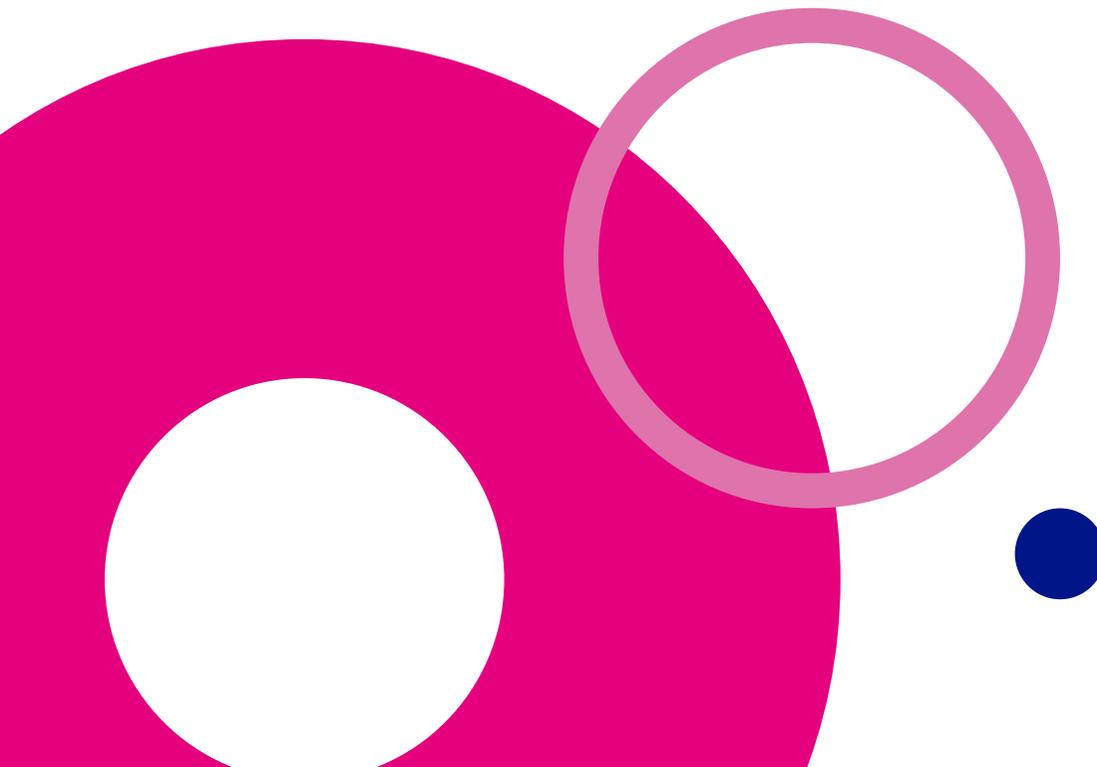


Digital inclusion in mental health

.....
A guide to help increase choice and improve
access to digital mental health services

December 2020



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Digital inclusion in mental health – a summary

Digital inclusion is about making sure that everyone has the capability to use the internet and associated technology to do things that benefit them day to day.

Alongside internet access, the importance of digital skills to be able to easily navigate and engage in an increasingly digital world must not be underestimated, and it cannot be assumed that everyone has these skills.

There are ambitions within the NHS Long Term Plan for all secondary care providers – including mental health settings - to fully digitise and integrate with other parts of the health and care system by 2024.

In the wake of COVID-19, and the introduction of social distancing measures to reduce its spread, the use of remote or digital mental health services was rapidly accelerated or adopted to ensure individuals who need services could continue to access the support they need.

While this rapid, nationwide adoption has highlighted the many benefits of digital, it has also

revealed areas of operational and clinical processes that can contribute to individuals being excluded from accessing digital services.

This guide aims to help mental health service providers to ensure all individuals in need of mental health services have choice in the care they receive, and nobody is excluded due to a lack of digital access, confidence or skills.

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In England
9 million
people cannot
use the internet
independently.

About this guide

The purpose of the guide is to help you ensure that no individuals are excluded from providing or accessing digital mental health support due to a lack of access, confidence or skills.

It will help mental health providers evaluate where they are now in terms of digital inclusivity and sets out practical steps for improvement, based on existing good practice and ideas from those who provide and access services. It includes case studies from across providers in England, reflections from individuals who access services of their experiences and challenges, and top tips and ideas for addressing these challenges.

The content has been developed by a group of individuals who access or provide services from across the statutory, voluntary, and independent mental health sector (full list of contributors on page 39). We have also used existing literature and good practice from organisations working on tackling digital exclusion and the digital divide.

While we hope that this guide will help providers improve inclusivity in digital mental health services, decisions about when and how to offer these services should always be driven by clinical assessment and individual patient choice.

Who this guide is for

This guide is aimed primarily at service leads and organisation boards, however the information within it is useful for all individuals in your organisation to consider around increasing digital inclusion.

Service leads

This guide will support you when considering how to increase inclusion in your digital services. There is a specific focus on how to increase access to digital services and how to support individuals to build their skills and confidence.

Organisation boards

This guide will help you put strategies in place to ensure your organisation's digital services are inclusive. There is a specific focus on how to support your workforce and how to set up governance and assurance systems around digital inclusion.

"The digital transformation seen across mental health services in order to keep services running during the COVID-19 pandemic has been impressive and vital. Our staff and people who access services have adapted to a new way of service delivery with remarkable agility during a time of great disruption and uncertainty in people's lives. However, we know people's access to and experience of digital mental



Vanessa Ford and Rich Andrews, Co-Chairs, Digital Mental Health Forum

health services varies, with some individuals unable to use these services due to limited resources, skills, confidence or interest. Our goal in developing this guide is to ensure all individuals accessing mental health services have the greatest range of choice in order to receive the best possible care, which requires us to ensure individuals are not excluded from services."

"The COVID-19 pandemic has meant that, like many providers, we have had to accelerate our remote and digital intervention capacity to continue to be able to offer vital support to people at this challenging time. Our experience is that our digital approach must be informed by what people find useful and driven by the ability and willingness of people to adopt them. Within our community and wellbeing services we are



Brendan Hill, Chair, Association of Mental Health Providers' COVID-19 Digital Reference Group; CEO, Mental Health Concern

now supporting approximately 2,000 of the most complex and vulnerable people remotely, using predominantly telephony and supported access to various online self-help resources. A particular priority has been on digital inclusion and ensuring that no individuals are left behind due to a lack of access to devices or a lack of skills to use this type of service."

