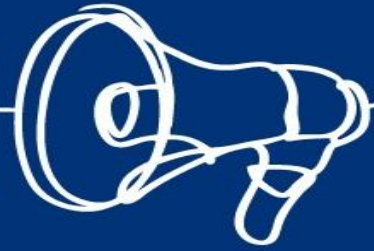


Briefing from Mind



Digital therapies and mental health support

About Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Summary

As services providing support to people with mental health problems come under increasing pressure from stretched budgets and challenging targets, against a backdrop of increased digital presence, the issue of digitalised support for mental health problems is increasingly important and more digital support programmes are being commissioned.¹

This is something which is an important part of the present and future of NHS and other mental health services, and provides a real opportunity to commissioners, practitioners and people using services to provide and receive effective care. With this opportunity also comes the challenge of ensuring that digital health solutions are appropriately regulated and patient-focussed, and that they provide effective care for those of us experiencing mental health problems.

Some people tell us that digital mental health support can be really effective and helpful for them. Possible benefits are people accessing support more quickly than would otherwise be possible, not having to travel to a specific location in order to receive support, and in some cases, feeling more able to open up about their mental health because of the anonymity and distance provided by a digital support platform.

But we've also heard from people who have had more negative experiences of digital support – for example, if they felt the digital programmes they were using had a 'clunky' interface, had an unhelpful or patronising tone, or were too generic to provide them with effective mental health support for their situation. Some people

¹ The Independent (20 March 2017). 'Huge surge in online mental health appointments attacked by specialists.' Available at: www.independent.co.uk/life-style/health-and-families/health-news/online-therapy-mental-health-help-services-webcam-appointments-increase-messenger-nhs-depression-a7626496.html

felt they were being made to 'jump through hoops' with digital support, which they had to try before being allowed to access the in-person support they wanted.

Digital mental health services will be an inevitable part of the future of the NHS, and healthcare provision more broadly. We want to ensure that people are receiving services that meet their needs, and people are offered a choice of how to access services, whether face to face or digitally.

Key messages

- **We believe that digital mental health support should always be one of many options available for support**, alongside other services such as in-person mental health support. It should not replace other forms of support. It should always be offered as one option, in a meaningful choice of treatments, and only where the lower level of engagement between a person and their health practitioner, which is innate to digital support, has been considered to be appropriate.
- **People should be given a choice of digital support programmes.** According to our survey, more than half of people accessing digital mental health support were only offered cCBT (Computerised Cognitive Behavioural Therapy) – this isn't a meaningful choice.
- **Digital mental health support should be offered alongside in-person or telephone support**, in order to appropriately manage risk levels and provide wrap-around support. People accessing support should have a **named person** who checks in with them regularly to ensure that the support is working for them, and that any other needs they have are considered and dealt with where possible.
- **Feedback should be actively collected** by those providing services, in order to constantly evaluate and improve the support being provided. This feedback should be qualitative, ongoing (at different stages of the treatment pathway), and include follow-up feedback after someone's treatment has ended in order to understand how the support has impacted them in the longer term.
- **Different types of support work for different people.** We should always have a meaningful choice of options available to us when seeking support for our mental health, and services should avoid blanket commissioning of one types of support across the country.

- **People should be provided with high quality, accessible information** about the range of options open to them, in order to make an informed choice about what support they access. The digital health landscape can be overwhelming, and people tell us that when they have access to the right guidance and information, they feel better able to make the right choices for their health.

Introduction

This briefing considers the issues around the increased use of digital therapies, as an alternative to, or alongside more traditional face-to-face therapy for people seeking support for mental health problems.

As part of our research for this briefing we undertook a number of engagement activities in late 2017 and early 2018, where people with lived experience of mental health problems shared their experiences, both positive and negative, of what it's like to receive digital therapy. These were:

- A focus group at Mind in Croydon in October 2017;
- Three in-depth interviews in November 2017 with people who had received digital therapy;
- A 'Your experience of digital mental health support' survey completed online by 774 Mind campaigners in February 2018. The purpose of the survey was to understand how accessible and useful digital mental health support can be to people experiencing mental health problems.

