

Using Digital to Help Young People with their Mental Health

A How To Guide for digital inclusion
in health

May 2018



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Introduction

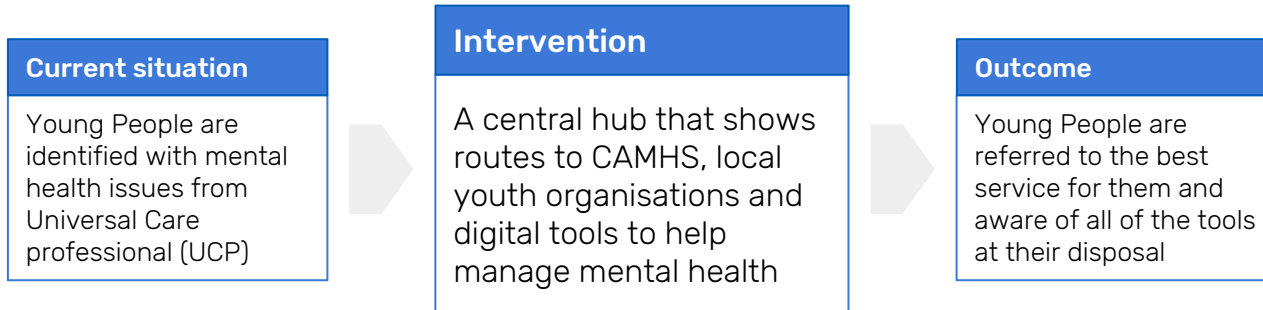
Young people with mental health needs are being routinely referred to CAMHS (Child and Adolescent Mental Health Services) and GPs, often remaining on waiting lists for long periods and not being able to access support at the precise moments that they need it most.

Using digital (apps, websites, devices) can help to provide access to support from peers and professionals and also give information/techniques for improving mental health through the privacy of a young person's phone.

Providing a central, trusted, platform for Universal Care Professionals (e.g. teachers, youth workers etc) that includes resources, apps, local groups and a triage for CAMHS, to refer to can provide a safe hand off amongst Universal Care Professionals..

This guide sets out how to embed digital into local commissioned services to compliment/ improve the support young people receive.

The recommendations within this guide are based on a 6 month Pathfinder project in Islington.



Intervention model

STAGE 1:
IDENTIFYING PEOPLE
AND TOOLS

1

UCP notices young person is struggling and engages them in a conversation about their mental health

STAGE 2:
ACCESSING SUPPORT
FROM CENTRAL HUB

2

UCP has immediate concerns for young person. Straight referral to CAMHS or GP

3

Referral to local community organisations for support

4

List of apps and websites for young person to try

STAGE 3:
OUTCOME AND
ESCALATED SUPPORT

5

CAMHS process as usual. Young Person aware of other resources (stage 2) whilst waiting

6

Engages with community organisation and resources from (Stage 2) used to supplement

7

Able to self manage mental health issues

Before you start

We found out, during this process, that Universal Care Practitioners (UCP) have concerns about using digital. Viewing a referral to CAMHS or a GP as a sure fire way to ensure they done what is best for the young person and also satisfy their duty of care. An obviously understandable view point.