"As a carer I had very few digital skills and during the COVID-19 pandemic lockdown I had to rapidly learn digital skills so I could access digital health and social care services. As the world becomes more digital, inclusion can only be achieved by creating platforms that are accessible and inclusive for



Hameed Khan, Lived Experience Adviser

diverse communities. Being involved in developing this digital inclusion guide has been very important to ensure it will achieve its goal of raising awareness and providing methods and strategies for how organisations can increase digital inclusion for people who use their services."

How to use this guide

This guide is split into four key themes for service leads and organisation boards, each with questions to help you evaluate where your organisation is currently in relation to achieving digital inclusion. Consider the questions and, where support or improvement is needed, the theme section will offer guidance and tips.

Service leads:

Theme 1: Improving user access

- ? Do you know what type of access an individual needs to use your digital services?
- ? Are you able to identify those individuals who are not able to access your digital services?
- ? Are you set up to meet the support needs of individuals who can't access your services?
- ? Are the access needs of people who use your services built into the full cost of the service?

Theme 2: Building skills and confidence

- ? Do you know the skills needed for people to participate in digital mental health services?
- ? Do you have ways of supporting an individual to develop their digital skills?
- ? Is there support in place for an individual to build their confidence in using digital services?

Organisation board:

Theme 3: Supporting your workforce

- ? Do you know the skills staff need to deliver high-quality mental health services by digital means?
- ? Do staff have the skills, confidence and support needed to deliver mental health services digitally?
- ? Do staff have the flexibility and adaptability in their work practices to deliver a personalised, patient-centred digital service?

Theme 4: Governance and accountability

- ? Do you have a strategy in place to address digital inclusion in your services?
- ? Does your board have clearly understood roles and accountabilities around increasing digital inclusion?
- ? Are you part of system-wide discussions and initiatives on digital inclusion?
- ? Are you confident that digital inclusion is improving through the strategies and support in place?

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Definitions:

Digital

For the purposes of this guide, 'digital' refers to a wide range of technologies that support the delivery of care, including mobile health; health infrastructure and informatics; wearable devices; telehealth; video conferencing; and digital therapies.

Digital inclusion

We have used [NHS Digital's definition](#), which covers:

- **digital skills** - being able to use digital devices such as computers or smart phones and the internet
- **connectivity** - access to the internet through broadband, wi-fi and mobile
- **accessibility** - services need to be designed to meet all users' needs, including those dependent on assistive technology to access digital services.

Reflection and evaluation – I/we statements

Reflecting on your progress is an important step towards making your service and organisation more digitally inclusive, both for individuals who use services and the staff delivering them.

The Association of Mental Health Providers' COVID-19 Digital Reference Group, which has helped develop this guide, has provided a set of I/we statements to help with reflection and evaluation. These can be found on page 35.

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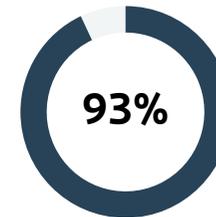
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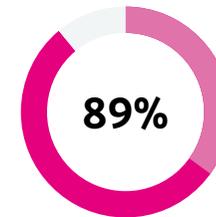
The internet is used for a near endless range of activities in the UK and across the world, from staying in touch with friends and family, to online shopping, consuming media and accessing health and wellbeing information and services. A [2020 Office of National Statistics study](#) showed that 93 per cent of adults in Great Britain used the internet at least weekly, with 89 per cent of adults using the internet daily or almost daily, up from only 35 per cent in 2016. Children and young people are also growing up in a digital world; a [2019 Ofcom study](#) found that 83 per cent of 12 to 15 year olds own a smartphone, up from 70 per cent in [2015](#).

However, in the same study, 9 per cent of individuals shared they had not accessed the internet in the last three months, amounting to 5.3 million adults. Alongside internet usage, the importance of digital skills to be able to navigate and effectively engage in an increasingly digital world must not be underestimated, and it cannot be assumed that these skills are universally owned. In the [UK Consumer Digital Index 2020](#), an estimated 9 million (16 per cent) are unable to use the internet and their devices by themselves.

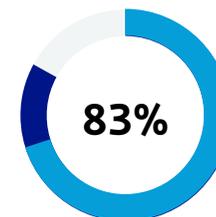
Mental health and learning disability services in England – from psychological therapies through to dementia services – have all traditionally been delivered face to face, with the use of digital increasing gradually in recent years as a method of delivering services.



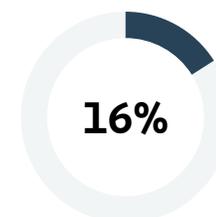
93% of adults in Great Britain used the internet at least weekly



89% of adults use the internet daily or almost daily, up from only **35%** in 2016



83% of 12-15 year olds own a smartphone, up from **70%** in 2015



16% of the UK population are unable to use the internet and their devices by themselves.

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→ How services are delivered as part of care pathways is only one part of digital's role within healthcare, as digital can also be used as a way of improving how information is stored and shared between parts of the healthcare system. Reflecting this, there is an ambition built into the [NHS Long Term Plan](#) that all secondary care providers – including mental health settings - will be able to deliver digitally enabled pathways of care, supported by core digital capabilities and integrate their clinical and operational processes alongside other parts of the health and care system by 2024.

In the wake of lockdown and distancing measures introduced in the UK in March 2020, the use of remote methods of delivering care were rapidly adopted to

ensure existing and new individuals who needed to access mental health services could continue to do so. The need to keep pace with this digital transformation within mental health settings has been a significant challenge for both the mental health workforce and people who access those services. The nationwide rapid adoption of digital in mental health and learning disability services has enabled a considerable amount of experience and learnings to be gathered in a condensed period of time. However, while this rapid adoption has highlighted the many benefits of digital, it has also helped to unearth areas of operational and clinical processes that can contribute to individuals being excluded from accessing digital services.

Mental health services and the digital divide

As healthcare takes ambitious steps into operating in a digital world, there is a risk that existing health inequalities - avoidable, unfair and systematic differences in health between different groups of people – could be further exacerbated through a growing divide of those who have the skills and confidence to use digital products and services, and those who do not.

An individual may be digitally excluded due to a lack of connectivity to the internet, basic digital skills or through poor access to products and services. This can include a lack of access to technology, lack of confidence to go online, limited resources and money to pay for

technology, data or internet, or a lack of interest or motivation. Furthermore, individuals may not qualify for an internet contract due to lack of address or a poor credit history, creating a further barrier to digital services. Some sections of the population that are already at the highest risk of health inequalities are also the most likely to be digitally excluded. This can include people in lower income groups, unemployed people, people with disabilities, refugees and asylum seekers and people in social housing. Being digitally excluded in an increasingly digital world risks exacerbating existing inequalities across society.

