



# Trying to connect

The importance of choice in remote mental health services

2021



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# Foreword

The coronavirus pandemic has had a major impact on our mental health. It has also seen the NHS have to dramatically change how it delivers services. For many, mental health services providing help and support by phone or online has been a lifeline. But for many of us, the experience has been much more complicated.

We have heard from people where having support by phone or online rather than face to face has been much better for them. When previously they felt told off by services for 'not engaging' when face-to-face appointments did not work for them, they could now get the support they needed. They didn't have to worsen their anxiety by getting public transport. They could now get support around their work or family commitments. Or they've been seen quicker meaning they didn't become more unwell.

Support by phone or online is not however the silver bullet to fix overstretched mental health services. Many people told us this way of delivering services did not work for them or made their mental health worse. Some people didn't have the technology, Wi-Fi or ability to use services in this way. But many did, and yet still it wasn't right for them. They had no privacy to talk about intimate issues at home, with fears of being overheard by partners, parents

or housemates. Or they felt unable to connect with the person through a computer screen. Therapists missed important signals by not being there with them in the room – a different way of sitting or looking around when someone is becoming distressed. But many people agreed to support in this way because they were told that they would get no support for months if they didn't. It wasn't a real choice.

This report outlines what people told us worked for them about mental health support by phone or online and what didn't. It also looks at how services have changed during the pandemic and what those working in these services have learnt. We make recommendations for the UK Government, national bodies, and service providers.

As we move forward, and easing restrictions mean more options are available, there is much we can learn from the past year or so. If mental health services are going to continue to be delivered by phone, video call

or online, we need to make sure that services are getting it right for the people who use them. Just as we should have a choice in what mental health treatments we receive, we should also have a choice in how we receive these.

All quotes included in this report are from our survey, interviews and focus group, unless otherwise stated, and we thank all who gave their time to tell us about their experiences. This report outlines a number of people's stories. We have changed people's names so they are anonymous and images shown are not of the individuals.

**If mental health services are going to continue to be delivered by phone, video call or online, we need to make sure that services are getting it right for the people who use them.**



# Setting the scene

In the months leading up to the national lockdown in March 2020, the majority of support given to people by NHS mental health services was provided face to face.

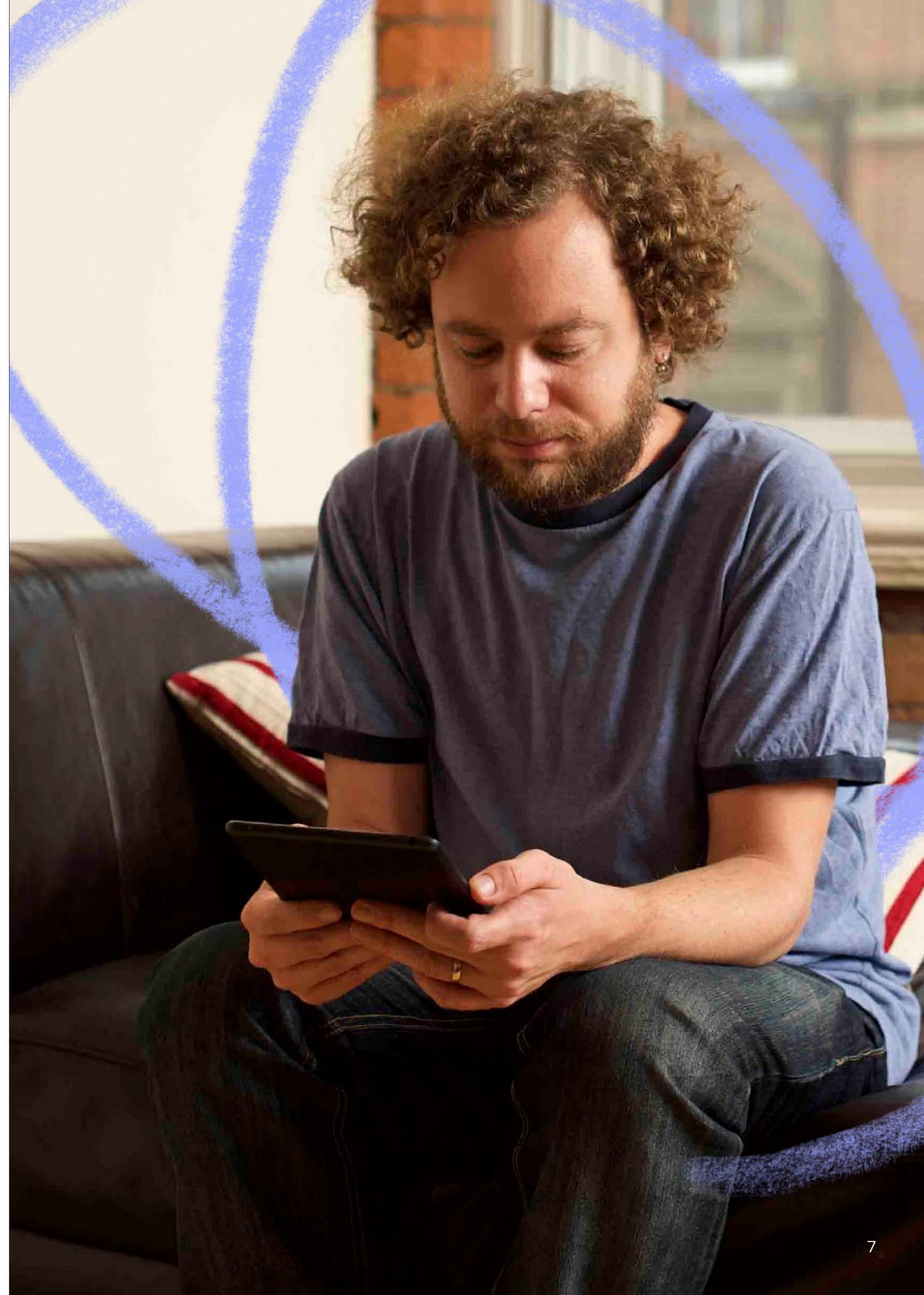
Prior to the coronavirus pandemic, mental health services had been providing a small number of digital services such as Computerised Cognitive Behavioural Therapy (cCBT) delivered online or via apps. At Mind, we have been exploring people's different experiences of using digital mental health support for a number of years.<sup>1</sup> However, for most people contact over the phone was the main alternative to face-to-face support.

