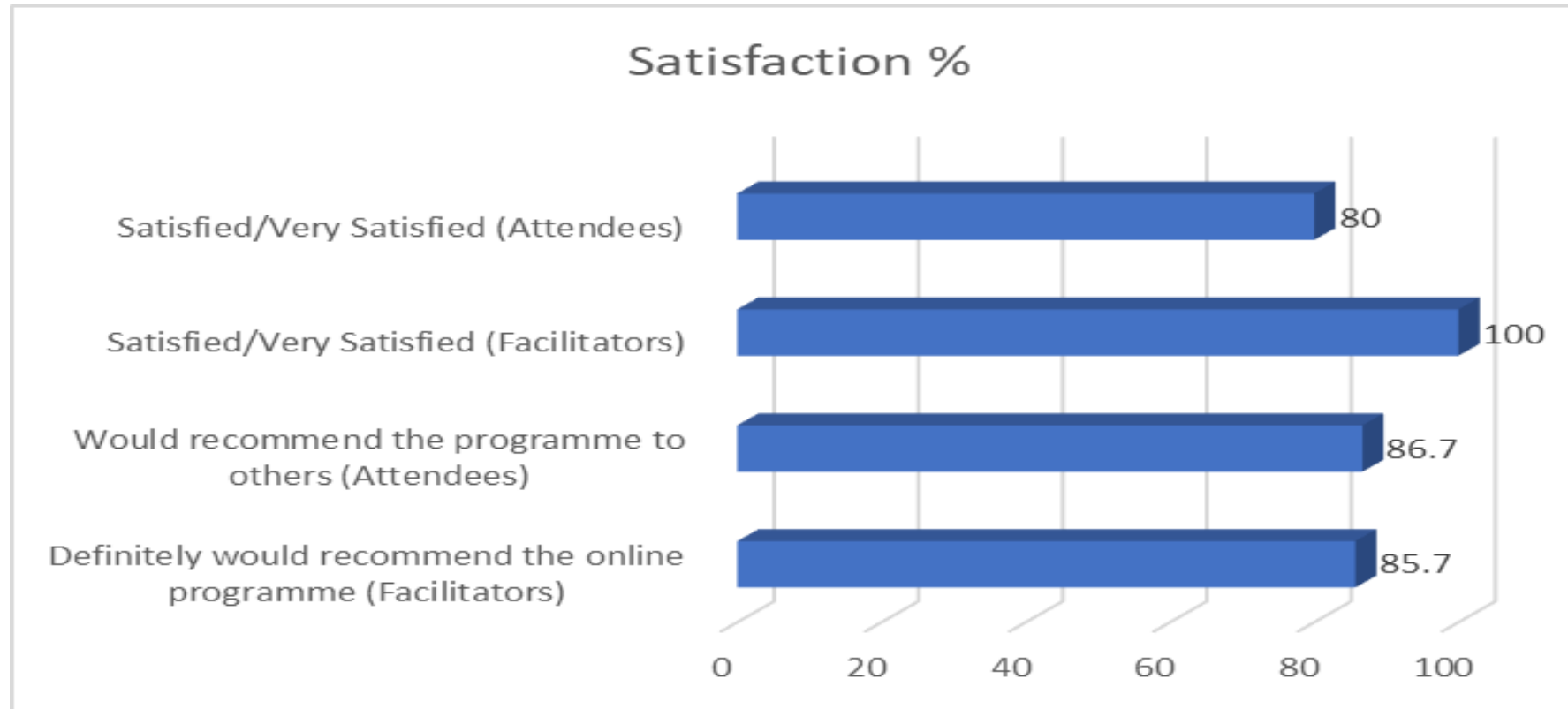
### Data Analysis

- Quantitative : Descriptive (IBM, SPSS) - Ratings: 1 = Strongly Disagree to 5 = Strongly Agree
- Qualitative: Thematic Analysis (Clarke & Braun, 2015)