NHS Confederation Digital Inclusion

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Digital mental health has been associated with benefits such as improved access to services, including online self-help, and also helped to reduce barriers such as stigma. Practical steps now need to be taken to increase digital inclusion to avoid the evolution of a two-tier health system that advantages those already online, and unintentionally leaves behind those without the access, skills or confidence to use digital services.

“My mum is in a dementia care home, she is of BME background and no longer communicates in English. Family members work in partnership with the care home in all aspects of her care. COVID-19 restrictions introduced in April 2020 have meant my sister and I have been unable to support my mum to express her needs. For my mum, the lack of sensitivity to her digital accessibility needs, which included access to a device she can use that meets her language requirements, has impacted on her quality of life and wellbeing.”

Mimi, Lived Experience Adviser

The digital divide

‘In an increasingly digital age, those who are not engaging effectively with the digital world are at risk of being left behind. Technological change means that digital skills are increasingly important for connecting with others, accessing information and services and meeting the changing demands

of the workplace and economy. This is leading to a digital divide between those who have access to information and communications technology and those who do not, giving rise to inequalities in access to opportunities, knowledge, services and goods.’



[Exploring the UK's Digital Divide](#), Office for National Statistics

Achieving digitally inclusive mental health services

Digital approaches will continue to form part of care pathways for mental health patients. As health service leaders pause and reflect on rapid innovation and service adaptation due to COVID-19 measures, the need to design digitally inclusive services is critical to the delivery of high-quality and equitable mental health services in the future.

Principles for digitally inclusive services

The advisory group who developed this guide has identified **four common principles** that are essential foundations for digitally inclusive mental health services:

1

Understand the needs of people who use your services

With this information and understanding, you will be able to co-produce and design services in a way that either overcomes difficulties faced by individuals, or ensures flexibility and personalisation to meet their needs.

2

Prioritise flexibility and adaptability

Accessing services can sometimes go wrong or feel disjointed. Flexibility to overcome these barriers needs to be a core part of the service design, not an add on or optional extra.

3

Ensure ongoing communication and feedback

For many people, using digital means to access mental health services will be a new experience. Having time, space and clear channels for feedback and checking in on how they are finding the experience is important to ensure it can be continually improved and is fit for purpose.

4

Provide a personalised approach

Not everyone will face the same barriers to accessing digital mental health services. It is important to identify the barriers individuals face correctly and to ensure that solutions are tailored to meet these diverse range of needs, in order to support an individual to make an informed choice about the right care for them.

Working through the following sections in this guide will help you build on initiatives already in place and offer further suggestions for improving your services to become a more digitally inclusive organisation for everyone who uses your services.

1. Improving user access

Not everyone has the ability to connect to the internet and go online. This might be due to not being able to access the equipment, software, data or internet needed to effectively participate in digital mental health services. The initial cost of purchasing equipment and software, as well as ongoing costs for data and internet access, can also be significant barriers. Others may not have a private or safe space within their home, which can further limit their ability to use digital mental health services.

Individuals will have different access needs and requirements for a variety of reasons. However, we know that some individuals may face increased digital exclusion due to existing inequalities in society. The needs of these individuals and groups must be identified and prioritised.

For individuals living with disabilities, the lack of access can also be hindered by a lack of, or incompatible, accessibility equipment and assistance software. For older individuals, there can be challenges around hearing and/or vision impairment and patient or carer anxiety.

“I avoid any kind of digital access because I don’t have the necessary equipment, like a PC or tablet. Trying to do things on a daily basis on a smartphone is very difficult.”

Deborah, Lived Experience Adviser

Theme 1 Improving User Access

Q. Do you know what type of access an individual needs to use your digital services?

Q. Are you able to identify those individuals who are not able to access your digital services?

Q. Are you set up to meet the support needs of individuals who can't access your services?

Q. Are the access needs of people who use your services built into the full cost of the service?

Q. Do you know what type of access an individual needs to use your digital services?

Knowing the type of access an individual needs to use your digital services – such as a stable internet connection or access to a device that can be used for video conferencing - should help guide conversations with people who use your services to understand the barriers they might face. With this information, you can be more targeted in the design of your service and in the support you can offer to an individual.

Consider the minimum requirements needed to effectively engage in digital mental health services in terms of environment, hardware, software and assistive technology, and ensure any equipment you provide, or is provided by partners, has the necessary requirements installed.

For example:

- private space
- stable internet connection
- video conferencing or word processing software
- hardware such as laptops, tablets, phones, webcams, headsets
- assistive technology such as closed captions, translation services, screen readers.

Top tip: Mapping the exact steps an individual will need to take in order to use your services is an important process to understand what type of access is needed and when. This will also help you identify key transition points as part of the patient pathway where digital exclusion is more likely to occur, and to focus on supporting individuals at these key points.

Top tip: Information about technology can be confusing or intimidating, and it is essential that if an individual needs to access mental health services that this does not become an additional barrier. Develop materials that explain technical terminology in simple language and emphasise why it is needed. These should be available in a variety of languages and in both online and physical format.

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Q. Are you able to identify those individuals who are not able to access your digital services?

It is essential to understand the full range of support an individual might need to be able to access your services. For example, identifying individuals who don't have a computer, don't have ready access to the internet, or any of the minimum requirements listed above. If this information isn't already collected through existing processes, consider developing an access questionnaire that can be used when an individual is first referred to your services, and again at intervals during their engagement with your service as their access needs may change. To ensure the access questionnaire meets the needs of the communities and populations you serve, engage a diverse group of people who may access services and use a process such as co-production to co-design and evaluate such questionnaires.

When collecting this information, consider how it will be recorded and where it will be stored. If possible, it should be shared and accessible by all organisations that may need it to avoid duplication of data gathering and provision of resources.

Particular attention should be made to understand the access needs of individuals who may be at an increased risk of digital exclusion due to factors including, but not limited to, their age, gender, race, sexuality, socio-economic factors or disability. Remember that these factors are intersectional, meaning a person's social and political identities, alongside protected characteristics by UK law, are interconnected and can combine to create different types of discrimination and privilege which will affect their access needs.

Individuals will also face different access needs due to their housing and living situation. Individuals who access services in care homes or supported housing will potentially have different barriers to accessing digital technology, which need to be understood and addressed appropriately. Individuals who are homeless or from the gypsy and traveller community may also face barriers around internet access and access to charging points, which will need to be identified, considered and supported.

Top tip: Voluntary and community sector organisations are essential to engaging, involving and consulting with particular disadvantaged groups. They often have existing teams and networks which have experience in considering language, cultural sensitivities, area-specific concerns and health inequalities that may improve the experience and increase the impact for individuals.

Top tip: Include a range of options and choices when asking an individual what their access needs are, which are drawn from what is required to participate in high-quality digital mental health services. For example, ask: 'Do you have access to either a phone, tablet or laptop?' rather than asking: 'What electronic devices do you have access to?' With these parameters, it will be easier for individuals to request support and make an informed decision about whether digital services are right for them.

