



# discussion paper

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## E-mental health: what's all the fuss about?

### Key points

- E-mental health is the use of information and communication technologies (ICT), to support and improve mental health.
- Public expectations of health services, and how they interact with them, are changing rapidly.
- Increasingly, service users are making more of the opportunities presented by technology to engage in online peer support and supported self-management.
- Making better use of technology can help us address resource challenges and support cultural transformation.
- A national framework for e-mental health should be developed to provide a platform for change.

Digital technology has revolutionised the way we conduct our everyday lives. The expectations service users and their families have of mental health services, and how they interact with them, are also changing rapidly.

E-mental health is the use of information and communication technologies (ICT) to support and improve mental health, including the use of online resources, social media and smartphone applications. Greater use of information and technology could help us address resource challenges. E-mental health also has the potential to support cultural transformation and a move towards a social model of health, by empowering service users to exercise greater choice and control and to manage their own conditions more effectively.

But how can the mental health sector make the most of opportunities offered by e-mental health to not only improve efficiency, but also to transform the nature of mental healthcare itself? This paper explores these issues and challenges in more detail and proposes a way forward. It also gives examples of how service users, mental health providers and other organisations are already embracing e-mental health to bring about change.

### Background

The impact digital technology has had on the way we live our lives today is immense. 74 per cent of households are online, with the average user spending 14.2 hours a week online. 91 per cent of UK adults use a mobile phone. 30 per cent of all adults use a smartphone, and among younger adults aged 16 to 24 this rises to 52 per cent.<sup>1</sup>

Public expectations of health services, and how they interact with them, are changing. Through greater use of technology, the public are becoming more active, informed consumers in their own healthcare. Service users and their families have different expectations about how their relationships with mental health services, and professionals, should be. Increasingly, service users are

**'By making the most of the opportunities presented by e-mental health, we can address some of the biggest future resource challenges facing the mental health sector'**

making use of the opportunities presented by social media to communicate with other service users, using online platforms for peer support.

By making the most of the opportunities presented by e-mental health, we can address some of the biggest future resource challenges facing the mental health sector – for example, the costs of service delivery, workforce issues, access to services and continuity of care.<sup>2</sup> This resource challenge is examined in more detail below. E-mental health can also support cultural transformation and a move towards a social model of health, orientated around recovery principles. Later in this paper, we give examples of how e-mental health is empowering service users to exercise greater choice and control, and manage their own conditions more effectively.

## The case for change

### The resource challenge

Pressure on resources across public services creates a powerful incentive for developing new ways of delivering care and support.

Meeting rising demand, and ensuring more people have access to treatment and support, is a significant future challenge for the mental health sector.

The proportion of the English population meeting the criteria for one common mental disorder has increased from 15.5 per cent in 1993 to 17.6 per cent in 2007.<sup>3</sup> A recent report from the Centre of Economic Performance at the London School of Economics and Political Science estimated that only a quarter of those with depression or anxiety-related mental health problems in England are in treatment.<sup>4</sup> The economic and social costs of mental health problems are considerable. The Centre for Mental Health estimates that costs associated with mental health problems in England increased to £105.2 billion in 2009/10,<sup>5</sup> an increase of 36 per cent over the period 2003–10.

Simultaneously, funding for the NHS in England over this spending review period is static. We know the health service must achieve £20 billion of efficiency savings by 2014 to reinvest in services and keep pace with rising demand. Improving the mental health of the nation, and keeping pace with rising demand, is unlikely to be met through existing models of service delivery.

### Supporting cultural change

E-mental health can also support cultural change in services, empowering service users to exercise greater choice and control.

### Changing relationships

The Mental Health Network was a founding member of the Future Vision Coalition. In our 2009 report, *A future vision for mental health*, we set out the need for a new relationship between mental health services and those who use

them. Service users, carers and communities, we said, should be offered an active role in shaping the support available to them.<sup>6</sup> Service users and their families have different expectations about how their relationships with services, and professionals, should be. Orientating services around principles of recovery and personalisation involves recasting relationships between service users and professionals as true partnerships.

### Informed consumers

Through greater use of technology, the public are becoming more active and informed consumers about their healthcare. NHS Choices has grown to become the most popular health website in the UK and now has more than 19 million visits each month.<sup>7</sup> More and more people now use online resources to check symptoms, find out information about NHS services, and what treatment options they might commonly expect to be offered. Through portals such as Patient Opinion, users of NHS services are providing feedback about the services they use in public forums.