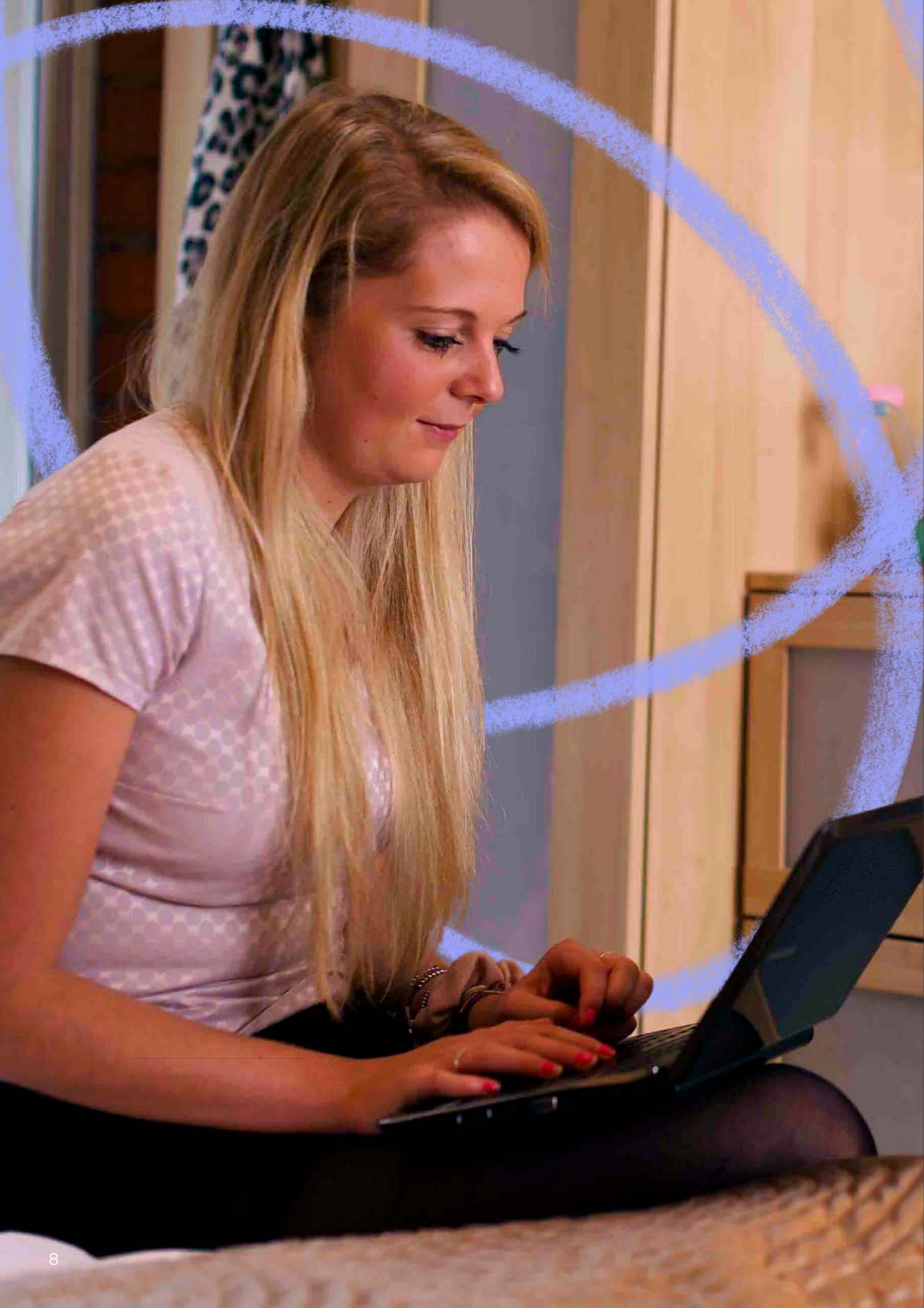
Understandably, the pandemic required a move away from people receiving services face to face to slow down the spread of the virus. In order

to keep services open, mental health services across the country had to swiftly develop new ways of working including offering appointments and other support remotely – by phone, by video call or online.<sup>2</sup> How NHS services and the people who work for them adapted in such a short time was remarkable.

Then in the Spring of 2020, we began to hear anecdotally that the move to more widespread use of remote services was having an impact on people already in contact with mental health services, but also for people whose first experience

**“I wouldn't have got sectioned if I hadn't had a terrible experience of accessing therapy within my house digitally. They wouldn't have let me leave the building in the state I was in in that session. I left the group, turned my webcam off, no one checked up on me for an hour after the appointment. By that point it was too late, I had self-harmed, and ended up sectioned as a result.”**





of mental health problems has been since the start of the pandemic.

Further evidence came from research undertaken by Mind looking at the impact of the pandemic on mental health.<sup>3</sup> Between April and June 2020, a survey of over 16,000 adults and young people identified that people with mental health problems were finding it difficult to access services remotely – with 1 in 4 people of all ages who tried to access mental health support in the first national lockdown not being able to. The reasons included that technology was a barrier for them, or they felt unable or uncomfortable using phone or video call technology.

As 2020 progressed we began to hear more. During the spring and summer, our network of local Minds<sup>i</sup> began to raise concerns about people in their communities who were finding it difficult to access mental health services during the pandemic.<sup>4</sup> In particular, they were concerned about the needs of people severely affected by mental health problems not getting the help and support they needed because they struggled using phones or computers.

In an interview conducted in the summer of 2020<sup>5</sup> we heard from a woman who was left unsupported

after becoming distressed during a group online therapy session.

These concerns contributed to our decision to campaign for the UK Government to provide a ‘Winter Support Package’ so those of us severely affected by mental health problems could get the support we need.<sup>6</sup> Due to our growing understanding that receiving mental health care over the phone or online was not working for many people, one aspect of this campaign was to make sure that the Government made a commitment to continuing face-to-face support for people with mental health problems who need it, even in areas with the tightest lockdown restrictions.

In November the Government’s ‘Staying mentally well: winter plan 2020 to 2021’<sup>7</sup> confirmed that face-to-face support must be an option for people with mental health problems. This followed a letter in September from NHS England to all GP practices saying they must offer face-to-face appointments to all patients as needed.<sup>8</sup>

i Our network of over 125 local Minds which deliver services and support to people with mental health problems across England and Wales.

# What we knew about remote services

Over the last few years, we've seen more online websites and apps offering support for mental health. These digital mental health platforms have become an important and accepted way for many people to manage issues relating to their mental health.

Sometimes people discover these programmes by themselves, while others can be referred to them by their GP or by other health care professionals. Our 2018 research into digital therapies and mental health support confirmed that these programmes can be effective and helpful, especially as they often allow people to access support more quickly.

