



# **A REVIEW OF DIGITAL MENTAL HEALTH SERVICES**

What Works?

What Doesn't?

What Next?

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# ABOUT US

The NHS Youth Forum, currently run by the British Youth Council (BYC), consists of a group of young people from across England who are passionate about children and young people's healthcare. Each year, a number of projects are undertaken by the forum which tackle a range of topics such as health inequalities and transitions in healthcare. The research presented in this report was undertaken by a group of Youth Forum members, see below, who focused on the attitudes towards, implementation, and availability of digital mental health services.



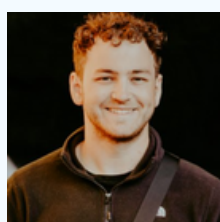
Anna



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Josh

# INTRODUCTION

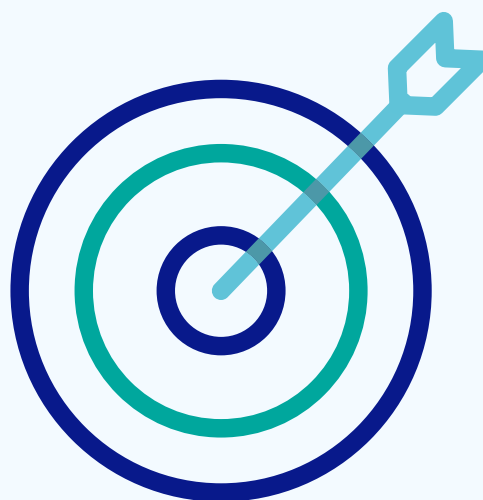
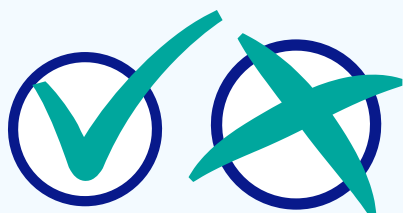
In recent years, there has been a move to increase the use of digital provisions in health services. This digital shift has been further accelerated by the onset of COVID-19 pandemic and by March 2021, over 340,000 consultations per month took place using Attend Anywhere, a video consultation platform, compared to less than 5,000 a year earlier. With almost all CYP aged 5 - 15 going online (Ofcom, 2021) and over 40% of 17 to 23-year-olds accessing phone or online support (NHS Digital, 2021), it is especially crucial that the way in which these areas intersect are both considered and evaluated.

The NHS Long Term Plan (National Health Service [NHS], 2019, pp. 25) includes telephone and video consultations, apps, and online resources in their description of digital services. However, this is by no means exhaustive and some digital provisions span many areas. An example of this is Kooth which is a service commissioned by 90% of NHS Clinical Commissioning Groups (CCG) in England, making it the “UK’s largest digital mental health platform” for CYP aged 10 to 25 (Kooth Plc, 2022, pp. 15). It provides a range of digital mental health services to CYP such as online counselling, articles, online

forums and more.

Despite becoming increasingly prevalent, previous research has seen varying opinions on both Kooth and CYP digital mental health provisions as a whole. A study conducted by Prescott et al. (2017) found that online forums for CYP on Kooth provide social contact and support, but that these do not replace traditional health services. This view was also reflected by mental health (MH) professionals in CYP mental health services who viewed the use of technology in MH services as a solely preventative or psychoeducational measure (Cliffe et al., 2019). Further to this, a YoungMinds report on the impact of coronavirus on young people with MH needs described that while virtual support can be convenient for some, it can also prevent others from seeking support (YoungMinds, 2021).

Although digital mental health services may be beneficial, even a brief look at the research around the topic presents a more challenging picture and this is one of the things the current project aims to address.



### **OUR PROJECT OBJECTIVES**

We want to make the support children and young people receive more timely, accessible, equitable, responsive and personalised, and believe that a key way to do this is to learn from the use of digital services in the voluntary and private sector, and also during the COVID lockdowns. To achieve this, our project aimed to review the current use of digital provisions in NHS mental health services, as well as comparing this with the digital provisions in the voluntary and private mental health sectors.

