

Inclusive digital transformation in mental health: what you need to know

Knowledge into Action Briefing

Thrive by Design

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A report by



Thrive by Design

Inclusion. Innovation. Improvement.

Key points

- The relationship between mental health, inequalities and digital is a complex one and it is important to not make assumptions about digital exclusion and people who use or deliver services.

“Digital inclusion in mental health is multi-leveled and multi-faceted. There needs to be better planning for how services might use digital resources in their routine practice, better training and awareness of the platforms that work and are safe depending on the context of treatment, increase staff confidence about using digital resources routinely through training and ongoing support with the processes. Increase reach and accessibility of those resources for individuals with disadvantages. Encourage open feedback and communication of what works and what doesn't”

Survey Respondent

- There are additional risk factors to people living with mental health illness accessing digitally enabled services. Lack of trust, lack of available private space and perceptions that a digital service is not as good quality as a face to face service are some of the barriers which were particularly emphasised in mental health. For some people there are barriers related to specific mental health illness, symptoms and treatment.
- The majority of Integrated Care Systems (ICSs) are engaging in generic digital inclusion activities and digital inclusion activities taking place in mental health within the NHS tend to be patchy, short term, single focus. There are projects that demonstrate good practice that are driven by passionate people in organisations and places.

- Co-design involving staff (both clinical and non-clinical) and people with living experience can help understanding of the issues and development of solutions. There is limited evidence of this happening, particularly with more excluded communities living with mental health illness. The value of the voluntary sector and smaller grassroots communities and other trusted touchpoints in reaching more excluded groups should be recognised.
- The evidence suggests that local, cross-sector based solutions are more likely to be effective due to differences in local context and the importance of relationships and partnership working.
- There is a need to support and upskill existing staff so that they feel confident both using, and signposting digital resources. Informal, personalised training that targets specific needs (e.g. peer-led training and digital champion models) is valued alongside more formal training.

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1. Introduction

1.1 About the briefing

This briefing is to share key insights from Thrive by Design's work on inclusive digital transformation in mental health and to encourage change in policy and practice.

There is rapidly growing interest in tackling digital exclusion in mental health and people want to learn about best practice and from each other, particularly given it is an emergent area with limited evidence.

The briefing should be read in tandem with the Knowledge Into Action briefing on [Inclusive Digital Transformation](#).

Underpinning work by Thrive by Design:

- Supporting local initiatives, NHS Trusts and Integrated Care Systems e.g. mental health information platform Mindwell, decision tree modelling for West Yorkshire Health and Care Partnership and inclusive digital transformation work in Leeds and York Partnership NHS Foundation Trust.
- Exploring ways in which to enable a more Inclusive Digital Transformation approach to mental health services at a local, regional and national level for NHS England and Improvement
- Facilitating a 'Digital Inequality Pioneers' programme for NHS England and Improvement to support ICSs to advance leading work
- Producing the NHS Confederation's Mental Health Network's guide on digital skills.

This work has involved engaging a wide range of stakeholders (including people living with mental health illness who use/need mental health services and people

from their support networks) through interviews, surveys and workshops and literature reviews and analysis of ICS system returns to NHS England and Improvement.

1.2 The challenge

Evidence shows that digital support can offer many benefits to people living with mental illness, such as where a lack of trust of healthcare professionals may lead to a reluctance to seek face to face support¹, or for those affected by stigma, such as young people (particularly those from BAME groups²). It can also offer more immediate treatment options for those with mild to moderate mental health problems who are on a waiting list³.

Conversely, there is also evidence that in some cases digital services can contribute to worsening of mental health illness⁴.

People living with mental health illness are less likely to use the internet to manage their condition (25%) than people with physical health conditions (37%).⁵ Without tackling digital exclusion, there is a risk that digital transformation widens health inequalities for people living with mental health illness.⁶

¹ Doctors of the world (2020) A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic. [Online] Available at: <https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/06/covid-full-rna-report.pdf> [Accessed 20 October 2021]

² Huxley, C., Atherton, H., Watkins, J. and Griffiths, F., 2015. Digital communication between clinician and patient and the impact on marginalised groups: a realist review in general practice. *British Journal of General Practice*, 65(641), pp.e813-e821.

