Image credit: Tessa Mackenzie

Digital Champion Training
Exploring digital inclusion in mental health

Digital Health
& Care Scotland

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Introduction

Digital inclusion means ensuring that everyone has the opportunity to develop their skills and confidence and can access an appropriate device and connectivity to do the things they want to do online. The Scottish Government's Digital Health and Care Division are working on a new programme, delivered in partnership with the Scottish Council for Voluntary Organisations and Connecting Scotland, that will focus on digital inclusion in Mental Health and Housing.

The aim of the digital champions training co-design was to explore digital inclusion in the context of mental health and to glean insights from those delivering mental health support to allow the development of meaningful digital champion training for support staff, to help them embed digital inclusion work in their everyday roles. The overall programme seeks to harness the knowledge and learning from previous work to avoid 'rediscovering or reinventing' and ensure opportunities for impact are maximised.

Process

This summary report explores key insights and recommendations from two mental health co-design sessions held in July 2023. The sessions involved 22 participants, representing 20 organisations across NHS, Third Sector, health, social care and education. The sessions were held over Zoom, and data was gathered from participants using Mentimeter, as well as scribed conversations.
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Key insights

Defining digital inclusion

The group recognised a right-based understanding of digital inclusion, highlighting key aspects including equity (both digital and in terms of access to healthcare), accessibility, empowerment, autonomy and self-management.

Support for people living with and managing mental health conditions: opening up holistic care

Participants indicated digital technology has the potential to support people living with and managing mental health conditions in a positive way. Staff identified opportunities for digital to provide meaningful support for the self-management of various conditions and allow for self-directed support. Participants also noted that digital can allow for greater independence, offering more choice, flexibility and increased autonomy, allowing people to make choices for themselves, and accessing the right care at the right time, including out of hours and at crisis points. Staff felt digital had the potential to open up more creative practice and allow access to new opportunities, for both staff and for those accessing services. Various examples were given of direct delivery of mental health support through digital means including CBT, group work and WhatsApp being used as 1:1 support as a first step towards more substantial support.

Interestingly, participants also reflected the way in which the digital domain could also open up a new space for practice, and could widen access to multi-lingual / culturally diverse opportunities both for staff and for those in need of support.

In the rural context, participants highlighted that digital support can allow for greater access to services, avoiding the need for travel. It was noted digital can remove barriers faced by many (examples given included anxiety, mobility, and social phobia) who would otherwise be unable to make appointments. It can also open up pathways of support for carers.

Participants indicated that as well as the specific mental health tools being of benefit to the individual, often, a subsequent benefit was the improvement in digital skills and confidence, which lead to other areas of their life being positively impacted. There was recognition of intersectional inequalities and, in particular, the ways in which people may be impacted by multiple challenges. One example given was the way in which an individual's financial situation might be a contributing factor to poor mental health, and how digital tools might be part of improving both.

Key insights

Co-design, collaboration, co-production, group work and advocacy were all identified as potential collective outcomes. It was also acknowledged that digital can offer opportunities for more meaningful holistic care, and can support wider life skills.

A further key insight from the group was that digital should be a choice in the context of mental health and not an either/or.

Digital Champion Training recommendation: raising awareness and understanding of what digital inclusion means, highlighting the opportunities and benefits detailed above, reflecting digital inclusion work as part of a 'toolbox' of mental health support.

Carers

Separately, a key insight from co-design was the possibility of the digital domain providing additional support for those people caring for people with mental health issues. It was noted that carers value digital support and the fact that information and support can be accessed flexibly to fit around caring responsibilities.

Digital Champion Training recommendation: ensure carers' skills and needs are reflected in training

Key insights

Participants noted that engagement with digital technology as part of accessing mental health support was highly variable and can be impacted by:

- Age
- Diagnosis
- Cognitive decline
- English as a second language
- Additional support needs

Participants noted that there are also *significant* concerns around confidentiality; privacy and data collection, and that both frontline staff and people accessing services are concerned about this.

A key concern raised was that 'red flags' such as suicidal ideation might be missed in the digital environment. This concern is particularly relevant as the group also reflected concerns that a 'digital first' approach would negatively impact on relational approaches.

Participants also noted that digital skills varied widely across those accessing services and that it can be difficult to benchmark where people are at. There was also discussion around the essential digital skills framework but that this needs 'framing' to be helpful in a mental health setting. A tailored, personalised framework would be of value.

Participants also highlighted that there were limited protocols to guide staff and support them in the delivery of an 'ethical' digital service.

Digital Champion Training Recommendation: highlight and explore challenges in training, working through possible solutions as a cohort and sharing best practice.

Training should reflect accessibility tools and digital champion skills which can help older adults and people with additional support needs including cognitive decline. These should include the use of visual tools; audio content; easy read etc.

Explore questions such as those used in framing the 'Objects of Trust' to help staff articulate answers. This could sit as a second session for digital champions on the theme of 'A deeper look at apps and websites in our mental health toolbox'.

Key insights

Apps and Websites

Apps and websites shared by participants took on two central themes: place-based (i.e. portals which reflected support directly related to geographic location) and open to all.