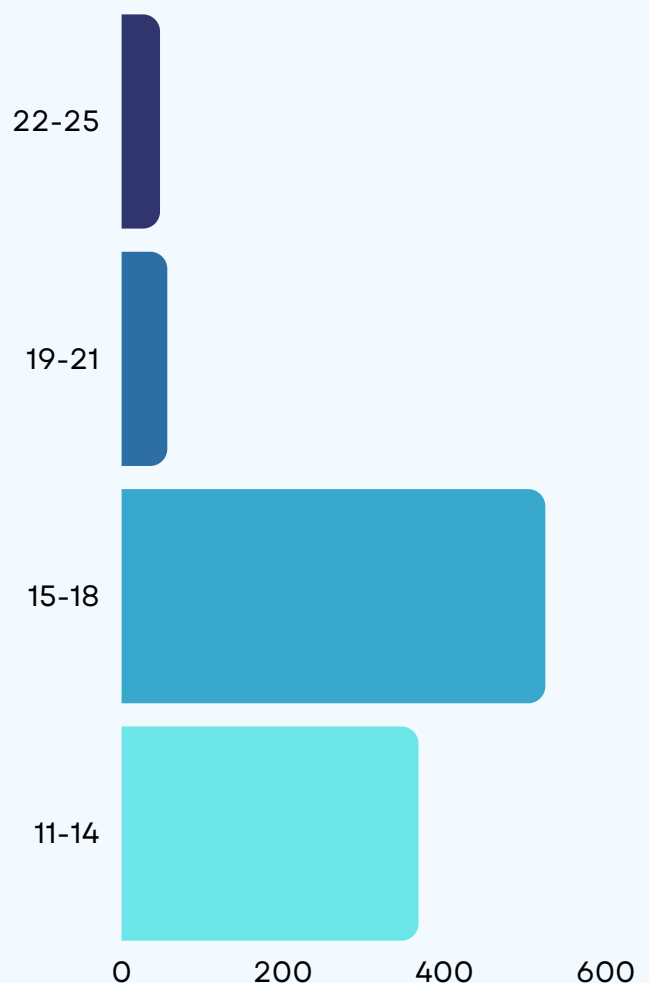
We aimed to do this by engaging with CYP from different backgrounds and locations across England. Our goal is that our findings are considered by NHS stakeholders in future service planning to ensure that CYP have access to the best support possible.

# THE PROJECT

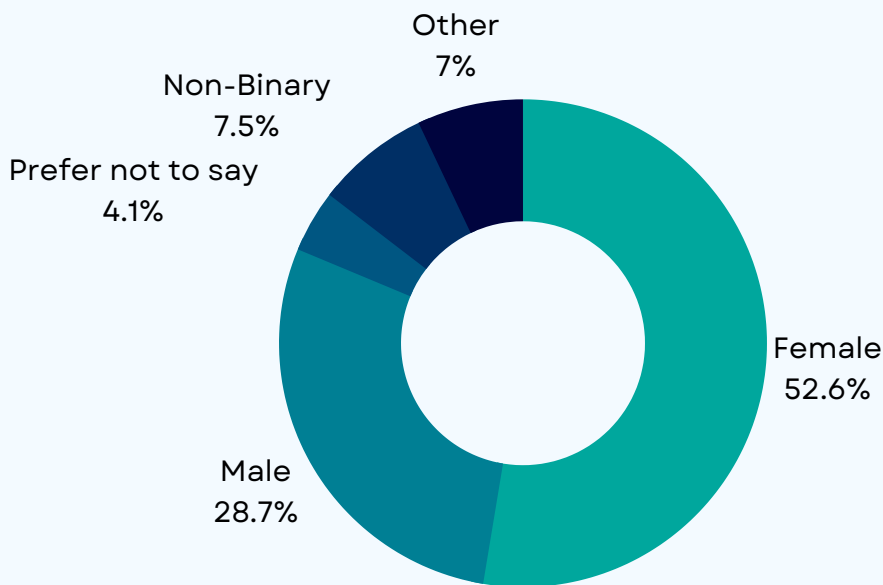
In December 2021, a group of NHS Youth Forum Members released a survey for children and young people across the UK. It included questions, both quantitative and qualitative, which aimed to evaluate the different digital mental services in use across all health sectors.