While choice of provider is currently limited in most areas of mental health services, in future prospective service users will increasingly use information available online to inform their choice of provider.

### Opportunities for peer support

Increasingly, service users are making more of the opportunities presented by technology to communicate with other service users, creating online peer support

communities. That can be through services such as Big White Wall or largely unmoderated sites such as Twitter or Facebook.

## Addressing governance issues

E-mental health undoubtedly has the power to transform services – later in this paper we outline a number of examples from services already embracing some of the opportunities e-mental health presents. However, there is also a need to address concerns around governance and safety.

As of April 2012, there were more than 13,600 health and fitness apps available for the iPhone.<sup>8</sup> But how do service users and professionals decide which apps are beneficial and safe to use? Very few apps available on the open market have proven efficacy. The use of traditional research methodologies, like randomised control trials, are not well suited to highly dynamic, consumer-centric digital treatments and therapies.

The power of social media to create peers among people who lived parallel lives just a generation

ago has profoundly impacted the lives of many people with mental health problems in a positive way. However, the proliferation of online communities, including the use of Facebook and Twitter, raises questions about how we can best ensure the safety of people online, particularly vulnerable people. Online communities, such as pro-anorexia and pro-self harm sites, can reinforce damaging behaviours among people accessing them. This highlights the need for high-quality, alternative sources of information and support online.

## Policy context

### No health without mental health

The Government's mental health strategy, *No health without mental health*,<sup>9</sup> was published in February 2011. It built on the previous Government's policy document, *New horizons*. A number of the strategy's objectives are relevant to the e-mental health agenda, in particular improving access, recovery rates and experience of using services. The implementation framework for the strategy, published in July 2012, states that mental health services should consider "the power of information to transform services," including "the potential of mental health and wellbeing services that use technology to provide self-care and peer support within a well-governed, safe, immediately accessible and stigma-free environment".

### Information strategy

The Department of Health's information strategy,<sup>10</sup> published in May 2012, sets a ten-year framework for transforming information for the NHS, public health and social care. The strategy states that information must be viewed as a service in its own right, and is the basis for driving service and care improvement through research and measurement of electronic records. The Government says that implementing the strategy will mean enabling greater individual control and fostering the development of an information-led culture.

### Innovation, health and wealth

*Innovation, health and wealth*, published in December 2011 by the Department of Health,<sup>11</sup> sets out eight principles that could help frame a strategy for e-mental health. These suggest the need for high impact, scalable innovation that is NICE compliant and delivered systematically. Currently, the systems and institutions for supporting innovation of this nature are patchy.

### Choice, personalisation and Any Qualified Provider

The implementation of government policy to encourage greater choice for service users – in terms of choice of provider and choice of treatment – depends on ensuring service users have access to high-quality, comparable information relating to experience and outcomes. Alongside this, greater competition between mental health providers may provide impetus for collating, and acting upon, real time feedback from service users and carers on their experiences of using services.

The Risk Awareness and Management Programme (RAMP) for delivering mental wellbeing services online has been developed on a voluntary, collaborative, self-regulatory basis by a collection of organisations, and endorsed by the New Savoy Partnership. The programme outlines the risks that mental wellbeing providers should be aware of and offers guidance with respect to how to mitigate those risks.

## How is the mental health sector embracing technology?

Digital technology offers many opportunities. Most applications range from enabling existing tasks and practices to be carried out in a more efficient way, to transforming the nature of mental healthcare itself. A few offer radically new models of care that put more emphasis on social healthcare models. Below, we illustrate the variety of approaches currently being taken to apply the use of technology to improving mental health.

### Enabling technology

This category consists of products and services that enable existing tasks and practice to be conducted in a more efficient way. It includes applications and programmes that monitor mood or medication compliance. These can be either for individual use or for use alongside a clinician, and are commonly commercially produced. MoodScope ([www.moodscope.com](http://www.moodscope.com)), and Buddy ([www.buddyapp.co.uk](http://www.buddyapp.co.uk)) are examples of monitoring applications and programmes.

Interest has been increasing in the delivery of therapeutic interventions online, such as computerised cognitive behavioural therapy (c-CBT). Again, these are commonly commercially produced. Beating the Blues ([www.beatingtheblues.co.uk](http://www.beatingtheblues.co.uk)) and Living Life to the Full ([www.lltff.com](http://www.lltff.com)) are examples. Individuals can either buy a course of sessions online, or are offered c-CBT as part of their NHS treatment. Other organisations deliver live, online, one-to-one psychological therapy, using text, audio or video.