However, we also heard from people with more negative experiences of this support and who found the programmes had an unhelpful tone or were too generic to provide them with the effective mental health support they needed.<sup>9</sup>

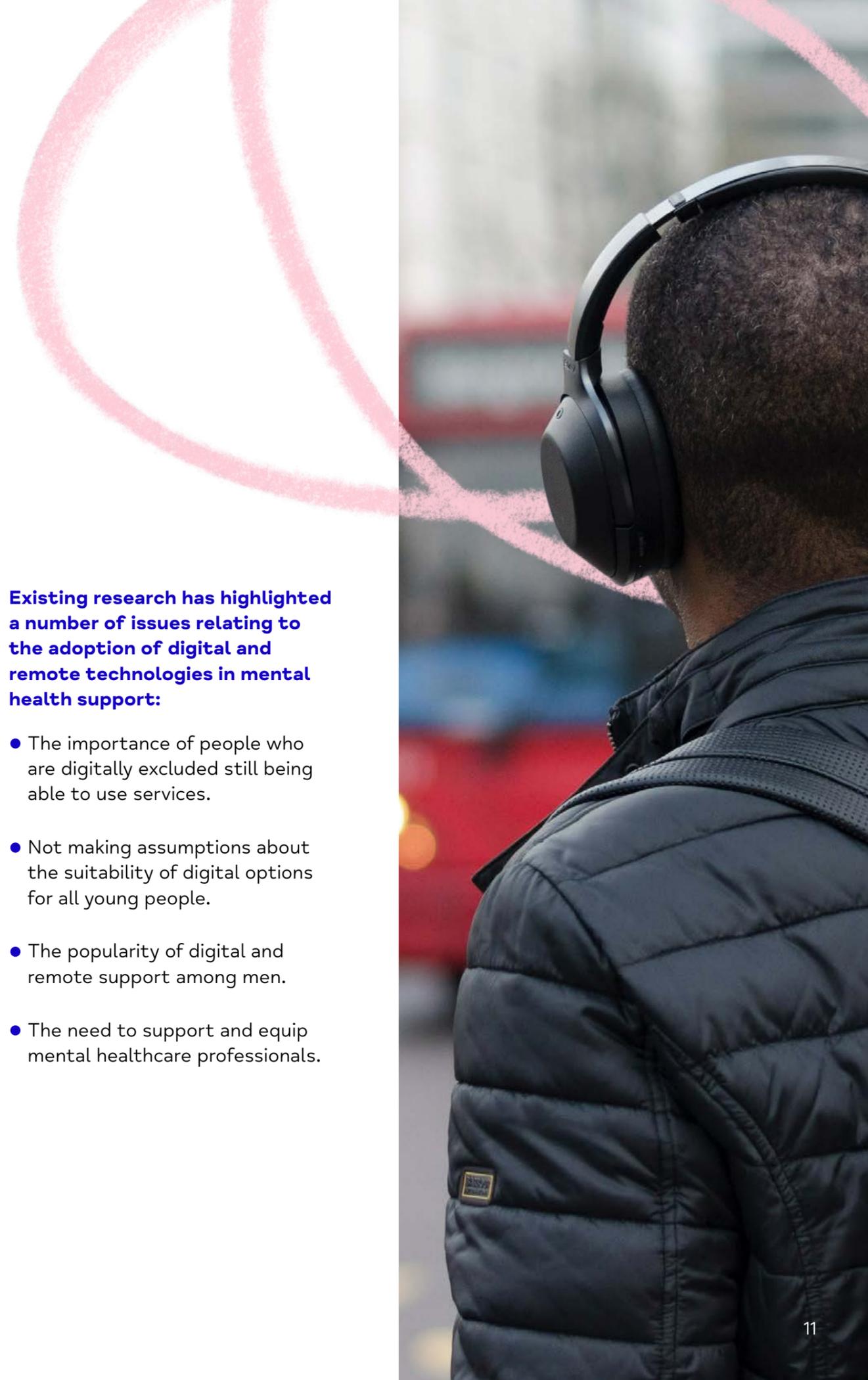
One of the key ambitions of the NHS Long Term Plan<sup>10</sup> is to make digitally enabled care available across the NHS, so the increased use of

technology to deliver NHS mental health services was in the pipeline or already being delivered.

Forecasting from the Centre for Mental Health suggests that up to 10 million people (almost 20%) of the population will need either new or additional mental health support because of the coronavirus pandemic.<sup>11</sup> The most recent data from the Office of National Statistics (ONS) suggests that almost one in five adults (19.2%) were likely to be experiencing some form of depression during the pandemic in June 2020. This had almost doubled from around 1 in 10 (9.7%) before the pandemic.<sup>12</sup> Given these forecasts, it is clear that digital and remote technologies will play an increasing part of mental health support in the future.

## Existing research has highlighted a number of issues relating to the adoption of digital and remote technologies in mental health support:

- The importance of people who are digitally excluded still being able to use services.
- Not making assumptions about the suitability of digital options for all young people.
- The popularity of digital and remote support among men.
- The need to support and equip mental healthcare professionals.



## Digital exclusion and inclusion

Digital inclusion is being able to use the internet and technology. NHS Digital's definition<sup>13</sup> says that digital inclusivity 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.

The Good Things Foundation has highlighted how digital inequalities are becoming one of the social determinants of our health,<sup>14</sup> and while more people are able to access services online, many people are still unable to do so:

- In 2019 13% of the population are 'offline'.<sup>15</sup>
- The 2019 Consumer Digital Index shows that 11.9m people (22% of the population) do not have the digital skills needed for everyday life in the UK.<sup>16</sup>
- People with a disability are 35% less likely to have essential digital skills for life.<sup>17</sup>

While recognising the benefits of delivering services remotely, recent guidance from the Association of Mental Health Providers acknowledges how lack of digital access, confidence and skills will exclude people from accessing services in this way and sets out ways in which mental health services can address this.<sup>18</sup>



## Young people

The prevalence of mental health problems in young people has been increasing. England's Mental Health of Children and Young People Survey found that 16% of school aged children have a probable mental health problem, compared to nearly 11% in 2017. More than 27% of young women (aged 17 to 22) and 13% of young men now report having a mental health problem.<sup>19</sup>

Whilst the increased use of digital support and remote mental health services is often assumed to be more popular with young people, research in this area indicates that this is not necessarily the case.

Mind's 2020 survey into the impacts of the coronavirus pandemic<sup>20</sup> found that compared to adults, young people were more likely to feel uncomfortable accessing mental health support over

the phone or a video call. Almost a third of young people (30%) who accessed or tried to access support said that the technology was a barrier for them. This is mirrored in a survey conducted by Young Minds in the summer of 2020, which found that many young people lack access to technology and are concerned about privacy or simply do not feel safe opening up online.<sup>21</sup>

However, there is some evidence that young people from Black, Asian and Minority Ethnic backgrounds may be more willing to access support online.<sup>22</sup> More research is needed into the reasons behind this, and to find out whether this reflects a reluctance to engage with 'traditional' face-to-face services that might not provide young people from Black, Asian and Minority Ethnic communities the type of support they want.



