

BeReal - Better lives trough bodily-emotionally sensed reality

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Table of contents

Application
Appendix A: Project timelines
Appendix B: Budget
Appendix C: CVs
Appendix D: References
Appendix E: Letters of support

1. Application

BASIC PROJECT INFORMATION

PROJECT TITLE	
The project title in English. Please start with the acronym :	BeReal - Better lives trough bodily-emotionally sensed reality
Equivalent titel in Danish:	BeReal – bedre liv gennem kropslig-følelesmæssig virkelighedssansning

SUBJECT AREAS AND THEMES	
For the purpose of our internal statistics, please indicate which of the following broad subject areas best cover your project.:	Other

APPLICANT AND CONTACT

APPLICANT	
Organisation type:	Danish research and education institutions
Danish research and education institutions:	Universities and institutions in architecture and art
Universities and institutions in architecture and art:	Roskilde University
Department:	Department of People and Technology
Postal code:	4000

CONTACT	
First name:	Jesper
Surname:	Simonsen
Email:	simonsen@ruc.dk
Telephone:	20440338
Title:	Professor

KEY BUDGET FIGURES

Amount applied for excl. overheads (DKK):	kr. 5.992.750,00
Amount for overheads (DKK):	kr. 1.655.610,00
Amount applied for incl. overheads (DKK):	kr. 7.648.360,00
Total budget incl. overheads (DKK):	kr. 11.497.184,00

DURATION

Starting date (dd-mm-yyyy):	01-02-2017
End date:	30-06-2020
Please enter the expected duration of the project in months.:	41

TITEL AND SCIENTIFIC CONTENT

CLASSIFICATION CODES (OECD)

CLASSIFICATION CODE

Classification code 1: Medical and Health sciences
 Classification code 2: Social sciences

CLASSIFICATION CODE 1

ID: 30000
 Classification code : Sundhedsvidenskab
 Classification code English: Medical and Health sciences

CLASSIFICATION CODE 2

ID: 50000
 Classification code: Samfundsvidenskab
 Classification code English: Social sciences

KEYWORDS AND DANISH POPULAR DESCRIPTION

KEYWORDS

Keywords: Young adults, anxiety, depression, psychotherapy, healthcare

SHORT POPULAR DESCRIPTION IN DANISH

Max. 1,250 characters.:

Innovationen i BeReal er at implementere og forskningsmæssigt dokumentere en radikalt anderledes og effektiv psykoterapi, Sensetik, i det offentliges tilbud til unge med diagnoserne angst og depression. Sensetik terapi virker og kan få deltagerne helt ud af sygdomsregi. Dette innovative behandlingstilbud er således et stærkt alternativ til psykiatriens medicinering og til kognitiv terapitil træning i symptombekæmpelse.

Sensetik psykoterapi har gennem 28 år vist sig effektiv til at hjælpe mennesker med angst og depression. Metoden er billig at anvende, den er tilgængelig og den har ingen bivirkninger. Terapien kan med selverfaringsmetoder ændre klientens selvopfattelse fra 'at være syg', til, med en indsigt i det negative selvforhold som det underliggende problem, at ændre så grundlæggende på sine måder at behandle sig selv på, at det f.eks. ophæver barriererne for at komme i job.

Sensetik metoden implementeres ved at praktiserende læger får mulighed for at tilbyde et intensivt pakkeforløb med Sensetik terapi til 60 yngre med diagnoserne angst og depression. Behovet er stort og er genstand for megen aktuel debat [1-13]: "Ifølge eksperter mangler der et tilbud til den gruppe af unge, der er for raske til psykiatrien" [5].

SCIENTIFIC/TECHNICAL SUMMARY IN ENGLISH

Scientific/technical summary in English: BeReal's purpose is to implement, demonstrate and document the Sensetik psychotherapy method in the treatment of young adults, 18–35, with anxiety and depression and on sick leave or unemployment. A minimum of 80% of participants are expected to change their self-image from “incapacitated” or sick to capable of responsibility for their own life and future within 6 months. A minimum of 50% of the participants are expected to find regular employment within 1 year.

BeReal will offer general practitioners in the Capital Region of Denmark a “BeReal package” that the general practitioner can offer young adults as an alternative to ordinary psychiatric treatment with psychoactive drugs or cognitive behavioral therapy.

Scientific evidence for the program’s effectiveness will be provided by quantitative and qualitative measures supplemented with health economics analysis. A preliminary statistical RCT power analysis shows that 48 BeReal participants can provide significant results. The control group will include young adults not offered the BeReal package.

The public will also be exposed to the results of BeReal through a DR-produced documentary following individual participants and reporting the scientific results.

Main activities:

1. Establish partnerships with general practitioners, RCT inclusion criteria for BeReal participants and the BeReal package, and agreements with participating Sensetik therapists.
2. Provide the package offered to participants in BeReal, consisting of:
 - 2.1 An informative visitation conversation; agreement to participate.
 - 2.2 25–30 individual Sensetik therapy sessions and grounding-exercise classes
 - 2.3 Workshops, incl. a 5 day therapy workshop and a final workshop.
3. Design and impl. of research protocol.
4. DR documentary.

OTHER APPLICATIONS AND PREVIOUS GRANTS

PREVIOUS APPLICATIONS

Please state your phase 1 application number (e.g.1111-11111A): 6133-00004A

Changes in relation to the Phase 1 application, if any (max. 1.000 characters):

The title is changed from BeLIVE to BeReal to avoid any misinterpretations to 'believe'.

To reduce/eliminate risks, both ethically and legally, the project has been changed to capture young adults as early as possible in the patient trajectory. The visitation of clients to BeReal – originally planned from the Central Visitation (CVI) – has been changed to an earlier point in the patient trajectory when the general practitioner initially diagnose the client with depression (code D10) or anxiety (code D11), i.e. before the patient's condition has deteriorated to a point where he/she is referred to CVI. The RCT study, the evidence focus, and SROI value remain the same as in phase 1.

The change in visitation adds value to the project by targeting psychological vulnerable young adults that find themselves in "no man's land" still "too healthy for the psychiatric treatment" [5].

DR's role is changed from partner to contributor - see appendix E.

References added to appendix D.

OTHER GRANTS

Is the application linked to other grants?:

OTHER SOURCES

Are there activities in the project that are dependent on applications submitted for other funding sources?:

SUPPLEMENTARY INFORMATION

Any supplementary information (max. 1.000 characters):

While anxiety can be seen as rather directly related to a negative self-relation, depression is seen as a more indirect effect, i.e. as an energetic cost phenomenon resulting from coping strategies including closing off emotional reactions, such as aggression or grief. These strategies create a state of emotional and energetic paralysis, the state of depression.

Sensetik's facilitation of meeting oneself for real, through bodily and emotional present awareness, identifies the negative self-relation as the basic problem behind the closing strategies. The core of this basic problem is a confusion of being and doing: When I am stuck in this way, there must be something wrong with me.

Sensetik's work with depression offers participants an alternative discourse: An understanding, experienced with 'direct evidence' (the 'yes, that's how it is'-quality) of their own (unintended) production of depression - and thereby the means of changing these painfully confused coping attempts.

AIM AND NOVELTY

Aim: BeReal aims to implement and document the effectiveness of the BeReal package in treating young adults with depression and anxiety and the efficiency of the Sensetik method. The research will include evaluation of 'direct evidence' (direct user experienced comprehension), change in negative self-relation, quality of life, relation to job/education, and more.

The novelty of this program includes the rate of effectiveness, the low costs, the absence of medication, the long-term efficacy, and the low rate of disease recurrence – as compared to traditional psychiatric treatment: The participants will actually attain an improved quality of life in society. Research evidence (including RCT) and a DR-doc will document the effects and qualities.

