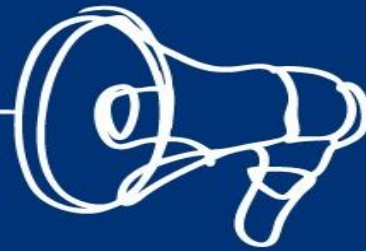


# Briefing from Mind



## Digital services for people with mental health problems and digital exclusion during the coronavirus pandemic

### 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

The coronavirus pandemic means mental health services have to develop new ways of working, including offering appointments via remote and digital forms of communication. While these ways of working offer continued access to mental health services, which is paramount at a time of increasing mental health need, there are a number of significant issues with digital provision that must be addressed and mitigated against. These concerns often similarly apply to wider services that people with mental health are more likely to access, such as support around food insecurity, benefits, housing and social care.

The main issues Mind has identified are as follows:

- Not everyone has access to digital ways of communication. This digital exclusion will only serve to exacerbate existing health inequalities and leave some people without access to care and support;
- Not all digital forms of communication are suitable for everyone, and how people respond to digital services differs widely. For some it might make interaction with the healthcare system and wider support more difficult;
- Privileging digital and remote forms of communication over other forms of communication can serve to limit patient choice;
- Digital programmes used in the provision of talking therapies and other elements of healthcare are sometimes of poor quality and can feel impersonal;
- Concerns around confidentiality for people accessing digital therapy, particularly for certain groups, e.g. victims of domestic abuse still living with an abuser.

### **Recommendations for NHS England:**

- NHS England should ensure guidance for mental health services on delivering remote and/or digital mental health care is comprehensive, considerate of the concerns regarding the suitability of digital services for certain patients and digital exclusion. To do this NHS England should ensure:
  - A clear care pathway outlined for people who are digitally excluded to ensure people do not fall through the gaps.
  - Data is collected and monitored so that outcomes from mental health care provided remotely and/or digitally is robust and informative.

### **Recommendations for Government:**

- The UK Government, in its coronavirus recovery planning, must consider the issue of digital exclusion and reducing this exclusion long-term.
- The UK Government must also ensure that services offering support for housing, food insecurity, benefits and social care are accessible and that as many communication channels as possible are utilised by these services to ensure people have a choice in how they access support.

## Introduction

As healthcare, and specifically mental health services, develop remote and digital provision due to the coronavirus pandemic, it must be recognised that while remote and digital services offer people continued access to support, these types of provision do not work for some people. This includes people who may be vulnerable, with increased mental health need at this time, but who do not currently have access to the internet or may not have the computer literacy needed to use online tools. Accessible mental health services are of paramount importance at the moment. When respondents were asked in Mind's recent survey on mental health and coronavirus whether their mental health had deteriorated since the start of lockdown, nearly 60 per cent of people said their mental health had either got a bit or much worse.<sup>1</sup>

This briefing explores remote access, digital access, and how the healthcare system should meet the needs of people with and without digital access. Our insights have been shaped by responses to a survey we conducted, entitled 'Your experience of digital mental health support', in February 2018, as well as our recent work surveying people's mental health since the beginning of the coronavirus pandemic.

By digital and remote provision, we mean any of the following:

- Appointments conducted via telephone;
- Appointments conducted via digital forms of communication such as Skype and Zoom;
- Computerised CBT and counselling courses, often utilised by IAPT services;
- Prescribed guided self-help information and advice accessed online.

## Overview – accessing mental health services

### Accessing support remotely – considerations for people with access to remote means of communication

The healthcare system is increasingly turning to remote means of communication with patients, such as telephone appointments or by utilising digital platforms such as Skype or Zoom. For some people, talking to a healthcare professional remotely about their mental health may be beneficial. They may be more willing to open up because

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<sup>1</sup> Mind. (June 2020): *The mental health emergency - How has the coronavirus pandemic impacted our mental health?* Available at: [www.mind.org.uk/media-a/5929/the-mental-health-emergency\\_a4\\_final.pdf](http://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf)

of the increased anonymity and distance provided by a remote platform. However, for many people this type of support makes their interaction with the health service more difficult. Some may also be concerned about having confidential conversations in a shared home. It is important that healthcare professionals bear this in mind when talking to people about their mental health problems remotely.