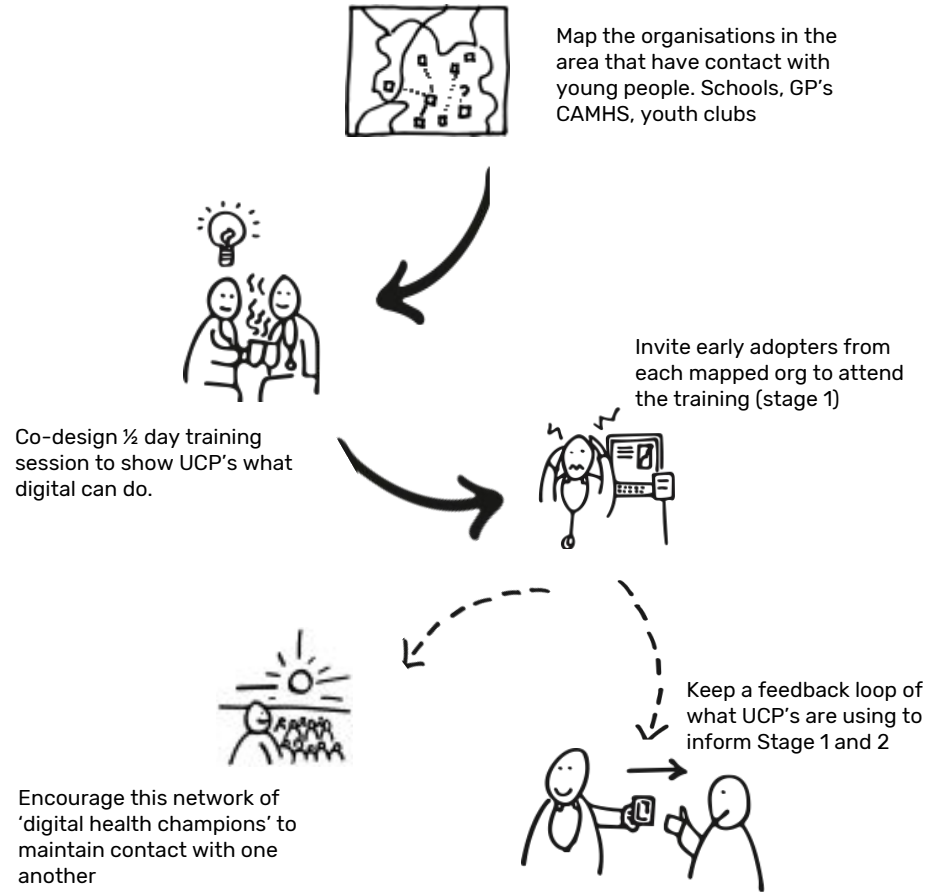
Many young people could benefit from digital support and this change in culture takes considerable effort to;

- a) Identify all of the organisations that reach young people in a location (where UCP's work)
- b) Increase confidence in digital amongst UCP's to include in their 'toolbag'

We found it best to map out the organisations in the area and then (through conversations with UCP's) design a short ½ day training session specifically on digital and mental health. (See Stage 1) UCP's felt that 'usual' digital training wouldn't be useful. Islington CCG

Commissioned their [own tailored training](#).

Gather as many 'early adopters' as possible amongst the mapped organisations and bring them together for training.



Stage 1 - Identifying People and Tools

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STAGE 1: Identifying People and Tools

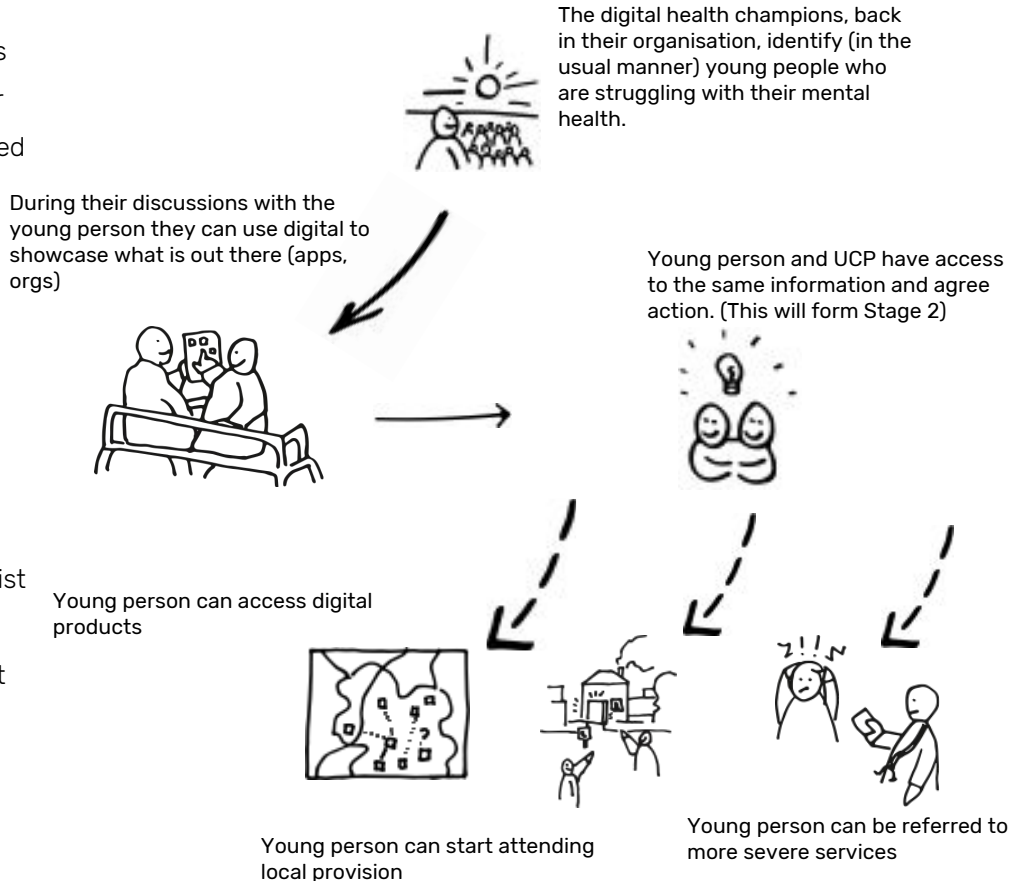
Having set up a network of 'digital health champions' the next step is to find out what digital tools they are using. Keep a feedback loop for the digital champions to feed in to. This could be as simple as a shared document to start off.