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Case study: NAViGO Health and Social Care CIC

Digital inclusion needs assessment and dashboard

NAViGO Health and Social Care CIC is a not-for-profit social enterprise providing integrated mental health and social care services to individuals who receive NHS-funded care across North East Lincolnshire.

Due to the COVID-19 pandemic, NAViGO moved rapidly to offer appointments via video conferencing. They knew this would inevitably mean some of the individuals who access their services would become more isolated due to not having the means or ability to access technology. In order to understand the needs of individuals and effectively respond to them, they developed a digital inclusion patient questionnaire and a results dashboard.

Digital inclusion patient questionnaire:

The questionnaire asked about access to technology, training needs, contact preferences and internet connectivity.

Digital inclusion dashboard data:

The dashboard was created to share the information captured in the survey, and this information was used to source funding to purchase tablets with 4G enabled. They set up a digital inclusion group with

representatives from each service area who were able to use the dashboard to identify needs and direct the technology to those digitally excluded and wanting to use technology to engage with their services.

Tablet loan scheme:

The tablets provided were set up with different specifications depending upon individual need. A loan agreement was developed that outlined terms of use and made clear the legal responsibilities for ownership.

The roll out of the devices informed by the questionnaire, alongside the ability to capture live data and have a daily view of need, enabled NAViGO to:

- reduce social isolation and increase engagement with virtual and online service provision
- complement and enhance integration through the provision of technology and support to individuals to access wider partner services
- begin to evaluate the effectiveness of digital appointments/engagement by contrasting and comparing an individual's outcomes
- promote an online video platform that staff and individuals who access services can use to connect with their GP practice for non-urgent medical advice.

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Case study: **City and Hackney Clinical Commissioning Group (CCG)**

Personalised health budgets to increase digital inclusion

City and Hackney Clinical Commissioning Group (CCG) covers a vibrant, culturally diverse, inner-city population of 260,000 with high levels of deprivation and high incidence of mental health. In 2018 it introduced a new approach that included personalised care and support planning; link working into activities through a strong partnership with third sector partners; and personal health budgets (PHB). As part of this offer, they developed an innovative digital platform that brought recovery focused community support into line with what people have come to expect in the delivery of all services.

During the COVID-19 pandemic, City and Hackney CCG used its digitalised system to fast track a 'Stay Connected' PHB offer focused on improving digital inclusion for those with a lack of access to equipment. This facilitated quick access to a choice of mobile phones and/or sim cards which, since May 2020, has enabled 120 people to access and take part in remote support services, join online community activities, access resources and support online, and stay in touch with family and friends during lockdown and beyond.

Feedback from the scheme has been positive:

"One of the recipients of a phone and tablet is already accessing self-soothing and grounding tools via YouTube as well as other websites related to her psychological health. She feels less isolated and is now able to stay in touch with family who live in another part of London. Both the phone and the tablet have enabled her to continue her treatment at this time of lockdown. This gives her a sense of forward momentum now that many services have moved online and some of her face-to-face contacts have stalled."

Personalised health budgets have enabled **120 people** to access and take part in remote support services.

Theme 1 Improving User Access

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Case study: **Mental Health Matters**

Digital services in supported housing

In March 2020, in response to the nationwide lockdown, **Mental Health Matters** (MHM) prepared to move all but its residential care services to remote working through a variety of digital tools. This meant a completely new approach for supported housing and floating support services, including a priority of ensuring nobody was excluded from this new approach due to lack of digital access or skills.

An assessment identified individuals who did not have access to a mobile phone, tablet or computer. MHM purchased pay-as-you-go phones for those with no existing means of contact, and staff supported individuals with training on how to use these. In addition to the phones providing a regular means of contact with their support or recovery workers, apps were installed to help people maintain contact with friends and family.

Q. Are you set up to meet the support needs of individuals who can't access your services?

Equipped with the information above it will then be important to provide the equipment and support that individuals need. This could be done directly from your service, trust or organisation through a loan a device scheme, or you could partner with a voluntary or independent sector organisation that is working on increasing digital inclusion.

Access needs of individuals will change over time, and they may use different digital offers within your service – from video consultations, to using therapeutic or self-help apps and accessing online resources. Consider the timeframe individuals will be using your services and ensure this informs the type of support offered.

“I applied for and was awarded a grant from a local charity to replace my headset . I was really pleased and it made a huge difference to me to receive it.”

Tanja, Lived Experience Adviser

Top tip: It is important to consider all parts of your service and ensure accessibility equipment and technology can work with each other. For example, if an individual needs access to a tablet and translation services, be sure to check that the hardware, software and digital platforms are compatible with each other and find appropriate solutions where they are not.

Theme 1

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Case study: North East London NHS Foundation Trust

The development of digital hubs

Since March 2020, North East London NHS Foundation Trust has introduced a new digital offer to provide more services remotely to patients in order to maintain service delivery during the COVID-19 pandemic. Feedback from patients and staff revealed that there is a cohort of patients who cannot access the new digital offer provided by the trust. Some of the reasons for exclusion were a lack of a device or limited access to a device and lack of digital skills in using devices.

As part of the trust's approach to increasing digital inclusion and access to services, it is piloting a video conferencing room with the psychology service in Redbridge to allow clinicians and patients to connect virtually. This reduces the need for those who access services and clinicians to have their own equipment,

have private space in their own home for the call, and the skills to set up the technology.

The key operational considerations when setting up the video conferencing included:

- how staff could provide technical support to patients
- providing access to a secure device, which included considering log ins and ensuring no information is stored on the device
- selecting video conferencing software that would be simple and easy to use for all staff and patients, for example by having a simple log in feature

The pilot is still underway and, once finished, the findings will be assessed and further roll out considered based on the results.

Spotlight on privacy

For mental health services to be delivered effectively via digital methods, access needs go beyond equipment and also include the need to have a private space for sessions, in a confidential and quiet

environment. For some individuals - a private space in their own home will not be realistic, or they will need to make changes to create this space within their home.

Continue reading 

Theme 1

Improving User Access

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If the session is to be held at home, consider having guidelines for all individuals involved in the call around what a private and appropriate space might involve, such as having a plain backdrop if using a camera, and access to a room with a door to reduce background noise. While this may not always be possible, it is useful to have a guide in place so people can make an informed decision on whether high-quality digital services can be delivered at home.

There are also ethical issues to consider around safety, confidentiality and impact in the use of personal space for digital meetings. Appropriate safeguarding and risk reviews should be undertaken

when considering whether digital consultations will be appropriate. For example, whether individuals are sharing devices with others, which can impact confidentiality and safeguarding.