With any care delivered in a digital or remote way, there is also a risk of missing warning signs that someone needs different, or more intensive, support. The healthcare professional does not have an in-person interaction to help them judge someone's risk level.

"I found it difficult to know when to talk in digital therapy, particularly in a group situation. Sometimes stuff I said got misread by the therapist, they misread how I was feeling".

Professionals must acknowledge how offering support to someone remotely or digitally may make their interactions with patients more difficult. However, they should assure patients this does not mean they should not still receive care and support. People should be asked what their preferences are for remote contact. Some people may feel more confident accessing support via the telephone than through an online video platform. Some people might prefer Skype to Zoom. These considerations are essential to allowing patients to get the most out of their care.

### **Digital mental health services – considerations for people with the ability to access digital support**

Similarly, the healthcare system will be looking to further utilise digital means to deliver mental health services. This can include remote contact with patients for appointments, but can also include computerised courses to support people with mental health problems.

Some people tell us that digital mental health support can be effective and helpful for them. Possible benefits include people being able to access support more quickly, not having to travel to receive support, and in some cases, feeling more comfortable. 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.

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 Mind surveyed were able to start using the support

immediately.<sup>2</sup> For some groups, digital offers may be especially helpful. This could include men, who are more likely to be put off by the stigma of attending appointments 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.

There is evidence to show that e-therapies can achieve comparable outcomes to face-to-face therapy<sup>3</sup>, especially when they are delivered by a trained therapist, and in a way that is right for the person seeking help.<sup>4</sup> While digital support does not work for everyone, it is a vital resource given the current situation, and for some people digital support is vital to their wellbeing.

However, we have 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. For some people, receiving digital support rather than in-person support can worsen feelings of isolation and loneliness.<sup>5</sup>

Digital mental health support should always be one of a number of options available for support, alongside other services such as support via telephone. 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. While we recognise that face-to-face appointments were not possible during the peak of the coronavirus pandemic, and may not be available during any future peaks, patient choice should not be abandoned as a principle. People should be offered a number of ways to access support, such as via digital services or telephone.

Choosing to not take up a digital alternative should not exclude you from future face-to-face support – e.g. you should not be marked as ‘did not attend’ or ‘patient ended treatment’ in IAPT or related services because you decided against taking up a digital offer. People should be kept in contact with a service and offered face-to-face appointments when they become available again.

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<sup>2</sup> Mind. (2018). *Digital therapies and mental health support*. Published September 2020. Available at: <https://www.mind.org.uk/media/6513/briefing-digital-mental-health-support-2018.pdf>

<sup>3</sup> Irving et al. (2020) *Are there interactional differences between telephone and face-to-face psychological therapy? A systematic review of comparative studies*. *Journal of Affective Disorders*; 265:120–31. Available at: [www.ncbi.nlm.nih.gov/pmc/articles/PMC7049904/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7049904/)

<sup>4</sup> Bee P, Lovell K, Lidbetter N, Easton K, Gask L. (2010). *You can't get anything perfect: User perspectives on the delivery of cognitive behavioural therapy by telephone*. *Social Science & Medicine*; 71:1308e–1315. Available at: [www.sciencedirect.com/science/article/abs/pii/S0277953610005289](http://www.sciencedirect.com/science/article/abs/pii/S0277953610005289)

<sup>5</sup> Mind. (2018). *Digital therapies and mental health support*. Published September 2020. Available at: <https://www.mind.org.uk/media/6513/briefing-digital-mental-health-support-2018.pdf>

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. 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.

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 support) and so they often had to do their own research.<sup>6</sup> When they got access to the right information and guidance, people felt more able to make the right choices for them.