To start off show them NHS Apps Library and ORCHA so they can investigate apps. Remember that young people will find apps that work for them outside of the platforms your area has investigated.

UCP's are in the perfect place to identify young people who may be struggling with their mental health. Often UCP's don't know what is out there to help (both physical and digital). By providing a growing list of local provision and tools that have been peer recommended (and therefore trusted) begins to open up the myriad of opportunities that the young person can be sign posted to (hitherto unknown by both UCP and the young person). At Stage 2 we will refer to this as the 'Hub'

The digital health champions, back in their organisation, identify (in the usual manner) young people who are struggling with their mental health.

During their discussions with the young person they can use digital to showcase what is out there (apps, orgs)



STAGE 1: Identifying People and Tools

People who are needed (not exhaustive)

Commissioner (CCG) to lead the initial involvement across the local eco-system and provide a collaborative space for training.

Collator – someone (probably in the commissioners' office) who can spend time talking to local practitioners and growing the list of tools and resources that are available. (In Ilstington we found 40 organisations in this space and concentrated on 4 Apps). This person will initially be responsible for quality control.

Universal Care Professionals; GP's, Youth Workers, Teachers, Nurses, Social Workers, CAMHS, charities et al.

Young People; if possible invite young people into the training sessions to explain what they need during times of mental ill health. Find out about what value they place on digital, peer/family/professional support and let that guide you.

Resources that are needed

A growing list of orgs that interact with young people. They can send their UCP's to the training and become 'digital health champions'

A trusted list of apps for people to get acquainted with. We used 4 from the [NHS Apps Library](#) initially. You could use [ORCHA](#) and crowdsource your own list from the UCP's and young people

A space for ½ day training just to introduce the concept of digital in young people and mental health. The goal is to show ways that digital may be able to compliment provision and support.

A shared forum for these lists. This may initially just be a shared document, or a slack group. Whatever works in the first instance.

STAGE 1: Identifying People and Tools

Don't:

- Assume people will pick this up straight away.
- Ignore concerns from UCP's about using digital. Digital should form part of the toolkit they have for interacting with young people. Make it easy for them to find something useful.

Do:

- Find those UCP's who already use digital. They generally don't think of it as something new, it's just a natural evolution of their role. Bring them in and get them talking to others.
- Focus on the message 'what is best for the young person'. Think of digital as an enabler not the answer. For example, if a young person needs more social interactions then the Universal Care Professional should be able to use digital to find clubs etc and/or use supportive groups on social media