### Transformative technology

This category consists of technological applications that transform the nature of mental healthcare itself. A number of factors distinguish these from enabling technologies, namely that control lies primarily with the consumer, professionals adopt a more collaborative rather than expert role, the potential for self-care is optimised, and governance frameworks are evident.

These sorts of innovations include programmes that educate and inform people to enable them to take care of their own mental health and wellbeing, platforms for peer support, and innovations that transform the delivery of care.

Telehealth offers the opportunity to provide health services at a distance using a range of technologies. For people with long-term conditions, this can include monitoring symptoms and vital signs from home, as well as the delivery of health education and information to help people manage their condition more effectively.

## Case study: eheadspace, Australia

eheadspace provides online and telephone-based support and counselling for young people aged 12 to 25. The confidential, free, anonymous service allows young people to chat or email qualified youth mental health professionals. eheadspace workers are experienced youth mental health professionals, including psychologists, social workers, mental health nurses and occupational therapists. Young people are encouraged to use eheadspace if they are worried about their mental health, drug or alcohol problems, or if they are worried about a friend or a family member.

The eheadspace online and telephone support service is operated by headspace, Australia's National Youth Mental Health Foundation. The service is now a national programme, funded by the Australian Government, providing services to young people across the country.

Find out more at [www.eheadspace.org.au](http://www.eheadspace.org.au)

An example of this is the Bosch Health Buddy System ([www.bosch-telehealth.com](http://www.bosch-telehealth.com)) which combines symptom review, vital sign gathering and health coaching.

Providers of mental health services are making health education resources available online, as well as setting up online portals where service users can keep track of their care plans. South London and Maudsley NHS Foundation Trust has set up a service called 'myhealthlocker' ([www.myhealthlockerlondon.nhs.uk](http://www.myhealthlockerlondon.nhs.uk)). Service users with a myhealthlocker account can access their care plan online, keep track of how they are feeling, and access resources and tips on staying well and managing health and wellbeing.

The explosion in the use of social media presents the opportunity to transform how providers communicate with service users, and also make it easier for people to engage in peer support online. Mental health service providers are increasingly using social media to disseminate information and reach out to local communities. The Mental Health Network's 2011 briefing, *Joining in the conversation – social media and mental health services*, looks at how mental health providers are engaging with social media.

In terms of peer support, social media is enabling an ever-increasing number of service users to interact with each other online and provide reciprocal advice and support. There are a variety of online platforms used for this

purpose, including Patients Like Me ([www.patientslikeme.com](http://www.patientslikeme.com)).

Lastly, there are integrated services that bring many of these approaches together, offering a care pathway through a combination of social media, web-based programmes and synchronous therapies. Big White Wall ([www.bigwhitewall.com](http://www.bigwhitewall.com)), delivered in partnership with the Tavistock and Portman NHS Foundation Trust, is one example (see page 8).

## Where do we go from here?

There is an appetite for change. Both providers of mental health services and the people who use them are already developing new ways to communicate with each other, provide information and support, and new ways of designing and delivering treatment and care. The direction of travel outlined in both *No health without mental health* and the information strategy clearly sets out how making greater use of technology can support this change. This means supporting cultural change, empowering service users to exercise greater choice and control in their own care, as well as making the most of the opportunities provided by technology to change the way existing mental health services are designed and delivered.

In considering a way forward, a number of important questions are commonly asked:

- How can we build momentum and support real change, in partnership with service users?
- How do we make sense of what is a rapidly evolving marketplace

and make informed choices about which programmes and applications to use?

- How can we, at a national level, help spread knowledge and good practice about what works?
- How do we determine what 'quality' looks like?
- How can we ensure that innovations in this field are developed within appropriate governance frameworks?

In our view, a two-stage process is needed, culminating in the development of a national framework for e-mental health.

The first stage of work is a comprehensive mapping exercise. This would look at what people are already doing with technology – including service users, carers, members of the public, professionals (including clinicians, managers and informatics specialists), providers and commissioners. The project would address the following questions:

- **Transformation:** How can digital technology help change the locus of control for care – how can service users be supported to take greater control over their own health and wellbeing, and how can professionals be supported to re-imagine their roles? To what extent are changes being led by what service users want, as opposed to a professional-led agenda?
- **Efficiency:** How can e-mental health form part of service redesign plans? How can digital technology help reduce pressure on scarce resources? How can

we measure the economic impact take-up has on the health economy?

