

Scaling Mental Health Services Through Digital Innovation



XenZone
FUTURE THINKING FOR MENTAL HEALTH



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Just over four years ago, I suffered a bereavement which left me with extreme anxiety.

I needed someone to talk to, but didn't take the necessary steps. I became unwell and eventually suffered a heart attack.

Last year, I lost my father. This time I was aware of the risk to both my mental and physical health of not seeking help early on. As the founder of a counselling and emotional wellbeing organisation, I found I actually needed the service I'd set up.

My reaction to grief was completely different this time and because of it, the demands I made of the NHS were far less.

It's a simple argument for early intervention in preventing escalation.

Investment in preventative support is intuitive; the challenge we face is in delivering this while meeting the increasing need for crisis services.

We need an innovative approach which can urgently address prevention and cure at scale.



Qwell is an online counselling and emotional well-being service for adults from XenZone

Friendly counsellors online until 10pm, 365 days a year



Supportive online community and live forums



Access to self-help articles



qwellcounselling.com

The need for urgent mental health services in the UK has never been greater

While we continue to firefight our way out of this growing crisis, we are ignoring what lays in store. Delays in care mean low-level issues are escalating and demand will rise further, leading to a serious deterioration of mental health and well-being in this country. Which is why we need to innovate now.

It is difficult to innovate while firefighting. We are in a high-pressure situation where people at one end of the spectrum are in acute need of support and those at the other risk heading in the same direction. Quite rightly, our attention must focus on those in dire need.

My professional – and personal – experience tells me, however, that ignoring simmering ‘tier one and two’ issues means they can get much worse.

Innovative services that can address the challenge of early intervention, but also provide help now to those in desperate need are required as never before. Without this, we are setting ourselves up for a major fall.

Unmet demand is already having knock-on effects. Accident and Emergency admissions for those with mental health problems, are rising. Police forces are increasingly being called on to act as healthcare professionals in cases where there is no alternative.

The NHS’s struggle to adequately resource mental health services in the face of such unrelenting demand is well documented. A recent BBC investigation looking at mental health trusts who run crisis teams in England found workloads in 70% of trusts increasing. East London NHS Foundation Trust, for example, had seen referrals increase by 60% in 2016. The burden of mental health support, however, is not just a UK problem.

According to the World Economic Forum, mental health costs will hit US\$6 trillion by 2030, eclipsing the cost of diabetes, respiratory disorders, cardiovascular disease or cancer.

While the NHS grapples with these fundamental issues, there is – unsurprisingly – correlating evidence of poor quality care. According to the 2015 King’s Fund ‘Mental Health Under Pressure’ briefing paper, “Only 14 per cent of patients say that they received appropriate care in a crisis, and there has been an increase in the number of patients who report a poor experience of community mental health care.”

As these issues play out, we know that there are associated impacts destined to compound pressure on health services.

The World Health Organisation’s (WHO) 2016 ‘Out of the Shadows’ report found that, “In addition to their health impact, mental disorders cause a significant economic burden due to lost economic output and the link between mental disorders and costly, potentially fatal conditions including cancer, cardiovascular disease, diabetes, HIV, and obesity.”

In response, the UK Government has announced a £1.3 billion cash injection and its intention to create 21,000 new posts, including trained nurses, therapists and other mental health professionals. Although welcome news, there is some doubt that sufficient numbers of people can be trained in time to deliver urgent services. The Royal College of Nursing has cited the Government’s abolishment of student bursaries as a particular cause for concern.

Innovative Services

Meanwhile, the unmet demand for mental health support and the damaging consequences of underinvestment are spurring organisations to innovate and fill the gap. There are now a relatively new wave of apps and other mindfulness and wellbeing services available, alongside e-learning programmes designed to support adults with mental and behavioural health conditions.