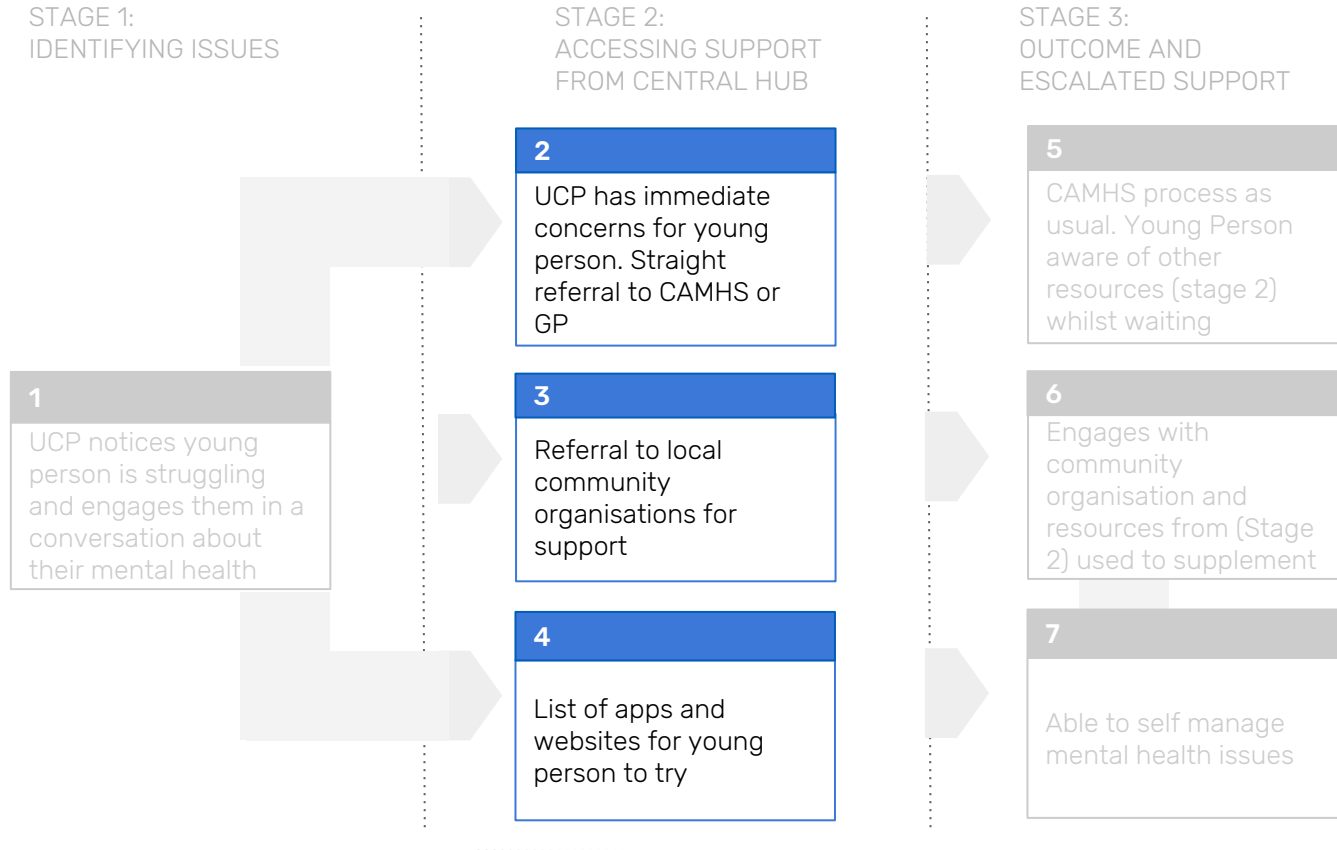
Don't:

- Assume all young people have access to the internet. Think about safe spaces for the young person to explore digital tools
- Ignore things that the young person already uses. Even if you don't trust that it is medically robust. Say 'it's great that you are looking at apps, have you tried this one?'