To support individuals who do not have a private space at home, some providers have created a 'digital hub' or 'digital clinic' within their trust or organisation which individuals can use as a private space, set up with the required technology, to access mental health services remotely. This avoids the need for individuals to have their own private space and reduces costs that may be incurred when using their own equipment or data.

Q. Are the access needs of people who use your services built into the full cost of the service?

The information on the access needs of individuals who use your services, potentially collected via an access questionnaire, could also be analysed to identify and understand the main reasons why people are excluded. From there, you can recognise the frequency of issues, which of these should be built into service design, and which can be resolved through personalised support and flexibility within the service.

This information may also be used to calculate immediate and ongoing costs to your services. With this information, you will be better equipped to discuss the

challenges around access and funding digital inclusion at the system level.

Top tip: The value and importance of co-producing services and programmes, by bringing together equal partners to develop and implement digital inclusion locally, cannot be underestimated. It is important to recognise the time and resources this process takes - from co-designing processes to providing equipment or developing training resources - and to discuss with commissioners how the cost of digital inclusion will be covered in the service commission.

2. Building skills and increasing confidence

Many individuals across the UK don't have the digital skills needed to access the internet or devices, making it difficult for them to engage with digital mental health services. Furthermore, it was identified by individuals involved in developing this guide that there can be a lack of knowledge of the different skills that would be useful, or even essential, to be able to access services remotely. This can be further exacerbated if clinicians assume a level of knowledge and confidence in using different platforms and communication methods, which can potentially limit an individual's willingness to share that they don't have the skills or knowledge needed to participate in online or remote services.

While individuals may have the basic skills to access one digital platform, they are often faced with many different platforms that need to be navigated in a different way. Equally, small technical issues can happen on all platforms, software and technology, and not knowing how to fix these issues can be demotivating.

Even with sufficient access and basic digital skills, a lack of confidence – either in using the technology to access services remotely or in the clinical effectiveness of remote services – can be a further barrier for individuals engaging in digital mental health services.

"I have not had any conversations about accessing services digitally or been signposted to any resources supporting it. With the huge shift in delivery it feels like the service is waiting for things to return to normal rather than adapting and investing in skills development."

Iola, Lived Experience Adviser

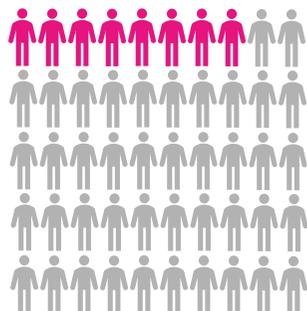
Theme 2 Building skills and increasing confidence

Q. Do you know the skills needed for people to participate in digital mental health services?

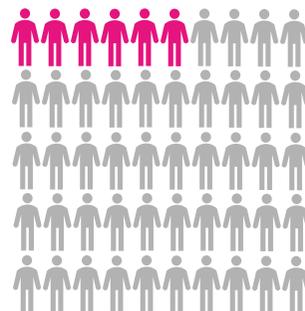
Q. Do you have ways of supporting an individual to develop their digital skills?

Q. Is there support in place for an individual to build their confidence in using digital services?

The scale of the skills challenge



An estimated **9 million people** (16 per cent) are unable to use the internet or their devices without assistance.



c. **6.5 million** (12 per cent) people cannot open apps.



Two-thirds (66 per cent) of those online have not used the internet or digital apps and tools to manage their health.



UK Consumer Digital Index 2020

Q. Do you know the skills needed for people to participate in digital mental health services?

It is important to know what digital skills an individual needs to help guide the conversations and provision of support. If there is no clear idea of the communication and digital skills needed to participate, it will impact on an individual's ability to access the support they need and to make an informed decision about whether to engage with digital mental health services.

Consider co-producing a skills framework that sets out the minimum skills and aptitudes needed to fully

participate in high-quality digital mental health services via different platforms, based on the digital services you are currently offering. Setting blanket minimum requirements can risk being a barrier if not applied appropriately, as it could risk excluding individuals who do not yet have the skills level or access to equipment. The skills framework should be used help identify areas of support needed and to upskill individuals, whilst also helping them to make an informed choice about their care.

Theme 2

Building skills and increasing confidence

Q. Do you know the skills needed for people to participate in digital mental health services?

Q. Do you have ways of supporting an individual to develop their digital skills?

Q. Is there support in place for an individual to build their confidence in using digital services?

Skills framework example

When co-producing a skills framework, consider the following:

Type of skill needed. This will range from practical or technical skills to communication or listening skills. Giving examples of what these skills are could help make the framework more practical.

Level of skills needed. This could range from basic to advanced and should include a definition of what these mean in practice. They should be realistic and attainable through reviewing resources and/or completing training, and not used as an additional barrier to accessing services.

Skill development resources / signposting. Most importantly, once identifying the type and level of skill needed, if an individual does not feel they meet either, they should be supported to attain these skills or access support via another means such as face to face. This should be driven by an individual's preference and choice.

Example framework:

Video conferencing

Types of activities expected:

- Installing the right web browser version to be able to access the video call.
- Knowing where to go to log into the video call.
- Joining and leaving a video conferencing call.
- Turning on and off a webcam and microphone.
- Sharing your screen.

Level: Basic knowledge required of a small number of specific tasks.

Resources and training available:

- Generic resources such as web pages.
- Tailored resources specific to your trust and services you use.

"I can join a call, but there was a time my therapist shared their screen and I wouldn't know how to do that. If that is something that would be useful to know, it should be something I am supported to learn."

Sandra, Lived Experience Adviser

Theme 2 Building skills and increasing confidence

Q. Do you know the skills needed for people to participate in digital mental health services?

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Q. Is there support in place for an individual to build their confidence in using digital services?

Q. Do you have ways of supporting an individual to develop their digital skills?

Providing a range of free, easily accessible training resources and courses to meet different needs and communication styles will help build an individual's digital skills. People prefer to learn in different ways, so consider including a range of options such as training videos, drop-in sessions, a personalised training budget, recovery college courses and how-to guides.

All resources should be appropriate for a range of ages, those with autism or learning disabilities, or whose primary language is not English. The package of resources should be informed by the skills needed to participate in digital mental health services and co-created with people who use your services and carers.

Training and skills development sessions should be flexible and delivered by the most appropriate people. For an in-person training session, consider having both a staff member and an individual who uses services themselves to lead the training. Alongside this, consider a phased approach to training that doesn't assume levels of knowledge. This could begin with supporting an individual to set up a device, before moving on to setting up an account or accessing a digital platform. Through this phased approach, and by helping people build on what they already know, individuals are likely to build their confidence as well as skills.