Innovative scope:: Sensetik offers an innovative paradigm shift in the understanding and treatment of depression/anxiety. The consideration of depression and anxiety as diseases is seen as a fundamental misinterpretation, misleading the suffering person into a disbelief in own abilities to basically change his condition. Psychiatry views negative self-esteem as caused by depression. Conversely, Sensetik methods unveil negative self-relations as the underlying core problem causing depressive states. Meeting basic and natural emotional reactions, such as anger and grief, through negative self-perspectives, may result in depressive conditions. The perspective of anxiety is likewise rooted in negative self-relations and the confusion of being wrong. In the state of anxiety the person can search for the risks to fear in every direction, inwards as outwards, in terms of fantasies of being harmful, making mistakes, being ridiculed, etc. These 'risks' can become fixed fantasies as in phobias, and create ritual counter-fantasies and -behavior as in OCD, self-mutilation, etc.

Sensetik therapy is an in-depth approach that introduces appropriate, effective methods of bodily founded psychological work to discover, understand and change ways of meeting oneself

State-of-the-art:: The psychiatric epidemic:
Psychiatric diagnoses and prescriptions have increased dramatically. In 2006, just over 6,000 children and young adults were issued prescriptions for medication for ADHD. In 2014, the number had risen to almost 18,000, tripling in only eight years [1, 27-28].

Psychiatric diagnoses are culturally expanding as explanatory concepts in modern life and understanding.
Another dimension of the psychiatric epidemic is the widespread expansion of psychopharmacology. The consumption of medicine has grown by several hundred percent. However, medical psychiatry seems to have an extremely limited success in solving the problems addressed and the medication has huge side effects. It can be seen as an example of an attempt to solve a problem in a way that basically does not solve it but seems to create more problems than those it is trying to solve.

When psychotherapy is part of the psychiatric approach it is, like the medical approach, basically founded in the disease paradigm and has its focus on the symptom-level i.e. on different ways of training symptom control. Typical in this respect is CBT, Cognitive Behavioral Therapy.

BeReal will address this:
Sensetik's humanistic factual approach to 'the psychiatric epidemic' e.g. of depression and anxiety offers a rather radical alternative discourse to the disease paradigm. Furthermore it offers a psychotherapeutic approach that transcends the fixation to the symptom level that is typical of the mainstream psychotherapies connected to psychiatry. These symptom therapies can often be seen as adding an extra level of negative self-relation to the original problem - in terms of getting the responsibility for a symptom controlling behavior.

Instead of being focused on the symptom level the Sensetik approach offers a causal therapy based on a psychological causality. It gives the participants the

opportunity of an exploration and a change of the basic underlying dynamics of depression and anxiety. Through guidance of how to utilize their own bodily and emotionally based sense of reality, they can identify their automated habits of meeting themselves through negative perspectives - and change these habits. The habitual behavior can be recognized as irrationally hostile and unfair to themselves, basically through their own direct experiences (with bodily founded evidence-quality) that the negative images of themselves simply are not true.

VALUE

Relevance of the project::

BeReal is a relevant alternative to expensive and often ineffective psychiatry. BeReal will contribute to a significant increase in the employment rate among its participants. BeReal will reduce expenses related to social assistance, sickness benefits, and psychiatric treatment.

The annual cost of treatment for anxiety and depression is estimated to be 13.8 billion DKK. BeReal does not use psychiatric drugs that may have serious side effects on users. The employment rate for people with psychiatric disorders is approximately 26%. This low employment rate means loss of quality of life, social isolation, and poverty and often also leads to lifestyle diseases due to poor diet, smoking, and too little exercise for these adults. Effective Sensetik psychotherapy can be the deciding factor that can address these problems and increase the employment rate significantly for people with anxiety and depression. According to Professor Knud Juel, The National Institute of Public Health, anxiety disorders cause an annual production loss of about 10 billion DKK [29]. This high amount is caused by the many young adults diagnosed with anxiety and depression who do not become active in job or school: They are the target group of BeReal.

PLACEMENT IN THE VALUE CHAIN

Applied research:
 Development:
 Commercialisation/implementation:

Description of placement:

TRL 9.

BeReals' Sensetik therapy has been proven in an operational environment for over 30 years, since 1998 within the Sensetik Institute (NGO/NPO), also offering a 4-year training program and certification. The method has shown its effectiveness with hundreds of clients with depression and anxiety.

The need is for scientific documentation and public exposure to establish the resources and recognition needed for large-scale dissemination to benefit larger user groups and markets.

Value creation in overall innovation:

In the following, we focus on one effect, employment, where we have made a quantitative calculation of the value creation. This is possible because we know in advance that the target group will be unemployed and receive social benefits. The calculation is based on the expectation that 50% of the participants will start in jobs, tax (40.1%) on average income in Denmark minus the cost of social benefits after tax, calculated with deadweight of 5% and an external influence on 10%. The project will create a total value of 262.344 DKK per participant giving a SROI ratio 1:7 – that is, for every 1 DKK expense in treatment costs, society gets 7 DKK in return.

Value creation in relation to the other expected effects are described qualitatively, as we lack data and knowledge about the target group in a number of areas. For 80% of the participants we expect increased quality of life and increased social and economic security. The loss of production – 10 billion DKK – will be reduced, as young adults on a larger scale get access to Sensetik's method and thereby gain a position in production. A reduction in expenses related to social and health-related problems is also expected.

Value creation after end investment from IFD:

The value gain from BeReal will in a long perspective (10 years) on the job effect

give a total net profit (present value) of 51.909.250 DKK (60 participants / 10 years, with a decrease in capacity of 10 % and a discount rate of 3%) and a SROI ratio on 1:13, that means 1 DKK spent on the BeReal treatment gives 13 DKK in return.

There will be a gain in production as the loss of production related to anxiety and depression will be reduced.

Value creation for society will be a possibility to turn the psychiatric epidemic down, and establish a new human factual approach to people suffering mentally, with the possibility to become a "learning society" concerning mental health. Society can learn to take advantage of the human potentials to provide real solutions to the kind of problems psychiatry is trying to solve with magnitudes of psychoactive drugs - with highly doubtful benefits and obvious harmful effects.

The Innovation Fund investment is crucial to BeReal's accomplishment. Through the Innovation Fund investment, the method's efficiency and strength can be proved and recognized by the public health system and thus contribute to a large upside potential both to reduce the burden of disease and of economic production loss.

Innovative gearing::

The grounding dimension in Sensetik therapy is a potential approach for other psychiatric diagnosis:

- Psychotic ways of solving problems (radical closure for a sense of reality, ignoring the body, engulfed in fantasies)
- Bipolar D (with mania as an anti-grounding escape from depressive paralysis) - OCD (attempting to solve the problem by infallible compulsion)
- Eating D's and self-mutilation.

Sensetik addresses such diagnoses as attempts to solve problems by disconnecting with reality.

REGULATIONS, ETHICS AND FINANCIAL GEARING

Ethical and regulatory considerations::

There will be young adults who agree to participate in the RCT but who may not be offered participation in the BeReal package as part of the RCT drawing (that will allow only 50% to participate). These people might feel sad, disappointed, or angry if not included in the program.

Clients will be offered the BeReal package from their general practitioner. An inclusion criteria to BeReal is that the client is not using any psychoactive drugs as this will counteract the therapeutic approach. If an interested client is using psychoactive drugs he/she has to – in collaboration with his/her general practitioner – forego psychoactive drugs as a precondition to enter the BeReal package.

The client is free to leave the BeReal package at any time. This decision is entirely up to the client.

BeReal will not use any personal patient record data or personal/civil registration numbers. All surveys and data collected from the clients will be treated with complete anonymity. No personally identifiable data are used as part of the effects measurements or health economic analysis.

Financial gearing:

The application is – as applied for in phase 1 – fully financed by the Innovation Fund Denmark and the BeReal partners. The project plan include a work package (WP6 Dissemination of results) that include activities to establish a funding strategy preparing the BeReal package as a service to be continued after project completion. Potential funding sources are the Danish Regions and private funds such as the Velux Foundations and the A.P. Møller Foundation.