Do:

- Start small. Just a link to the NHS Apps Library and a list of youth organisation is a start for people. Test how that goes and then use the feedback to make something more locally relevant.
- Stop yourself from saying 'young people will like/not like this'. Trust that if you provide safety they will find the tool/organisation that will work best for them. (For more severe mental health needs obviously there may need to be restrictions on unfettered access)

Stage 2 - Accessing Support from Central hub



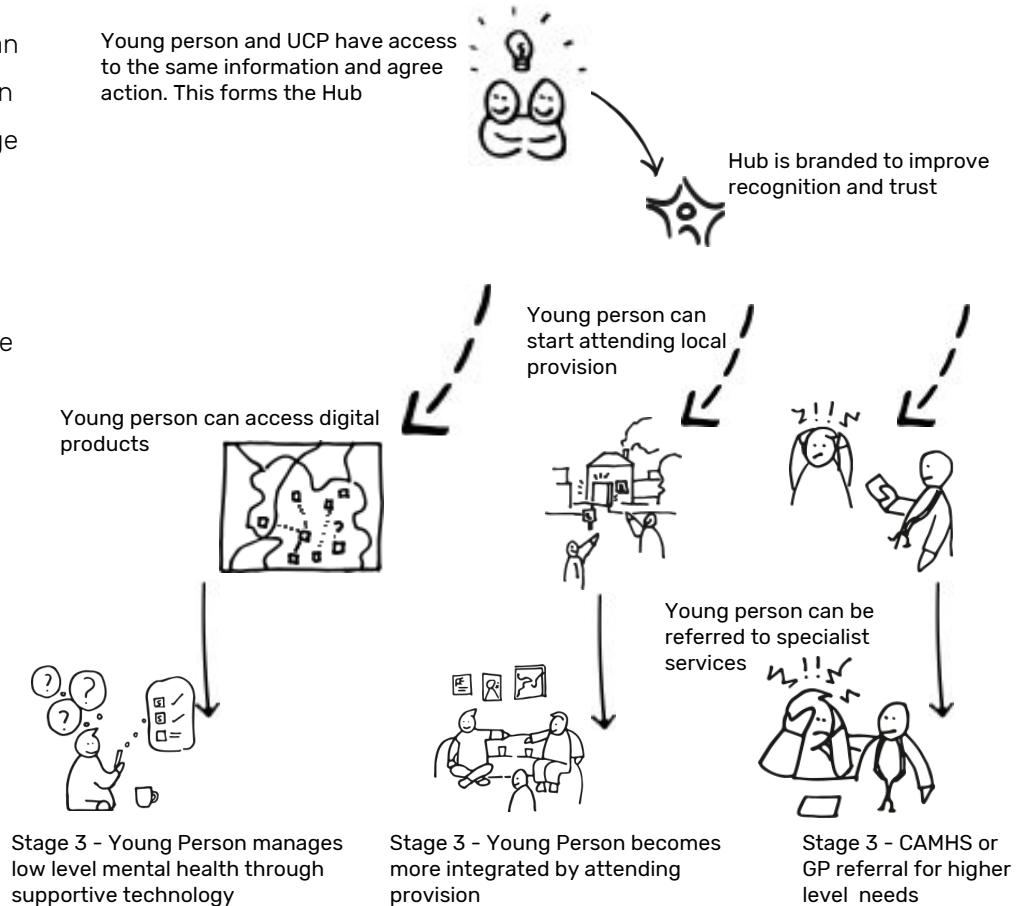
STAGE 2: Accessing Support from a Central hub

A central hub can start out as a shared document with links. This can grow into something more when your project gathers momentum. In Islington they tested this and are now commissioning their own page on [NHS GO](#) app.

Young people and UCP's need an easy place to find out what is happening in their area. Or they tend to just use the same places/digital tools they always have and this lack of tailoring can be counter productive.

Making this Hub and advertising it across the spectrum of organisations can be difficult. Consider simplicity. Titles like Apps, Websites, CAMHS Referrals and Places is a good place to start. This can be iterated on feedback.

Done well, this can act as the go to place for UCP's after they have engaged with a young person who is suffering with their mental health. Make it known to UCP's that if they are worried about the young person's immediate safety they should follow their usual procedures.



STAGE 2: Accessing Support from a Central hub

People who are needed

Digital Health Champions will be the early adopters of this. Showing people in their organisation the value of the hub (and digital) as an added support mechanism for young people

UCP's to be the people who are referring to the Hub for info and for the young person to explore

CAMHS/GP's need to be fully informed. They can use the hub for any inappropriate referrals to them and/or as a way of support whilst people are waiting to see them.