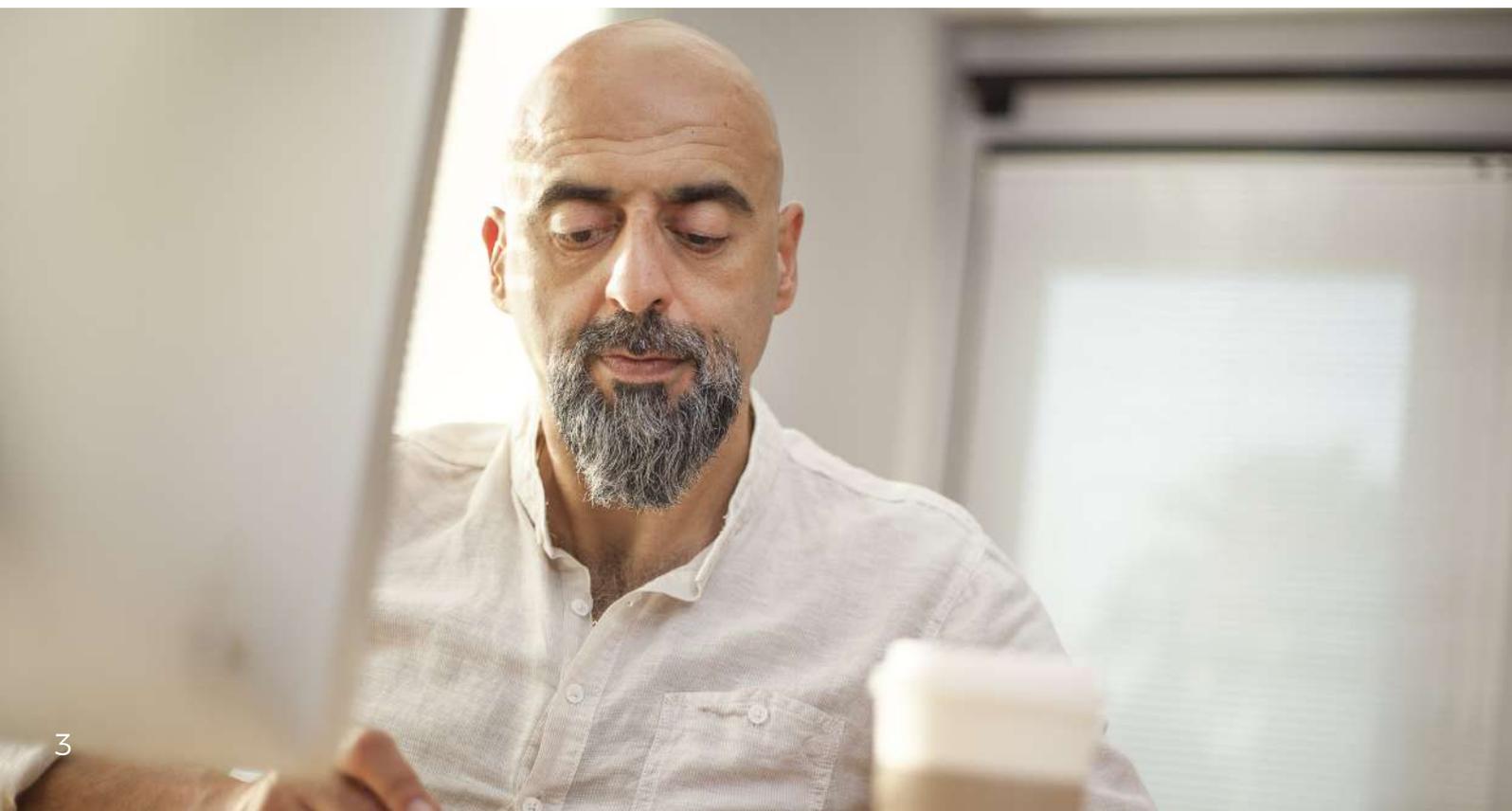
Assuming they, like online counselling before them, are evidence-based and meet professional standards, – and many will fall by the wayside for lack of either – their popularity is a ringing endorsement for instantly accessible support. This represents a positive step for those willing and able to ‘self-help’ and perhaps paints a brighter potential future for mental health.