"I'm so isolated and lonely. I'm schizophrenic and need a great deal of support from Mental Health Services but can't see them, can only talk on the phone. It's really awful."

### **Services for people that cannot currently access digital support**

Not everyone has access to the internet, and some that do might not have the computer literacy to take advantage of digital mental health support. The extent of this issue has been laid bare recently, with reports that 1.9 million households across the UK have no access to the internet and tens of millions more are reliant on pay-as-you-go services to make phone calls or access healthcare, education and benefits online.<sup>7</sup> In the UK, market research suggested that in 2018, 18 per cent of adults did not have access to a smartphone.<sup>8</sup> Similarly, Ofcom estimated that in 2019 some 9 per cent of the UK did not have good outdoor 4G coverage from any operator, predominantly in rural areas.<sup>9</sup>

In Mind's recent survey on mental health and coronavirus of people who had accessed or tried to access mental health support during lockdown, 17.7 per cent said they had difficulties accessing this support because they were unable to or

<sup>6</sup> Mind. (2018). *Digital therapies and mental health support*. Published September 2020. Available at: <https://www.mind.org.uk/media/5513/briefing-digital-mental-health-support-2018.pdf>

<sup>7</sup> The Guardian. (28 April 2020). *Digital divide 'isolates and endangers' millions of UK's poorest*. Available at: [www.theguardian.com/world/2020/apr/28/digital-divide-isolates-and-endangers-millions-of-uk-poorest](http://www.theguardian.com/world/2020/apr/28/digital-divide-isolates-and-endangers-millions-of-uk-poorest)

<sup>8</sup> Newzoo. (11 September 2018). *Global Mobile Market Report 2018*. Available at: <https://newzoo.com/insights/articles/newzoos-2018-global-mobile-market-report-insights-into-the-worlds-3-billion-smartphone-users/>

<sup>9</sup> Ofcom. (2019). *Connected Nations 2019*, London: Ofcom. Available at: [www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/connected-nations-2019](http://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/connected-nations-2019)

uncomfortable with using phone or video-calling technology.<sup>10</sup> This 'digital exclusion' only exacerbates existing health inequalities.

Digital exclusion has many causes including:

- the absence of suitable hardware such as a smartphone, computer/laptop or tablet with front facing camera;
- connectivity limitations via Wi-Fi, SIM or dongle, or the inability to afford data;
- a lack of digital skills and confidence; and
- absence of close-at-hand support from a person with better online skills.<sup>11</sup>

The same principles outlined throughout this briefing should apply in this situation. People should be given a range of options of ways to access support, including non-digital ways such as through telephone appointments. People should be provided with high quality information on the chosen method, such as telephone appointments, and clear instructions should be given as to how the support will work in practice.

We also acknowledge that there are some particularly marginalised groups, such as rough sleepers, disabled people, and people living in acute deprivation, who will not be able to access any form of support from distance. For these groups, mental health support could be provided through key worker outreach and bespoke mental health services. Where services can provide technology to service users to allow them to interact with the service, this option should be explored.

The healthcare system should also stay in contact with people provided with remote support so that once lockdown has lifted people can be offered face-to-face appointments where needed.

The same concerns outlined here apply to the provision of services for children and young people. As many as one million children are not being included in online learning during the lockdown because they have poor technology access.<sup>12</sup> Even when children and young people do have access to technology, they are often sharing with siblings or parents, especially when parents are more likely to be working from home.