Resources that are needed

Access to the internet for practitioners and young people to explore the hub together in the first instance. Consider where interactions take place and if there isn't WiFi then look at options like MiFi for access

Tablets for multi purpose use by UCP's. Lots of practitioners end up using their own phone which isn't ideal, a tablet offers something safe to use with a larger screen for two people to view if needed.

Advertisement this might be leaflets about the hub, attending assemblies or staff meetings in schools, talking to local council groups etc to get things moving. Use all of your available channels.

STAGE 2: Accessing Support from a Central hub

Don't:

- Think that things remain static. Organisations change their offer all of the time and apps come and go. In order to gain buy in the Hub needs to be up to date as broken links etc will put people off

Do:

- Remember these things take time. Practitioners are busy and often don't have time to take this on. Concentrate on the early adopters (like the 3rd sector) and continue to create an evidence base
- Remember that 'hub' is just the word we are using. Yours might be something completely different. Essentially what we are recommending is a way for professionals and young people to access what's out there.
- Seek out examples of other places that are doing similar. Chat to Islington - or any other area you know that is trying things e.g. South West Yorkshire STP

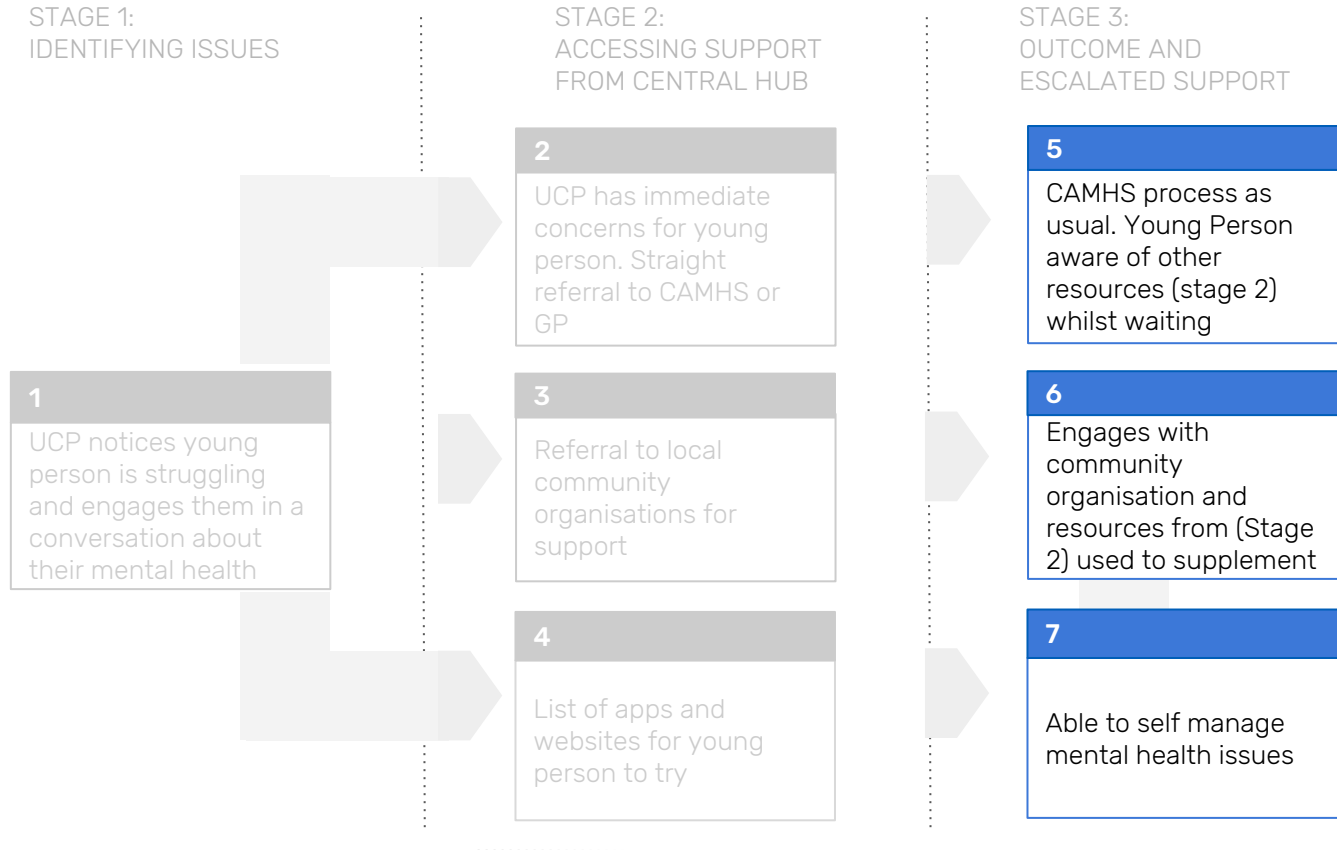
Don't:

- Preach to people about using it. Keep showing number of things that are out there and encourage practitioners and young people to have a play with it.

Do:

- Find out what practitioners trust, this is often different to what patients/young people [trust](#). Explore tools like [ORCHA](#) that will help find a common ground.
- Remember there is still value in the products that young people find by themselves. Adopt a 'that's great, have you seen this?' attitude to encourage them to use a more medically robust product.
- Crowd source apps/websites/tools from the Universal care Professionals that they are using already. It's easier to say 'I know some colleagues who have used XXXX to great effect'

Stage 3- Outcome and Escalated Support



STAGE 3: Outcome and Escalated Support

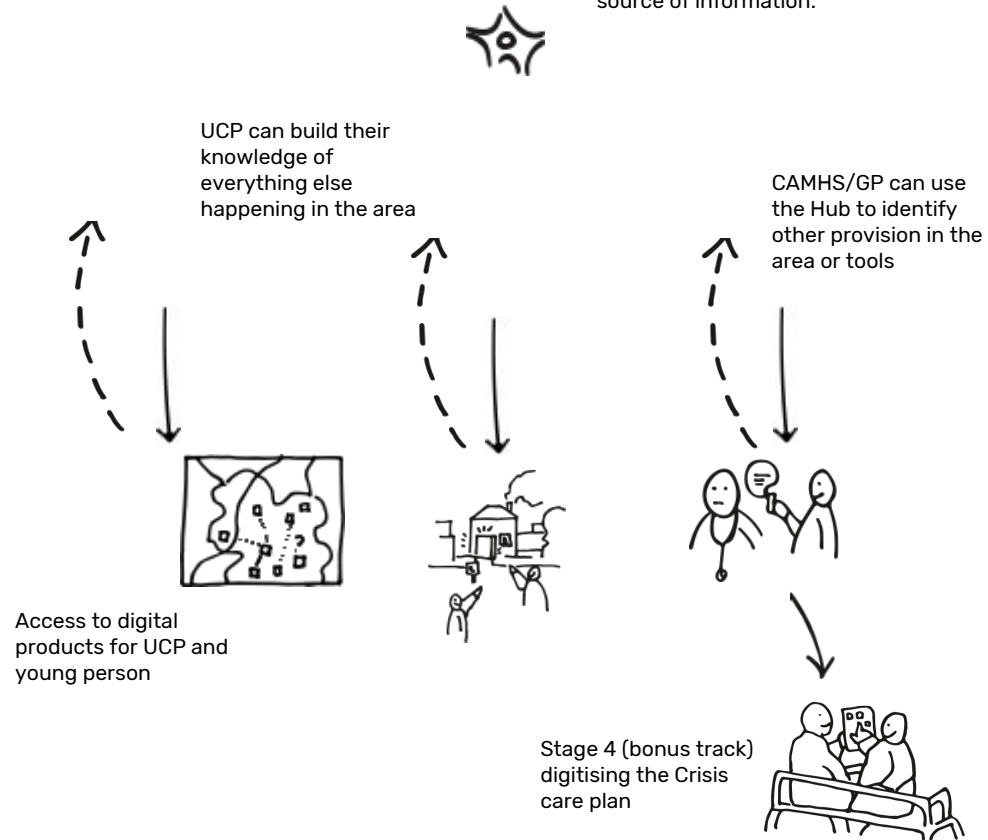
This model allows for safe places for young people to explore what works for them.