Clearly, solving the mental health crisis is not as simple as giving people access to apps. The willingness of some people to seek online counselling or download an app may be down to the pressure they feel to be happy or the result of a general mindfulness trend. The rise of such quick interventions to address complex issues

may not seem ideal. But accessibility signals a start. It may lead to specialist intervention. It may help someone find the courage to seek help via their GP. It may pave the way for online or offline counselling, or vice versa. In any case it can mean instant support for those actively seeking it, preventing the problem turning into a crisis.

According to the 2015 paper, ‘App-based psychological interventions: friend or foe?’ published in the British Medical Journal, such services have their place. “They [apps] may act as a bridge between treatment sessions, improve retention and adherence to therapy or simply promote patient autonomy, flexibility and increased accessibility.”

The recognition of apps as complementary to existing online or face-to-face therapy shows how waiting lists could be better managed, how more people could be better and more quickly helped, and how we can begin to realise the UK’s prevention agenda. It also offers a lifeline to the NHS if such services can help people early, before their condition worsens, relieving pressure on acute care.



Changing Attitudes

The popularity of online counselling and apps and the gradual increase in the willingness of people to seek help, whether via their GP or online, shows that where people once would have felt unable to get help, bound by culture, stigma or a lack of access or resource the likelihood of them actively finding support today is slowly increasing.

This changing attitude is enabled not only by our evolving culture and gradual

shrugging off of old fashioned values, but also by technology.

We may once have been satisfied as passive recipients of information - receiving our bank statements through the post, our communication by letter - but the internet and social media has changed that.

We now expect organisations to be transparent; we assume information is immediately and universally accessible.

Pete's Story

Pete, 64, contacted online counsellors through Qwell because he had been feeling isolated. His wife had been ill for a while and her health was not expected to improve. Over the last two years she had become totally dependent on Pete and looked at him as her carer.

The emotional and physical intimacy in their marriage had been lost. Pete was not able to go out, other than for quick trips to the supermarket and pharmacy, as his wife could not be left long on her own. Their son lives in Australia with his family and they have no other living relatives. Pete had begun to question himself and his life and was feeling very low.

Support for Pete meant helping him keep his thoughts healthy and positive and developing excellent self-care, including applying for respite care for one evening

a week so he can attend a photography class. We encouraged him to make contact with his local Carers Association for support, advice and social opportunities. Importantly, we counselled Pete about talking to his wife again.

We supported him in discussing his feelings and to find new ways to make their relationship work alongside the challenges of her illness. After six sessions, Pete is starting to feel more like himself again and sees a future where he is content and fulfilled.

He says he no longer feels the need to continue counselling, but promised to come back to the service if he starts to feel low again. He added that using the service had given him confidence in his skills to use his computer for social networking and information gathering.

Anti Stigma

Getting help is also being slowly 'normalised' by major anti-stigma campaigns, which have set out to encourage people to talk about their mental health issues. These have been effective at generating significant publicity. The involvement of the Royal Family and other celebrities and sports personalities sharing their own experiences, is aimed at prompting others to do the same.

According to the 'Time to Change' campaign in the UK, national surveys

show "the overall attitude trend between 2008 and 2016 was positive with a 9.6% change - that's an estimated 4.1m people with improved attitudes."

That is not to say that stigma does not continue to play a major role in preventing people seeking help. Nor does it mean that access is always simple or straightforward. Or that people are struggling with low-level issues which can be resolved over a relatively short period. The picture is far more complex.

Leanne's Story

Leanne, 42, had been suffering with anxiety. She had weekly panic attacks and sleep issues, including regular nightmares. For the last five months, Leanne had been on an NHS waiting list to see a counsellor at her GP surgery.

She had been told there was still no appointment for her and that there may still be a significant wait. Her GP had offered her a mild dose of antidepressants and some sleeping tablets, both of which she was reluctant to take as she didn't want to "become addicted."

To prevent further anxiety and possible depression, the first part of her support work focused on getting Leanne's sleep back into a healthy pattern. After three weeks, Leanne is now sleeping well. We moved on to help teach Leanne to

recognise when her panic attacks were imminent.

We talked about strategies to stop them before they happened as well as to manage them if they did. We looked at the source of her anxiety and showed her alternative, healthier ways to process her past, and to tackle her current worries and stress triggers. After ten sessions, she has taken herself off the NHS waiting list for counselling and has chosen not to take antidepressants. She never needed the sleeping pills prescribed.