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<sup>10</sup> Mind. (June 2020): *The mental health emergency - How has the coronavirus pandemic impacted our mental health?* Available at: [www.mind.org.uk/media-a/5929/the-mental-health-emergency\\_a4\\_final.pdf](http://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf)

<sup>11</sup> The All-Party Parliamentary Group on Social Integration. (May 2020). *Social Connection in the Covid-19 crisis*. Available at: [www.britishfuture.org/wp-content/uploads/2020/05/Social-Connection-in-the-COVID-19-Crisis.pdf](http://www.britishfuture.org/wp-content/uploads/2020/05/Social-Connection-in-the-COVID-19-Crisis.pdf)

<sup>12</sup> The Centre for Education & Youth. (April 2020) *Breaking the Law: Covid-19 and Online Learning*. Available at: <https://cfey.org/2020/04/breaking-the-law-covid-19-and-online-learning/>

It is also often assumed that young people are all digitally literate and digitally included – but this is not always the case. The Carnegie Trust UK found that many young people are not digitally included.<sup>13</sup> The Children's Society work with young people who are 'digitally disadvantaged' – who in an increasingly digital world, lack digital skills.<sup>14</sup>

However, some previous research has shown some children and young people particularly benefit from digital offers: BAME young people are more likely to access counselling services if they are online and can remain anonymous, and young men and boys are often more interested in online support.<sup>15</sup> <sup>16</sup> Childline also report that young people are increasingly accessing their services online (rather than over the telephone), and this is particularly true for those aged 11 and above.<sup>17</sup> Patient choice is therefore as important with children and young people as it is with adults.

"Therapy has been moved to digital platforms which I am finding incredibly difficult to use and it heightens my anxiety as it is sensory overload."

### **Considerations with regard to safety and confidentiality**

Mind has concerns about safety and confidentiality when services are working with people who are victims of domestic abuse who may be in lockdown with their abusers when accessing therapy. Therapists who work with people to whom these considerations apply should be trained to deal with domestic abuse and related safety issues. The use of a safe word agreed between the therapist and service user (which can be used if the service user feels unsafe) is one way to ensure the therapist is aware of any issues. The therapist should also be able to signpost the service user to support for domestic abuse if needed.

Safeguarding is also a key consideration. A counselling session held online is in a far less contained environment than that held in a face-to-face setting. Healthcare

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<sup>13</sup> The Carnegie Trust. (October 2017). *A Digital World for All?* Available at: [www.celcis.org/files/2815/0712/3402/Carnegie\\_Trust\\_NotWithoutMe.pdf](http://www.celcis.org/files/2815/0712/3402/Carnegie_Trust_NotWithoutMe.pdf)

<sup>14</sup> More details on The Children's Society's Digital Reach Programme can be found here: [www.childrenssociety.org.uk/what-we-do/helping-children/digital-reach](http://www.childrenssociety.org.uk/what-we-do/helping-children/digital-reach)

<sup>15</sup> The Independent. (November 2017). *Non-white children are less likely to access traditional mental health services, report finds.* Available at: [www.independent.co.uk/news/uk/home-news/ethnic-minority-children-non-white-mental-health-services-a8078961.html](http://www.independent.co.uk/news/uk/home-news/ethnic-minority-children-non-white-mental-health-services-a8078961.html)

<sup>16</sup> Young Minds. (December 2014). *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce.* Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413411/Young\\_Minds.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413411/Young_Minds.pdf)

<sup>17</sup> NSPCC. (2016). *Childline annual review 2015/16: It turned out someone did care.* London: NSPCC. Available at: <https://letterfromsanta.nspcc.org.uk/globalassets/documents/annual-reports/childline-annual-review-2015-16.pdf>



professionals must be prepared for the unique issues that may present themselves when working online. For example, a service user disappearing without warning, especially after a serious disclosure. The more prepared staff are, the less daunting these situations will feel if/when they arise. Services should ensure their policies are robust in advance of offering online services.<sup>18</sup> It is important to recognise that these situations may be stressful for staff to deal with, especially when adjusting to working remotely, so staff must be properly supported.

"I wouldn't have got sectioned if I hadn't had a terrible experience of accessing therapy within my house digitally. They wouldn't have let me leave the building in the state I was in in that session. I left the group, turned my webcam off, no one checked up on me for an hour after the appointment. By that point it was too late, I had self-harmed, and ended up sectioned as a result".