Nesta (2019) Healthier Lives Data Fund [Online] Available at: <https://www.nesta.org.uk/project/healthier-lives-data-fund/> [Accessed 20 October 2021]

³ Nesta (2019) Healthier Lives Data Fund [Online] Available at: <https://www.nesta.org.uk/project/healthier-lives-data-fund/> [Accessed 20 October 2021]

⁴ Rethink Mental Illness (2020) Rethink Mental Illness Severe Mental illness and Covid 19 Service support and digital solutions [Online] Available at: <https://www.rethink.org/media/3820/rethink-mental-illness-severe-mental-illness-covid-19-service-support-and-digital-solutions.pdf> [Accessed 20 October 2021]

⁵ Lloyds Bank, 2021. *UK Consumer Digital Index 2021*. [Online] Available at: <https://www.lloydsbank.com/banking-with-us/whats-happening/consumer-digital-index.html> [Accessed 20 October 2021].

⁶ Mind (2018) Briefing from Mind-Digital therapies and mental health support: Available at <https://www.mind.org.uk/media/6513/briefing-digital-mental-health-support-2018.pdf> [Accessed 20 October 2021].

Given health inequalities continue to rise⁷, the need to ensure that health care and support for people living with a mental health illness is accessible across more disadvantaged and seldom heard groups is ever growing in importance.

There is limited robust evidence on how to increase engagement and uptake of digital mental health services, both overall and amongst particular disadvantaged and seldom heard groups⁸.

Thrive by Design used data from ICS system returns and key lines of enquiry to assess the landscape of IDT maturity in mental health using the diffusion of innovation theory and model. This showed there is a group of innovators and early adopters who have taken a whole system approach to inclusive digital transformation (see Figure one).

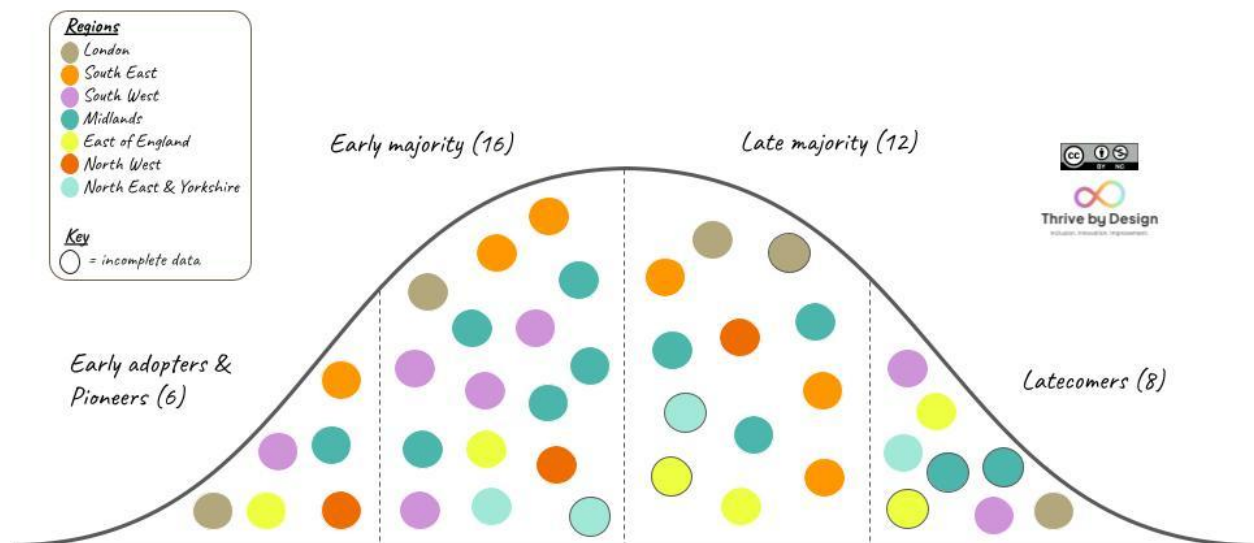


Figure one: diffusion of innovation theory model using ICS system return data

⁷ The Health Foundation, 2020. *Health Equity in England: The Marmot Review 10 Years On* [Online] Available at: <<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>> [Accessed 20 October 2021].

⁸ Cardiff: Public Health Wales NHS Trust, 2020. *Digital technology and health inequalities: a scoping review*. [Online] Available at: <<https://phw.nhs.wales/publications/publications1/digital-technology-and-health-inequalities-a-scoping-review/>> [Accessed 20 October 2021].