At the end of her 12 sessions, Leanne highly recommend our service to two people at her workplace who were regularly off sick for anxiety and depression.



Social Media

Away from self-help and counselling apps, social media is also being used by people with mental ill-health as a way to connect with others.

According to the 2016 academic paper 'The Future of Mental Health Care: Peer-to-Peer Support and Social Media', "People with serious mental illness are increasingly turning to popular social media, including Facebook, Twitter or YouTube, to share their illness experiences or seek advice from others with similar health conditions."

Such evolving behaviours and expectations are at odds with the traditional operating structure of the NHS, which works largely on week day day-time appointments, waiting lists and an often prescriptive approach to treatment. This changing perspective,

strengthened by anti-stigma campaigns, is more than just a recipe for a relentless increase in demand, or more budgetary headaches for the NHS and the Government.

It signals a sea change in how we consider future mental health support. It shows how the NHS must meet the needs of the person, rather than the other way round. If we can re-engineer the system and use the tools and technology already at our disposal to make treatment accessible and timely, we have the best chance of achieving the holy grail of mental health support: early intervention and prevention.

If we can innovate to intervene early and prevent escalation, then we can improve the lives of hundreds of thousands of people while saving vital NHS resources.

Online Counselling

While apps represent a new way of accessing help, online counselling is already established as a means to connect with professional counsellors for mental health support. Its popularity among children and young people is a sign of things to come for adults who, in increasing numbers, are also starting to benefit.

The Kooth online counselling service, aimed at 11-18/25 year olds, is now available in over 45 local authority areas and has over 130,000 registered users.

These are young people looking for instant access to help via a professional online counsellor. They are also looking for peer to peer support, with rising numbers taking part in live forums. If children and young people can feel comfortable working online with a

psychotherapist to get help for established or emerging mental health issues, we can assume that that is the future direction of travel for adults who also need help. Such services can successfully address low-level issues, giving people support when and where they need it. Often simple coping strategies are enough.

Clearly, it is no longer possible to ignore the role of digital services. As Dr Kate Anthony, FBACP, co-founder of the Online Therapy Institute explains: "It's a therapeutic interaction, a relationship, two or more people talking intentionally. It really is as simple as it's always been – we just need to recognise that if we take away the need to think about the screens and keyboards and plugs and chargers and on-buttons and pretty flashing lights, we're left with the therapeutic relationship itself."

Prevention is better than cure

One clear benefit in bringing a greater and more flexible digital component into adult mental health care is in prevention. Directing efforts at preventative work means pressure is lessened further along the chain, with secondary and specialist services being better able to help those in crisis.

The UK's 2016 Care Act has a strong preventative focus; it sets out Public Health England's (PHE) duty to work with Emotional Health and Wellbeing Boards to deliver a preventative approach to the adult emotional and mental health agenda. The Act also means local authorities have a duty to provide preventative services to all residents, including those with physical and mental health needs, their carers, and those with emerging needs.

With a focus on prevention in 2017/18, PHE is looking to support NHS England by promoting the "implementation of preventative interventions at scale." It is also tasked with addressing the social determinants of mental health, such as bad housing, smoking, obesity, addictions, unemployment and poverty.

Poverty is a well-known, but largely ignored, contributor to poor mental health around the world. WHO's 2016 report, 'Out of the Shadows: Making Mental Health a Global Development Priority' describes how social conditions associated with poverty create stress and trigger mental problems. It states that the "circular relationship between mental disorders and poverty creates a cycle that leads to ever-rising rates for both."

The Children's Society, in its 2016 report, showed that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health, including debt, poor housing, and low income. This is something XenZone has experienced first-hand in some areas of the UK that have lost traditional industries and are coping with high – and often inter-generational and long-term – unemployment. The impact on families and individuals can be catastrophic.

Expedient access to support is key here – and digital access to free support could be seen as a great leveller, in terms of providing universal access irrespective of background.