PROJECT DESCRIPTION

Value proposition:

On a personal/family level each user of BeReal, will, in a long term perspective, benefit from the BeReal package in terms of life-quality, in personal income, and in health- and social conditions.

The job effect per user will provide a gain in present value of 494.654 DKK in a 10 year perspective (in capacity of 10 % and a discount rate of 3%). The long term value creation is linked to the participants' new understanding of the mechanisms behind depression and anxiety and to the Sensetik therapy methods (inherent grounding dimension) as an integrated way to meet oneself.

The user ends up having methods to solve as well as to handle and understand his/her anxiety and/or depression. The current state-of-the-art in GP/psychiatric/psychological treatment of depression and anxiety is predominantly medical and/or symptom-centered (cognitive-behavioral) psychotherapy. These approaches can provide coping techniques on the symptom level, but does not provide the individual with means to change anxiety and depression on the causal level.

The BeReal package is a cheap treatment (37.167 DKK per user).

SWOT analysis:

Strengths

- S1: Innovative method – efficient and without side effects
- S2: Huge societal, economical, and personal benefits
- S3: Participants experience a change in their self-image from "incapacitated" or sick to one of responsibility for own life and future

Opportunities

- O1: Concrete alternative to psychiatric treatment
- O2: Contribution to a paradigmatic change in the comprehension of psychiatric problems
- O3: More people with psychiatric problems are relieved and return to working life

Weaknesses

W1: Challenges in recruitment of participants. Probability: Medium. Contingency plan:

- Involve more general practitioners
- Include referrals from student counselling organizations or job centers
- Extend project period if delayed due to too few clients

W2: Challenges in maintaining contact to control group participants. Probability: Medium. Contingency plan:

- Assignment with contact details part of visitation process
- Increase control group by increasing the change of drawing this lot from 50% to 60%

- Add knowledge of control group from external reports

W3: Inconclusive benchmarking with control group. Probability: Medium.

Contingency plan:

- Narrow the visitation process
- Increase knowledge of control group from surveys and interviews
- Add knowledge of control group from external reports

Threats

T1: Resistance, opposition, and challenges from participants rejecting the therapy. Probability: Low, but a known phenomenon that might have severe consequences for the other client participants in the same group. Contingency plan:

- Prepare visitation process to identify participants not motivated for body-oriented psychotherapy

- Prepare and supervise therapists to manage situations where client is resistant/aggressive towards therapist

- Provide objective written feedback to clients abandoning the package

T2: Too high drop-out rate. Probability: Low. Contingency plan:

- Prepare visitation process to thoroughly inform participants

- Dimension BeReal package for 60 participants (min. 48 is needed for RCT)

allowing for up to 20% drop-out rate

- Prepare process to motivate clients to re-join the BeReal package

T3: Opposition or obstruction from the established psychiatric system. Probability: Medium. Contingency plan:

- Prepare honest and unpretentious descriptions of the BeReal project
- Open access to RCT research protocol, visitation process, and BeReal package content
- Provide solid scientific evidence through RCT study

Project plan – overview:

The project will be organised in eight work packages:

WP1 Project management, handling all agreements with participants, partners, and DR, a detailed project plan including plan for DR documentary as well as risk assessment and contingency plans.

WP2 Coordination, establishing and administrating the BeReal package (x 6) for groups of 10 clients, starting new group three times a year.

WP3 Research management, responsible for research protocols, literature review and delivering results of highest international quality.

WP4 Data collection, i.e. empirical surveys, interviews, observations, and reporting.

WP5 BeReal package, involves management and quality assurance of package including visitation of clients and supervision of therapists.

WP6 Dissemination of results, implementing results after project completion.

WP7 Data analysis, effect measurements, delivering research results of highest international quality.

WP8 Data analysis, health economics analysis, delivering research results of highest international quality.

The overall lifespan of the project activities will be:

Month 1-6: Project establishment and kick-off

Month 7-30: Three phases of BeReal packages (x2) comprising groups of 10 clients, starting new group three times a year

Month 31-42: Completion of the RCT study results and future implementation of the BeReal package

Month 1-6: Leading to a stop/go milestone (M1) with the following deliverables:

- Agreements and plans (WP1)
- Research protocol and literature review (WP3)

M1 include a stop/go option and an assessment and risk management addressing W3, T1, T2 and T3 (see SWOT analysis).

Month 7-30: Three phases of BeReal packages (x2) comprising, respectively, 33%, 66% and 100% data from BeReal packages leading to three annual milestones (M2-M4) with the following deliverables:

- Project status reports (WP1)
- Research reports (WP3)
- Data collection reports (WP4)
- BeReal package evaluation reports (WP5)
- Effect measurements and health economics reports from 33%, 66% and 100% of data (WP 7 and 8)

M2 and M3 allow for assessment, risk management, and adjustment of project after 33% and 66% of project completion addressing W1, W2, T1, T2 and T3 (see SWOT analysis).

Month 31- 42: Project completion with evidence based results disseminating the BeReal package as a future service. Deliverables include (M4):

- Journal articles (WPs 7-8)
- Conference (WP6)
- Funding strategy (WP6)
- Dissemination proposal (WP6)

Project plan – work package level:

WP 1 Project management

WP leader: Professor Jesper Simonsen (Roskilde University), 2.25 months/year in 3.5 years.

Objective: To secure a smooth and reliable project management of the overall project, its budget and plans, participants and partners, milestones, and deliverables.

Tasks (T):

- T1.1 Overall management of project
- T1.2 Establishment of project including
 - o Detailed project planning
 - o Recruitment of staff
 - o Agreements with general practitioners; participating Sensetik therapists; grounding-exercise instructors
 - o Agreement with DR documentary, including production plan
- T1.3 Financial management
- T1.4 Coordination with and between WPs 2-8

Milestones (M) & Deliverables (D):

- D1.1: Project establishment charter including all agreements, detailed project plan including plan for DR documentary. M1 (Stop/go): Sept. 2017
- D1.2-D1.4: Project status reports after completion of 33%, 66% and 100% of project. M2-M4: June 2018-2020

WP 2 Coordination

WP leader: NN (to be recruited), 1 year full time research assistance during 2.25 years.

Objective: Practical establishment, administration, and maintenance of BeReal package including day-to-day communication.

Tasks:

- T2.1 Produce and distribute information sheets for general practitioners, clients, and project web-site
- T2.2 Establish cooperative partnerships with general practitioners
- T2.3 Organising and administrating BeReal package (x 6) for groups of 10 clients, starting new group three times a year
- T2.4 Communication with general practitioners and clients
- T2.5 Communication with DR documentary producers

Milestones & Deliverables:

- D2.1: Project information for general practitioners, clients and project web-site; BeReal package established. M1 (Stop/go): Sept. 2017

WP 3 Research management

WP leader: Professor Morten Hertzum (University of Copenhagen), 0.75 months/year in 3.5 years.

Objective: To secure a predictable and reliable research management delivering research results of highest international quality.

Tasks:

- T3.1 Overall research design and research protocol
- T3.2 Literature review
- T3.3 Inclusion and exclusion criteria
- T3.4 Planning survey of basic data from clients
- T3.5 Planning quantitative data (surveys)
- T3.6 Planning qualitative data (observations, interviews)
- T3.7 Implementation of research protocol
- T3.8 Coordination with WPs 1, 4, 5, 7, and 8

Milestones & Deliverables:

- D3.1: Research protocol and literature review. M1 (Stop/go): Sept. 2017
- D3.2-D3.4: Research reports from 33%, 66% and 100% of data. M2-M4: June 2018-2020

WP 4 Data collection

WP leader: NN (to be recruited), full time research assistance in 2.25 years.

Objective: Practical implementation and accomplishment of empirical scientific data collection and documentation.

