Changing minds, changing lives

Our vision is for a world with good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place. We inform and influence the development of evidence-based mental health policy at the national and local government level. In tandem, we help people and communities to access information about the steps they can take to reduce their mental health risks and increase their resilience. We want to empower people to take action when problems are at an early stage. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

We welcome the fact that telehealth and telecare have been central to the integrated service delivery in Scotland. The Mental Health Foundation supports the Government’s ambitions to improve people's ability to self-manage their health and wellbeing, in addition to supporting healthcare officials to be able to closely monitor individual’s conditions and medical needs. This focus will help to deliver safer, more efficient and cost-effective care.

1. What do you consider to have been the main successes of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?

   - Established the Digital Health Institute, bringing together numerous stakeholders to encourage shared learning and providing new leadership on ehealth. The body has been central to fostering and encouraging the growth of digital healthcare in Scotland.¹

   - The Scottish Centre for Telehealth and Telecare², within NHS 24, provides a forum for stakeholders from across the NHS, local authorities, health and social care partnerships, private industry and the third sector to explore opportunities to redesign services and crucially, expand the reach of services

to be provided at scale. For example, ‘Living it Up’, SmartCare and United4Health.

- Programmes such as the Telecare Development Programme (TDP) which ran from 2006-2011, and increased access to telecare services for almost 44,000 people in Scotland. Evaluation showed partnerships saved around:
  - 546,000 care home bed days;
  - 109,000 hospital bed days through facilitated discharges and unplanned admissions avoided;
  - 48,000 nights of sleepover/wakened night care;
  - 444,000 home check visits.

The programme focuses on increasing choice and control in health, care and wellbeing for an additional 300,000 people.

Overall, the gross value of TDP funded efficiencies over the period 2006-11 was approximately £78.6 million at current prices. It should be noted however that, unless actual care home bed reductions, hospital ward closures and other service adjustments were subsequently made, these efficiency gains will not have resulted in cash releasing savings.

- In March 2015, it published a refreshed eHealth strategy emphasizing the expectations and requirements of citizens and patients for electronic information and digital services.

2. What do you consider have been the main failures of the existing Scottish Government’s eHealth and telecare/telehealth strategies and why?

Despite rapid advances in digital technology coupled with reducing costs, there are numerous barriers slowing the integration of new technological developments and opportunities across health and social care. There is considerable work needed to create a more enabling policy environment for NHS and allied staff (e.g. social care staff) and to introduce clarity on governance issues, for example, how to get support on practical themes like IT security, while enabling wider public access to technologies. Patient and clinician engagement, as a result of current policies, remains low. To address these barriers, we recommend:

- Upgrade infrastructure and invest in staff development
- Explore collaborative arrangements with wider partners, including technology developers
- Adopt a co-production and iterative design ethos to build in experiences of communities and service users
- Address the current translational gap between evidence and product development and implementation which is common across the board.

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3. How well does the Scottish Government’s draft Digital Health and Social Care Strategy 2017-2022 address the future requirements of the NHS and social care sector?

More specifically, “will it empower and enable innovation and the transformations that will be needed to keep pace with technological developments?”

The new strategies success will be gauged on whether it will empower and enable innovation and the transformations necessary to keep pace with developments in technology.

4. Do you think there are any significant omissions in the Scottish Government’s draft Digital Health and Social Care Strategy 2017-2022.

We would like to highlight the below concerns levelled at digital health that should be considered when reviewing the Scottish Government’s draft of Digital Health and Social Care Strategy 2017-2022.

- Internationalisation
- Operation at scale
- Implementation and involvement of people with lived experience.
- Digital equity

5. What key opportunities exist for the use of technology in health and social care over the next 10 years?

Statistics show significant treatment and accessibility gaps; the 2014 Adult Psychiatric Morbidity Survey (APMS) found that for individuals with common mental health problems only a third of individuals reported receiving professional support.\(^4\) Further analysis shows that people living in poverty, BAME groups and young people amongst others are less likely than the general population to receive treatment and support for mental health symptoms. To tackle these issues, and ensure treatment is accessible and usable for everyone, we must consider the multitude of factors that may be at play to create such gaps, such as travel cost to treatment, the fact that treatment is often during working hours, attitudes to treatment and childcare issues.\(^5\)

With these increasing demands being placed on mental health services, and further cuts being made to mental health budgets, innovative and high-quality e-mental health may play an important role in tackling this societal challenge to effectively ‘plug the gap’. New technologies also offer benefits such as anonymity, which could present as the preferred option for certain population groups, for example, young people.

Technology however is not a panacea and should be seen as a tool to reach goal but not a solution to all problems and issues. It presents a range of opportunities to

\(^4\) Ibid.
strengthen integration across health and social care, importantly encouraging greater levels of mental health literacy amongst users.

Scotland’s national digital strategies have laid out how these innovative digital mental health interventions can hold considerable promise in terms of their reach, accessibility and potential cost-effectiveness. Digital technologies have the potential to transform mental health prevention and treatment approaches, as digital health can support with.