Better access, more choice

Choice and access was an important theme in the NHS 2014 Five Year Forward View report, which made the case for talking therapies and emotional support services being made more available to adults when needed. It stated: “Provision [or care] must be increased so that people can access services conveniently, have greater choice, and can network with peers to provide mutual support and guidance.”

Indeed, according to the 2015 Five Year Forward View Mental Health Taskforce Public Engagement Findings report, timely access to services is a top three priority for people looking for mental health support; and one in three people want to choose their own method of treatment.

This desire for better access is nothing new. The Government’s Improving Access to Psychological Therapies (IAPT) programme was established in 2008 to

achieve just that. Those referred to IAPT services are generally offered CBT, but following criticism that this approach did not suit all people, additional modalities were and are being introduced.

This underlines our belief that the right approach depends on the person, and also, crucially, on the issues and challenges they are facing. Experience tells us that people always need choice. CBT does help some, but a humanistic or alternative approach should be available, which in some cases, may yield better outcomes.

Whatever the approach, there often needs to be more than one. Blended face-to-face and online counselling, for example, or the ability to talk to peers in therapy groups or online, as well as CBT and the full range of therapies available mean people are more likely to be helped out of their current state and better supported on the road to recovery.

Peer support

Being able to talk to peers is vital. This was certainly true for me when I was managing grief. Being able to connect with people going through similar experiences certainly made my recovery easier.

Quoting again from the 2016 paper ‘The Future of Mental Health Care: Peer-to-Peer Support and Social Media’, “People with serious mental illness report benefits from interacting with peers online from greater social connectedness, feelings of group belonging and by sharing personal stories and strategies for coping with day-to-day challenges of living with a mental illness.”

Peer support such as this is offered through existing online counselling

services, which also offer self-help materials people can access at any time.

Prevention and early intervention via digital networks is key to supporting the increasing numbers of people seeking help in a variety of forms. Prevention via online counselling means being able to deliver support at scale through services that offer a professional non-prescriptive approach.

It is important to emphasise, however, that digital is necessary but will work best when integrated with existing services. Online counselling will never usurp face-to-face or group therapy, but it can address serious issues of access and delivery in mental health that are now often left unchecked.

Physical and mental health

The picture of mental health services may seem a complex one, but it does not end there. A major challenge for a transformed health system is in improving links between mental and physical health.

These have historically - and are largely still - treated separately. Efforts are underway to bring the two closer together, in recognition of the fact that one may lead to or exacerbate the other.

Parity of physical and mental health treatment is an area both IAPT and PHE are addressing. IAPT, for instance, has set out to put mental health on a par with physical health, giving everyone who needs it timely access to evidence-based services and focusing on long-term conditions.

The 2016 King's Fund report, 'Bringing Together Physical and Mental Health', also makes the case for improved integration, stating that "...from a patient perspective, a meaningful definition of integrated care must also include provision of integrated psychological support to help people adapt and manage their health effectively. Failure to do so can be associated with poor outcomes and faster disease progression."

More explicitly, the same organisation looked at the cost of treating long-term illnesses related to mental ill-health. It found that "between £8 billion and £13 billion are spent each year by the NHS on long-term conditions linked to poor mental health and wellbeing."

