Trying to connect

The importance of choice in remote mental health services

Executive Summary

2021

Introduction

The coronavirus pandemic has had a major impact on our mental health. It has also seen the NHS have to dramatically change how it delivers services. For many, mental health services providing help and support by phone or online has been a lifeline. But for many of us, the experience has been much more complicated.

We have heard from people where having support by phone or online rather than face to face has been much better for them. When previously they felt told off by services for 'not engaging' when face-to-face appointments did not work for them, they could now get the support they needed. They didn't have to worsen their anxiety by getting public transport. They could now get support around their work or family commitments. Or they've been seen quicker meaning they didn't become more unwell.

Support by phone or online is not however the silver bullet to fix overstretched mental health services. Many people told us this way of delivering services did not work for them or made their mental health worse. Some people didn't have the technology, Wi-Fi or ability to use services in this way. But many did, and yet still it wasn't right for them. They had no privacy to talk about intimate issues at home, with fears of being overheard by partners, parents or housemates. Or they felt unable to connect with the person through a computer screen. Therapists missed important signals by not being there with them in the room – a different way of sitting or looking around when someone is becoming distressed. But many people agreed to support in this way because they were told that they would get no support for months if they didn't. It wasn't a real choice.

As we move forward, and easing restrictions mean more options are available, there is much we can learn from the past year or so. If mental health services are going to continue to be delivered by phone, video call or online, we need to make sure that services are getting it right for the people who use them. Just as we should have a choice in what mental health treatments we receive, we should also have a choice in how we receive these.

Our findings are based on:

- An online survey of over 1,900 people aged 13+ in England and Wales
- 11 depth interviews
- One focus group
- Freedom of Information requests sent to all Mental Health Trusts in England

Findings

What worked for people

Our survey found that nearly half (49%) of those who took up the offer of mental health support over the phone or online found it easy to use, and many people (40%) felt their mental health got better having used this support.

The key themes about what worked for people, included:

- **Appreciating skilled staff.** Our survey suggests that some healthcare staff have adapted to the new ways of working more easily and successfully than others.

> **“It allowed it to still be quite anonymous as I didn’t have to turn the camera on rather than face to face and I still got the same help I needed so I am in a much better place for it.”**

- **Shorter waiting times.** For some the move to remote appointments has been relatively seamless and stress-free. Often digital support programmes can be accessed straight away with no waiting times. This can be convenient for people as it allows them to choose when they want to access the programme. They are available at any time of the day and at times when there is limited alternative support, such as overnight.
- **Anonymity.** Not everyone wants or needs to build a close relationship with a therapist or health professional. For some people, the distance created by being on the phone or online allowed them to open up and talk about their mental health problem more easily.
- **Being in the comfort of your own home and not having to travel.** A key benefit for some is being able to talk to someone while you’re at home or in a location of your choice. For those who live a long way from services, this can be particularly helpful, and means people can fit appointments around family life and work commitments. Avoiding travel can be positive for some who find this difficult due to anxiety or other mental health problems.

> **“It actually helped not having to factor in travel time to and from appointments. It helped being at home immediately after an appointment ended when I felt drained and emotional.”**

Findings

What people don’t like

Over a third (35%) of people told us they found support given over the phone or online difficult to use, and a quarter felt their mental health got worse having used this support. 28% said their mental health stayed the same.

The key themes about what people did not like, included:

- **Problems with technology.** One in ten people who responded to our survey said they had technological issues often or all of the time, a further quarter of people were sometimes experiencing these problems.
- **Lack of privacy.** Many people found it difficult to find a place at home where they could talk freely without fear of others hearing what they were saying. Fear of being overheard was a recurring theme for both young people still living at home with parents and other family members, and adults living with family or in shared accommodation.
- **Concerns about confidentiality.** A third of people (34%) told us they were worried about confidentiality often or all of the time, with a further one in five saying they were sometimes worried about this.