Tasks:

- T4.1 Surveys and (phone) interviews for in total 120 clients (60 in BeReal packages, 60 in control group), after 0, ½, 1, 2 years
- T4.2 Coordinating data collection done by therapists
- T4.3 Participant observation of workshops in the BeReal Packages
- T4.4 Observations of selected supervisions of Sensetik therapists
- T4.5 Reporting qualitative and quantitative data

Milestones & Deliverables:

- D4.1-D4.3: Data collection reports from 33%, 66% and 100% of data. M2-M4: June 2018-2020

WP 5 BeReal package

WP leader: Adjunct Professor and founder of the Sensetik Institute, Olav Storm Jensen (Sensetik), 1.5 months/year in 3.5 years.

Objective: To secure a high quality assurance of the BeReal package, research design regarding its analysis, and to manage the visitation process, supervision of therapists, and handling any ethical issues arising from the BeReal package.

Tasks:

- T5.1 Detailed research design of BeReal package analysis
- T5.2 Overall management of BeReal package
- T5.3 Management of inclusion and visitation process
- T5.4 Supervision of Sensetik therapists
- T5.5 Risk assessment and management of ethical issues
- T5.6 Coordination with WPs 1, 3, 4, and 7

Milestones & Deliverables:

- D5.1-D5.3: BeReal package evaluation reports from 33%, 66% and 100% of clients. M2-M4: June 2018-2020

WP 6 Dissemination of results

WP leader: NN (to be recruited), 0.5 years full time research assistance during 1 year.

Objective: Dissemination of project results including preparing the BeReal package implementation as a service to be provided after project completion.

Tasks:

- T6.1 Providing information of project results to different target audiences
- T6.2 Organizing conference
- T6.3 Coordination with DR documentary
- T6.4 Develop funding strategy
- T6.5 Proposal for the Region for the establishment of a BeReal clinic

Milestones & Deliverables:

- D6.1: Conference presenting BeReal results. M4: June 2020
- D6.2: Funding strategy for BeReal after project completion. M4: June 2020
- D6.3: Dissemination proposal for the establishment of a BeReal clinic. M4: June 2020

WP 7 Data analysis, effect measurements

WP leader: Professor Morten Hertzum (University of Copenhagen), 1.1 months/year during 3.5 years.

Objective: To provide effect measurements delivering evidence and research results of highest international quality.

Tasks:

- T7.1 Detailed research design of effect measurements
- T7.2 Cross-validation of quantitative and qualitative data
- T7.3 Analysis of quantitative data
- T7.4 Analysis of qualitative data
- T7.5 Documentation of data analysis
- T7.6 Annual effects-measurements reporting
- T7.7 Journal article with results of effects measurements
- T7.8 Coordination with WPs 1, 3, and 4

Milestones & Deliverables:

- D7.1-D7.3: Annual effect measurements from 33%, 66% and 100% of data. M2-M4: June 2018-2020
- D7.4: Journal article. M4: June 2020

WP 8 Data analysis, health economics analysis

WP leader: Senior Researcher Lene Halling Hastrup (Region Zealand), 1.1 months/year during 3.5 years.

Objective: To provide health economics analysis delivering research results of highest international quality.

Tasks:

- T8.1 Detailed research design of health economics analysis
- T8.2 Health economics analysis
- T8.3 Documentation of data analysis
- T8.4 Journal article with health economics analysis
- T8.5 Coordination with WPs 1, 3, and 4

Milestones & Deliverables:

- D8.1-D8.3: Annual report of health economic measures from 33%, 66% and 100% of data. M2-M4: June 2018-2020
- D8.4: Journal article. M4: June 2020

PROJECT PARTNERS

Qualifications and competencies:: As indicated in the project plan the project requires skilled competencies within project- and research management as well as within the core service of providing and managing the BeReal package of Sensetik therapy. The core management team comprises:

- Professor. Ph.D. Jesper Simonsen (Roskilde University): Project manager (WP1). He has 25 years of experience managing action research based projects, the latter 13 years within the healthcare domain with projects on effect assessments. He has insight into Sensetik from completing the 4-year training program and from research collaboration with Olav Storm Jensen [30].
- Adjunct Professor, Mag. Art. in psychology, Olav Storm Jensen (Roskilde University and Sensetik). Manager of the BeReal package (WP5) and key responsible Sensetik academic. He initiated the Sensetik training program in 1988 and founded the Sensetik Institute (Sensetik.dk) in 1998. He has spent 30 years developing and practicing Sensetik's theory of the negative self-relation and its importance in development of "mental disorders" [14-26].
- Professor, Ph.D., Morten Hertzum (University of Copenhagen). Research manager (WP3). Internationally recognized researcher with an outstanding publication record and an expert in quantitative research and effects assessment. He has collaborated closely with Prof. Simonsen on multiple research projects over the last 13 years within the healthcare domain with projects on effect assessments.

The management team will be partnered by:

- Senior Researcher, Ph.D., Lene Halling Hastrup (Region Zealand). Expert in health economics and responsible for the BeReal's health economics analysis (WP8).
- Rikke Posborg, Independent Supervisor and consultant on BeReal. More than 40 years of experience as social worker, including management of Settlementets Rådgivning [Settlementet.dk, 31]. Publication record includes three editions of the textbook "Socialrådgivning og Socialt arbejde" [32] used at the Danish social worker bachelor programs (Socialrådgiveruddannelsen).
- Sensetik trained therapists: Approximately three therapists providing the therapy in the BeReal package, all with completed Sensetik's 4-year training program and with thorough experience as a Sensetik psychotherapist as authorized by certificate from the Sensetik institute.

Governance::

The governance of the project is organized with a project manager, a core management team, a steering committee, and an advisory board.

The project manager is Professor Jesper Simonsen, and he will be responsible for the overall project and all communication with the steering committee and IFD. Jesper Simonsen is recommended for nomination as project administrator according to the IFD standard investment agreement §5.2.

The project activities are organized in eight work packages (WP1-WP8) each managed by a dedicated work package manager – as described in the Project plan – work package level. The manager of WP2, Coordination, will undertake ongoing and daily communication with project participants and partners, including general practitioners, and clients.

To assist Professor Jesper Simonsen in the day-to-day management, a core management team will be formed including Professor Morten Hertzum (manager of WP3, Research management) and adjunct Professor Olav Storm Jensen (manager of WP5, the BeReal package).

A steering committee approving all major project decisions – including all

milestones described in the Project plan and in appendix A – will be formed with representatives from BeReal partners:

- Roskilde University: Professor Jesper Simonsen
- University of Copenhagen: Professor Morten Hertzum
- The Sensetik Institute: Adjunct Professor and founder of the Sensetik Institute, Olav Storm Jensen
- Region Zealand: Senior Researcher Lene Halling Hastrup

As the IFD appointed investment manager for the steering committee we suggest Senior Scientific Officer Lars Winther

We furthermore suggest the establishment of an advisory board with representatives from key stakeholders to the results from BeReal, including the following:

- A representative from Roskilde University, preferable Rector Hanne Leth Andersen
- A representative from the Capital Region of Denmark, preferable chair of the Regional Councils' Psychiatry Committee (RHs Psykiatriudvalg), Karsten Skawbo-Jensen
- A representative from general practitioners, preferable chair of the Danish Medical Association for the Capital Region of Denmark (PLO-Hovedstaden), Flemming Skovsgaard

Project partners::

Jesper Simonsen (Professor of Participatory Design, Roskilde University) contributes as experienced senior project manager (25 years of experience) and with expertise in effects measurements and assessment within the healthcare area (13 years of experience). He has just completed a yearlong position (2012-2016) as director for Roskilde University's Strategic Research Initiative with 75 research participants [dht.ruc.dk] and is open to fully dedicate his future effort to the BeReal project. He has collaborated with Morten Hertzum for 14 years and with Olav Storm Jensen for almost a decade. His motivation for BeReal is consolidated by his experiences of the effectiveness of this method: Roskilde University funded his 4-year training program in academic-personal competence offered by Sensetik that he completed in 2013 and established his role as mentor at the department helping colleagues with stress. He has integrated parts of the Sensetik method in his teaching and in his latest research publications [30].