Open to all: <u>NHS Near Me</u>; <u>NHS Inform</u>; <u>Shout</u>; <u>Thrive</u>; <u>Mind to Mind</u>; <u>Sleepio</u>; <u>ADAM</u>; CCBT; <u>Silver Cloud</u> (some will need referral from a GP to gain free access)

Place-Based : NHS Glasgow South; <u>Lanarkshire Mind Matters</u>; Ayrshire and Arran health board app

<u>ORCHA</u> was also cited as an 'approval portal' allowing practitioners to check applications, including whether the app was research informed; what data privacy issues to consider; costs at point of use and the purpose and intended outcomes. ORCHA itself has to be purchasedand there is no ORCHA Gateway for Scotland. Some localities are accessing themselves.

A further note was the importance of everyday apps and the need to explore current digital use and expand this. WhatsApp was given as an example of an app with wider application potential.

Digital Champion Training Recommendation: include examples and walk-throughs of these apps in the training, and tease out other examples of local practice. Case studies for these apps and websites would also be useful.

Key insights

Participants reflected a clear need for supporting staff in the digital domain for a number of reasons. Many staff do not have the confidence in their own digital skills to provide digital champion support, nor have they had the training they feel they need to do so. Furthermore, participants intimated that supporting people with digital was not always perceived to be part of the job, despite the use of 'digital prescriptions'. One example shared was a digital pathway to CBT as the only option from a surgery where there was no frontline staff but there was no support (for patients or staff) around digital skills, connectivity or access to a device. The participant group also noted that there are simply fewer frontline staff who have the capacity to deliver support.

Participants also highlighted issues related to service design. Staff have often not been consulted in the design and development of a digital service or tool. However, one organisation shared that in the study they are leading in care homes the staff really like digital technology, especially if they can, (a) immediately see the benefits, and (b) facilitate the administration and analysis. Seeing the immediate positive impact digital technology had on people with dementia encouraged staff to try and test more digital tools and learn new skills.

Participants also noted that there can be challenges in monitoring the effectiveness and progress of digital interventions. Although improvements are seen, it is difficult to measure the impact of digital tools.

Digital Champion Training Recommendation: Case studies which clearly reflect positive impact (can be embedded in training or can sit in a 'Playbook').

Key insights

Devices

Connecting Scotland's rollout had a positive impact on supporting young people's access to services: participants felt that it would be useful to expand this work to ensure adult service users are provided with the same level of support.

Participants reported an additional issue that frontline staff do not always have the devices needed for frontline roles and may rely solely on laptops/desktop computers which impact on community-based work. In some cases, staff would resort to using personal devices to show and use certain apps that were inaccessible via work devices.

Digital champion training recommendation: facilitate discussion on local opportunities and national pathways.

Data and Connectivity

As with many services, there are variations across geographical locations, with some rural areas being identified as connectivity 'not spots'. Financial barriers around paywalls were also identified, both with accessing sustainable data packages and in some cases gaining longer-term access to useful apps to manage mental health and wellbeing.

In this theme, a further issue was the need for confidential physical space at the point of access.

Place-based solutions were also highlighted, e.g. NHS Lanarkshire have devices with Health Centres that can be used for accessing online Mental Health Services; Renfrewshire has Digital Hubs across the area with drop-ins available.

Digital champion training recommendation: facilitate discussion on local opportunities and national pathways.

Digital Champion Training: Mental Health

The insights from the group suggest that digital champion training should cover:

- What is a digital champion in the context of mental health?
- The relational, holistic approach
- Safeguarding and building confidence in online safety
- Digital champion basics (including first steps; accessibility; working with speakers of other languages; resources; printable elements and safety/security)
- Exploring place-based support (devices; connectivity and also local pathways/portals)
- Case studies (as shared in training, but with supplementary studies to ensure appropriate themes are covered)
- Walk through specific apps, signposting of previously identified useful tools.

Preferred delivery model

Digital delivery was noted to be the most practical for frontline staff.

Recommendations

- The insights of those accessing mental health services
- Deeper research into apps and websites that are commonly used and any 'referral pathways' that are required. Once this is understood, it would be helpful to understand whether or not active digital inclusion support is part of this referral pathway.
- A collation of NHS/SAMH place-based portals supporting mental health across health boards would be a helpful resource
- An essential digital skills toolkit for mental health

Other recommendations that would be helpful in expanding the provision of digital inclusion work in the space of Mental Health

- An ORCHA portal for Scotland, providing a trusted, credible, informed space for practitioners to refer to.
- Digital Champion training and support for organisations working directly with carers.
- Digital inclusion as part of job descriptions for frontline health and social care staff to ensure that this work is meaningfully embedded.
- Holistic digital skills training for frontline staff, ensuring staff feel confident, comfortable and enthused by digital.
- Engagement with service users, establish what tools are useful, how they prefer to receive support and ensure lived experience informs future tools.

Evolving the training through learning-based design

The Digital Champions training in mental health will continue to evolve as part of ongoing learning-based design. Sessions with 'Digital Pioneers' projects who are funded as part of the Digital Inclusion programme will refine the content through initial roll out to staff involved. Further sessions with the mental health workforce will also deepen insight into specific aspects of the training such as building trust and onboarding to digital tools. The Digital Champions training will be rolled out to the mental health workforce more widely in 2024.

Further information

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For more information about the Digital Inclusion Programme please visit:

https://tec.scot/programme-areas/digital-inclusion

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