## Men

Mind's 2019 YouGov survey on men's mental health found that although men are becoming more willing to ask for help for their mental health than they were 10 years ago, they are still less likely to ask for help than women. Men surveyed told us they would be more likely to seek support if they felt worried or low if it was made available online, if they were guaranteed anonymity, or if help was made available at more convenient times of day.<sup>23</sup>

**22%**

**of men said that they would be more likely to seek support if it was made available online**

## Mental healthcare professionals

The NHS and mental health service providers had to act quickly to bring mental health support online and remotely in very difficult circumstances. As a result, there have been challenges for those working in the mental health sector. A 2020 survey of members of the Royal

College of Psychiatrists found that only 21% of members from across the UK (270 of 1,303) felt they were 'fully equipped' with the IT that allowed them to carry out their work duties. 7% confirmed that their current IT equipment left them 'unequipped to conduct most/all duties'.<sup>24</sup>

# What we did

In December 2020, we launched an online survey to gather people's experiences of being offered and using support from the NHS for their mental health by phone or online.

The survey ran for ten weeks until February 2021. We are grateful for the assistance of organisations who promoted our survey, particularly those who helped us gather more experiences from people from Minority Ethnic Communities, and people who identify as male. We also asked local Minds to help people who use their services to complete the survey who might otherwise struggle to complete the survey online.

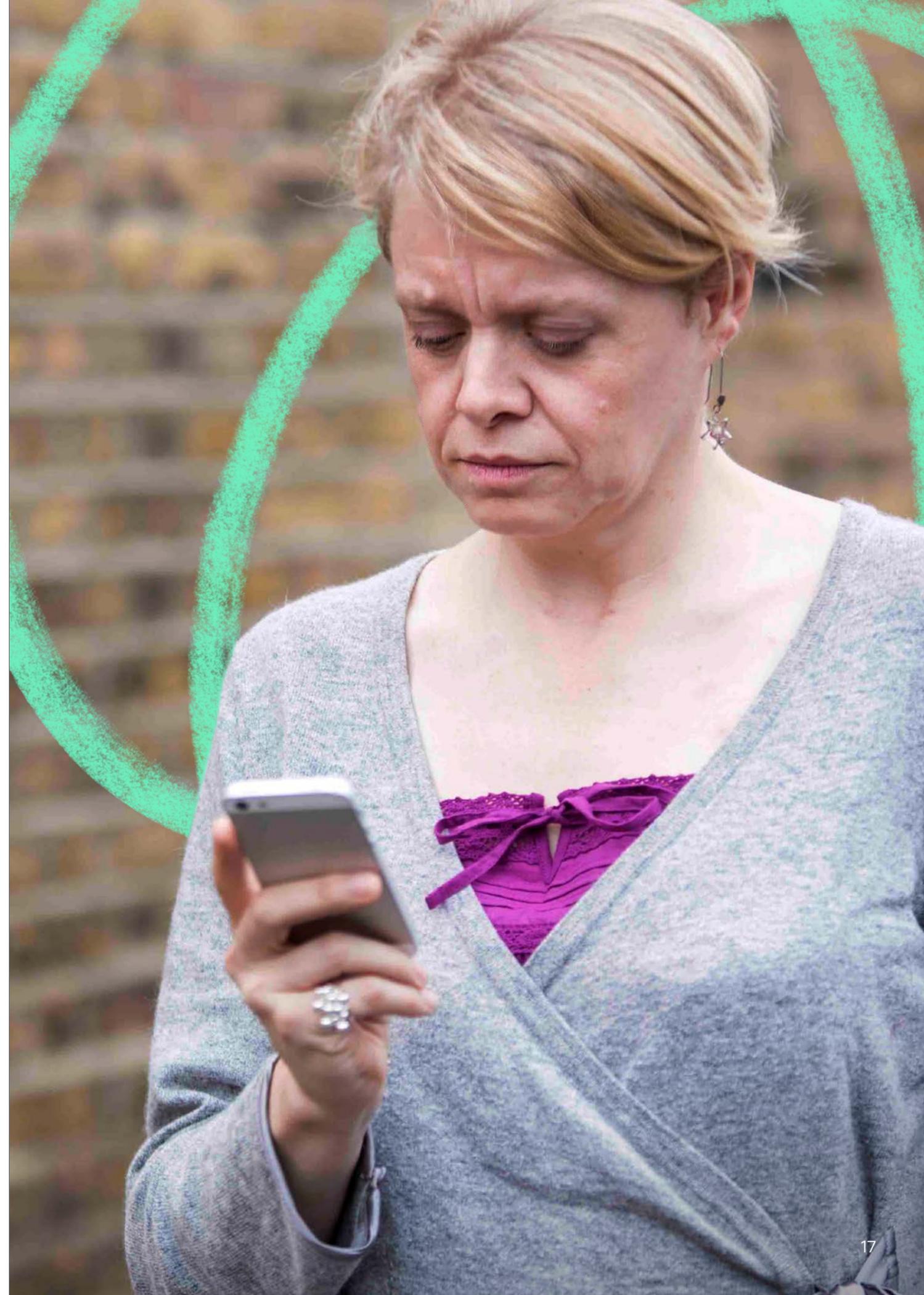
Alongside the survey, we carried out 11 in-depth phone and video call interviews with people with mental health problems. Participants were recruited from people who had completed our survey and expressed an interest in being interviewed and ranged in age from 16 to 46. We also carried out four in-depth phone interviews with mental health professionals about their experiences

of delivering services remotely. In February 2021, we held an online focus group with five of Mind's 'community activist' campaigners,<sup>ii</sup> all of whom had experience of accessing services remotely.

To gain more information on what is happening in mental health services, we commissioned Principle Consulting to carry out a series of Freedom of Information (FOI) requests to Mental Health Trusts in England to compare the differences between how adults have been contacted by mental health services in 2019 and 2020. We asked about contact mediums for all adult mental health services, and specifically for IAPT<sup>iii</sup> and community mental health teams.