In total 994 CYP were surveyed. Of these:

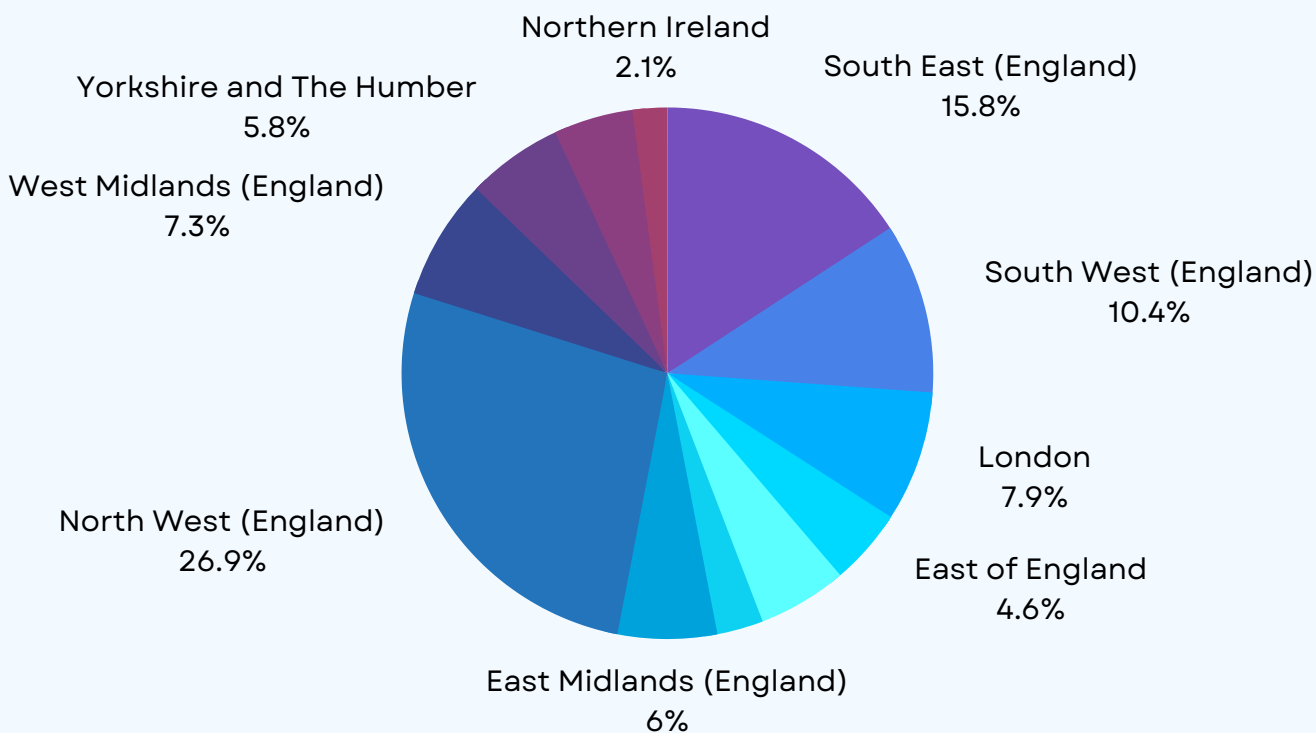
- 37 percent were aged between 11 and 14 years old, 53 percent were 15 to 18 years old, 6 percent were between 19 and 21, and 5 percent were aged between 22 and 25.



- 53 percent identified as female, 29% as male, 8 percent identified as Non-Binary, 7 percent described their gender in other ways, and a further 4% preferred not to say.