Olav Storm Jensen (Psychologist, Adjunct Professor, Roskilde University) has developed the Sensetik approach to psychotherapy as the scientific work of his lifetime - based on his consequent research-oriented approach to his experiences with practical therapy (especially in groups) and with training and supervision of psychotherapists - during 4 decades. His participation in the BeReal project is basically motivated by his interest in seeing an expansion of the acquaintance with Sensetik and its simplicity, its transparent meaningfulness, and its causal efficiency among psychological/psychiatric health-professionals. Through Sensetik's simple methods to facilitate real, i.e. sense-based - not just intellectual, reality-assessments, it supports the client's possibility to encounter answers to otherwise confusing questions, with the quality of direct evidence, i.e. the quality of ending speculations in a relieving and final way. This kind of answers to the basic self-relational doubts about being substantially OK, produce radical changes to states of depression and anxiety, to the basic quality of life, and to the alienating conceptions of depression and anxiety as inexplicable diseases linked to a constitutional psychic vulnerability.

Morten Hertzum (Professor of Information Science, University of Copenhagen) contributes to the project with expertise in estimating the required size of the study, in statistical data analysis, and in reporting statistical analyses. As an important supplementary contribution to the project he has no vested interest in Sensetik. He has collaborated closely with Prof. Simonsen on multiple research projects over the last 14 years. Prof. Hertzum's motivation to participate in the project follows from his long-term engagement in research projects aiming to improve healthcare services. He is particularly interested in the BeReal project because anxiety and depression deteriorate the quality of life of many people – those who suffer from the disorders as well as their relatives – and because Sensetik may offer a drastic improvement in outcomes compared to the conventional treatment. In terms of results for his own work, Prof. Hertzum expects that BeReal will provide the knowledge and experiences

necessary for extending his work on healthcare information technology to psychiatric disorders.

Lene Halling Hastrup (Senior Researcher, Psychiatric Research Unit, Region Zealand) contributes to the project with expertise in planning and conducting health economic evaluations of interventions in mental health. Lene Hastrup has also expertise in data analysis using data from official Danish registers. The evidence base on cost-effectiveness of Danish mental health interventions is still limited, and Lene Hastrup's motivation to participate in the BeReal project follows from her engagement in increasing awareness of these issues.

Rikke Posborg (Socialworker, entrepreneur). I have 40 years background as socialworker and experience with the target group of BeReal and the difficulties young people suffering from anxiety and depression have in finding relevant and lasting help. Through 20 years I have worked with project development, implementation and management – in short: From desktop to practical work. As head of department of Settlementets Rådgivning (2001– 2013) I have implemented the Sensetik method in the Psychological Consultation, where psychologists and psychotherapists educated as Sensetik therapists, on a volunteer basis, gave free therapy to young and poor adolescents with anxiety, depression, OCD and stress. The effects of the therapy for individual users were noticed by General Practitioners and the Job Center, who referred patients/users to our program. I find my consultancy will be relevant to the BeReal project, in terms of how to have users referred to, organizational challenges and implementation.

2. Appendix A: Project timelines

	2017				2018				2019				2020	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Project duration														
WP1: Project management														
WP2: Coordination														
WP3: Research management														
WP4: Data collection														
WP5: BeReal package														
T5.1 Detailed research design of BeReal package analysis	x													
WP6: Dissemination of results														
WP7: Data analysis, effect measurements														
T7.1 Detailed research design of effect measurements	x													
WP8: Data analysis, health economics analysis														
T8.1 Detailed research design of health economics analysis	x													
Milestones														
M1: (Stop/go)			M1											
D1.1 Project establishment charter including all agreements, detailed project plan including plan for DR documentary agreed upon by project partners			x											
D2.1 Project information for general practitioners, clients and project web-site finished; BeReal package established			x											
D3.1 Research protocol and literature review			x											
M2: Project statusreport (33% completion) and if necessary contingency plan approved by steering committee							M2							
D1.2 Project status report after 33% project completion delivered to steering committee							x							
D3.2 Research reports from 33% of the analysis completed							x							
D4.1 Data collection reports from 33% data completed.							x							
D5.1 BeReal package evaluation reports recived from 33% of clients							x							
D7.1 Annual effect measurements finished from 33% of data							x							
D8.1 Annual report of health economic measures finished from 33% of data							x							
M3: Project statusreport (66% completion) and if necessary contingency plan approved by steering committee										M3				
D1.3 Project status report after 66% project completion										x				
D3.3 Research reports from 66% of the analysis completed										x				
D4.2 Data collection reports from 66% data completed.										x				
D5.2 BeReal package evaluation reports recived from 66% of clients										x				
D.7.2 Annual effect measurements finished from 66% of data										x				
D8.2 Annual report of health economic measures finished from 66% of data										x				

M4:Project statusreport (100% completion) and if necessary contingency plan approved by steering committee														M4
D1.4 Project status report after 100% project completion														X
D3.4 Research reports from 100% of the analysis completed														X
D.4.3 Data collection reports from 100% data completed.														X
D5.3 BeReal package evaluation reports recived from 100 % of clients														X
D6.1 BeReal Conference has been held														X
D.6.2 Funding strategy has been approved by the steering committee														X
D.6.3 Dissemination proposal has been approved by the steering committee														X
D.7.3 Annual effect measurements finished from 100% of data														X
D.7.4 Journal article submitted														X
D8.3 Annual report of health economic measures finished from 100% of data														X
D8.4 Journal article submitted														X

3. Appendix B: Budget

Overview 1 - Project participants and other budget items

BeReal - Better lives trough bodily-emotionally sensed reality

	Name of institution/company	Shortname	Country	Size (for private enittes)	Role
P1	Roskilde University Department og People and Technology	RUC	Denmark		Project Partner
P2	Sensetik Institutet	Sensetik	Denmark	SME	Project Partner
P3	University of Copenhagen Royal School of Library and information Science	KU	Denmark		Project Partner
P4	Region Sjælland Psykiatrien Region Sjælland, Psykiatisk Forskningsenhed	RS	Denmark		Project Partner
P5	Danmarks Radio DR Kultur	DR	Denmark		Project Contributor
P6					
P7					
P8					
P9					
P10					
P11					
P12					
P13					
P14					
P15					

Overview 2 - Overviewbudget

BeReal - Better lives trough bodily-emotionally sensed reality

All amounts includes overheads

	Party (shortname)	Participant Role	Expenditure budget	Financing of expenditure budget i column A			E Party's contributions to other participants in the project (DKK)
			A Party's own expenditure budget (DKK) (=B+C+D)	B Party's share of investment being applied for (DKK)	C Party's self-financing (DKK)	D Other financing (DKK)	
P1	RUC	Project Partner	5.091.408	4.420.440	670.968		
P2	Sensetik	Project Partner	3.800.000	2.230.000	1.570.000		
P3	KU	Project Partner	702.576	635.040	67.536		
P4	RS	Project Partner	403.200	362.880	40.320		
P5	DR	Project Contributor	1.500.000		1.500.000		
P6							
P7							
P8							
P9							
P10							
P11							
P12							
P13							
P14							
P15							
Total			11.497.184	7.648.360	3.848.824	-	-
External sources of financing							
Total			11.497.184	7.648.360	3.848.824	-	-

Overview 3 - The project budget and the investment broken down by cost type

BeReal - Better lives through bodily-emotionally sensed reality

A: Expenditure budget	Industrial research	Experimental development	Total
Salaries (excl. overheads)	8.503.600		8.503.600
Equipment expenses (excl. overheads)			
Other direct project-related costs (excl. overheads)	1.100.000		1.100.000
Total excl. overheads	9.603.600		9.603.600
Overheads	1.893.584		1.893.584
Total	11.497.184		11.497.184

B: IFD investment	Industrial research	Experimental development	Total
Salaries (excl. overheads)	5.252.750		5.252.750
Equipment expenses (excl. overheads)			
Other direct project-related costs (excl. overheads)	740.000		740.000
Total excl. overheads	5.992.750		5.992.750
Overheads	1.655.610		1.655.610
Total	7.648.360		7.648.360

