

Image credit: Tessa Mackenzie

Digital Inclusion in Mental Health Stakeholder engagement summary November 2023

Introduction

PRIORITISING DIGITAL INCLUSION IN MENTAL HEALTH

The Scottish Government's Digital Inclusion programme aims to develop, test and implement a range of digital inclusion models that enable people to access mental health and housing services (and wider supports) to feel empowered, digitally confident and experience improved wellbeing. The programme delivery partner is the Scottish Council for Voluntary Organisations and the programme also works in partnership with Connecting Scotland.

As part of the programme development, an initial stakeholder engagement event was held in March 2023 to bring together people and organisations working across different areas of mental health. Insights and learning from the event helped to identify existing digital inclusion work across the mental health context, and shape the challenges and priorities that informed the programme focus.

The programme hosted a stakeholder engagement event in November 2023 to build on the learnings from the programme to date and explore how digital inclusion can be embedded as a core part of mental health services and support.

This summary shares the insights and learnings shared during the engagement with stakeholders from across the mental health context in Scotland.

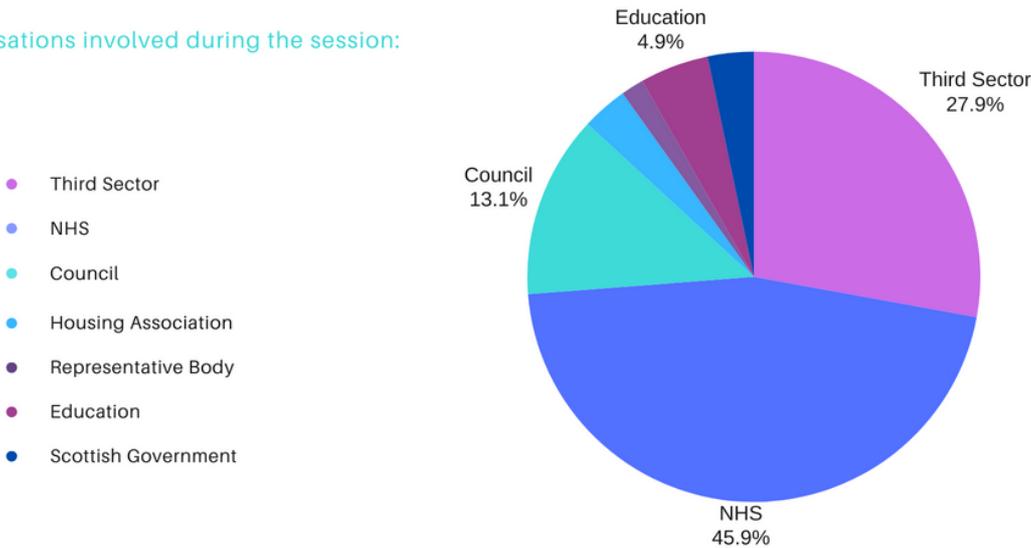


Stakeholder participation

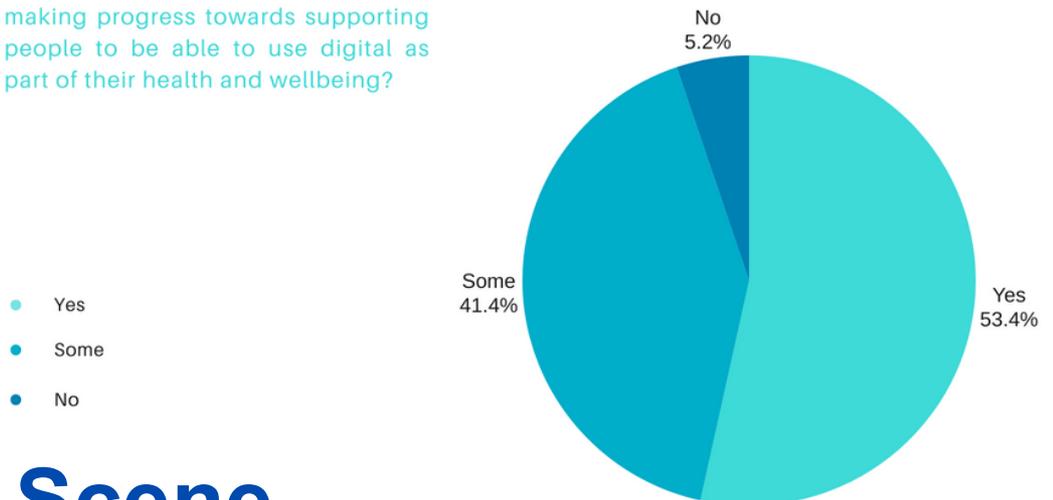
Two events took place in November 2023 with 76 attendees joining from:

Glasgow Forfar Lochaber Fife East Renfrewshire
Dumfries & Galloway Grampian Perth & Kinross
Cumnock Reading East Dumbarton Lanarkshire
Moray Dumfries Aberdeen Thurso Isle of Bute
Tayside West Dumbarton Sutherland Orkney
South Lanarkshire Edinburgh South Lanarkshire

Organisations involved during the session:



Do you feel the sector you work in is making progress towards supporting people to be able to use digital as part of their health and wellbeing?



Setting the Scene

We were delighted to be joined by Rachael Middle and Elle McNicoll from NHS Isle of Wight who provided an overview of and key learnings from their work to address digital exclusion in mental health services and their Peer Digital Coach model.

What we heard about embedding digital inclusion in mental health services and support

In the first breakout conversation, stakeholders were invited to share their experience and ideas for how and where digital inclusion could be embedded in mental health services.

Supports and strategies to help embed digital inclusion as part of services were shared which included: providing places where people can come and ask questions or see a demonstration of technology; sign posting and advice to information and support available via other sectors/organisations; and building in peer support from other people with lived experience. Understanding individual needs is critical to determining the best form of support. Examples of existing support available included monthly ‘tech clinics’ in libraries.

Examples of **technological solutions** which may be helpful in the mental health space were also suggested such as Alexa and other voice activated/voice recognition programmes which have been found to be useful for people with dementia and sight impairment. These types of technologies may support with home-based assistance such as reminders and medication prompts. The Scottish Gambling Education Hub is another example suggested given that once online people can be more at risk from gambling addiction and this service can provide resources and support in relation to online harm. In relation to technological solutions – where these link to websites and resources – content management is required given that information can go out of date quickly.



During the conversations, a range of challenges were shared that impact digital inclusion being embedded in services at the moment.

Staff confidence, knowledge and training was a prominent theme with multiple layers of challenge. Staff confidence and capability in using digital tools impacts their ability to interact effectively with people accessing services and in being able to provide digital inclusion support for others. Awareness and knowledge of other support and resources is also difficult when looking to sign post people to digital support or other services providing specific mental health support. An example given related to awareness and visibility within the NHS of digital funding such as Connecting Scotland. Digital can also feel 'new and bigger' which makes it feel more difficult and less established or trusted. Building a digital profile for staff groups across departments/teams, linking with the work of NES, was suggested as a way to support workforce skills required for digital/digital inclusion.

Reluctance to engage in digital was also highlighted where staff may not perceive digital to be a strong model of care. Where services utilise 'bots', interaction can be of a lower quality than when engaging with physical practitioners and may lead to misinformation. This also links with wider perceptions across mental health where traditionally, services have been less inclined or have 'veered away' from using digital approaches and have been less tech focused, often due to scepticism rather than opposition. Digital can also be seen as a 'luxury' in some services despite digital services being promoted. Time is also a barrier to adopt digital inclusion with a tendency to revert back to pre-covid working.

Staff digital skills and perceptions about digital have a resulting **impact on engagement from people who access services**. People may make assumptions about others capabilities without asking about preferences and offering digital choice. People may not have awareness of how they can be supported and what specific options, accessibility needs may be available. The need to find the 'hook' around the reason someone may want to use digital can support engagement. However, it was noted that some people accessing mental health services may be too unwell to engage with digital services where they face difficulties on focusing on materials such as self-esteem or anxiety booklets/workbooks. The challenge of time to invest in training, run groups, more work out in people's homes and to reduce stigma also impacts people's engagement in digital. In addition, people in forensic mental health services face significant barriers to accessing digital services in secure care settings driven by concerns about online safety, recording of incidents by patients and levels of restrictions.