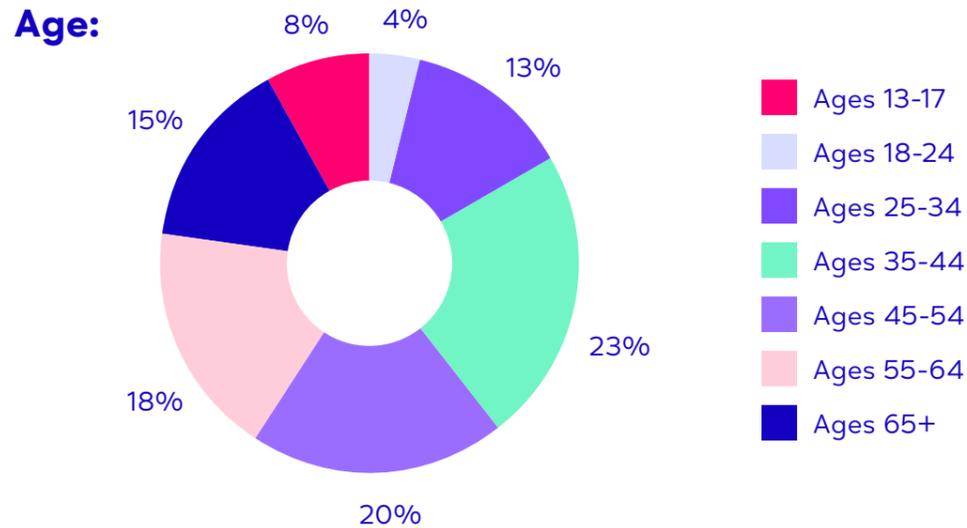
ii Mind community activists is a team of committed volunteer campaigners who support our national campaigns by organising locally, bringing people together and speaking with decision-makers.

iii Improving Access to Psychological Therapies



# Who we spoke to

We surveyed 1,914 people aged 13+



**Gender:**

77% identify as female, 21% as male and under 2% as non-binary. Over 2% identify as trans or transgender.

**Sexual orientation:**

75% identify as straight or heterosexual, 9% as bi, and 4% as gay or lesbian.

**Ethnicity:**

8% identify as being from Minority Ethnic communities and 89% identify as White.

Our sample focused on people's personal experiences of being offered and / or using support for their mental health from the NHS by phone or online. It is not representative of the general public, and people who identify as male and people from Minority Ethnic communities are underrepresented in our sample. Our results also do not capture the views of people who are the most digitally excluded, who would have been unable to complete an online survey.

**Location:**

93.5% are from England and 6.5% are from Wales.

**47%**  
have a long-term health problem or learning difference.

**89%**  
have a personal experience of a mental health problem.

Alongside the survey we conducted individual depth interviews and ran a focus group. The demographics for these participants were:

**Age:**

Three people were aged 13-17, two were aged 18-24, three were aged 25-34, four were aged 35-44 and four were aged 45-54.

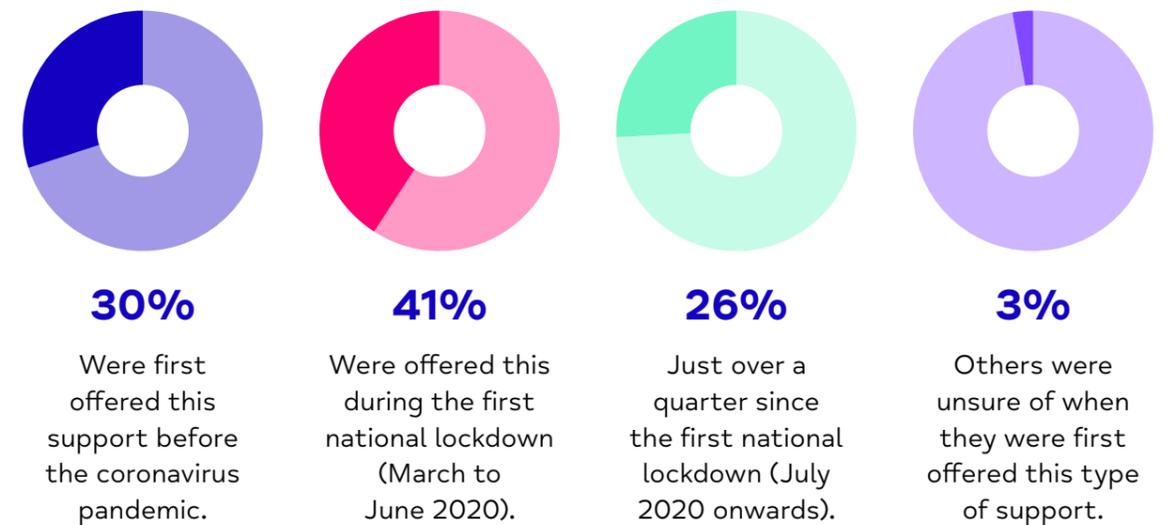
**Gender:**

Eight people identified as female, seven people identified as male and one person identified as non-binary. One person identified as trans or transgender.

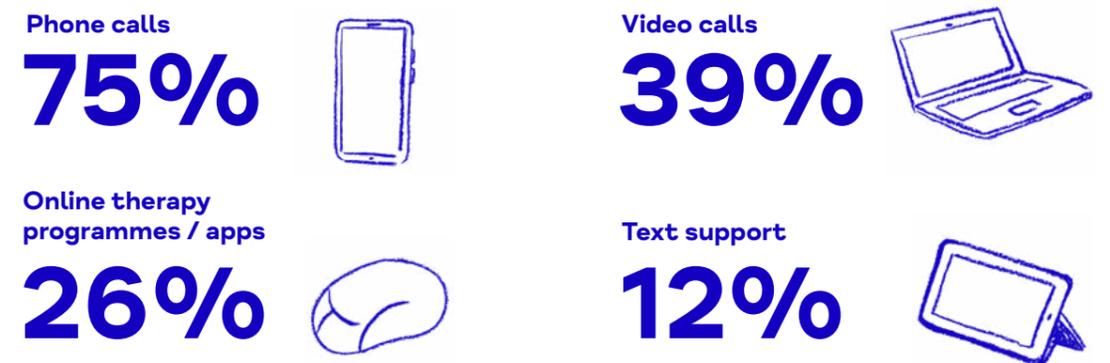
**Ethnicity:**

Five people identified as being from Minority Ethnic communities. Eleven people identified as White.

Of the 1,914 people who responded to our survey, 1,366 (71%) were offered mental health support by phone or online rather than face to face. Of those who were offered support in this way:



Of those who had been offered mental health support by phone or online, 1,094 (80%) took up this offer, and 14% did not take up the offer (others preferred not to say). Types of support people received:



# What people told us

It's clear that there's a wide range of experiences of using support for your mental health by phone or online. For some remote access works and is preferred to face to face, while for others this simply doesn't work for them.

We have campaigned for years for people to have a choice on what types of mental health support they receive. It's clear that how we access support is just as important.

We did look into whether people's feelings about remote support was affected by when they were offered the support. Unsurprisingly we did see an increase in negative attitudes towards phone and online support by those who were first offered support in this way during the first wave of the pandemic (March – June 2020), when

both services and the people who were using them were having to adapt very quickly. However, this increase in negative attitudes is relatively small and the trends in regard to how people feel about phone and online support for their mental health (both positive and negative) hold regardless of when they were offered this support.

**We have campaigned for years for people to have a choice on what types of mental health support they receive. It's clear that how we access support is just as important.**



# Experiences of people from Minority Ethnic communities

In our survey of 1,914 people, of those who gave demographic information about their ethnicity, just under 8% identified as being from Minority Ethnic communities.<sup>iv</sup> This is an under representation compared to the population of England and Wales.