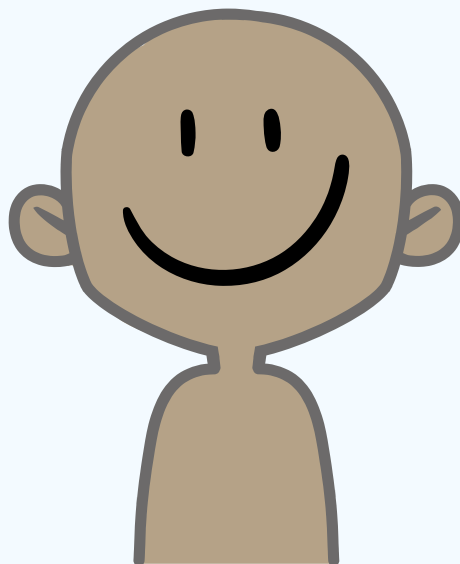
- 27 percent of respondents were from the North West of England, 5 percent were from the North East of England, 16 percent were from the South East of England, 10 percent were from the South West of England, 8 percent were from London, 6 percent were from the East Midlands, 7 percent were from the West Midlands, 6 percent were from Yorkshire and the Humber, 5 percent were from the East of England, 3 percent were from Wales, 5 percent were from Scotland, and 2 percent were from Northern Ireland.



# THE FINDINGS: **WHAT WORKS?**

The qualitative findings from the survey were mostly separated into two groups depending on whether they represented something that CYP liked in digital mental health services, or something that did not.

When looking specifically at what works for young people, two themes stood out which were flexibility, and anonymity & confidentiality.





# FLEXIBILITY

Flexibility refers to the way in which a service provides children and young people with different methods to access support, such as providing access to both an online chat and phone support. It was generally seen as a positive aspect of many digital mental health services as it enabled CYP to access a service in a way that suited them, as well as at a time that suited them. For example, when talking about Childline, one young person stated that a positive thing about the service was that they “could call at any time” and when asked about what they wanted to see improved in NHS services, one young person said “having professional support available 24/7 without needing to attend A&E”.


When it came to having appointments with mental health professionals, CYP found that virtual consultations meant they could have the appointment from home or even anywhere. While some CYP saw this as a negative, with one saying “it makes your own bedroom or home unsafe because that’s where you unpack all the negativity”, many saw the ability to have appointments anywhere as a positive. For example, one young person mentioned that they no longer had to travel when feeling vulnerable after a therapy session and others described that it removed some of the stress.

**“When I am in crisis I struggle to make phone calls so having a text service where I can still talk to someone in those moments has saved my life.”**

# ANONYMITY AND CONFIDENTIALITY

Anonymity and confidentiality were both frequently mentioned in the survey responses. While there were some concerns about being overheard, many CYP felt that digital mental health services afforded them more anonymity and confidentiality than traditional mental health services.

Several responses highlighted that they could access the support without having to ask their parents or guardians and without fear of being reported to them after accessing the support. For example, one young person said being anonymous meant they could “talk about actual issues without being reported to your parents”. As well as this, the confidential and anonymous nature of some digital mental health services enabled some CYP to access support when they would not have otherwise.

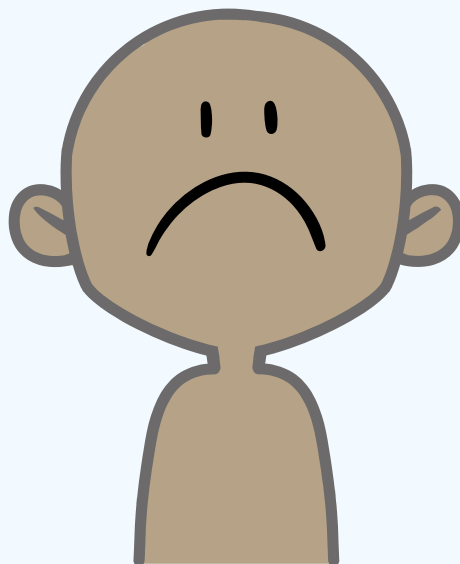


**"It was free and easily accessible without needing to go through parental permission which can stop people from seeking the help they need"**

# THE FINDINGS: WHAT DOESN'T?

There were also some things that did not work for young people accessing digital mental health services and many could be grouped into some key themes.


These themes were: Lack of Consistency, Technological Challenges, and Communication Difficulties.