> **“I feel quite uncomfortable on video for a couple of reasons, one is security, that feeling that anyone could be listening in. And…having to find a private space at home with no fear of being interrupted is difficult.”**

> **I have social anxiety, and phone anxiety in particular. This made me refuse some extra help I was offered, as the idea of phone calls with strangers was out of the question.**

- **Harder to communicate and form a therapeutic relationship.** Some people told us that technology forms a barrier that makes meaningful communication challenging because it is more difficult to understand or interpret the reactions or pick up on the social or physical cues. Particular mental health symptoms can make remote access harder. For example, phone anxiety, paranoia, hearing voices, hallucinations or dissociation impacting on people's ability to engage with services by phone or video call, and some found support negatively affected their mental health.
- **Online therapy programmes are not personalised.** The generic nature of online programmes means that it is impossible to adapt them to an individual's circumstances or knowledge about their own mental health problem, which many told us they found frustrating.
- **Missing warning signs.** People were concerned that warning signs that someone needs more intensive support or could be at risk of self-harm or suicide may be missed as they are harder to pick up during a remote appointment.
- **Separating home and personal life from services.** For some it is crucial that discussions about their mental health are kept separate from their home or work environment. Having appointments in what was previously a private space at home can feel invasive, and people can miss the time to decompress travelling after an appointment.
- **Shorter appointments and unplanned contacts.** People told us appointments felt shorter and felt like a tick box contact rather than a full appointment. People also told us they were contacted more without warning including during work or school hours which was challenging.
- **Not a 'real' choice.** We also heard that sometimes the choice given was between remote appointments relatively quickly, or a long wait for face-to-face therapy. In reality, that means no choice at all for someone who wants and needs help sooner rather than later.

Findings

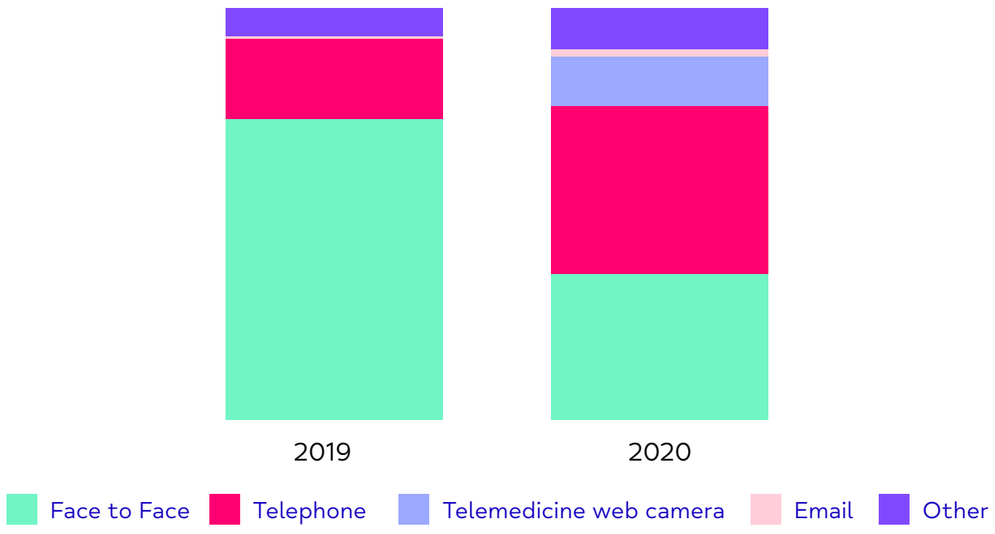
What services told us

Children and young people's mental health services

Contacts between mental health services and children and young people prior to the pandemic outbreak was predominantly face to face, consistently making up just under three quarters of all contacts (70-73%). Likewise, telephone contacts were consistent at just under a fifth of contacts (17-19%). Text messages hovered at around 1-2% and video calls made up less than 1%.

This all changed when the pandemic hit. The majority of contacts switched to telephone. Video calls, which had made up less than 1% of contacts has slowly but steadily increased as a proportion of all contacts.

