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Going beyond cost-effectiveness: analyzing routine mental healthcare data and stakeholders' perspectives to improve depression care

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Propositions accompanying the dissertation

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Kaying Kan

1. RCTs in patients with depression rarely capture the 'real world', which is why observational studies provide essential additional evidence. (Chapter 2)
2. Currently used endpoints in RCTs only partly reflect outcomes that matter to patients with depression. (Chapter 6)
3. Algorithms based on routinely collected data of patients with depression would support decision-making in clinical practice. (Chapter 7)
4. The prognosis of patients with depression and a comorbid personality disorder is worse than that of patients with depression and other psychiatric comorbidities. Thus, we should critically review the treatment currently delivered to those patients. (Chapter 3)
5. Without patient participation, policy makers cannot make informed decisions in healthcare. (Chapter 5)
6. Gordon Paul's (1967) iconic question: "*What* treatment, by *whom*, is most effective for *this* individual with *that* specific problem, and under *which* set of circumstances?" is a question that might be answered one day using the wealth of data and artificial intelligence. (Chapter 7)
7. The voice of a patient with lived personal experiences, heard firsthand, and what that brings, is a priceless commodity (*Sara Turle*)
8. Not everything that can be counted counts, and not everything that counts can be counted (*Albert Einstein*)