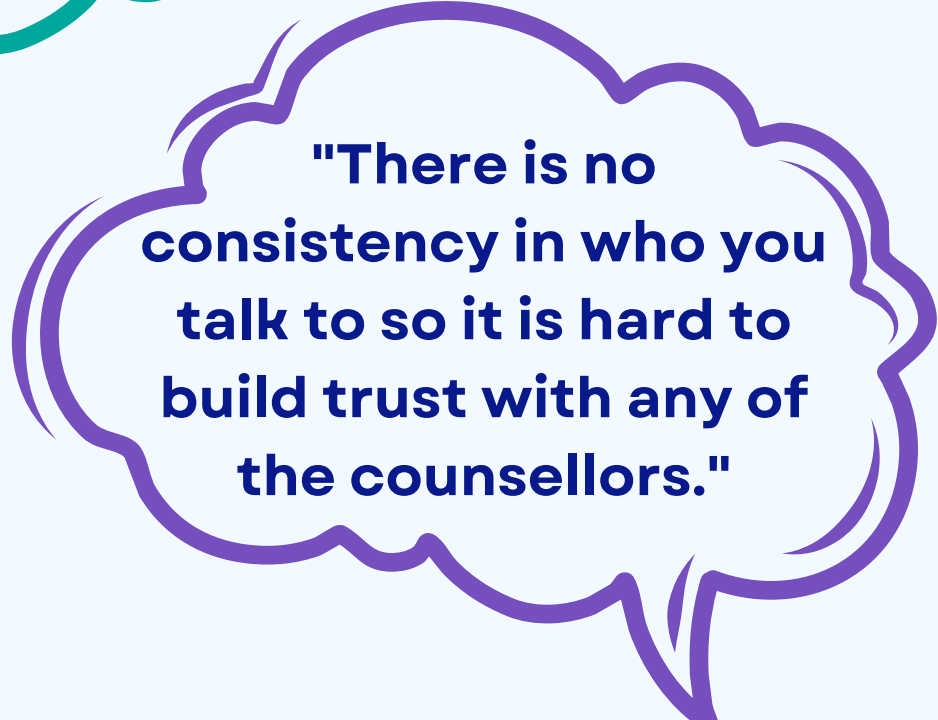
## LACK OF CONSISTENCY

The lack of consistency associated with many digital mental health services - mainly those that were run by voluntary or private health services - were often listed by young people as a negative. CYP found that they would be speaking to someone different each time or would not know who they were talking to, meaning they had to keep repeating themselves and that there was little to no follow up or contact afterwards.

Several CYP also reported that the lack of consistency meant that they found it harder to open up about what they were struggling with as it was harder to trust the person they were talking to.



**"You get different counsellors to talk to so you have to keep explaining everything over and over again."**



**"There is no consistency in who you talk to so it is hard to build trust with any of the counsellors."**

# TECHNOLOGICAL CHALLENGES

Technological challenges were less of an issue with services that had been designed for online use and were mostly mentioned when talking about previously in-person appointments that had been moved to video appointments. These difficulties made appointments more stressful for CYP. In addition, technological difficulties also wasted appointment time making them less effective compared to in-person appointments.

**"Things like call quality and other technical problems caused interference which can make it difficult to talk about deep issues when you're constantly having to repeat yourself"**

# COMMUNICATION DIFFICULTIES

For many CYP, digital communication presented many additional difficulties to those associated with in-person communication. This was the case if the service was designed to be digital and if the service was one that had initially been face-to-face but had been made digital.

The issues with services designed to be digital, such as online chats and text, tended to centre around a perceived lack of compassion and empathy in responses, as well as them feeling impersonal. This impersonality was mentioned in reference to written online resources like those on the NHS website.

**"Responses didn't seem to be human, it was like what I was saying was being totally disregarded"**

**"I feel as though the lack of human communication made it difficult to engage, [...] it felt like I wasn't actually talking to a person, just typing messages online"**

With regards to face-to-face services that had been moved online, a frequent issue was that there was much more room for miscommunication and that MH professionals were less able to pick up on signs of distress. In addition, these interactions were described as not feeling as comforting as in-person ones.