Digitally inclusive care is being prioritised across some parts of the NHS and ICSs are aiming for the redesign of mental health pathways to adopt a user-centred and digitally inclusive approach. However, to date the majority of Integrated Care Systems are engaging in generic digital inclusion activities rather than specific to mental health and the approach is still maturing and not fully integrated into service redesign.

Digital inclusion activities taking place in mental health within the NHS tend to be patchy, short term, single focus and are generally not embedded at a system level.

There are projects that demonstrate good practice that are driven by passionate people in organisations and places, but challenges arise when needing support of colleagues from other functions (e.g. procurement or IT) and funding is not long term.

There is also a window of opportunity as a result of the pandemic revealing stark inequalities exacerbated by digital exclusion. This has led to digital exclusion moving up the health and care agenda and there is local and national recognition that digital exclusion is a challenge which needs to be tackled.

2. Insights for practice

2.1 The perspective of people with living experience of mental health illness and of using services

Thrive by Design spent time with 9 people living with mental health illness who use/need mental health services and people from their support networks to develop a better understanding of how people experience the digital transformation of services and the barriers and opportunities this may present. In addition to the 9 individual conversations, we had a discussion with a group of 15 young people.

Personalised is important

- What works for one person, will not work for the next. And what one person needs support with, may change over time.
- Assumptions are often made about what a person can or can't do, or what they want or don't want.
- Often people who are accessing support for their mental health get short term support or intervention for what is often a longer term need or set of needs. The opportunities for digital to support in between interventions or service access are recognised, however without guidance from a trusted person who understands an individual's needs this can be overwhelming in terms of where to start.

“The thing that people forget is that I feel like this 365 days a year. So I need help at different times of day. I don't see what digital can do but if it helped in those times then maybe. I need someone to show me.”

Digital is not all good or all bad

- Use of digital has pros and cons for many of the individuals Thrive by Design spoke with. For some it is a lifeline for communicating with others, for a release (e.g. gaming) and for doing both practical and enjoyable things (e.g. shopping, listening to music, booking travel). It can also be detrimental for mental wellbeing (e.g. the feeling of always 'being on' or increased anxiety around how something works) or bring other risks (e.g. others taking advantage, or communicating with people who are not a good influence).
- There are many reasons why people may not currently have access to the internet, a device or both and this may be within the person's control or not.

For example: loss, theft or pawning of devices, changing views on technology and how I want to use or avoid it at different times, loss of interest, not having reliable internet connection within housing set up, changing living arrangements.

Things change and that's okay

- Services change and people know and expect that. However, it is important for people to understand why things are changing, how it will affect them and what they will need to do. Not being communicated with is the biggest concern when things are changing.
- Being involved in how changes are made is seen as a good thing. However, the majority of the people we spoke with had not been asked or did not know how they would get involved. One person spoke about 'over-volunteering' themselves to things and how this had a negative impact on their wellbeing at the time - longer term commitments can sometimes be more challenging as you don't know how you are going to feel or what else you will have on.
- It is important to consider how people are involved and what will ensure it is going to work for them. Involvement alongside trusted people may be useful (e.g. a family member, peer or part of their support network) and careful consideration should be given to where the work happens, how it happens, language used and how this is done in a meaningful way.

2.2 Barriers and risk factors

We have created an infographic that demonstrates some of the various complex and interrelated barriers and risk factors which you can [view here](#) and download.

It is important to consider the complexity and connections between inequalities and mental health illness and also the exacerbation of inequalities for people living with mental health illness that digital transformation can bring.

There are additional risk factors to people living with mental health illness accessing digitally enabled services. Lack of trust, lack of available private space and expectations that a digital service is not as good quality as a face to face service are some of the barriers which were particularly emphasised in mental health alongside some of the general barriers such as lack of digital access, skills, confidence and motivation.

For some people there are barriers related to specific mental health illness, symptoms and treatment, e.g. reduced concentration, hallucinations and paranoid ideas.

A potential barrier to achieving inclusive digital transformation across mental health services may come from a perception that it is less suited to this group. Therefore, tech innovations can increase inequalities due to them not being marketed toward marginalised groups⁹. Indeed, people with severe mental health perceived that their needs are not being met through digital¹⁰. This suggests that co-design approaches with this group are particularly important.

A key barrier to address is the need to support staff in tackling digital exclusion for people living with mental health illness. Issues are around lack of skills, confidence and motivation, including cultural hurdles (e.g. around digital not being their 'thing').