Due to the small number of participants from Minority Ethnic communities who completed our survey, the ability to draw conclusions from our findings is very limited. This is not a homogenous group of people, but unfortunately our ability to understand the diversity of different Minority Ethnic communities' experiences is hindered by this small sample size.

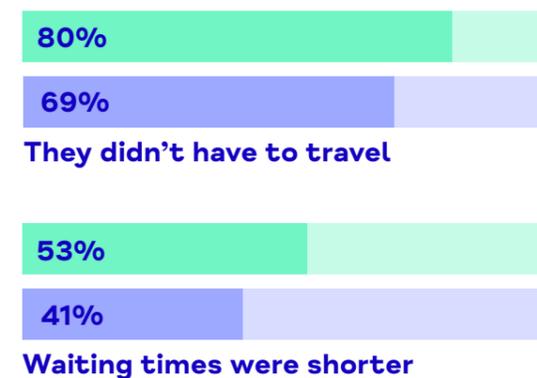
However, there appear to be some interesting differences in attitudes to accessing services remotely when comparing responses from those who identify as being from a Minority Ethnic community and those who identify as White. Given the need to develop mental health services to better meet the needs of people from

certain Minority Ethnic communities, we have decided to report these findings despite the limitations where there was at least a 10% difference in how people from Minority Ethnic communities answered our survey questions, compared to White participants.

While 40% of participants from Minority Ethnic communities who received support by phone or online said they would have preferred face to face, this was less than their White peers, 66% of whom would have preferred face-to-face support. A third of participants from Minority Ethnic communities (32%) didn't mind how they received support, compared to only 16% of White participants.

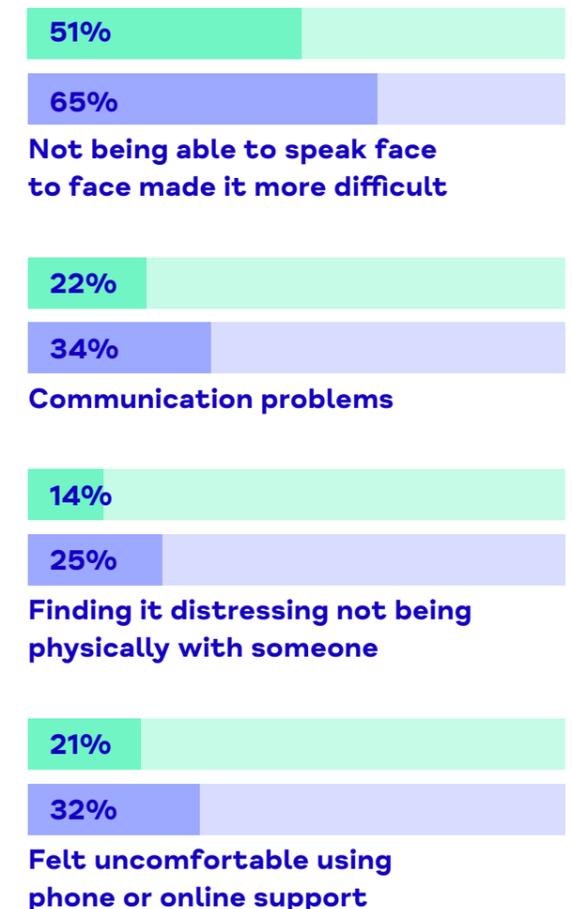
Participants from Minority Ethnic communities were more positive about the impact phone and online support had on their mental health compared to their White peers. 54% of Minority Ethnic participants felt their mental health got better after using phone and online support, compared to 39% of White participants.

Participants from Minority Ethnic communities were more likely to report that support by phone or online made things easier, compared to White participants. Participants from Minority Ethnic communities felt that phone and online support was a bit or much easier because:



Technology issues were always or often an issue for one in ten participants, and a similar proportion of people (around a third) were worried about confidentiality regardless of ethnicity. Participants from Minority Ethnic communities however were

less likely to report other issues with getting support by phone or online, including:



Our findings indicate that there may be more openness in Minority Ethnic communities to accessing services remotely. We recommend that more research is needed to learn more about the experiences of different Minority Ethnic communities in regards to how they prefer to access mental health services. Mind is committed to play our role in doing this both through looking at those who use Local Mind services and as advocates for change nationally.



<sup>iv</sup> This included people who identified as Black, Asian, or Mixed Heritage or specified other, including Romany Traveller, Irish and Ashkenazi.

# Being offered support by phone or online

The focus of this report is on the experiences of people who used NHS mental health support by phone or online.

However, we also asked the 29% of participants to our survey who told us they had not been offered support by phone or online, how they felt about this. Of those not offered support, just under two thirds (61%) would have liked to have been given this offer. About a third (34%) of people said, not being offered support by phone or online made their mental health slightly or much worse.

The most common reasons given for why they would have liked to have been offered support by phone or online, were that they were generally needing (and were often desperate for) support, and so they wanted to ensure they got this whatever way it was given. It is clear that with over stretched services and high demand, for some, any support is wanted compared to receiving no support at all.

Others however identified that they would actively want phone or online support as this would be easier for them.

For those who didn't want to take up the offer of support by phone or online, reasons given focused on:

- Not feeling like they needed the support enough.
- Preferring to have face-to-face support.
- Feeling that it wouldn't work for them because they would struggle to 'connect' with the other person by phone or online, lack of privacy, or because of specific symptoms.

Of those who took up the offer of support by phone or online, the majority (63%) said they would have preferred to have been given face-to-face support, 17% didn't mind either way, and 15% preferred getting support by phone or online.

“I would just like some support I don't care how that is delivered.”



# What worked for people

Our survey found that nearly half (49%) of those who took up the offer of mental health support over the phone or online found it easy to use, and many people (40%) felt their mental health got better having used this support.

“I sincerely hope that a lot of this can carry on, and the mental health services don’t go back. I know there’s been a lot of talk about people saying, ‘Oh, we need to get back to normality.’ No, a lot of us don’t want to go back to normality. Normality’s horrible. A lot of us actually like this abnormality.”



## Appreciating skilled staff

“When I first engaged with online Zoom groups, I was given immediate relief by being allowed to express myself even in a group setting. It was a safe space and well supported with ground rules.”

During 2020 the move to remote appointments was rapid, with services having to adapt quickly and find new ways to maintain contact with clients. Although healthcare professionals will have experience of talking to people on the phone, for some this will have been their first time using video technology. Our survey suggests that some healthcare staff have adapted to the new ways of working more easily and successfully than others.

Some of the skills needed by professionals who are supporting people remotely will be different from those needed during a face-to-face appointment. As well as becoming proficient at using technology and online platforms, professionals need to be skilled in recognising verbal and non-verbal cues and how to support and encourage people to talk openly about their mental health on a phone or video call.

