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Widening digital participation - Young people and their mental health in Islington : Can digital technologies be used in mental health services to improve access and support for young people?

The Good Things Foundation is a national digital and social inclusion charity. We work through a network of over 5000 community centres and help the most excluded in society benefit from all of the things that being digitally included has to offer.

We are striving to make a world where everyone benefits from digital participation and can be healthier, happier and better off.

Healthier?

Health and digital technologies can often seem like an unnatural fit. However, since 2013 we have been running the NHS Widening Digital Participation programme to test ways that digital inclusion may be able to improve the lives of the most excluded in society.

Phase 1 of the programme (2013-2016) gave some encouraging results:

“The programme has had a significant impact on health services, with people now using the internet as their first port of call for information.”

- 21% of learners made fewer calls or visits to their GP, with 54% of those saving at least three calls in the three months before being surveyed and 40% saving at least three visits over this period
- 10% of learners made fewer calls to NHS 111, with 42% of those saving at least three calls in the three months before being surveyed
- 6% of learners made fewer visits to A&E, with 30% of these saving a minimum of three visits in the three months before being surveyed

- 29% of learners have gone online to find health services, such as looking for a new GP
- 22% of learners have progressed to booking GP appointments online and 20% have ordered repeat prescriptions online
- 17% of learners have gone online to rate or review their GP or another health service they have used. This behaviour change has resulted in significant cost savings to the NHS. Our evaluation has found potential annual savings of:
 - £3.7m in saved GP visits - annually
 - £2.3m in saved A&E visits - annually
- These savings alone represent a return on investment of £6.40 for every £1 invested in year three of the programme

Since 2017 (Phase 2) we have been piloting new approaches to digital inclusion in health and this article is my attempt to show what we did, what worked and what didn't. All of our work is open and we hope that you might be able to take some of our learnings to the next stage - then tell us about it.

Islington - Young People and their Mental Health

“An appointment with Child and Adolescent Mental Health Services (CAMHS) costs a median price of £240 (NHS Benchmarking). The average waiting time in the borough from referral to seeing a CAMHS specialist is 13 weeks and this is before it is even known if CAMHS is the best support for that young person. Currently, young people in need of mental health support are very likely to come into contact with the mental health system through a referral

from another Universal Care Practitioner (UCP) - teachers, social workers, youth workers etc. The Islington Pathfinder assumed that most value could be added by improving the ability of UCPs to route young people to appropriate help." (Dr L. Piercy 2018)

Improving UCP capacity chimes with recommendations from the Department of Health (2016) who suggest that *"professionals need to be trained to be able to work in a digital environment with young people who are using online channels to access help and support."*

What we did

We adopt a co-design methodology for all of our projects which helps to understand the context of the people we are designing with - the write ups of our design sessions are published here. During these design sessions we wanted to find out young people's needs when it comes to mental health, where they go and what support they require.



Lower level mental health support frustrated the young people that we met, because:

a) There is a perception that professionals cannot understand the young person and their life. There was a growing mistrust emerging:

"The person who knows me doesn't have the knowledge and the person who has the knowledge doesn't know me" - a young person describing their frustration with friends and professionals regarding mental health support.

b) Support is needed when it is needed, not at the specified times of the CAMHS service.

c) Structures are not willing to adapt to the ways in which young people want to express their needs.

And to compound this, we found that Universal Care Practitioners often:

a) Are not trained/confident in digital technologies and/or mental health

b) Refer to CAMHS or a GP more often than is necessary as, perfectly reasonably, *"it's better to be safe than sorry"* - Youth worker from Islington

c) Don't know what (digital) tools to trust outside of the referral mechanisms they have in place locally

These factors have helped put strain on a creaking system, resulting in young people not getting the support that they need. This programme was not about blame. Every single Universal Care Practitioner we spoke to wanted what was best for young people. They knew that the system was cumbersome but also knew that barriers are there for a reason and that being cautious of new technology was better than *"getting it wrong"*.

We wanted to design a model that satisfied the young people's and UCP's needs.

First model

We are led by insights. This meant we could design a first model and test it. Our first model consisted of:

1) A central resource for UCP's to be able to find out what was available:

Physically - a list of all of the organisations in the area that provide support for young people

Digitally - a link to the NHS Apps library and using their approved apps. These apps have had a level of robustness tested and therefore health professionals would be happy to use them

2) Some specific half-day training on using digital technologies in the mental health space. This was implemented so that young people could at least have access to tools to help them during the 13 week period between an initial CAMHS referral and seeing a mental health professional.

Over 140 young people tried some of the apps on the apps library and we trained over 60 UCP's in considering digital applications to help *support young people*.

'Of the 65 UCPs who attending training from December 2017 to February 2018, 62 reported that they considered digital apps to be "potentially useful tools to support young people's emotional health and wellbeing". 50 reported that they were either 'fairly' or 'very' likely to "...suggest one or more of the apps...to some of their young people".'

This is a culture change programme. Since February 2018, the training has been rolled out across 5 London boroughs in the STP area.' (Piercy, 2018)

What we found

The young people were happy to try apps recommended by the UCP but they preferred going into the marketplace and finding their own, even going on a peer's recommendation over a UCP's. This is important because it means that conversations need to be changed between UCP's and young people when discussing digital tools.