## **Overview – access to wider services used by people with mental health problems**

People with mental health problems are more likely to experience social deprivation and people experiencing social deprivation are in turn more likely to have mental health problems.<sup>19</sup> Many people with mental health problems therefore rely on wider support services regarding food, housing, social care and benefits. The coronavirus pandemic has, in many circumstances, exacerbated the hardship faced by people with mental health problems. It is therefore of paramount importance that support services for these issues are also accessible.

Three quarters (75 per cent) of people who have experienced mental health problems have serious difficulties engaging with at least one commonly used communication channel, such as via phone, face-to-face or online (Holkar et al, 2018)<sup>20</sup>. The UK Government needs to ensure that any scheme to enable people with

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<sup>18</sup> Further information and advice, particularly on how to implement digital mental health care for children and young people can be found in Youth Access's report 'Going Digital'. Available at: [www.youthaccess.org.uk/downloads/going-digital--a-guide-for-services.pdf](http://www.youthaccess.org.uk/downloads/going-digital--a-guide-for-services.pdf)

<sup>19</sup> Mental Health Foundation and Joseph Rowntree Foundation. (August 2015). *Poverty and Mental Health*. Available at:

[www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf](http://www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf)

<sup>20</sup> Holkar, M. Evans, K. Langston, K. (2018). *ACCESS ESSENTIALS: Giving people with mental health problems equal access to vital services*. Money and Mental Health Policy Institute. Available at: [www.moneyandmentalhealth.org/wp-content/uploads/2018/05/Money-and-Mental-Health-Access-Essentials-report.pdf](http://www.moneyandmentalhealth.org/wp-content/uploads/2018/05/Money-and-Mental-Health-Access-Essentials-report.pdf)

mental health problems to have priority access to essential food supplies, for example, can be accessed via a range of communication channels.

Similarly, Mind recently (April-May 2020) interviewed people with mental health problems living in social housing. A common theme through many responses were the poor communications from housing associations, including the negative impact of communicating with tenants online.<sup>21</sup>

The UK Government must ensure that these wider services are accessible, that as many communication channels as possible are utilised by these services to ensure people have a choice in how they access support, and that issues around digital exclusion are considered in the design of services.

## Recommendations

### Recommendations on how to deliver remote and digital mental health services

- Professionals must acknowledge how offering support to someone remotely may make this interaction more difficult for some and factor this into their approach to providing care;
- People should be asked what their preferences are for remote contact;
- Digital mental health support should always be one of a number of options available for support, 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 appropriate.
- People should be kept in contact with a service and offered face-to-face appointments when they become available again.
- 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.
- 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.
- For marginalised groups, such as rough sleepers or people with certain disabilities, who will not be able to access any form of support from distance,

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<sup>21</sup> Mind. (May 2020). *Mental health and social housing interviews*. Unpublished.

mental health support could be provided through key worker outreach and bespoke mental health services.

- Therapists who work with victims of domestic abuse who may be in lockdown with their abusers when accessing therapy should be trained to deal with domestic abuse and related safety issues.

### **Recommendations for NHS England**

- NHS England should ensure guidance for mental health services on delivering remote and/or digital mental health care is comprehensive and considerate of the concerns regarding the suitability of digital services for certain patients.
- NHS England must ensure that data on outcomes from mental health care provided remotely and/or digitally is robust and informative, and outcomes should be monitored closely.
- NHS England should explore the issue of access to mental health support during the coronavirus pandemic for people who cannot access any form of remote communication. There must be a clear care pathway outlined for this population group to ensure people do not fall through the gaps.

### **Recommendations for the UK Government**

- The UK Government must ensure that services offering support for housing, food insecurity, benefits and social care are accessible and that as many communication channels as possible are utilised by these services to ensure people have a choice in how they access support.
- The UK Government should consider issues around digital exclusion in the design of these services.
- The UK Government should commit to reducing digital exclusion in the long-term.

August 2020

If you'd like to talk to us about this briefing, please contact:

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