Top tip: Consider whether digital skill development could be approached at the system level.

For example, do individuals need similar skills in order to access primary care digitally?

If so, consider providing these resources in partnership with local voluntary or primary care organisations to provide some or all of the above resources and support for those accessing mental health services digitally.

Theme 2

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Spotlight on service design

Co-production between providers and people with lived experience of mental health problems and using mental health services should be a core part of all solutions to access requirements or training packages.

Consider these ideas to ensure it is a meaningful process that will lead to the desired outcomes:

- Involve a diverse group of people who access services, or provide care to those that do, in all stages of service design and delivery. This range of insight and experience will strengthen the final service.
- Use existing - or conduct new - secondary research to ensure you get a true representation of experiences. For example, consider using existing reports, reviews and research that have collected a wide range of experiences and ideas from different individuals and groups.
- Identify and upskill digital leads in service teams to manage the design process. Consider bringing in digital service design expertise to advise and support the upskilling of internal staff.
- Map out together each of the users' steps to get online as part of your digital service. This will help understand the user experience and address any challenges before they arise.
- Build in opportunities for individual feedback as part of service delivery and feed this into wider service improvement. Consider whether existing feedback channels could be used for this, or if new feedback channels need to be set up.

Theme 2 Building skills and increasing confidence

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Individuals may be interested in using digital services and building their skills but have limited confidence if this is a new experience. Consider involving peer support workers, carers or family members to help individuals build their confidence while developing digital skills.

Giving individuals the choice to use platforms that they are already familiar with will also help build an individual's confidence and remove an additional barrier to accessing services.

Addressing any data or security concerns will also support an individual to build confidence in accessing digital services. Consider how this can be built into the design of the service, so individuals can make an informed choice and feel confident that this is addressed if they do opt to use digital services.

"I am not confident at all. I don't feel digital services will be high quality, I worry they will be generic and impersonal and not meet my needs at all, as they will not be person-centred and be more 'bot like,' run by algorithms, or a just generic wellbeing advice."

Deborah, Lived Experience Adviser

Top tip: In building confidence, an individual can have setbacks if something goes wrong or happens unexpectedly when accessing mental health services digitally. For example, an individual might be unable to log on and access the service, or once online may not be able to access sound. It may help build an individual's confidence by:

- agreeing between the clinician and care recipient what to do in case the first method of communication has challenges
- ensuring channels exist for regular feedback for individuals to share their experiences, ideas and concerns
- keeping shared record systems to avoid a situation where an individual has to repeat traumatic information, which could result in unnecessary and avoidable distress.

3. Supporting the workforce

For many clinicians, the use of digital as a method of delivering services is a new and different experience of delivering care. For many individuals, while they may use technology and digital tools in their personal life, translating this into delivering high-quality, consistent care does not come without its challenges. This has been made even more difficult while operating during the COVID-19 pandemic, with individuals having to rapidly adapt to new technology and working at home arrangements.

The level of confidence that a staff member has in using digital means to deliver services can have a direct effect on the experience and confidence of an individual accessing those services and the quality of care they are receiving. For digital services to be a genuine choice for individuals using services, it is essential that the workforce is equipped and supported to deliver high-quality care in this way. While not as direct a barrier to digital inclusion as a lack of hardware or a lack of skills, it is critical that staff feel supported and capable of providing high-quality mental

health services to ensure they feel confident to deliver inclusive digital mental health services.

‘Within 20 years [of 2019], 90 per cent of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment. All staff will need digital and genomics literacy... We need to tackle differences in the digital literacy of the current workforce linked to age or place of work.’



Executive summary, The Topol Review, Preparing the Healthcare Workforce to Deliver the Digital Future

“Staff that I have interacted with have been positive about the digital communication methods and I think that this is very important and helps me to feel more confident and assured.”

Iola, Lived Experience Adviser

Supporting the workforce

Q. Do you know the skills staff need to deliver high-quality mental health services by digital means?

Q. Do staff have the skills, confidence and support needed to deliver mental health services digitally?

Q. Do staff have the flexibility and adaptability in their work practices to deliver a personalised, patient-centred digital service?

Q. Do you know the skills staff need to deliver high-quality mental health services by digital means?

For digital mental health services to be inclusive and of high quality, it is crucial that the clinical and non-clinical workforce have the skills, confidence and support needed to deliver these services. Part of developing this will be to understand the skills that are needed, whether staff already have these skills and, if not, how these skills can be developed.

Consider developing a skills framework to understand your workforce's needs. It will be important to consider not just digital skills – for example using video conferencing software – but also a range of communication styles and skills that are important when

delivering services via telephone or video conferencing software. It will also be useful for staff to be able to support the person they are working with to resolve technical difficulties, which can require a higher level of skill and understanding of the relevant digital products.

Top tip: Ensure staff are aware of the range of support available for individuals who access services and the adjustments that can be made to support them to participate in digital services. Training and support should also be provided for staff to implement digital approaches with cultural competency and sensitivity.

Q. Do staff have the skills, confidence and support needed to deliver mental health services digitally?

Once the essential skills have been identified, it is then important to provide training for staff to develop these skills, and provide ongoing support for staff to continue to develop their skills and build confidence in using them.

Consider embedding basic digital and communication skills into your mandatory training programme, so there is a consistent level of knowledge and skills across your organisation. This can be topped up with additional training and support for staff working in different settings and services where they may need more advanced skills and access to ongoing support.

For example, clinical staff could benefit from having co-produced training around building a therapeutic relationship online, recognising the key differences this will bring when compared to traditional, in-person services.

Top tip: Consider including digital and communication skills, or the commitment to build these skills, in job descriptions where this will be a requirement of the role. Attention should also be given to specific support needs of staff now working remotely, including assessment of suitable space, equipment, supervision and peer support.

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Q. Do staff have the skills, confidence and support needed to deliver mental health services digitally?

For digital mental health services to be high quality and inclusive, it is important that they are flexible and adaptable to meet the needs of individuals accessing the service. Just like in traditional face-to-face service delivery, accessing services via digital can sometimes go wrong, or feel disjointed. Ensuring there is enough flexibility for staff and recipients of care to rearrange appointments and use back-up technology will make a difference to the quality and consistent delivery of personalised digital services.

Equally, choosing to receive mental health services digitally should not be a final choice, but one that can be changed and adapted as needed throughout an individual's time accessing a service. Having this type of flexibility and adaptability can have implications around workloads and timeframes, so it is important that these are considered and designed into the service.

While it is important for clinical staff to have the required skills to deliver services digitally and with confidence, consider the role of non-clinical staff in the patient pathway. This is especially important when individuals are accessing services via digital methods for the first time. If an individual has a poor experience it can put them off accessing services in this way altogether. Receptionists, administrative and IT staff can all play a role in helping clinical staff and individuals who access services to have a positive experience when providing or accessing care via digital channels.