# Findings

Role	Participants	Surveys (n=22)	Interviewees (n = 21) 1 x FG (n=4)
Attendees	Service Users	8	6
	Family/Friend	5	2
	Both	1	-
	Missing	1	-
Facilitators	Peer Facilitator	3	4
	Clinical Facilitator	4	3
	Guest Facilitator	Not asked to complete survey	6

# Attendees and Facilitators: Satisfaction





## Attendees: Impact of EOLAS Online (N=15)

Please rate your level of agreement with the following statements about the impact of EOLAS?	Mean	Std. Deviation
EOLAS increased my knowledge of mental health	4.60	1.06
I know more about where to get support for my mental health	4.47	1.06
It was beneficial to share experiences to help others	4.27	1.16
I learnt more about coping strategies	4.40	1.12
It was good to meet other people with similar experiences	4.47	1.13
I learnt more about self-care	4.20	1.15

### Autonomy

*"I made myself goals. I have been exercising and I have been getting up at seven when I need to get up at seven. Yeah, I feel like I've taken back a bit of control over myself." (SU)*

### Hope

*"So, it was nice to be able to say that people in all walks of life have it [mental illness] and that we can still function and have a good job as well because of it." (SU)*

# Thematic analysis – positive experiences and challenges



Impact of being with Peers	<p><i>“..being able to talk to somebody, a peer, about your condition which was very helpful yeah. Well, it allowed me as the weeks went on to be more open about my own condition and how it affected me. And yeah, by the last couple of weeks I was talking clearly and able to share my stories. A lot of good feedback from the nurse, the facilitator, and my peers.” (SU)</i></p> <p><i>“You learn how some people are coping, what challenges they have, how they are managing them and... you know, it gives you a bit of insight into what [services] is out there.” (FM)</i></p>
Sharing Stories	<p><i>“It's funny because you don't think you are going to end up sharing like that and then you go kind of, the stuff I was sharing I don't even know where it came from. ... sure, who would you talk about it to? Because nobody understands. So, the three of us the main three that ended up doing the whole programme together we all did and then [Peer facilitator] obviously, the four of us have suffered from psychosis so it was actually really good to be able to talk to other people about it, that understand.” (SU)</i></p>
Supporting others	<p><i>“My learnings from EOLAS allowed for discussions I would never previously been able to have with my loved one about their own experience. It allowed them to get stuff off their chest that they hadn't previously” (FM, survey comments)</i></p>
Degree of Hopelessness	<p><i>“While I was new to experiencing a family member suffering psychosis, I felt that the other participants' family members had severe and long-term psychotic mental illness. From this I was left feeling isolated and a little hopeless at the prospect of recovery. But that did not mean I didn't take good information from the sessions.” (FM, survey comments)</i></p>



# Attendees: Using the technology (N=15)

Rate level of agreement 1= S Disagree to 5 = S Agree	Mean	Standard Deviation
I had confidence in the safety of the platform being used	4.67	1.05
I found the technology easy to use	4.60	1.10
I found it easy to join the session	4.60	1.06
I have a good/stable internet connection where I live	4.40	1.12
My computer enabled me to fully engage in the session	4.27	1.16
I was able to share my video	4.13	1.25
I found it difficult to hear what people were saying	2.07	1.28
I found it difficult to see people and read their nonverbal cues	2.27	1.28

*"...the people who didn't show their face online. It was hard to interact with those people." (SU)*

*"No. I didn't have an issue with it [non-camera use]. I don't think anyone did really ... for the people were still talking and sharing experiences." (SU)*

# Attendees' experiences of engaging with EOLAS Online (N=15)



Please rate (1-5) your level of agreement with the following statements about your experience of doing EOLAS online?	Mean	Std Deviation
I was comfortable speaking online	4.47	1.13
The handbook complemented the session content	4.40	1.12
I always had access to a private space/room	4.40	1.30
The facilitator provided sufficient encouragement/opportunity for me to engage	4.40	1.40
The content of the material met my needs	4.27	1.39
I was comfortable sharing my video feed	4.00	1.51
I found the online platform was not conducive to sharing personal experiences	1.87	1.30

## Interviews:

Mostly, attendees experienced co-facilitators as being:

- Professional
- Patient & honest
- Good sense of humour
- Worked well together

For one attendee:

- Discussions could have been managed better

# Technology



## Experiences using technology and delivering EOLAS Online Facilitators (N=7)

High ratings  
(Mean above 4)

- Overall preparedness
- Managing access to sessions
- Using the technology
- Confidence in facilitating online

Lower ratings  
(Mean below 4)  
- specific aspects of  
online delivery

- Managing people's audio and video feed
- Sharing content
- Troubleshooting attendee problems
- Explaining confidentiality related issues
- Using online tools (e.g. whiteboard, breakout rooms).

### Interview feedback

- Lack of confidence using IT
- Small groups = no need

# Co-facilitator relationship



Co-facilitator Relations (N=7)	Mean	Standard Deviation
Online was conducive to co-facilitating	4.57	0.49
Could work well with co-facilitator	4.43	0.73
Relationship with co-facilitator impacted negatively by the technology	2.14	1.25

## Interviews

- Time given to preparation enhanced technology skills and helped develop rapport
- More difficult to communicate/co-facilitate due to absence of non-verbal cues
- Division of work – better than one another at different things
- Shared computer & social distancing requirements: challenging for co-facilitation



## Facilitator – Attendee Engagement and Rapport Development

Facilitator – Attendee Engagement	Mean	St.d
I found it easy to get engagement	4.29	0.70
I found it easy to facilitate attendees contributions in an equitable manner	4.29	0.70
My relationship with attendees was impacted negatively by the technology	1.86	1.12
Attendees more reluctant to contribute in the online programme vs. in-person programme	1.43	0.49
I found it difficult to respond to attendee upset	2.14	0.99

*“It’s not as easy to pick up on cues ...and manage the flow of chat so you probably don’t get the same amount of spontaneous contributions.” (GF)*

### Interviews

- Rapport development was slower/but good once developed
- Controlling group membership during programme - a challenge (people in and out)

# Conclusions

## **EOLAS Online psychoeducation is**

- Feasible
- Acceptable
- Useful

## **Facilitators and attendees reported:**

- High satisfaction
- Positive outcomes in knowledge, coping strategies, self-care, and hope comparable to face to face

**Overall online nature did not impact negatively on outcomes compared to EOLAS in-person programmes**

## **Barriers**

- Internet connection
- Group rapport was slower to develop than in the in-person programmes
- Ensure space for the person to engage

## **Advantages**

- Trust, sharing and engagement were high
- Convenience – i.e. no travel time, can log in from anywhere (work, holidays)
- Attendees can take breaks if needed
- Greater reach (e.g. geography, carers, option of anonymity)
- Facilitator safety

# Conclusions for nursing involvement



**Nurses are key actors in the EOLAS, acting as coordinators and facilitators in the process.**

- EOLAS used across almost half of services nationally
- Included in the HSE Model of Care for FEP (2019)

**TCD and HSE have supported project at a local level for over 12 years (pretty much unheard of in research context!).**

- Implementation science estimates full adoption of HC innovation takes 17 years to become mainstream – next new thing to come along...

**Negotiations are now at an advanced stage for the Mental Health Engagement and Recovery Office to undertake responsibility for the future development and rollout of the process.**

**It is hoped that in this future EOLAS will embrace both real world and online domains.**

# Suggested Improvements



## Online vs In-Person

- Hybrid
- Some in-person meetings (social interaction)

## Attendees:

- Online development consider content with of breakout rooms to encourage peer sharing

## Facilitators:

- More attendee tech support prior to programme start
- Ground rules and group membership



# EOLAS Online Research Team Members

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**Professor Agnes Higgins**

**Ms Carmel Downes**

**Dr Mark Monahan**

**Dr Gobnait Byrne**

**Dr Jean Morrissey**

**Mr Gerard Farrell**

**Ms Margaret Duggan**

**Mr Finn van Gelderen**

**Dr Pat Gibbons, M.D.**



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# Thank you

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Study Participants

Gatekeepers

Funder





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**Questions?**