⁹ Nesta (2019) Healthier Lives Data Fund [Online] Available at: <https://www.nesta.org.uk/project/healthier-lives-data-fund/> [Accessed 20 October 2021]

¹⁰ Rethink Mental Illness (2020) Rethink Mental Illness Severe Mental illness and Covid 19 Service support and digital solutions [Online] Available at: <https://www.rethink.org/media/3820/rethink-mental-illness-severe-mental-illness-covid-19-service-support-and-digital-solutions.pdf> [Accessed 20 October 2021]

“Digital inclusion is not just patients and carers – it is the workforce – at every level”

ICS

“If culture or digital confidence or education with staff is not at a certain level – it is difficult for them to encourage inclusion with patients”

ICS clinician

2.3 Solutions

Figure two: Enablers and barriers to developing digital inclusion activities in mental health

Enablers	Barriers
<ul style="list-style-type: none">● Co-production and collaboration (with people living with mental health illness as well as clinicians and developers)● Funding● Staff engagement● Access to resources● Knowledge and awareness on what is available● User friendly and easy to use solutions● Seeing change/impact	<ul style="list-style-type: none">● Lack of appropriate funding (opportunities to develop the activities)● Lack of access to resources and equipment● Digital poverty (costs for digital access)● Lack of knowledge and awareness (understanding the needs for different groups)● Workforce capacity and capability● Misconceptions

The key to understanding issues and solutions is co-design but there is limited evidence of this happening systematically with more disadvantaged and excluded communities living with mental health illness.

The value of the voluntary sector and smaller grassroots communities and other trusted touchpoints in reaching more excluded groups should be recognised. Working in partnership with community organisations where trust has already been built and ‘where people go’ provides an effective route to not only raise awareness of initiatives, but also gain feedback around design¹¹, and may be the only realistic way to work with some excluded groups. For example, homeless populations tend to have a higher prevalence of mental health illness than the general population and research shows this group are more likely to seek help and support with getting online if it’s provided in their own environment and by people they know and trust.¹²

The evidence suggests that local, cross-sector based solutions are more likely to be effective due to differences in local context and the importance of relationships and partnership working.

The redesign of mental health pathways also involves ongoing cross-discipline collaboration including engagement with digital, clinical, service user and change management expertise, and joint working across health and social care.

¹¹ Good Things Foundation, 2019. *Digital Inclusion in Health and Care: Lessons learned from the NHS Widening Digital Participation Programme (2017-2020)*. [pdf] Available at: <https://static1.squarespace.com/static/5a744e79bff20048181ee226/t/5f7f262c3672621a57560b28/1602168376463/Digital++Inclusion+in+Health+and+Care--+Lessons+learned+from+++the+NHS+Widening+Digital+Participation+Programme+%282017-2020%29++.pdf> [Accessed 20 October 2021].

¹² NHS Digital, 2021. *How we can support digital inclusion*. [Online] Available at: <https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/supporting-digital-inclusion-locally> [Accessed 20 October 2021].

The person centred care agenda is pertinent to inclusive digital transformation. There should be choice and a personalised approach to building skills, confidence and motivation.

Co-design should encompass clinical and non-clinical staff across multiple backgrounds in mental health. There should be input from mental health staff across the board, and not just those with digital responsibilities (e.g. CCIOs) or those who have an interest in digital inclusion.

Staff competency, cultural hurdles and lack of digital skills, confidence and motivation of the mental health workforce are significant barriers.

Overcoming these barriers means making it an integral part of everyone's job through adding into job descriptions and into inductions and training programmes, providing informal real time training opportunities.

There is a need to support and upskill existing staff so that they feel confident both using, and signposting digital resources. Informal, personalised training that targets specific needs (e.g. peer-led training and digital champion models) is valued alongside more formal training on Information Communication Technology (ICT) related skills.

There is also a need to develop tailored job roles and responsibilities amongst existing staff e.g. digital nurses, digital champions and digital inclusion officers.

Providing additional resources for admin staff allows them to spend more time working with patients on accessing digital.

There are many misconceptions which need to be spotted and addressed:

- Digital is sometimes perceived as inferior and there is a need to raise awareness of the clinical effectiveness of digital solutions through peer

stories and trusted sources. Build understanding that digital is a means to achieve outcomes not the end outcome in itself.

- There are assumptions made by people who use and deliver services that are untested and not always correct about suitability, quality and barriers both for and against the use of digital. For example, research evidence around offering remote consultations to people living with a mental health illness bears out this concern, with some professionals assuming it was less suitable, despite evidence which shows it can be beneficial.
- Bringing clinicians on board provides an opportunity to unpick some of the assumptions that digital is less appropriate for particular mental health conditions.