- **Access and inequalities:** In what ways can access to mental health and wellbeing care and support be improved through digital technology?
- **Governance and safety:** What does a well-governed digital e-mental health service look like (building on the RAMP guidelines)?
- **Quality and evidence:** How can we currently assess the efficacy and quality of e-mental health services and applications, and how can those assessments be made as robust as possible? How can the research community support change in their work?
- **Peer support:** How can new platforms for peer support reduce isolation and create online communities that provide help and support for their members? Conversely, do communities online contribute to isolation?
- **Informing procurement decisions:** How can providers and commissioners of mental health services access reliable information about new programmes, applications and resources and make good decisions about which to use in their services?
- **Implications for the new system:** What are the respective roles of all parts of the NHS and social care system (including providers, commissioners, academic health science research networks, the NHS Commissioning Board, Department of Health and so on) in moving this agenda forward?

- **Learning from elsewhere:** What can we learn from other sectors, including elsewhere in healthcare and other services (banking, education, retail and so on)? What international good practice in e-mental health can the UK learn from?

Building on the mapping work, the second stage is a broad engagement process to design a comprehensive national framework for e-mental health. This would include work to assess what people's collective aspirations are around making use of technology to improve mental health – again, involving service users, carers, members of the public, professionals, providers and commissioners. Building on the mapping exercise, this would lead to a shared vision for what people would like to be able to do with technology, and set out clear actions for different parts of the

system to enable that change to be brought about.

Over the course of developing this paper, our proposal has gathered significant support at a national level. We are pleased to announce that the strategic health authority mental health leads group has agreed to fund the first phase of the work required – a comprehensive mapping exercise that will look at how technology is currently being used, and an analysis of the gap that exists between this and the vision. More details on this project will be made available shortly.

### Starting the debate

As we begin this exciting next phase of work, we want to start a debate to begin the mapping and engagement process. As we continue to talk to the Department of Health, NHS Commissioning Board and other national partners,

### Questions for Mental Health Network members

1. How is your organisation currently using technology (telecare, online resources, apps and so on) to support the delivery of effective mental health services?
2. To what degree are these initiatives designed with the aim of improving efficiency (i.e. 'enabling' technology, see page 4) or designed to support cultural transformation in services?
3. How are you currently approaching questions of governance and safety in any e-mental health initiatives your organisation is involved in?
4. How are users of your services, and carers, making use of online social networks to communicate with peers?
5. What would be helpful, in your view, in terms of national-level activity to support providers of mental health services fully exploit the potential of e-mental health in the way in which services are designed and delivered?

your feedback is highly valued and we invite you to participate. We would particularly welcome any examples Mental Health Network members have of how they are utilising technology in the delivery of services, as well as your views on the proposals set out above to develop a national framework for e-mental health.

We would also welcome your views on whether there are other activities the Mental Health Network could take forward to support members in the area of e-mental health.

For more information on the issues covered in this paper, and to send comments and feedback, please contact Rebecca Cotton, Acting Deputy Director, MHN at [rebecca.cotton@nhsconfed.org](mailto:rebecca.cotton@nhsconfed.org)

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## The Mental Health Network

The NHS Confederation's Mental Health Network (MHN) is the voice for mental health and learning disability service providers to the NHS in England. It represents providers from across the statutory, for-profit and voluntary sectors.

The MHN works with Government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of its members and to influence policy on their behalf.

For further details about the work of the MHN, visit [www.nhsconfed.org/mhn](http://www.nhsconfed.org/mhn) or email [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org)

## Big White Wall

[bigwhitewall.com](http://bigwhitewall.com) is an award-winning leader in safe, digital mental healthcare that engages individuals in a transformative experience of choosing personal pathways to wellness within an open, yet secure, health community of peers and professionals.

Big White Wall works in partnership with the Tavistock and Portman NHS Foundation Trust, and delivers services to the healthcare, military and education markets in the UK and internationally.

Visit [www.bigwhitewall.com](http://www.bigwhitewall.com) or email [theteam@bigwhitewall.com](mailto:theteam@bigwhitewall.com)

## The Tavistock and Portman NHS Foundation Trust

The Tavistock and Portman NHS Foundation Trust is a specialist mental health trust focused on child and adolescent mental health services, and psychological, social and developmental approaches in mental health more widely. The trust has a national role in the training and education of the mental health and social care workforce.

For more information, visit [www.tavistockandportman.nhs.uk](http://www.tavistockandportman.nhs.uk)

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