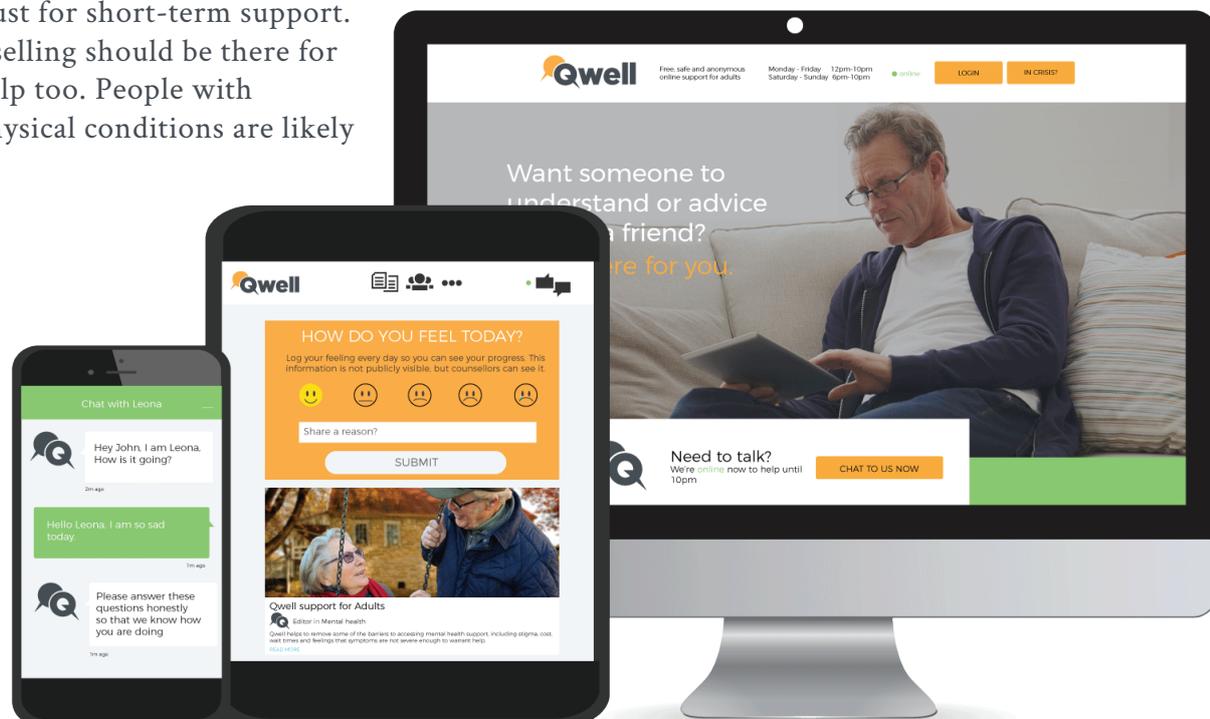
Digital services at scale

If not for technology, it is questionable whether we would be able to meet the burgeoning and complex demand for mental health support. Done right, and with the same rigour as is expected with traditional face-to-face counselling, digital counselling has scalability. It can give people help when and where they need it through devices that most people already own or have access to: a smartphone, a laptop, a computer or a tablet.

And it isn't just for short-term support. Online counselling should be there for long-term help too. People with long-term physical conditions are likely

to need more than one round of CBT treatment, even if an initial course is helpful.

Adults with a history of trauma often need longer term therapy and access to peer support. To have access to online counsellors who know the stories and the suffering of those who log in can be a lifeline.



Online counselling for adults can:

- Relieve pressure from NHS services
- Prevent mental health issues escalating and reaching crisis
- Represent a positive place to start for those who need to be referred for specialist help or who are on a waiting list
- Provide free, immediate and stigma-free access to professional support. If commissioned by local authorities, online counselling services such as Qwell for adults and Kooth for children and young people are free at the point of use
- Give people the chance to share their stories with others, benefitting from peer-to-peer advice and support
- Complement existing face-to-face therapy, with access to online psychotherapists and self-help material between appointments
- Offer long-term support for those with multiple mental health issues
- Provide a buffer for those who have finished a CBT course but who would perhaps benefit from a different, complementary counselling approach
- Help for people suffering from long-term health conditions, such as cancer or diabetes, whose physical health would also benefit from improved mental health and vice versa
- Help those caring for friends or relatives, who may feel their needs are too low-level to warrant support, or who do not meet the thresholds for help
- Support people who are bereaved

The future is (more) digital

The case for innovating mental health services is clear, especially in enabling early intervention and preventing problems becoming crises.

