



Delivering mental health services digitally

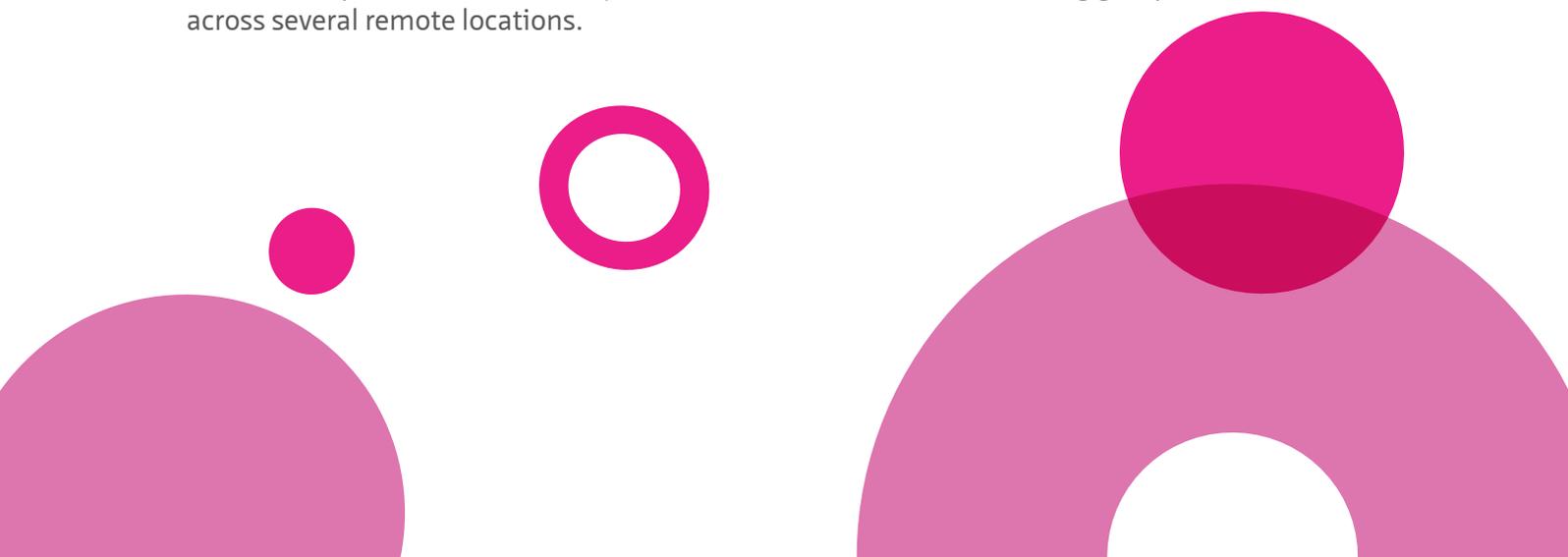
Group sessions

Group sessions are a core part of delivering mental health services. However, due to the social distancing and lockdown measures in the UK from March 2020, many face-to-face group sessions were initially stopped.

This briefing looks at how two trusts built on their existing provision of remote one-to-one services, and expanded them into remote services for groups. It looks at the specific areas of focus for each, and the next steps they will take to continue this offer. It also provides recommendations in the short, medium and long term for other trusts considering remote group services.

Key points

- Remote consultations via phone or video are already delivered in many trusts on a one-to-one basis, but different issues are presented when expanding this approach to group sessions.
- Remote group sessions require a different way of working for staff, so full and ongoing training and support is needed to ensure they are confident to deliver effective group sessions remotely.
- The issue of patient confidentiality must be reassessed when conducting group sessions across several remote locations.



Introduction

The use of groups to deliver talking therapies and other therapeutic sessions has long been part of how mental health services operate. Services currently delivered using group sessions primarily include talking therapies such as IAPT (Improving Access to Psychological Therapies), as well as other therapeutic and support sessions and classes that support long-term recovery. Group sessions have traditionally been delivered face to face, between a clinician and a number of service users.

In the wake of lockdown and distancing measures being implemented in the UK in March 2020, including a message to stay at home wherever possible, group sessions as part of mental health services were initially suspended.

Many mental health service providers already offered the option of video and phone consultations on a one-to-one basis, and the expansion of these was prioritised at the start of lockdown so that services for patients and users could continue. Following successful expansion of the one-to-one services, and the importance of group sessions as part of an individual's recovery, treatment and management of mental health conditions, providers used the learnings to introduce digital solutions for group sessions using remote technology.

West London NHS Trust

Focus on training and support

West London used MS Teams to deliver group sessions, as the trust already had access to the software and clinicians were familiar with the platform. While developing the sessions, one of the areas the trust focused on was offering training and support to staff and service users.

Training: Clinicians and service users needed information and support for group sessions to run effectively. The trust developed a one-hour weekly training session for clinicians to ensure it is accessible for all staff to join, with 150 clinicians attending so far.

Guidance: Specific guidance for clinicians and service users has been developed, supporting clinicians to set up meetings, share joining instructions with service users and manage an ongoing meeting. Remote working pages of the intranet include both clinical and technical guides to support clinicians to run sessions.

Ongoing support: The trust offered drop-in sessions run jointly by the IT team and clinical staff for clinicians on a weekly basis, to provide ongoing technical support to those running remote group sessions.

Next steps

Data: The trust is looking to adapt electronic patient records to note which software is preferred by the patient, as well as including the reporting of the calls via their business informatics dashboard.