Additional specialist skills may be needed when facilitating and moderating group therapy for larger numbers of people and in making sure that measures for safeguarding are in place and followed. When this is done well, it creates a safe and inclusive environment where people can share and learn from one another.

“My therapist was excellent. She helped talk me through a number of issues. Talking to her by phone felt fine, just as good as face to face, but much easier.”



## Anna's story

Anna is 16 and lives in Suffolk with her family. In Spring 2020, after a year-long wait, she started Cognitive Behavioural Therapy to help with her social anxiety. All her appointments have been by video call. Initially Anna and her therapist struggled with Wi-Fi issues, plus Anna was self-conscious about being on camera, but her therapist put her at ease. It was strange not being able to meet the therapist in person and having all the sessions in her bedroom, but Anna was able to open up and talk

honestly about her mental health. Anna is happy about how her therapy has gone, and she was able to put into practice what she learnt when starting her new Sixth Form. She now has weekly check-in phone calls from a mental health support worker from her school. If Anna needed support again, she thinks she'd prefer to have it face to face, because making a personal connection is important to her, although she thinks video calls are good second option.

## Shorter waiting times

While a third (34%) of people felt the wait time for phone or online support was the same as if it were face to face, 30% felt that getting support by phone, video call or online meant that they could access help more quickly. It's important to note that 16% felt the wait was actually longer for support by phone or online.

For some the move to remote appointments has been relatively seamless and stress-free. Often digital support programmes can be accessed straight away with no waiting times. This can be convenient for people as it allows them to choose when they want to access the programme. They are available at any time of the day and at times when there is limited alternative support, such as overnight.

They can be another useful source of support while waiting for face-to-face therapies or appointments.

The risk for people with mental health problems not being able to access the support services they need, is that they become more unwell, potentially leading to crisis, so easier access to services and support is to be welcomed.

**“I got help earlier in my decline and therefore could respond better. If I had been left for 6 months, it could have reached crisis point.”**

**“I did some online therapy via SilverCloud. I was then transferred quickly to one to one telephone counselling. Previously when I have face-to-face counselling, I had to wait a couple of months.”**

## Anonymity

Not everyone wants or needs to build a close relationship with a therapist or health professional. For some people, the distance created by being on the phone or online allowed them to open up and talk about their mental health problem more easily. There may be less social pressure to act and behave in a certain way, and it can be liberating to feel that there is less onus on making the relationship with the health professional work.

We also know that for many people there can be a social stigma attached to having a mental health problem. Fear of meeting someone they knew on the way to an appointment or at the venue added to their stress and anxiety, so being able to access support remotely in a more private location is helpful.

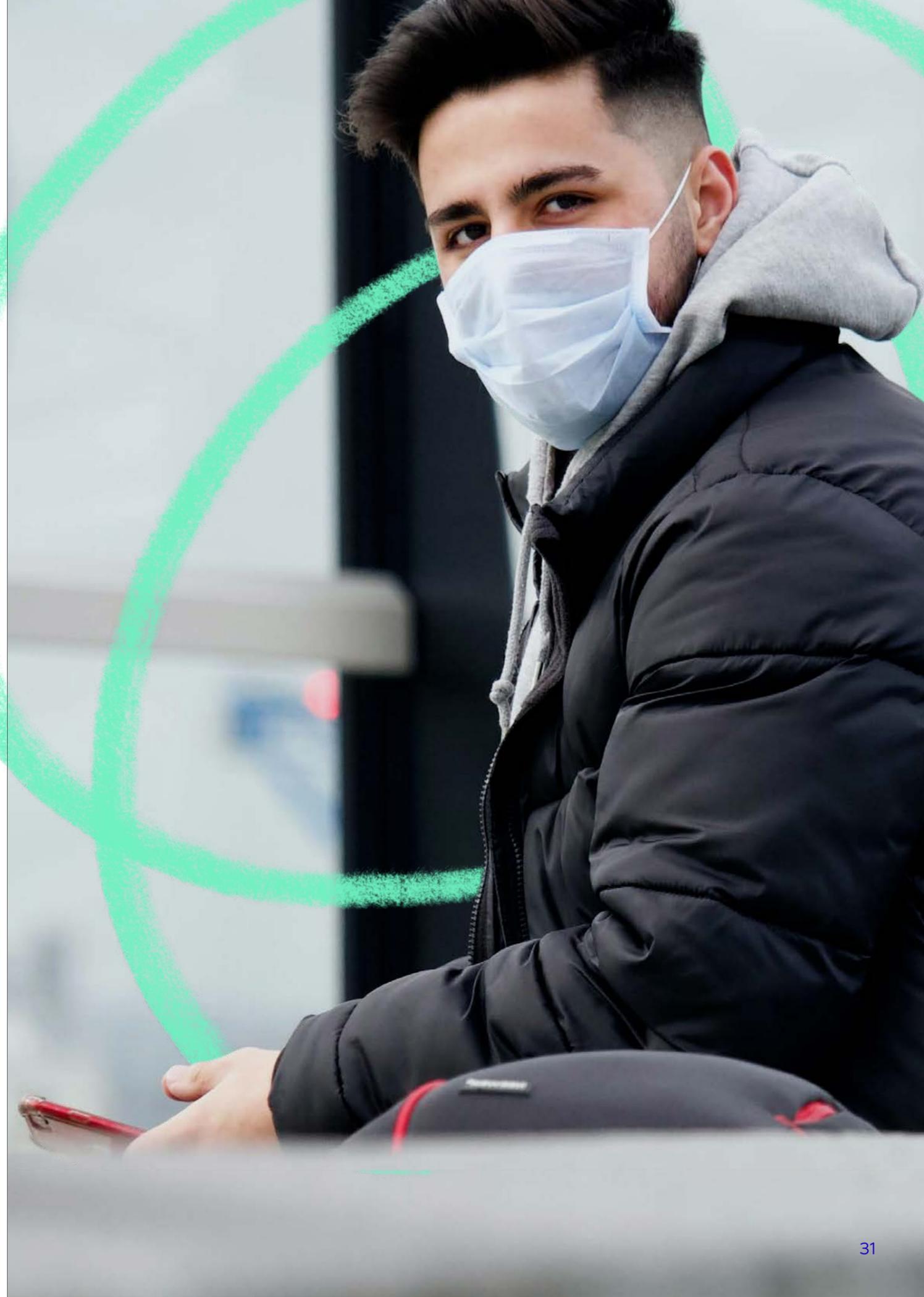
Some people told us they found online programmes which provide self-guided support to be a useful way of supporting and managing their mental health. These often allow access to support without the onus of building

“It allowed it to still be quite anonymous as I didn’t have to turn the camera on rather than face to face and I still got the same help I needed so I am in a much better place for it.”

a relationship with a therapist as the communication can be by messages only.