Access to equipment and digital tools is a key challenge for people to be able to get online. People may not have access to a personal device and there can also be an ‘overreliance’ on phones where people may not know about other types devices, especially older adults. A website resource was shared (and it was noted that this is an underused resource) - <https://www.nss.nhs.scot/procurement-and-logistics/sustainability-information-for-suppliers/access-our-community-benefit-gateway/> . The Community Benefit Gateway (CBG) connects NHSScotland suppliers with third sector community organisations within Scotland and allows requests to be placed to support community initiatives.

Finally, **governance limitations** – including policy restrictions and access issues to certain platforms pose challenges in implementing digital solutions. People may be restricted on what digital tools they can use with variation across Boards. Examples were shared where solutions were difficult to progress despite funding being available, due to issues with information governance.

WHERE CAN DIGITAL INCLUSION BE EMBEDDED IN MENTAL HEALTH TO SUPPORT LINKS WITH MENTAL HEALTH & WELLBEING SERVICES?



What we heard about how to support digital inclusion through integration and partnerships

In the second breakout conversation, stakeholders were invited to share their experience of partnership and integrated working within mental health and how this approach could support digital inclusion.

Taking a holistic approach to support digital inclusion can ensure that tailored support based on individual preferences and requirements can be designed - how digital inclusion can be 'weaved throughout' services and support. Examples of this type of support were given such as Simon Community Scotland and work supported through Connecting Scotland support. It was noted that it is important to build confidence and trust in one to one, in person interactions prior to moving to online engagement.

Providing **collaborative spaces for learning** has also been successful in supporting people to understand how digital can support health and wellbeing. An example given was the Blantyre Centre which has a dedicated space to help staff understand technology and the opportunity to try devices and understand how they can play a role in care. The centre also works with Third Sector partners to provide people in the community with resources and a safe space to join 'Near Me', explore apps or ask for help in accessing technology or digital services.

Establishing **communication channels and networks** to support referrals and requests for support would support digital inclusion to be embedded in mental health.

Another example shared was NHS Lanarkshire website which provides a 'one stop shop' for mental health services. The website provides options for services that people can self-refer, a space to communicate with mental health teams across Lanarkshire and there is also a centre with devices so people can access digital services.

Creating partnerships has been found to be beneficial to support digital work. An example shared was SAMH who have been involved in partnership work including suicide-prevention and have found that they can build connections because the areas resonate with people as they usually have a personal connection. Corporate partnership and sponsor have also contributed through donating devices. Other examples included: Glasgow Health and Social Care Partnership work with Digi Pals and AbilityNet and research collaborations between the NHS and Edinburgh University to explore digital technology and mental health interventions.

Partnerships and collaboration are not without challenges and stakeholders highlighted some specific areas for consideration for digital inclusion in mental health. The digital landscape itself is a fast-paced area – it is a large area with many people involved where things change and move very quickly. The high turnover of staff in healthcare settings also makes communicating and partnership difficult. It was felt that partnership seems to work better in the voluntary sector as the networks are better maintained and not as siloed as they are within health services, with a greater degree of flexibility. The demands on NHS services also impacts capacity for partnership working however, there was a recognition that making the links with Third Sector and wider work would lead to better services and health for people. Funding streams are also a challenge where funding is often available to smaller organisations rather than the NHS due to their large budget.

Mainstreaming digital inclusion in mental health brought up questions relating to cost, structure and standardisation, with key implications to ensure sustainability. It was felt that digital inclusion would not be able to be sustained unless there is a way to make it mainstream. This would require cross-regional collaboration to also support standardised services. It was also noted other stakeholders who would need to be involved to ensure comprehensive mental health services. For example, involvement of GPs and how do we create models that can work across Scotland and not only in certain areas.

Acknowledgements

We are very grateful to all the stakeholders who took part in the event for sharing their expertise, experience and insights on embedding digital inclusion in mental health. Thank you to Rachael Middle and Elle McNicoll for presenting and sharing their work. We also thank all colleagues who supported the event to help us facilitate and capture the conversations.

For more information about the programme or to be kept up to date on programme activities please contact:

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