**"Miscommunication can occur when you can only see their face and not their whole body language"**



## THE FINDINGS: **WHAT ELSE?**

Although the main focus of the study was to evaluate the different digital mental health services that CYP use to find what works best for young people, it also looked at how prevalent use of these services are and how young people came to use them, as well as looking at what CYP want to see in the health services, digital and in-person. It also briefly investigated the impact of the pandemic on CYP and their access to mental health services.

Of those surveyed, 61% had previously used digital services for mental health support with the most common route of referral being a recommendation from a professional and the second being an online search. NHS digital MH services were rated and were given a mean score of 5.5 where 1 represented “terrible” and 10 meant “excellent”.

Participants were also asked to rank their preferred method of accessing mental health services and, in order of most popular to least popular, these were: in person sessions, webchats, video calls, phone calls, apps, and finally online courses/resources.

# CHILDREN AND YOUNG PEOPLE'S PRIORITIES

When asked about what they wanted to see from a mental health service, many responses echoed the findings around what works and what does not for young people in digital mental health services. This included flexibility, confidentiality and consistency.

In addition to these, several other priorities were prevalent in the responses. Some of the most common ones included: awareness of how identity can intersect with mental health, knowledge and understanding of neurodiversity and a wider range of mental health conditions, and short waiting times. For example, many CYP wanted to see “more resources for trans and [non-binary] people” on the NHS website

**"They didn't know how to help a trans person in a unsupportive environment"**

**"They could be more educated on neurodivergent and wider mental illness such as bipolar"**



# THE IMPACT OF THE PANDEMIC

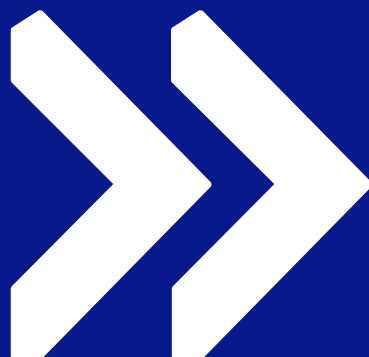
CYP were also asked about how the pandemic affected their access to mental health services. Firstly, they were asked whether they had sought out NHS mental health help during the pandemic and 39 percent said yes. Additionally, for 13 percent of those who said yes, this was their first time using an NHS mental health service.

The CYP that responded were also asked about how positively or negatively the pandemic impacted their experience with these services, as well as being given an opportunity to explain further. Overall, 27 percent of CYP rated the effect as being all negative, 39 percent as somewhat negative, 24 percent as neutral, 9 percent as somewhat positive and 1 percent as positive.

**"Responses didn't seem to be human, it was like what I was saying was being totally disregarded"**

While there were some positive comments on the effect of the pandemic, such as one young person who described that online appointments were more accessible for them, most comments were negative. The negative comments covered a wide range of issues with young people finding that the pandemic limited their access to support, made them feel isolated and "forgotten about", and overall worsened their mental health.

**"I struggled before the pandemic but my access to support was limited because of covid and my mental health decreased dramatically"**



# WHAT NEXT?

Our research highlighted several priorities for the NHS to focus on regarding CYP's access to digital mental health services. The first is to carry out further research and surveys to gather further information from harder-to-reach groups, such as those without internet access, and others who were underrepresented in our survey.

Further to this, our research found that CYP were often unaware of NHS services and were unclear about what services were run or commissioned by the NHS. Additionally, the services that were seen as being run by the NHS were viewed as being unapproachable and not accessible. The NHS should look at making these services more accessible and approachable which could be done by advertising more on social media and through youth organisations.

Finally, the survey highlighted how important awareness and adequate training around intersectional identities are to CYP. For example, many wanted more awareness around how neurodiversity interacts with mental health and wanted to see better knowledge of the struggles specific to trans and non-binary people. We recommend that training in these areas is consistently implemented or improved.

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Thank you to the staff at the BYC for all their support in carrying out this project.

Get in touch for more information on our data, and results, and to learn more about the Youth Forum.



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