This can also help ensure that staff with different skills and expertise are using their time most effectively and efficiently.

Top tip: Ensure staff have time to deal with digital demands as well as existing clinical workloads. This includes access to immediate support to troubleshoot problems, as well as time for breaks between virtual or remote meetings.

“My experience accessing mental health services digitally would be greatly improved if staff received autism good practice training; there were clear guidelines on how to run an effective meeting; and everyone was confident in using the technology and platform utilised.”

Tanja, Lived Experience Adviser

Theme 3

Supporting the workforce

Q. Do you know the skills staff need to deliver high-quality mental health services by digital means?

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Case study: Cambridgeshire and Peterborough NHS Foundation Trust

Digital's role in the crisis care pathway

The [Cambridge and Peterborough Crisis Resolution Home Treatment Team](#) is a 24/7 community based team providing assessment and home treatment as appropriate for people experiencing a mental health crisis.

While the service has traditionally been delivered face to face, changes were made in April 2020 to reflect the impact of COVID-19 and the need to introduce social distancing where appropriate. The team adapted its service so it could use digital tools and products where it felt safe and appropriate to do so. This included taking referrals via virtual and telephone assessments, as well as using remote consultations for more routine work such as checking on medication reviews.

The team spent the time considering the role of digital and where it could be used safely and appropriately to enhance the service. For example, they identified that not engaging in a digital meeting could be a warning sign for individuals in contact with community teams that they aren't coping or managing well, and may signal that they need additional face-to-face support.

Supporting staff to feel confident to consider the role of digital in their services was critically important. Brief guidelines were developed for staff which were used with all community teams and referrers to the service. This gave staff the confidence and permission to make informed decisions around the use of digital referrals, and where it was appropriate or not appropriate within their pathway.

The service team was also aware of the risk of digital exclusion for individuals they supported. They made sure that access needs were considered when asking individuals whether they would be happy to be seen digitally. For example, asking whether they have a phone and what applications they feel comfortable using.

Supporting staff to **feel confident** to consider the role of digital in their services was critically important.

4. Governance and accountability

For digital inclusion to be truly embedded across mental health care pathways, and for all individuals to have access to relevant digital services, it is critical that governance and accountability structures are in place.

Embedding inclusive digital mental health services in an organisation will require strategic decision-making at the organisational and system level around funding, capacities, and priorities. Building a board that understands the importance of digital inclusion is a key factor in delivering a high-quality, patient-centred mental health service. This will continue to grow in importance given digital's prominent role in the NHS Long Term Plan. The [third phase of the NHS England and NHS Improvement COVID-19 response plan](#) requires systems to review digitally enabled mental health services by assessing 'empirically how the blend of different channels of engagement (face-to-face, telephone, digital) has affected different population groups,' to ensure they 'do not affect health inequalities for others, due to barriers such as access, connectivity, confidence or skills.' The reviews, which must include agreed actions, must be published by 31 March 2021.

"Governance structures should hold the accountability for staff to be trained in a holistic, service-wide approach, rather than on a task-based basis. This approach will increase the confidence of staff and give individuals accessing services more choice."

Iola, Lived Experience Adviser

Theme 4 Governance and accountability

Q. Do you have a strategy in place to address digital inclusion in your services?

Q. Does your board have clearly understood roles and accountabilities around increasing digital inclusion?

Q. Are you part of system-wide discussions and initiatives on digital inclusion?

Q. Can you measure whether digital inclusion is improving through the strategies and support in place?

Q. Do you have a strategy in place to address digital inclusion in your services?

Consider embedding digital inclusion in all strategies across your organisation. Whether in your system-wide strategy, an organisational strategy, or a specific-service strategy, consider the use of digital and the need to address inclusion to reduce inequalities. Digital exclusion must be recognised as a barrier to participation in service access, given the strong links between digital exclusion and wider social determinants of ill health.

Equally, when designing a digital strategy or strategies for your organisation, ensure these incorporate projects that address digital inequalities.

Top tip: While focused on mental health services, don't forget the important role of other digital infrastructure within your organisation such as electronic patient records. Are these included in your strategy? If so, are you considering how individuals can access their own records and information? Remember, there will likely be considerations around access and skills for individuals accessing their own records and information too.

Case study: Mersey Care NHS Foundation Trust

Investment in 5G infrastructure partnership to reduce digital poverty

At the end of July 2020, the [Liverpool 5G Consortium](#) was awarded £4.3million by the Department for Digital, Media, Culture and Sport to support health and social care technologies as part of a £7.2 million project, Liverpool 5G Create: Connecting Health and Social Care. The project will reduce digital poverty for vulnerable people in need by providing safe, free and accessible connectivity to services including health, social care and education.

As part of the project, [Mersey Care](#) will be implementing improved remote access to services for patients, through NHS community and telehealth services, and will be providing access to wider NHS organisations through the Merseyside Provider Alliance, Digital and Innovation Group.

Led by the University of Liverpool, the project partners also include the local council, commission groups, private sector and statutory organisations. This reflects the importance of working alongside relevant system partners to achieve large-scale sustainable investment in reducing digital poverty for a city.

Theme 4 Governance and accountability

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Q. Does your board have clearly understood roles and accountabilities around increasing digital inclusion?

The role of the board is crucial in ensuring digital mental health services are inclusive, and that all individuals have the choice of accessing high-quality digital mental health services not limited by a lack of access, skills or confidence. Building a board that understands its role and responsibilities in ensuring digital inclusion will be critical in ensuring digital services are equitable care pathways.

There are a number of ways to ensure digital inclusion is fully represented and considered at the board level:

- Having a named representative who is part of the board and accountable for digital inclusion. The most relevant person could be your equalities lead, the chief information officer or the chief clinical information officer.

- Ensuring opportunities for board members to access any digital and communication skills training available in your organisation, to support their development and understanding of digital and its use within your services.
- Recruiting diverse individuals with a range of digital expertise to boards and ensuring they have close links with equalities leads.
- Establishing digital sub-committees that feed into the board and have representation for individuals who access services and carers.
- Scrutinise feedback and data on quality, experience and outcome of digital mental health services at the digital sub-committees or full board meeting, with a focus on digital inclusion.

Q. Are you part of system-wide discussions and initiatives on digital inclusion?

Digital exclusion affects millions of individuals in England, and while there are strategies that mental health service providers should put in place to support their populations, this is not something that can be addressed in isolation.

Connecting at place and system level with organisations across the health, social care and digital sector will be

critical to truly ensure individuals are not excluded due to a lack of digital access or skills. Consider using dashboards to monitor and track data on digital usage, including highlighting potential inequalities as standard practice across the system. The voluntary sector in particular is a critical partner for addressing system-wide digital exclusion.