What is digital mental health support?

Digital mental health support is a support programme primarily hosted on a digital platform and which aims to help someone manage issues relating to their mental health. Sometimes people are referred to these programmes through their GP or other health care professional, but they might also access this support themselves.

Digital mental health support can be provided by a range of organisations – such as the NHS, the voluntary and community sector, or a private company.

Some examples include:

- **Online self-help:** this could involve using guides to help better manage your mental health, e.g. mood tracker apps.
- **E-therapy:** these are programmes that use the internet or mobile devices to deliver interventions for preventing and treating mental health problems. Most commonly, these programmes use Computerised Cognitive Behavioural Therapy (cCBT) over several weeks or months. They usually involve users completing modules or exercises while receiving feedback on their progress – using message boards, instant messenger with a therapist, or offer live therapy via video-calling platforms such as Skype.

- **Blended care:** this involves a combination of face-to-face treatment with online sessions. This can be effective in allowing direct contact with a therapist, but with the online element encouraging patients to take an active role in their treatment which can help with building self-management skills.
- **Online information:** using the internet to access information about diagnosis, treatment options, side effects etc.²

Key findings from our survey

Results of an online survey with 774 Mind campaigners in February 2018:³

- Just over half (51 per cent) of people accessing digital mental health support were only offered cCBT (Computerised Cognitive Behavioural Therapy).
- Counselling was the least offered treatment method (16 per cent).
- 9 in 10 people accessing digital mental health support access in in their own home.
- 3 in 10 people were told about the digital treatment programme by their GP (31 per cent) or found out about it through their own research (27 per cent).
- Only 9 per cent of respondents expressed a view, but of those 4 in 10 people (42 per cent) thought their GP had a good knowledge of the digital mental health support available.
- 65 per cent of people were able to start using the support immediately.
- Less than 1 in 5 people (17 per cent) were provided with follow up support at the end of a digital mental health programme.

² Mental Health Foundation. 'Digital mental health'. Available at: www.mentalhealth.org.uk/a-to-z/d/digital-mental-health.

³ Demographics of respondents:

- Ethnicity: Asian/Asian British (2.08 per cent), Black/Black British (0.48 per cent), Mixed (3.67 per cent), White (90.58 per cent), other ethnic group (3.19 per cent)
- Gender: Female (69.40 per cent), Male (28.71 per cent), Prefer not to say (1.42 per cent), Another (0.47 per cent)
- Identify as transgender now or in the past: Yes (1.58 per cent), No (97.46 per cent), Prefer not to say (0.95 per cent)
- Ages: Under 18 (2.7 per cent), 18-24 (9.06 per cent), 25-34 (16.53 per cent), 35-44 (18.44 per cent), 45-54 (22.42 per cent), 55-64 (21.62 per cent) and 65 or over (9.22 per cent)

What might the positives of digital mental health support be?

- **Convenience and accessibility:** Digital mental health support can reach many people more easily than other support options. Some people tell us that they access this support, when they wouldn't feel comfortable accessing a face-to-face session. Some groups this can be especially helpful for include, those who are less likely to access support early through traditional routes (men, people from BAME communities, etc) but might access support if they can do it in their own home; people with physical or mental health conditions which prevent them travelling to an appointment; and people who work during traditional service opening hours. 9 in 10 people accessing digital mental health support access it in their own home and the majority of programmes can be accessed directly by the person seeking support, without the need for a referral from a GP or other practitioner.
- **Empowering:** Many support programmes allow you to log your own data, which can be empowering as it helps you to track your own progress and reflect on your thoughts and feelings (e.g. if a programme provides a transcript of the conversation or what you have written in the programme).

"In periods of wellness, you have a blueprint to refer back to – what was I doing wrong, and what are the right things for me?"