Investment rate (B/A)	Industrial research	Experimental development	Total
Investment rate	67%		67%

Please use the following field for any short comments or specifications, if relevant (use alt-enter for line breaks if relevant)

Overview 4 - Key parameters from the sub-budgets (for control)

BeReal - Better lives trough bodily-emotionally sensed reality

	Party (shortname)	Participant Role	Type of organisation	Size: SME or LARGE (private sector entities)	Overhead factor (public sector entities)	Cost factor (GTS inst.)	Type of activity (GTS inst.)	Investment rates		
								Industrial research	Experimental development	Total budget
P1	RUC	Project Partner	Danish: University		44,0%			87%		87%
P2	Sensetik	Project Partner	Danish: Private non-profit organisation or foundation	SME			1: Purely non-profit research	59%		59%
P3	KU	Project Partner	Danish: University		44,0%			90%		90%
P4	RS	Project Partner	Danish: Other governmental research institution (incl. sector research institutes)		44,0%			90%		90%
P5	DR	Project Contributor			0,0%			0%		0%
P6										
P7										
P8										
P9										
P10										
P11										
P12										
P13										
P14										
P15										

4. Appendix C: CVs

CV Jesper Simonsen



Professor of Participatory Design, Department of People and Technology, Roskilde University.

Internationally leading expert in Participatory Design and Chair of the Participatory Design Conferences Advisory Board. 25 years of experience in research management and collaboration with external partners in action research driven projects. 13 years of research and experience in effect assessments in the Danish healthcare sector. Has since 1991 conducted participatory design action research in collaboration with practitioners. Has since 2005 continually managed research projects and collaboration with the Danish healthcare sector, including nine Ph.D.'s. Director of the Roskilde University Strategic Research Initiative 'Designing Human Technologies' with 75 research participants (2012-2016). Chair of the PDC Advisory Board. Latest project: 'Clinical Communication' including effects-driven optimization and local competence building with clinicians from Nykøbing Falster Hospital.

Contact Information & links

Jesper Simonsen, PhD., Professor of Participatory Design

Citizen of Denmark, born July 22, 1961

Department of People and Technology, <http://www.ruc.dk/institutter/imt/>

Roskilde University, University Street 1, Building 08.2, 4000 Roskilde, Denmark

Cell: +45 20440338; Mail: simonsen@ruc.dk; Skype: jespersimonsen

Personal web-site: <http://jespersimonsen.dk>

Designing Human Technologies: <http://dht.ruc.dk>

PDC Advisory Board: http://pdcproceedings.org/Advisory_Board.html

Clinical Communication: <http://dht.ruc.dk/cc/>

Selected publications. Complete list (>180 publications): <http://jespersimonsen.dk>

- 2016: Simonsen, J. and O. Storm Jensen: "Contact Quality in Participation: a 'Sensethic' Perspective", submitted to *14th Participatory Design Conference*, 15-19 August, Aarhus, Denmark.
- 2016: Simonsen, J. and J.D. Scheuer "Accreditation and Participatory Design: An Effects-Driven Road to Quality Development Projects" *2nd Danish Project Management Research Conference*, June 8-9, Copenhagen, Denmark, Samfundslitteratur.
- 2016: Hertzum, M. and J. Simonsen: "Effects of electronic emergency-department whiteboards on clinicians' time distribution and mental workload," *Health Informatics Journal*, Vol. 22, No. 1, 3-20.
- 2015: Hertzum, M. and J. Simonsen: "Visual overview, oral detail: The use of an emergency-department whiteboard" *International Journal of Human-Computer Studies*, Vol. 28 Oct. issue, 21-30.
- 2014: Simonsen, J., Svabo, S. Strandvad, K. Samson, M. Hertzum, and O. Hansen, (Eds.) *Situated Design Methods*. Boston: MIT Press.
- 2013: Hertzum, M. and J. Simonsen: "Work-Practice Changes Associated with an Electronic Emergency-Department Whiteboard," *Health Informatics Journal*, Vol. 19, No. 1, 46-60.
- 2012: Simonsen, J. and T. Robertson (Eds.), *International handbook of Participatory Design*, Routledge.
- 2011: Hertzum, M. and J. Simonsen: "Effects-Driven IT Development: Specifying and Measuring Usage Effects", *Scandinavian Journal of Information Systems*, Vol. 23, No. 1, 1-26.
- 2010: Simonsen, J., J.O Bærenholdt, M. Büscher, and J.D. Scheuer (Eds.): *Design Research: Synergies from Interdisciplinary Perspectives*, Routledge.
- 2009: Simonsen, J.: "The Role of Ethnography in the Design and Implementation of IT Systems", *Design Principles and Practices, an International Journal*, Vol. 3, No. 3, 251-264.
- 2008: Hertzum, M. and J. Simonsen: "Positive effects of electronic patient records on three clinical activities", *International Journal of Medical Informatics*, Vol. 77, No. 12, 809-817.

Olav Storm Jensen (f.1942) - kortfattet fagligt C.V.

Mag. art. i psykologi fra 1970. Københavns Universitets guldmedalje 1969. Universitetslærer/forsker ved Psykologisk Laboratorium, Københavns Universitet 1969-83. Psykoterapeutisk praksis fra 1977. *Certificeret bioenergetisk terapeut* 1983. Siden 1983 fuldtids privat praktiserende psykoterapeut, supervisor, freelance underviser og praksisforsker. Har på baggrund af en integration af kropsoverretede og fænomenologisk-eksistentielle terapitilgange udviklet den bioeksistentielle psykoterapi - Sensetikterapien - og ledet uddannelse i terapiformen siden 1988. *Adjungeret professor* ved Roskilde Universitet 2013. Publiceret enkelte monografier og en række artikler og bogkapitler om fænomenologisk psykologi, kroppsykologi og den bioeksistentielle psykoterapi - Sensetikterapien.

Udvalgte publikationer og foredrag

- *De for BeReal projektet mest relevante publikationer og foredrag af Olav Storm Jensen* (Alle tekster og links kan findes på www.sensetik.dk/mere-info)

Publikationer:

Evidens og Relevans - Videnskabelighed i psykoterapi: 'Evidensbaseret praksis' eller saglig menneskelighed? *Psyke & Logos*, 2008, 29, 152-176.

Krop, selv og virkelighed - Skal vi snakke om selvet eller være os selv? I: Bertelsen, P., Hermansen, M. & Tønnesvang, J. (red.): *Vinkler på selvet - En antologi om selvbegrebets anvendelse i psykologien*. Århus: Klim, 2002, 119-146.

Kroppen i nuet og virkeligheden - Om sandhedens fænomenologi og subjektivitetens kvalificering. *Bulletin fra Forum for Antropologisk Psykologi*, 2000, nr.7, 67-76.

Psykoterapeutens autenticitet - terapiens afgørende led. - Om at tage 'at tage klienten alvorligt' alvorligt nok. *Psyke & Logos*, 1998, 19, 271-286.

Foredrag:

Er den globale psykiatri-katastrofe menneskeskabt? - Om diagnoser og saglig menneskelighed - og om fagpersonlige videnskabelighedsforstyrrelser. Sensetik's faglige dag 16. november 2013.

Krop, følelser, selvforhold og sandhedssans. - Om kroppens betydning som værktøj for kvalificeringen af nærvær, kontakt, alvorligttagelse og ægte evidensoplevelse i psykoterapien. Fra temadag om følelsesbetonede psykoterapier i Psykiatrifondens psykiatriuge 7. oktober 2011.

Arbejde med sorg- og afskedsprocesser - fra et bioeksistentielt perspektiv. Foredragsresumé, Sensetik Instituttet, 2000.

Curriculum vitae



Morten Hertzum, Ph.D., Professor of Information Science

Royal School of Library and Information Science, University of Copenhagen
Birketinget 6, DK-2300 Copenhagen, Denmark

Phone: +45 3234 1344. Email: hertzum@hum.ku.dk. Web: mortenhertzum.dk.