Research: The trust will be reviewing outcomes from different treatment groups delivered virtually, and will co-produce a research project with service users that will focus on understanding the experience of having treatment via video, with a particular focus on equalities issues and how these have been impacted by use of video calls. They will also compare the experience of groups that started face to face and were completed via MS Teams, versus groups that were solely conducted via MS Teams.

South West London and St George's Mental Health NHS Trust

Focus on confidentiality

Initially, clinicians used Zoom to deliver their group sessions, due to the large number of screens that are visible. However, the trust now intends to move everyone over to MS Teams. While developing the sessions, one of the areas the trust focused on was addressing challenges that arose around confidentiality.

Possible confidentiality breaches: The trust assigned a clinical safety officer, who ran a hazard workshop using MS Teams to consider the possible ways that confidentiality could be breached in an online group setting. For example, a group member attending a group call from a place where a non-group member can see or hear the conversation without the knowledge of the rest of the group. By considering the range of breaches possible, they were able to consider and put in place mitigating steps to avoid them.

Trust and communication: Alongside adapting the settings and options on the chosen platform, having an open conversation with the service user joining the group about confidentiality and expectations was important. This created a safe space to ask questions and builds trust between the clinician and service user to reduce the likelihood of confidentiality breaches taking place.

Practical advice and ideas: The trust suggested a range of ways that individuals could protect their own confidentiality and that of their fellow users on the call. Examples included disguising or blocking their face or the use of an avatar, and blurring the background and using a fictitious name (with agreement between clinician and user in advance.) This broadened the responsibility of protecting confidentiality to all attending the call.

Next steps

Evaluation: The trust is asking clinicians and service users for their feedback on the use of video consultation technology, using both quantitative and qualitative measures, and this will feed into a fortnightly video conferencing project board to inform next steps.

Dashboards: Dashboards are being developed to benchmark how teams perform against each other on the adoption of video consultation technology, to support the roll-out plan.

Electronic case records: The trust is exploring how to integrate video consultation into electronic case records systems.

Considerations and recommendations

Short term

Confidentiality

- Consider what confidentiality issues could arise through the use of remote group sessions and what measures you can put in place to mitigate them. Some of these will be through practical methods, but also consider what can be achieved through guidance and conversations between service users and clinicians ahead of the sessions.

Training

- What clinical and technical training needs to be put in place so your staff feel confident in delivery group sessions remotely? Is this training easily accessible to a wide range of the workforce? Consider running drop-in sessions, repeating training, or having recorded sessions to ensure you reach a wide range of staff.

Support and guidance

- What ongoing support do you need to put in place for clinicians to feel confident to deliver services remotely? Consider this from both a clinical and technical perspective, as both will be critical for the effective running of a remote group session and will improve the experience of an individual attending a group session.

User needs

- In the current context, remote group sessions may be the only way for individuals to access the services they need as part of their ongoing recovery and management of mental health conditions. If they are unable to access these services due to a lack of equipment or internet, are you able to subsidise or purchase the resources needed to access your services?
- What other practical consideration do you need to make to ensure individuals can participate effectively in group sessions? For example, consider additional support for individuals with hearing or sight difficulties, or where English is not a first language, and how this will practically be accessed by service users.

User experience

- How are you capturing users' experience of accessing group sessions remotely? Are you able to respond to this feedback to improve services in real time, and if not how are you ensuring this feedback will be used as services are redesigned and reconfigured following the COVID-19 response? How are you both collecting feedback and feeding back your actions to service users who share their experience?

Considerations and recommendations

Medium to long term

Co-production

- Truly designing services in partnership with those who use them will increase both their clinical effectiveness and the user experience.
- How are you working with individuals who use your services to understand their experiences during the COVID-19 response and ensure these inform the future design of services?

Evaluation

- Understanding the effectiveness of services delivered digitally will be critical for their continued use and replicating good practice across the sector.
- Consider how you will evaluate the use of digital services as part of a blended service and as part of implementation.

Interoperability

- How does the digital software you are using interact with other tools, applications and services? Will the use of your chosen software save time in one place, but increase burden elsewhere? Consider the implications across the whole care pathway when considering how a digital service can be integrated.

Blended services

- While it was essential to move services online during the COVID-19 response, this type of service will not suit or be preferred by everyone. How are you designing blended services so that individuals have the option of digital, but that it is not the default?

Digital inequalities

- Not everyone has access to the internet, some don't have the confidence or ability to use digital software and applications, or don't have any interest in accessing services this way.
- Some sections of the population – such as individuals with a disability, low income households and older people – are even more likely to be digitally excluded.
- How are you designing services to ensure they reduce rather than exacerbate digital exclusion? Are there service user groups that are likely to be more digitally excluded, and if so what practical steps can you put in place to increase their access?

Workforce

- With blended digital and non-digital services an ambition for the future, the workforce needs to be confident in offering and delivering these services. What training needs to be put in place to support your workforce? What financial and time implications will this have, and how will you evaluate progress?

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. We represent providers from the not-for-profit, commercial and statutory sectors – including more than 90 per cent of NHS trusts and foundation trusts providing secondary mental health services. We work with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf.

The Digital Mental Health Forum is dedicated to digital health service providers and those interested in this growing field. It provides a platform for discussion, networking, and sharing experience and good practice. It also allows those working in the digital mental health sector to strengthen their independent, collective voice in the national policy debate.

For more about our work, visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org
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Registered charity no: 1090329

Mental Health Network
18 Smith Square
Westminster
London SW1P 3HZ
Tel 020 7799 6666
Email mentalhealthnetwork@nhsconfed.org
www.nhsconfed.org/mhn

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