On the back of the pathfinder in Islington the CCG have taken the decision to commission [Kooth](#) to provide a digital counselling service that can be easily accessed by young people and help triage for CAMHS and also signpost to the resources on the NHS GO page. This is an added function to the suite of support that is available in the 'Hub'.

It is important for Stage 3 to be a two way street. CAMHS may want to refer to the resources just as much as UCP's.. This model essentially gives access to more help for young people when they need it most.

Teams within the UCP profession that adopt digital as part of their toolkit of support as opposed to 'something different' have a more productive relationship with young people and are able to understand the young person's 'digital life' (e.g. social media).

Hub is used by all professionals as a source of information.



STAGE 3: Outcome and Escalated Support

People who are needed

CAMHS champion who can show colleagues how this works in practice

GP's to use the model as they will still get referrals from late adopters (UCP's).

Contacts for each organisation that are involved so they can discuss regularly. (continue growing the digital health champion network locally)

Resources that are needed

Access to tablets/phones for all Universal Care Professionals to be able to show young people the tools

Information sharing between organisations needs to be improved. This is a project in itself but as a starting point talk to the young person about what they are using and understand the information that they are putting in

Commissioned Counselling platform to triage and provide immediate advice and guidance in a private and timely way

STAGE 3: Outcome and Escalated Support

Don't:

- Take away avenues of escalation that already exist. If a young person is in danger use the emergency channels as before
- Think that digital solves mental health needs. If used well it can support and enable.

Do:

- Provide avenues for feedback on the process
- Build a bank of evidence on your local context before spending vast sums. Much of the things we have discussed in the early parts of the model were free - to help us test things that work.

Don't:

- Make things rigid. Models are intended to flex to the young person's needs not the other way around

Do:

- Contact other commissioning groups about how they have worked in this area to get a broader view of what is out there
- Be inquisitive with young people about what suits them and be prepared to explore solutions together.
- Use what the young person is using - when possible- this makes it a joined up experience for them. If a teacher suggests a certain app then a GP acknowledging its usefulness when they see a young person is very powerful.

STAGE 4 (bonus track): Digitising Crisis Care Plan

We noticed through the work in this pathfinder that the value in digital is that it is accessible at all times and consequently there when the young person needs it most.

To this extent we began trialling a [digitised Crisis Care Plan](#).

Historically the plan had been paper based and the young people didn't have them to hand when they needed them. By digitising them the hypothesis is that it is there for the young person at their moment of crisis.

As an MVP (Minimum Viable Product) we simply made it into a PDF that can be completed by the Health Professional and then stored on the young person's phone.

Health Professionals seen the value in this but wanted the 'finished' product not an MVP.

The Crisis Care Plan is still being trialled but it hasn't been scaled enough for us to report on at this time.

This still feels like fruitful ground to explore and Islington CCG are taking it forward.



Young Person and MH Professional agree a Crisis Care Plan. It is uploaded onto the young person's phone



Young person finds themselves in an environment that causes increased anxiety



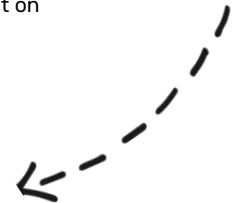
Doesn't have to remember contents of plan as has it on their phone



Young person reviews action to take



Updates relevant people about episode



In your area

This is how we did it in Islington. We have tried to make the model as flexible as possible allowing for local context and young people's needs.

To embed this into another area we recommend;

- Bringing together stakeholders to identify 'people' described in this paper
- User insight- talk to users and understand the local context and how this model might need to be adapted to suit.

If you would like to discuss how you might be able to try something in your area please contact pete@goodthingsfoundation.org

Assets

[Case Studies](#)

[Design Workshop 1](#) - User Insight

[Design Workshop 2](#) - Stakeholder

[Design Workshop 3](#) - Co-design

[Iteration Paper](#)

[Digital Health Champion bespoke training](#)

[NHS Go](#)

[NHS Apps Library](#) - [Chill Panda](#), [Cove](#)

[Digitised Crisis Care Plan](#)

[Kooth](#)

[ORCHA](#)

[Learn My Way](#) - free learning tool on how to use the internet