Instead of "try this app" there needs to be recognition that the young person may find something that is more to their taste. UCP's need to be willing to take these apps and see if they are suitable (and then add to their list) or adopt a "that's great, maybe try this" approach.

When conversations changed, and digital applications just became another part of the toolkit that UCP's have, the engagement

increased. Those who see digital tools as something different to the norm (or indeed the processes that they already have) are the ones who struggle. Seeing digital tools as a way to help a young person get support, information or coping mechanisms whenever they need it - day or night- is the real opportunity in this area.

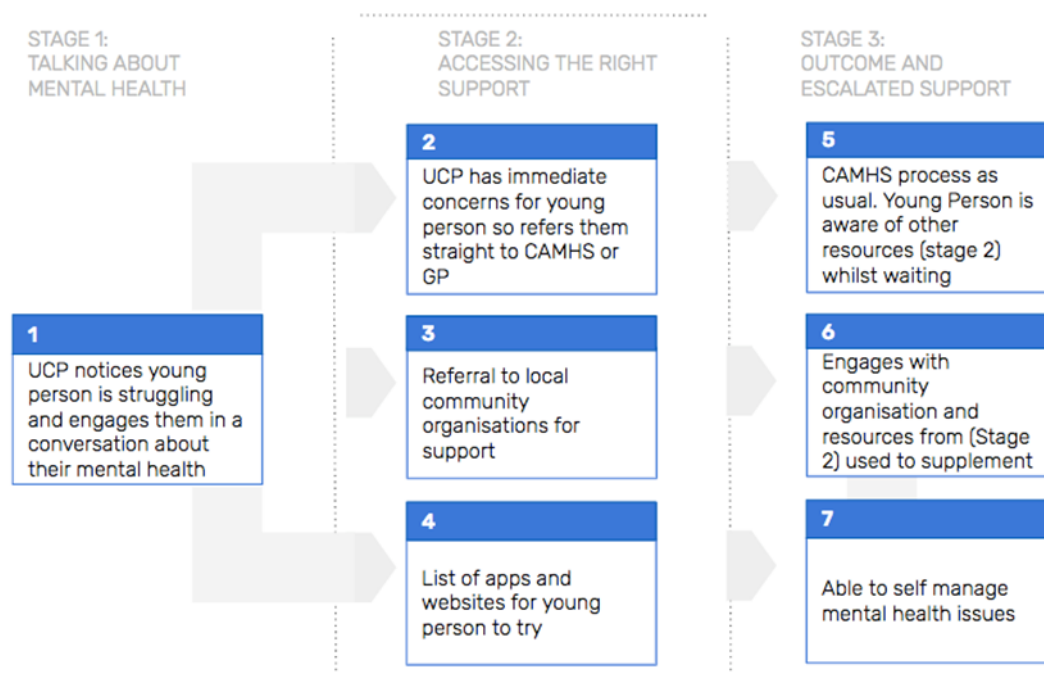
Continuing the principle of accessing information when it's needed

We found that when young people are referred to CAMHS they receive a 'Crisis Care Plan'. This is, at best, a piece of paper and, at worst, dictated to the young person. It is designed to be a series of steps for when the young person is feeling overwhelmed. This could include people to call, exercises to do, and so on. The problem with these plans was that at a point of crisis the young person doesn't have access to it, as it is in a drawer at home or they've forgotten it.

We wanted to make that access to information a little easier. The simple, first-stage solution was to convert these crisis care plans to PDFs. They could be downloaded onto a young person's phone and be with them whenever they needed it. This product can be made better but the premise remains the same. It's no more effort/time for the Mental Health Professional and it's there when a young person needs it.

Ultimately the project in Islington was the start of a journey. It allowed the professionals in the borough to find out what was possible and grow their confidence in things they hadn't used before. It put the young people of Islington on a

Going Forward - the final model adopted



more level playing field when discussing the support that they need and encouraged more open dialogue with UCP's and peers around the subject.

Since the project ended, Islington CCG have taken the learnings from the project and commissioned a digital counselling service. This means that support is there for the young people when they need it. This also provides a diagnostic facility for if a young person can/should be referred to more specialist services.

"It's really helped us that people involved in service redesign have been aware of this project and are now thinking about digital participation. We are now very clear that there will be a digital offer at the front door of our services. We think it is going to fundamentally change the way in which mental health services are accessed for young people in Islington." Commissioner, Islington CCG

There is still lots to do but this is a good start.

Please find the evaluation [here](#) and the How-to guide [here](#).

Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

Contributors (see a recent list) - Do you have up to 3000 words about a relevant issue that you would like to see published? Please contact the Editor

Education and Health Archive

Each issue of the journal, published since 1983, is available via the archive. There are several simple indices that help to identify articles by keywords; year/issue number; author surname and article title. It can be seen that some contributors have had a number of articles published and there are a range of topics that have been covered over the years. Sometimes a contributor will update their article or develop points raised by another contributor. The pages on the website, that have been provided for the Education and Health journal, usually have the highest number of 'reads' across all pages on this Internet site.

SHEU

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"The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards." Secondary School Head

For more details please visit <http://sheu.org.uk>