Once participants (and staff) are reassured that trying out digitally enabled care will not remove future choice, they are more willing to try it out.

3. Shining a light on good practice

Isle of Wight NHS Trust

The trust carried out a project to understand what support is needed to improve levels of digital health literacy in people living with serious mental illness on the island, how the support can be delivered and to evaluate the support and incorporate positive outcomes into care pathways. They recruited people living with severe mental illness who self-report being digitally excluded/low levels of digital literacy to run focus groups to design the content and delivery of support needed to improve levels of digital health literacy in this group of people.

Camden and Islington

The Traumatic Stress Clinic at Camden & Islington NHS Foundation Trust partnered with Asda, Helpforce, Jangala and AbilityNet to provide digitally excluded service users with the means and skills to access remote therapy during the Covid-19 pandemic through supporting access (donated tablets, internet connectivity devices), skills support (dedicated technical support which also supported development of skills that could be used beyond health-related purposes). Identified impacts include improved quality of life and overall digital skills and reduced social isolation. Through delivering this, the trust built up confidence to expand and work with AbilityNet and other partners to expand the service. The support of partners enabled the team to develop a 'proof of principle' around the benefits of targeting digitally excluded populations. This was reported as instrumental to being provided with resources to employ a digital inclusion officer.

The Seaview Project

The Seaview Project is a homeless charity in Hastings that is supporting local homeless and insecurely housed people to use technologies to access health services through provision of access and support in public spaces such as libraries, with those with no fixed abode who have a mental health illness a specific target group. Approaches included access and skills support - an outreach team provided devices to link rough sleepers with health professionals, training up digital champions at the local library and wellbeing centre and advertising dedicated support sessions including raising the profile of its inclusive policy.

During a pathfinder project as part of the NHS Widening Digital Participation Programme, Seaview supported 122 people. Of the 3,000 web pages viewed by the people supported, 45% were related to health and 15% of those were relating to mental health conditions specifically. Conversations started which led to better

access to health services and steps to self-manage health and wellbeing, including mental health. For example, one rough sleeper took the step to visit their GP and discuss their depression, medication and other treatment options following viewing NHS information online.

4. Implications for policy and national organisations

Please see our 'Knowledge into Action Briefing' on [Inclusive Digital Transformation](#) for general recommendations on inclusive digital transformation. For mental health specifically, there is a need to:

- Raise awareness of the clinical effectiveness of mental health digital solutions through peer stories and trusted sources.
- Build evidence on how to make digital transformation inclusive across disadvantaged and excluded groups to support mental health, including case studies, success stories, and the impact this has.
- Strengthen existing mental health professional skills development frameworks to embed digital skills and how to embed co-production of Inclusive Digital Transformation practices more explicitly. Most do not touch on co-producing health care or give more than a passing reference to digital. If digital is referred to, it is sometimes assessed as an 'optional skill'.
- Create the conditions where early adopters in mental health can help others, e.g. showcasing good practice, peer to peer networks etc.

5. Conclusion

There are a number of digital inclusion schemes running, but exclusion is a complex multi-faceted issue that cannot be fixed with a one-off programme or initiative, and needs to be tackled at a system level. Though we are starting to see this coming through local and regional agendas and across ICSs, there is limited robust evidence specifically around mental health.

There is a long way to go to ensure we do not compound pre-existing inequalities with the digital transformation of mental health services but there is energy for change, pockets of good practice and a wide open window of opportunity to make inclusive digital transformation how we do things.

6. Find out more and get involved

For further information:

Go to the [Thrive by Design](#) website and the [Inclusive Digital Transformation FutureNHS workspace](#), including the [mental health section](#). Coming soon: The Guide to Inclusive Digital Transformation in Mental Health resulting from a full discovery, engagement and learning programme funded by NHS England and Improvement.

To explore how to improve digital skills, go to the [Digital skills in mental health guide: an interactive tool for teams to make progress together](#). A practical guide to help people working in mental health to build their digital confidence and skills. Mental Health Network, June 2021.

[Digital inclusion in mental health: a guide to help increase choice and improve access to digital mental health services](#). Mental Health Network's Digital Mental Health Forum and the Association of Mental Health Providers, December 2020

Join the community on the workspace and on twitter #DigiHealth4All

Get in touch with the team at Thrive by Design info@thrivebydesign.org.uk

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