1. Reaching people who currently do not access help or do not have access to services
2. Reaching people who have requested help but are not able to access it
3. Helping to identify and give people the help they need earlier and therefore decreasing waiting lists

The Mental Health Foundation are the UKs leading partner and Communications lead for the E-mental Health Innovation and Transnational Implementation Platform North West Europe (eMEN). The eMEN project offers the chance address the key challenges highlighted above by focusing on; a mental health prevention agenda, through the promotion of self-help and finally the provision of increased access to lower cost but high quality ‘blended care’.

eMEN will increase the innovation, availability and awareness of evidence-based e-mental health products through co-creation between: health professionals, service providers, policy makers, end users (people with mental health problems and the wider public) and SMEs / e-mental health developers. Over four years, the project will:

- Create a transnational platform on e-mental health,
- Develop an evaluation tool for e-mental health interventions,
- Test 5 e-mental health interventions,
- Create a tailored policy agenda to embed e-mental health in each partner country (for the UK we will develop the policy agenda for each part) and
- Convene expert working groups, seminars and conferences on key aspects of e-mental health.

The eMEN project aims to increase the acceptability and uptake of e-mental health products, not only for the benefits to the end user and NHS services, but also as this directly contributes to the region’s economic performance and innovation capacity: reducing healthcare costs, better care and access to prevention and treatment and increased growth of eHealth SMEs.

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6. What are the barriers to innovation in health and social care?

The integration of digital strategies in mental health policies is by no means a straightforward process. There is a pervasive risk averse culture which represents a real barrier for new technologies to be consistently woven into new strategies moving forward shaping a backdrop that is not always accepting of progress in this field. Other challenges to note with regards to innovation include: engagement, data protection and quality, workforce support and engagement.

**Engagement:**
While there is substantial evidence supporting the potential benefits of developing more e-mental health, there are concerns as to the acceptability and accessibility of such a move. Not only are providers concerns about such issues\(^9\), but service users are not as engaged with digital approaches to mental health irrespective of the efficacy of them.\(^10\) One potential reason for this may be the considerable digital divide that needs to be considered before such services are considered a universal approach to mental health treatment and support.

The term “digitally excluded” refers to those who lack “the right access, skills, motivation and trust to confidently go online”\(^11\), which means that these individuals may be excluded from a wide range of e-Health interventions, creating inequality regarding who is able to access these digital services. This may include individuals who;

- Have no physical access to computers or internet connection
- Experience poverty
- Experience literacy issues
- Are not digital natives

Further work is needed to facilitate access and also help develop skills and confidence to use technology. According to a survey of the Mental Health Network, while digital services are being offered in the UK, findings indicated that providers were not fully exploiting digital technology to deliver services. The survey showed an appetite for greater use of technology by providers in the future as they accepted that there was a clear benefit to the public through using digital technologies.\(^12\) Of critical importance is the development of a UK wide digital inclusion strategy to ensure that digitally excluded populations have access to Internet-enabled services.

To ensure that interventions meet the needs of the user effectively, user involvement techniques will need to be set up and relevant guidance and practitioner bodies will need to be consulted. Recent work highlights the ways in which this can be done,

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such as using survey techniques, focus groups and other priority setting exercises as well as monitoring uptake on a continuous basis.\textsuperscript{13}

**Data protection and quality:**
There have been several concerns raised with regards to this issue which could have a direct impact on public trust in mental health apps.

**Workforce support:**
A new strategy needs to ensure that staff possess the correct skills to deliver a new digital delivery method. The NHS workforce in primary and secondary care are not all digital natives and thus supporting digital practitioners will be important for successful implementation. Likewise, resources to provide digital means of treatment or intervention will need to be considered as regional variations and resource costs across the NHS will need to be considered. A process evaluation, learning events and consultations may be helpful to ensure this process is supported and understood clearly from a real-life perspective.\textsuperscript{14} This is an important area to consider as research has previously found that professional’s opinions of e-mental health programs remain largely unfavourable.\textsuperscript{15}

**Research:**
In addition to these barriers, it is important to note that the implementation of digital health approaches in mental health can also pose risks. Research into implementation and efficacy remains in its infancy and we do not have a clear and comprehensive picture as to how digital mental health strategies can be effectively incorporated into policy. However, as noted in a recent paper in the British Journal of General Practice;\textsuperscript{16} "not engaging with the field is probably not an option" since the use of online technologies across all age groups continues to grow, in addition to the increased availability of apps within the field of mental health. There is a risk that not engaging with the public will mean the population will be exposed to non-evidence based and potentially dangerous apps.\textsuperscript{17}

\textsuperscript{15} Tarrier, N., Liversidge, T. & Gregg, L. (2006), 'The acceptability and preference for the psychological treatment of PTSD' Behaviour Research and Therapy, 44 (11), 1643-1656.