Sept-Nov 2019 compared with Sept-Nov 2020



Year	Face to face	Telephone	Telemedicine Web Camera	Email	Other
2019	780937	207016	146	7806	72104
2020	450441	519440	153058	23259	126972

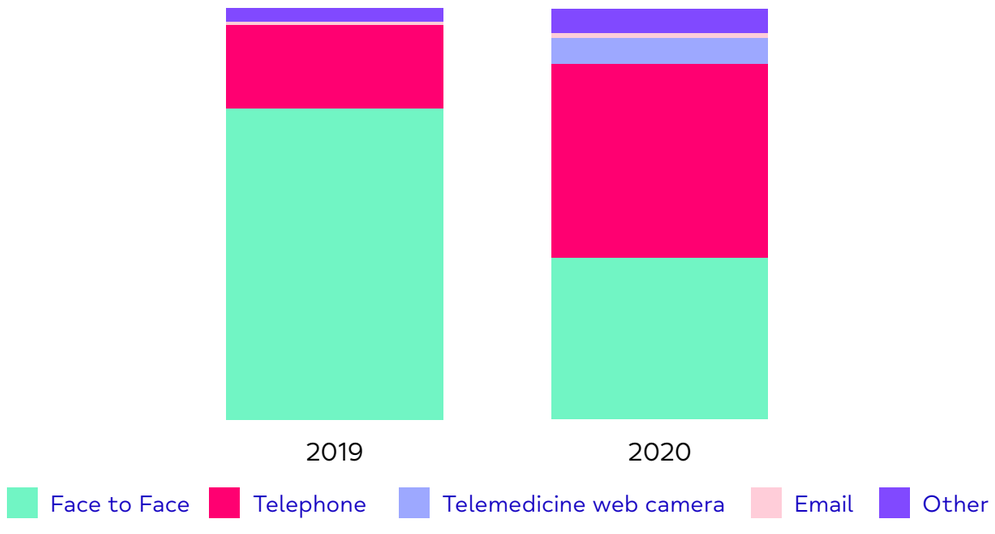
(Data from Mental Health Services Dataset)

Adult mental health services

Contacts between mental health services and adults prior to the pandemic (November 2019) was predominantly face to face - two-thirds (65%) of all contacts. Likewise, just under a fifth (17%) of contacts were by telephone. Video calls made up less than 1%.

Again, this changed due to the pandemic. The proportion of face-to-face contacts dropped from 63% in November 2019 to 38% in November 2020. Again, telephone contacts made up the bulk of the gap left by face-to-face contacts. Between November 2019 and November 2020, the proportion of telephone contacts more than doubled (from 17% to 46%). Video calls increased from less than 1% to 6% of contacts by November 2020.

Sept-Nov 2019 compared with Sept-Nov 2020



Year	Face to Face	Telephone	Telemedicine web camera	Email	Other
2019	2116708	566752	1854	22391	91201
2020	1389794	1672456	219278	47645	208477

(Data from Freedom of Information requests)

Our recommendations

Recommendations for Government

- The **UK Government** and **Welsh Government**, in their coronavirus recovery planning, must consider the issue of digital exclusion in the delivery of mental healthcare and consider long-term ways to address this. This must include ensuring that choice in how people access services is maintained, rather than a focus on a 'digital first' model for all.