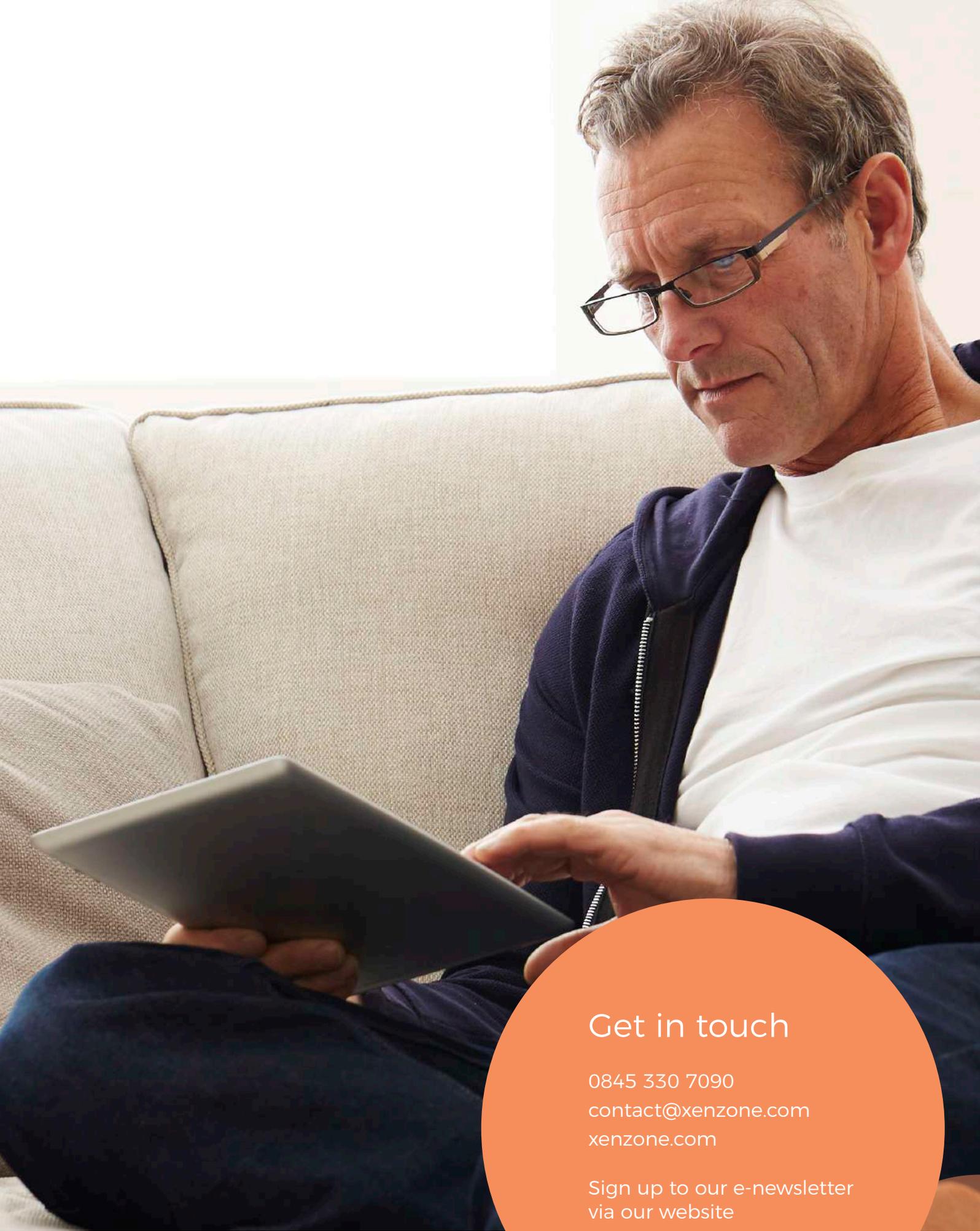
Without a bigger role for digital, it is difficult to see how this can happen. Not only are people becoming more likely to self-help via apps and other online resources, but such services can scale up to meet demand.

For some, online counselling will be sufficient; they will have a long-term relationship with their counsellor and will work through issues and set goals together over months or years.

For others it may be used in conjunction with apps while they wait for a face-to-face appointment.

Digital services also have a role in supporting people between face-to-face counselling appointments, being available where and when they're needed.

Combined, they are a powerful complement to existing services which simply cannot meet the demands now being put on them. They offer the greatest chance at prevention and early intervention and, as a consequence, the greatest hope for many who need help.



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