Citizen of Denmark, born May 14, 1965

Research

Main topic How technology supports, and otherwise affects, human activities
Interests Human-computer interaction, Usability, Collaborative information seeking, Healthcare informatics
Publications Journal articles: 56, total publications: 158
Citations H-index: 30, total citations: 3628

Current research projects

2015-2018 Senior researcher in *LabVis*, funded by the Central Norway Regional Health Authority
2014-2016 Senior researcher in *CoSound*, funded by the Danish Strategic Research Council
2012-2017 Principal investigator of *Clinical Communication*, co-funded by Region Zealand and Imatis
2005-2017 Principal investigator of *Effects-Driven IT Development*, co-funded by CSC and Region Zealand

Recent research positions

2014- Professor of Information Science. University of Copenhagen
2016 Visiting Professor, Department of Informatics, University of Oslo (1 month)
2003-2014 Associate Professor in Computer Science and Informatics, Roskilde University
2002 Academic Visitor, Dept. Computer & Information Sciences, Univ. Strathclyde, Glasgow (1 month)

Selected professional activities

2015- Head of the research group *Information & Technology*, University of Copenhagen
2013- Editorial board member for International Journal of Medical Informatics
2009-2015 Associate editor of International Journal of Human-Computer Studies
Reviewing Journal articles: 150, conference papers: 206
Supervision PhD students: 9 (completed) and 3 (current), master students: 45 (completed) and 4 (current)

Selected publications

Hertzum, M., and Simonsen, J. (2016). Effects of electronic emergency-department whiteboards on clinicians' time distribution and mental workload. *Health Informatics Journal*, 22(1), 3-20.

Hertzum, M., Borlund, P., and Kristoffersen, K.B. (2015). What do thinking-aloud participants say? A comparison of moderated and unmoderated usability sessions. *International Journal of Human-Computer Interaction*, 31(9), 557-570.

Hertzum, M., and Simonsen, J. (2015). Visual overview, oral detail: The use of an emergency-department whiteboard. *International Journal of Human-Computer Studies*, 82, 21-30.

Hertzum, M., and Holmegaard, K.D. (2015). Thinking aloud influences perceived time. *Human Factors*, 57(1), 101-109.

Hertzum, M. (2014). Expertise seeking: A review. *Information Processing & Management*, 50(5), 775-795.

Hertzum, M., Molich, R., and Jacobsen, N.E. (2014). What you get is what you see: Revisiting the evaluator effect in usability tests. *Behaviour & Information Technology*, 33(2), 143-161.

Lene Halling Hastrup

Seniorforsker, økonom, ph.d.

Mobil 61 13 29 94 | hhs@regionsjaelland.dk



Ansæt halv tid i Forskningsenheden

Øvrige opgaver

Ph.d. vejleder for to studerende

Ansvarlig for afholdelse af netværksmøder

Forskningsinteresser

Mental health Economics, especially Economic evaluation (cost-effectiveness analysis) and methodological issues, Policy studies, Public Health, Social Policy, Register analysis

Kort CV

Uddannelse

1993 MSc. in Economics (cand. oecon.), Odense Universitet, Denmark

2012 Ph. D. in Health Economics, Southern Danish University, Denmark

Ansættelser

2005 - : Senior researcher at Psychiatric Research Unit, Region Zealand

2004-2005: Economist at Næstved Hospital

2002-2004: Researcher at Psychiatric Research Unit, Storstrøms County

2000-2001: Analyst at The Health and Care Administration, Copenhagen Municipality

1995-2000: Researcher at Lemvig Hospital

1993-1995: Research assistant at Center for Health and Social Policy, Odense University

Reviewer

Scandinavian Journal of Public Health

Early Intervention in Psychiatry

The Lancet Psychiatry

British Journal of Psychiatry

Health and Quality of Life Outcomes

Igangværende projekter

- Undersøgelse af pathway to care og varighed af ubehandlet psykose med fokus på resultater af Landsindsatsen om Skizofreni og etableringen af udredningsteam (TOP) i Region Sjælland
- Registerundersøgelse af personer diagnosticeret med Borderline Personlighedsforstyrrelse
- Sundhedsøkonomisk evaluering af projekt med Brugerstyrede Indlæggelser

Publikationer

Hastrup, Lene Halling & Aagaard, Jørgen. Costs and outcome of Assertive Community Treatment (ACT) in a rural area of Denmark – 4 year registerbased follow-up. *Nordic Journal of Psychiatry* (In Press)

Nordentoft M, Melau M, Iversen T, Petersen L, Jeppesen L, Thorup A, Bertelsen M, Hjorthøj CH, Hastrup LH, Jørgensen P. From research to practice: how OPUS treatment was accepted and implemented throughout Denmark. *Early intervention in Psychiatry*. 2013 doi:10.1111/eip.12108

Hastrup, Lene Halling et al. Costs and effectiveness of early intervention in first episode psychosis: economic evaluation of a randomized controlled trial (the OPUS study). *The British Journal of Psychiatry* (2013) 202, 35–41. doi: 10.1192/bjp.bp.112.112300

Hastrup, Lene H., Van den Berg, B., Gyrd-Hansen D. Do informal caregivers in mental illness feel more burdened? A comparative study of mental versus somatic illnesses. *Scandinavian Journal of Public Health*, 2011;39:598-607

Hastrup, Lene H., Nordentoft M, Hjorthøj C, Gyrd-Hansen D. Does the EQ-5D measure quality of life in schizophrenia? *The Journal of Mental Health Policy and Economics* 2011; 14(4): 187-196

Hastrup, Lene Halling, Kronborg, Christian, Nordentoft, Merete, Simonsen, Erik. Cost-effectiveness of a Randomized Multicenter Trial In First-Episode Psychosis (OPUS) in Denmark. *The Journal of Mental Health Policy and Economics*. Vol. 14 Supplement 1. udg. 2011 (precedence)

Andersen CK, Søgaard J, Hansen E, Kragh-Sørensen A, Hastrup L, Andersen J, Andersen K, Lolk A, Nielsen H, Kragh-Sørensen P. The Cost of Dementia in Denmark: The Odense Study. *Dementia and Geriatric Cognitive Disorders* 1999; 10(4):295-304

CV

Rikke Posborg
Rosenvængets Alle 19, 2. tv.
2100 Kbh. Ø
Tlf. Mobil:50 56 66 05
E-mail: rikkeposborg@gmail.com

Født 16.marts 1948

Uddannelse:

Socialrådgiver (1973)
Minoritetstudier fra Københavns Universitet (1997)
Sensetik uddannelse i terapi og fagpersonlig udvikling (2005)

Arbejde:

Københavns Kommune, Socialforvaltning - Socialrådgiver (1973-1982)
Roskilde Universitet, Socionomuddannelsen - underviser (1976-78 og 1980-82)
Københavns Socialpædagogiske Seminarium - underviser (1982-91)
Den sociale Højskole, Efter og videreuddannelsen – leder (1991-1997)
Redaktør på Hans Reitzels Forlag (1998-2010)
Settlementet – leder af Settlementets Rådgivning og Retshjælp og souschef i Settlementet(1997-2013)
Selvstændig supervisor/konsulent (Posborgsupervision.dk) 2014 –

Tillidsposter og frivilligt arbejde:

1983-86: Mødrehjælpen – med i initiativgruppen og frivillig socialrådgiver
1997-2000: Formand for Socialpolitisk Forening
2004-2010: CEBSD, Europæisk netværk for lokalsamfundsudvikling
2000: Sammen med Johannes Bertelsen initiativtager til dannelse af SydhavnsCompagniet, en frivillig organisation i Kgs. Enghave/Sydhavnen (www.sydhavnscompagniet.dk)
2000 - i redaktionen af Social Årsrapport (udgives af Socialpolitisk Forening og CASA)
2005 – 2013: Med initiativtager til Frivilligcenter Vesterbro/Valby/Sydhavnen og formand for bestyrelsen
2006-2010 Formand for Sjakkets bestyrelse (ungdomsklub i NV)
2014: Bestyrelsesmedlem i Hovedhuset, et tilbud til mennesker med hjerneskade
2014: Bestyrelsesmedlem i HomeStart

Redaktør og forfatter til bogen Socialrådgivning og Socialt arbejde (2009) Hans Reitzels Forlag, København.