Recommendations for national bodies

- **Department for Health and Social Care, NHS England / Improvement and NHSX** and **Digital Health and Care Wales** should invest in training and IT infrastructure to improve digital technology within Mental Health Trusts and Local Health Boards.
- **NICE** should publish guidance and advice on the delivery of digital and remote mental health services for health and social care practitioners. This should include identifying when remote support is appropriate and when face to face contact is required.
- **NHS England / Improvement** and **NHS Wales/Digital Health and Care Wales** must ensure there are clear care pathways that consider people's needs in how they access mental health services. This should include the development of clinical pathways for those who are digitally excluded so that they do not fall through the gaps and ensure that 'digital first' policies do not exacerbate health inequalities. All pathways should consider quality standards and safeguarding.
- **NHS England/Improvement** and **NHS Wales/Digital Health and Care Wales** should evaluate the feasibility of using one video platform for mental health consultations across all NHS mental health services, reducing confusion for users of these services by limiting the number of applications that have to be mastered.
- **NHS England/Improvement** and **NHS Wales/Digital Health and Care Wales** should conduct a review of who is declining mental health support remotely and the reasons for this to better understand the impact remote provision of services will be having on different groups.
- **NHS England/Improvement** should work with the Advancing Mental Health Equalities Taskforce to review the impact of remote provision of mental health services on people from BAME communities. Given the long-term ambition of the UK Government to address the mental health inequalities experienced by these communities, this is something that needs much greater focus.
- **NHS Digital** and **Digital Health and Care Wales** should analyse who is currently using different mediums to access mental health services, looking specifically at ethnicity, age and gender. An analysis by ethnicity is particularly important given that some small-scale data is indicating that people from Minority Ethnic communities may be seeking to access mental health services through non-traditional routes that are not face to face.
- **Digital Health and Care Wales** should evaluate the impact of remote provision of mental health services on Welsh speakers who would prefer to receive support in Welsh, and the capacity of staff to deliver services in Welsh remotely.
- **NHS Digital** and **NHS Wales** should publish all data on contact mediums for mental health services. In England, Currently this data is only publicised for those aged 0-18. The equivalent data for adults should also be published in the Mental Health Services Dataset. In Wales this data should be collected across all ages and included in the Mental Health Core Dataset.
- The **Care Quality Commission** and Healthcare Inspectorate Wales should ensure that their regulation and monitoring practices are capturing services delivered remotely, including online programmes.
- The **Care Quality Commission** and Healthcare Inspectorate Wales should evaluate the impact of the various ways that services are delivered on outcomes for and experiences of people using those services, their families and carers.

Recommendations for training providers

- **Health Education England** and **Health Education and Improvement Wales** to publish clear guidance on incorporating digital and remote service delivery into staff training and guidance. This should cover:
  - How to employ digital and remote services effectively in mental health clinical practice and support services.
  - Advice on making sure that patients are informed about the full range of options available for delivery of mental health services and which ones might be appropriate for them.
  - Advice on the best ways to offer real choice to patients, including how users of services (and carers if appropriate) should be involved in making decisions about what will work for them.
  - Ensuring that patients know they can change the method of delivery during treatment as needed.
  - Guidance on safeguarding, privacy and confidentiality.
- **Mental Health Trusts** and **Local Health Boards** should include training on the delivery of remote mental healthcare in ongoing training for healthcare professionals.

Recommendations for service providers

Providers of mental health services and **individual healthcare professionals** should be**:**

Considering the needs of those who are digitally excluded

- By identifying those in their communities who are unable to access their services because they are digitally excluded and ensuring care pathways are established so they can access the support they need.

Helping people make informed choices

- Explicitly asking people using their services about their preferences for how they want to access services.
- Informing people about the range of mental health support available and the options for how it is delivered.
- Giving clear advice on the implications of each method of delivery to inform choice. This might include information on the benefits or drawbacks of certain delivery methods for people with particular mental health conditions or symptoms.
- Including information on people's choices and preferences for method of delivery in care plans and regularly reviewing those plans.
- Respecting people's choices, so that those who decide against a certain delivery method are not penalised by having access to services delayed or being removed from waiting lists.

Providing advice and support to help people access services through different mediums

- Providing clear practical advice to people using services remotely including on how to use the technology, privacy and confidential issues and what to do if there are problems at any stage of the process.
- Assessing need and making provision for people who don't have access to digital support (including equipment, Wi-Fi and similar as needed)
- Improving access to digital and remote services by providing safe private spaces in services or partner organisations premises where people can access services remotely, for example, if they are digitally excluded or where privacy at home is a problem.

Equipping staff to deliver services remotely

- Making sure that staff are fully equipped and trained to deliver high quality digital and remote services.
- Ensuring that staff working to deliver services are provided with clear guidance and training on the safeguarding processes and considerations that must be taken into account when delivering services remotely and in person.

Ensuring different service delivery models can accommodate people's needs

- Putting in place effective and appropriate translation services for remote delivery of services.
- Ensuring that services delivered remotely are culturally appropriate and that staff have the skills to deliver them in a culturally competent way.

Seeking feedback and evaluating services

- Continually seeking feedback from people using services about their experiences and integrating that knowledge into the design of services.
- Assessing the effectiveness of different methods of delivery for different population groups and communities.