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Case study: **Imagine Independence**

Building Up Stronger and digital inclusion

Imagine Independence is a Liverpool-based charity that enables and supports people to live full and independent lives. In response to COVID-19, the charity heard that digital exclusion was a significant factor for about a third of the people it supports, and was exacerbating the loneliness and social exclusion many faced before COVID-19 due to their mental illness. Imagine Independence secured funding from the National Lottery Community Fund for the **Building Up Stronger** (BUS) project, which allowed them to adapt their existing model of social prescribing for physical needs to work in the digital space and tackle digital exclusion issues people faced.

They supported individuals to get online, working with them to identify the best and most sustainable

way to do this. This could mean providing a device on loan, linking them to training or other community based support, or connecting them with a volunteer to provide one-to-one support to maximise their online experience and help them gain the confidence to use the net and/or the equipment they have available.

The initial aim of the project is to help people to use the net for social purposes while recognising that there will be other benefits to improving the digital inclusion of people they work with, such as being able to access mental health services that have digital offers. By taking part in the BUS project, it will mean they can choose to engage autonomously when they are able, as well as access further support from the project if needed.

In response to COVID-19, the charity heard that digital exclusion was a significant factor for about **a third of the people** it supports.

Theme 4 Governance and accountability

Q. Do you have a strategy in place to address digital inclusion in your services?

Q. Does your board have clearly understood roles and accountabilities around increasing digital inclusion?

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The purpose of the activities and ideas suggested throughout this guide are to increase inclusion in digital mental health services. Service leaders and organisational boards need to understand whether the actions that have been taken have made a difference for individuals who use their services and may have otherwise been excluded from accessing digital offers.

It will be important to undertake evaluations, reviews of clinical efficacy, and listen to feedback to assess the impacts of inclusion projects on service teams and their users. For any quality measures developed, focus on including patient reported outcomes.

On evaluating digital inclusion, consider the information and data you will need to collect and ensure the process of collecting the data is built into the service, with clear roles and responsibilities identified. Agree how and when this data will be reviewed, and where it will inform decision-making to ensure there is a focus on continuous improvement.

Understanding whether solutions are having the desired outcome in terms of quality of care and value for money will be essential for service improvement and design. This type of evidence can also be used at a system, regional and national level to understand effective methods for increasing digital inclusion in mental health services and the outcome of these actions, as well across the wider health and social care sector.

Top tip: Be sure to establish a baseline at a set point in time around digital inclusion levels in your organisations and services. This can then be used to compare and measure improvements as part of evaluating your strategies and initiatives.

Reflection and evaluation

This set of reflective I/we statements has been created by the Association of Mental Health Providers' COVID-19 Digital Reference Group, who were involved in developing this guide. The statements aim to help you and people who use your services reflect on progress made towards digital inclusion in mental health services.

I statements – For individuals who use mental health services

These statements should be available and used by individuals who access services, to consider and discuss with their care providers and by those involved in service development. They will help to ensure user voice and experience is central to this process and to identify where further action or progress may still be needed to increase digital inclusion within services.

- I have the option to access, or to have appropriate assistance to access, digital solutions to help me to achieve my health and care goals
- I am the owner of healthcare data and information that is held about me
- My care plan is held in a format that I can understand, in a place that I can access
- I can choose to use digital technology to help me to achieve my health and care goals
- I can choose to use digital technology to assist me as I manage my own health and wellbeing
- If I need help to access digital technology, I am assisted by the health and care system to do so
- The choices I make are maintained and enhanced by digital technology
- I am offered digital solutions in a format and language I can understand
- I can choose to use digital technology to measure the quality of my own goals being successfully achieved
- I can choose to use digital technology to assist me in expressing my needs and be properly involved in decisions that affect me
- I feel confident that I am enabled to develop the skills and tools I need to engage with digital solutions effectively
- The digital solutions that I choose to use feel safe

Summary

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We statements – For professionals working in mental health services

These statements should be available for individuals who provide services to consider and discuss with their service teams and board. They will help identify where further action or progress may still be needed to increase digital inclusion within services or organisationally.

- We will enable individuals we are working with to access directly, or with additional support, digital solutions to help them to achieve personal health and care goals
- We recognise that the people we are supporting are the owners of their own data and information
- We will use technology to collect, store and use health and care information in a format that makes it available to individuals when and where they need it
- We will use digital technology to seek out and support individual health and care goals
- We will use digital technology to empower individuals in controlling their own health and care journey
- We will assist those we work with to access and use digital technology
- We will use digital technology to support and enhance individual choice
- We will provide digital solutions in a format and language that is understood
- We will listen, hear and properly involve individuals through use of digital technology
- We feel confident that we have the skills and tools available to deliver digital solutions effectively
- We will work to ensure that digital solutions feel safe for individuals

Top tip: Consider co-producing your own I/we statements to begin a constructive conversation with the population you serve about digital inclusion within the provision of your services and organisation.



“The digital world is here, and here to stay, and where mental health services embrace and adapt to this new world, we must ensure we work in partnership and bring the individuals we serve along with us.”

Digital Mental Health
Forum

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Further information

There are many national organisations working to improve digital inclusion in the UK, some specifically within healthcare, which have a range of resources, projects and research. Local authorities, organisations and charities are also focusing on digital inclusion at the regional and local level.

NHS Digital is leading on digital inclusion for the wider healthcare system, and has developed a comprehensive **Digital Inclusion Guide for Health and Social Care**. The guide aims to help healthcare providers, commissioners, and designers ensure that services delivered digitally are as inclusive as possible, meeting the needs of all sections of the population.

National

[Rethink Mental Illness - Report on Severe Mental Illness and COVID-19: Service Support and Digital Solutions](#)

[Good Things Foundation](#)

England

[NHS Digital](#)

[mHabitat](#)

[Devices Dot Now](#)

[Citizens Online](#)

[Local Digital Skills Partnerships](#)

[Digital Inclusion Fund](#)

[The Skills Toolkit](#)

[Government Digital Service – Digital Inclusion Checklist](#)

Scotland

[SCVO](#)

[Get Digital Scotland](#)

[Outside The Box](#)

Wales

[Digital Communities Wales](#)

[Wales Co-operative Centre](#)

Northern Ireland

[Supporting Communities](#)

Contributors

This document has been developed by a range of organisations and individuals who have provided and/or accessed mental health services across the statutory, voluntary and independent sector. They include clinicians, managers, students, IT and digital professionals, researchers, carers and campaigners. This guide could not have been developed without their contributions, **and we thank them for their time and expertise.**

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