- **Filling gaps:** This form of support allows support to be provided to people when there might be nothing else available at the time, e.g. overnight (a time many people find difficult).
- **Shorter waits and longer duration:** Digital mental health support will often have shorter waiting times than face-to-face therapy, meaning people may be able to get the help they need more quickly. Nearly 7 in 10 (65 per cent) of people we surveyed were able to start using the support immediately. Further, many digital support programmes are open-ended in length, in contrast to many talking therapies programmes which are limited to a certain number of sessions.
- **Less social pressure:** With digital mental health support, there can be less onus on the relationship between you and the health practitioner, as you usually communicate via messages. For some people, this can relieve the pressure and anxiety of a social situation. Some people tell us they feel more able to share their feelings in a digital setting, and feel they are more truthful.

"There's no judgment [with digital support] – you're looking at yourself and judging yourself, but without having to have someone look at you."

What might the negatives of digital mental health support be?

- **Generic:** Digital mental health support programmes are often, by nature, more generic and less person-centred types of support than can be provided in-person. So people might feel like the programme isn't tailored enough to their specific mental health problem or situation.

"I tried so hard to make the tools work for me but they simply didn't."

- **Lack of information:** Navigating the wide range of support options available can be overwhelming, and helpful information can be scarce. Many people accessing digital support told us they felt their GP didn't have a sense of what was available (only 3 in 10 were told about the support they accessed by their GP, and only 4 in 10 felt their GP had a good knowledge of the support⁴), and so they often had to do their own research. When they got access to the right information and guidance, people felt more able to make the right choices for them.
- **Isolating:** For some people, receiving digital support rather than in-person support can worsen feelings of isolation and loneliness. And some people tell us that not being able to talk to someone in person means they feel unable to properly express how they are feeling, which risks them feeling further isolated.

"I needed to cry, and I needed to be with someone to be able to cry."

- **Technology barriers:** Many digital mental health support programmes will require access to the internet. This means that if you live in an area without good internet access, it might be harder for you to use this type of support – compounding the existing lack of mental health support in many rural areas. There is also a level of digital literacy involved in accessing digital programmes

⁴ Note only 9 per cent of those surveyed responded to this question.

which not everyone will have, which means certain population groups might be excluded from using digital programmes.

- **Risk:** With any care delivered in a digital setting, there is a risk of missing warning signs that someone needs different, or more intensive, support. The mental health practitioner does not have an in-person interaction to help them judge someone's risk level. For this reason, the blended care model should be used to ensure that some level of in-person interaction is maintained (e.g. over the telephone or occasional in-person appointments where possible).
- **Usability:** Some apps and programmes have difficult-to-use interfaces, which people tell us can make them frustrating, onerous, and challenging to properly engage with. Some programmes are infrequently updated, and have a tone that many people find patronising or unhelpful.

"The [programme's] tone made me feel like a child. It added to my problems."

Conclusion

Mental health services have been chronically underfunded for decades, leaving many without the support they need when they're struggling. It's essential that those who fund services ensure that they are providing a range of mental health support options to their communities, so that those of us experiencing mental health problems can get the right support at the right time, wherever we live.

There is a very wide range of digital mental health support available, with some programmes better than others. This type of support can be cheaper than other support options because it might require less staff time, but it can also be more expensive in some ways, such as requiring commissioners to purchase appropriate IT systems. Most important is that it is provided as one of several options for people seeking support.

No one mental health treatment type works for everyone, which is why it's so important that we get access to a range of options when seeking support. We regularly hear from people who find digital therapy and other types of digital support really helpful. For some people, a digital form of support is the only one that they find works for them, for whatever reason – maybe their mental health problem stops them being able to get the most out of in-person support, or they can't travel to an appointment because of a health condition. So whilst face-to-face contact works really well for some people, for others digital options are better.

There is evidence to show that e-therapies can achieve comparable outcomes to face-to-face therapy, especially when they are delivered by a trained therapist, and in a way that's right for the person seeking help.

Digital mental health services will be an inevitable part of the future of the NHS, and healthcare provision more broadly. We want to ensure that people are receiving services that meet their needs, and people are offered a choice of how to access services, whether face to face or digitally.

⁸ NHS England. (February 2016). 'The Five Year Forward View for Mental Health, A report from the Independent Mental Health Taskforce to the NHS in England'. Available at: www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf.

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