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Why Wait? (Cost)Effectiveness of An Online Transdiagnostic Therapy for Patients and Their Loved Ones

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ABSTRACT

Mental healthcare is under increasing pressure, resulting in long wait-lists for mental health treatment [1]. This is problematic, as research indicates that time spent on wait-lists is negatively associated with clinical outcomes (i.e., improvement and recovery) [2] and is associated with more drop-out during treatment [3]. Given the absence of a short-term solution for reducing wait-lists, the next step is to examine whether offering an online transdiagnostic positive psychology intervention (PPI) during the waiting period improves existing treatment protocols. The eHealth PPI aims to enhance transdiagnostic protective resources, such as optimism and savouring, that enable people to be more resilient (i.e., ability to cope and adapt to adversity) and flourish in daily life, increasing well-being. Intentionally cultivating well-being reduces both mental health symptoms and transdiagnostic risk factors that can lead to the development of mental health disorders [4]. Patients' loved ones are often not involved in the treatment, even though it is well established that interpersonal connections, such as connections with loved ones, may enhance resources that promote adaptation and mental health [5]. Furthermore, targeting both the patient and partner may also enhance the efficacy of the intervention of the patient, as partners are seen as interdependent and can mutually affect each other [6]. In this research project, we therefore want to give loved ones of patients the opportunity to also complete the PPI for themselves.

Objective

Implementing an eHealth PPI during the wait-list period, may help reduce drop-out and maximize treatment outcomes, decreasing health care and health-related societal costs, making it a cost-effective strategy compared to treatment as usual. The current objective is to examine the (cost) effectiveness of an eHealth PPI during the wait-list period for outpatient treatment of patients with mental health complaints and their loved ones.

Methods

We will set-up a three-arm randomized control trial (RCT). Patients (>18 years) with various mental health problems waiting for outpatient mental health treatment and their loved ones



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will be included in the study. Loved ones can be partners, parent, sibling, child or a friend. Patients that suffer from psychotic characteristics and/or acute suicidality are excluded for outpatient treatment.

Analysis

Several analyses will be conducted:

- a cost-effectiveness analysis to estimate the financial advantage of the intervention (PPI and treatment) compared to treatment as usual (waiting list and treatment).
- differences in the change of mental well-being (i.e., measured with the Mental Health Continuum-Short Form; MHC-SF [7]) between the two experimental groups and the control group.
- moderation effects of e.g. gender, age, type of care (general basic versus specialized care), type of mental disorder, type of treatment following the PPI, migration background and different cultural backgrounds.
- PPI effects on secondary outcome variables (e.g., dropout rate during treatment, duration of treatment).
- Individual trajectories over time will be modeled to find out which patients benefit from PPI, to allow for more personalized recommendations regarding the use of PPI.

Keywords: eHealth, positive psychology, waiting-list, (cost)effectiveness, mental well-being, loved ones