Forfatter til en række artikler og fag og socialpolitik.

5. Appendix D: References

Appendix D: References

The following references are referred to in the application by their numbers in squared brackets [].

Resent relevant news features

[1] Politiken 26. marts 2016:

Sundhedsdirektør: Kommunerne kræver alt for ofte en diagnose for at hjælpe.

<http://politiken.dk/forbrugogliv/sundhedogmotion/ECE3133110/sundhedsdirektoer-kommunerne-kræver-alt-for-ofte-en-diagnose-for-at-hjaelpe/>

[2] WHO - World Bank, 13. april 2016:

Investing in treatment for depression and anxiety leads to fourfold return.

<http://www.who.int/mediacentre/news/releases/2016/depression-anxiety-treatment/en/>

[3] Dansk Psykologforening, 2. maj 2016:

Rapport over undersøgelse af lægehenviste klienters ventetid på at komme til behandling ved en psykolog med ydernummer – maj 2016.

<http://www.dp.dk/wp-content/uploads/udvikling-i-ventetider-maj-2016-final.pdf>

[4] Information, 1. August 2016:

Jeg har jo alle mulige grunde til at være en sund og glad pige.

<https://www.information.dk/indland/2016/07/mulige-grunde-vaere-sund-glad-pige>

[5] Information, 1. august 2016:

Psykisk sårbare unge står i ingenmandsland.

<https://www.information.dk/indland/2016/07/psykisk-saarbare-unge-staar-ingenmandsland?rel>

[6] DR, 2. august 2016:

P1 Debat: Har du ondt i livet?

<http://www.dr.dk/radio/ondemand/p1/p1-debat-2016-08-02>

[7] Information, 2. august 2016:

Psykiske problemer skyld i frafald på ungdomsuddannelser.

<https://www.information.dk/indland/2016/08/psykiske-problemer-skyld-fracald-paa-ungdomsuddannelser>

[8] Information, 3. august 2016:

Hvad som helst kunne få mig til at skade mig selv.

<https://www.information.dk/indland/2016/08/helst-faa-skade>

Hjælp til unge med psykiske lidelser kræver samarbejde.

<https://www.information.dk/indland/2016/08/hjaelp-unge-psykiske-lidelser-kræver-samarbejde>

[9] Information, 4. august 2016:
Det perfekte er det nye normale.
<https://www.information.dk/indland/2016/08/perfekte-nye-normale>

[10] Information, 5. august 2016:
Jeg har jo gået med en facade og kørt et dobbeltliv.
<https://www.information.dk/indland/2016/08/gaaet-facade-koert-dobbeltliv>

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Jeg skulle være den bedste udgave af mig selv.
<https://www.information.dk/indland/2016/08/vaere-bedste-udgave>

[12] Information, 9. august 2016:
Psykisk helbred bliver bedre med alderen.
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http://www.sensetik.dk/krop_selv_og_virkelighed

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<http://www.sensetik.dk/introtilgrundbegreber>

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<http://www.sensetik.dk/pdf/Det%20gode%20liv%20i%20virkeligheden.pdf>

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- Fagpersonlige ind- og udviklinger

- om autenticitets- og spilkulturer i fagligt liv og samarbejde

- og hvorfor saglighed nogle gange kræver mod.

Tiltrædelsesforelæsning som adjungeret professor på RUC, maj 2014.

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6. Appendix E: Letters of support

København den 12. august 2016

Interesseerklæring

DR er bekendt med Innovationsfondens BeReal projekt (Better lives through bodily-emotionally sensed reality) og er interesseret i at følge det. Projektet rummer en for TV usædvanlig mulighed for at følge et videnskabeligt opsat forsøg om menneskers psykiske velbefindende fra begyndelsen. BeReal rummer også en oplagt mulighed for at debattere den måde, vi behandler psykiske lidelser på. Hvis projektet bliver en realitet, og det til den tid passer ind i de overordnede strategiske planer for DR, kunne det være redaktionelt relevant at producere en programserie, der dokumenterer de forløb og den udvikling, deltagerne kommer igennem, samt viser og debatterer projektets videnskabelige resultater.



Ida Holten Ebbesen

Redaktionschef, DR Kultur & Kunst

DR Byen
Emil Holms Kanal 20, opg.3-3
DK-0999 København C
T +45 3520 3040
D +45 3520 5324
M +45 2323 5188
idhe@dr.dk

From: Anita Mink <mink@dadlnet.dk>
Subject: Re: Interesseerklæring
Date: 13 August 2016 at 15:55:53 GMT+2
To: Jesper Simonsen <simonsen@ruc.dk>

INTERESSETERKLÆRING TIL BeReal's Forskningsprojekt .

Undertegnede, vil med denne erklæring vise støtte og interesse for at kunne henvise unge mellem 18-38 år med diagnoserne angst og depression til BeReal's tilbud og forskningsprojekt.

Den pakke, som målgruppen tilbydes, er særdeles relevant for almen praksis. Vi oplever en stigning i angst og depression, patienternes kropslige symptomer udgør ofte en særlig gene og hindring for heling, derfor tror jeg at netop Sensetik-terapien som indgår i dette projekt, vil være gavnlig.

Der er et stigende behov for henvisningsmuligheder, som idag langt fra dækkes af de psykiatriske og kommunale henvisningstilbud. Vi ser tillige at kapaciteten hos psykologer langt fra er dækkende og at den økonomiske udskrivning er et problem specielt for de unge.

Med venlig hilsen

Dato den 13. august 2016

Anita Mink

Speciallæge i almen medicin Formand PLO-Frederiksberg Praktiserende læge på Frederiksberg Godthåbsvej 123 st.tv

From: Kirsten Poulsen K.Poulsen@dadlnet.dk
Subject: Interessenterklæring.
Date: 12 August 2016 at 17:17
To: Simonsen@ruc.dk



Til Jesper Simonsen.

Nedenstående fremsendes min interessenterklæring vedr. jeres forskningsprojekt. Jeg håber at I får gang i projektet og vil se frem til at kunne henvise patienter til jer.

Med venlig hilsen

Kirsten Poulsen.

INTERESSETERKLÆRING TIL BeReal's Forskningsprojekt .

Praksis Kirsten Poulsen

Adresse Stilledal 53, 2720 Vanløse

Undertegnede praktiserende læge i Region Hovedstaden, vil med denne erklæring vise støtte og interesse for at kunne henvise unge mellem 18-38 år med diagnoserne angst og depression til BeReal's tilbud og forskningsprojekt. Den pakke, som målgruppen tilbydes vil bestå af 25-30 individuelle terapisesioner, krop-øvelseshold i grupper samt 2 workshops.

Med venlig hilsen

Dato den 12/8 2016

Navn Kirsten Poulsen

Interessenterklæring til BeReal's forskningsprojekt og tilbud til
unge med angst og depression

Praksis: Lægerne, Kanalторvet

Adresse: Kanalторvet 8, 1 sal., 2620 Albertslund

Undertegnede praktiserende læge i Region Hovedstaden, vil med denne erklæring vise støtte og interesse for at kunne henvise unge mellem 18-38 år med diagnoserne angst og depression til BeReal's tilbud og forskningsprojekt. Den pakke, som målgruppen tilbydes vil bestå af 25-30 individuelle terapisesioner, øvelseshold (Sensetik grounding øvelser) i grupper samt 2 workshops.

Med venlig hilsen

Dato 4/8/2016

Navn Rabeel El-Khamisi