As video conferencing and talking to people online becomes more a part of normal life for many people, accessing counselling and support via video link without ever meeting the therapist in person may become more common. Greater familiarity with the technology may make them more open to this way of getting support.

“It helped that I didn’t have to bump into someone I knew when walking into a mental health service building for an appointment....I am not embarrassed about having mental health needs but I do like having privacy and the control over who to share that with.”



## Being in the comfort of own home and not having to travel

**“I have much preferred the phone sessions as getting out of the house to attend face-to-face appointments has always been difficult and was the main reason I hadn’t sought help earlier.”**

As well as being able to access help more quickly, for some a benefit of being able to access support remotely is being able to talk to someone while you’re at home or in a location of your choice. For those who live a long way from services, this can be particularly helpful. Avoiding travel which can be stressful and cause anxiety was a positive for some of our participants.

For some this allows them to fit appointments around family life or work commitments. Without travel times, an online therapy session can more easily be attended at lunch time or before or after work. Mental health appointments can be stressful and for some being at home made it easier for them to relax afterwards, without worrying about how to get back home.

For people with certain mental health problems, including anxiety and agoraphobia, remote appointments can be easier to manage as fears about getting ready and travel are no longer an issue. Likewise, for people who are physically disabled or who have physical health conditions in addition

to their mental health problems, travel can be challenging. For this reason the availability of remote appointments had been a welcome move for some of the people we spoke to.

Online therapy programmes were found to be helpful for those who wanted to access support at a time of their choosing and in any location and they can empower people to track their own progress.

**“I have a young baby so face-to-face appointments with the psychiatrist were difficult to attend initially. I only met the psychologist online and being in my own home made it much easier for me to attend the sessions and attend to my baby at the same time.”**

## Rayan’s story

Rayan is 42 and lives with his partner in Greater Manchester. He has recently used online counselling provided by two charities for support with anxiety. At first Rayan was concerned about being overheard at home and it took some time to get used to having the sessions in his kitchen. He found it hard to switch off after sessions at times and missed having time to decompress during travel or getting a coffee as he previously did after face-to-face counselling. Nevertheless, Rayan found online counselling very useful when his anxiety was high, and he didn’t feel like leaving the house.

It helped not having to worry about factoring in time for getting ready and travel to appointments. This allowed him to fit in appointments round his working day more easily. There were some problems with connectivity at times, and it could be quite frustrating to have to repeat himself, but the relationship with his counsellor was so good that this didn’t matter. Rayan would not have considered online counselling before. If he needed support in the future, he would accept online counselling if it meant that he didn’t have to wait.



# What people don't like

Over a third (35%) of people told us they found support given over the phone or online difficult to use, and a quarter felt their mental health got worse having used this support. 28% said their mental health stayed the same.

**“I hate having therapy on Zoom. It’s better than nothing but I don’t like it and it’s not helped.”**

## Problems with technology

Accessing mental health services and support remotely requires the use of technology. Whether the hardware is a phone, tablet, laptop or computer, it needs to be in working order. You’ll also often need reliable broadband or a good phone signal, and access to the required software apps. Without these in place, remote access to services is nearly impossible.

We looked at digital exclusion and digital inclusion earlier in this report, but it is obvious that without the right equipment and the rights skills, knowledge and confidence about how to use it, remote appointments are a challenge.

If you have the technology, it needs to be reliable technology. This wasn’t the case for some of the participants

**“I had to purchase a new computer because of software issues, borrowing the money off a family member, this added addition stress to my mental health issues.”**



**“The Wi-Fi was not great. On one occasion my Wi-Fi was completely down, and I could not get online for the session. At the next appointment the therapist was not very understanding and blamed me for the issue. She also explained that if I missed another session, I would not be able to carry on with the therapy. This upset me a lot as it was a problem out of my control.”**

in our survey. While one in ten people who responded to our survey said they had technological issues often or all of the time, a further quarter of people were sometimes experiencing these problems.

People told us that online platforms can be difficult and frustrating to use, leading to some appointments being

cancelled or abandoned. For people accessing mental health support this is not just an inconvenience and a waste of time, it reduces contact time with a health professional and can have an impact on the therapeutic experience.

We heard about the stress of struggling with Wi-Fi problems and

“So, they were using an NHS one, which was absolutely hopeless, the first time I tried to use it I think, I managed to log on but my CPN couldn’t log on, and then she managed to log on but she couldn’t get me out of the virtual waiting room. And then we both managed to log on and we could see each other but we couldn’t hear each other. Yes, it was just an absolute nightmare, after about twenty or 30 minutes of trying, we abandoned it and she just called me normally.”

being warned by services that non-attendance at appointments caused by technology problems might mean that therapy was withdrawn. We also heard about instances where log in details for appointments were shared with others by mistake. Accidental administrative error will always occur, but every time this happens it can reduce a person’s confidence in the system.

One of the challenges can be learning to use a wide range of different video conferencing software, because different services use different systems. Someone accessing services might need to learn how to use a range of different apps. As one of our

interviewees, who accesses services remotely for himself and as a carer for other family members, explained:

“I am so fed up of it. One professional will say, ‘Can you meet me on WhatsApp?’ The next will say ‘Can you come on Skype?’, next one ‘Can you come on Zoom?’ ‘Teams’, ‘Slack.’ One will be like, ‘If you want to raise your hand you need to use this way,’ on the other one it’s a different way.”



## Lack of privacy

Lack of privacy was an important concern for many people who responded to our survey. For some, home is not a safe place, evidenced by the increase in domestic violence during lock down.<sup>25</sup> Some people won’t have a private place to talk and this can particularly be a concern for those who are victims of abuse and may still be living with their abuser.

“I definitely wouldn’t be doing therapy if I had to do it at home. Just the nature of stuff that you bring up in therapy, there’s always the worry that someone will overhear you but it’s also just you don’t want to be bringing that stuff up at home because you can’t escape from it.”

Many people found it difficult to find a place at home where they could talk freely without fear of others hearing what they were saying. Fear of being overheard was a recurring theme for both young people still living at home with parents and other family members, and adults living with family or in shared accommodation. This can be inhibiting, affecting people's openness in conversations and limiting the range of issues that people are willing to discuss and share with a therapist.

People told us that even the feeling that other people are there, even if they can't hear what you are saying, can influence how open they could be with a therapist. Young people don't want parents to hear, while adults may not wish their children or family to know the extent of their problems.

We spoke to a young man who was only able to take part in remote video calls with his therapist, because a local charity offered him a private room. For him, keeping his home a sanctuary, separate to his therapy sessions was essential.

**“I am in a difficult relationship and therapy at home just didn't work for me, I was used to having the time for myself to go to therapy and the privacy. I couldn't talk properly at home.”**

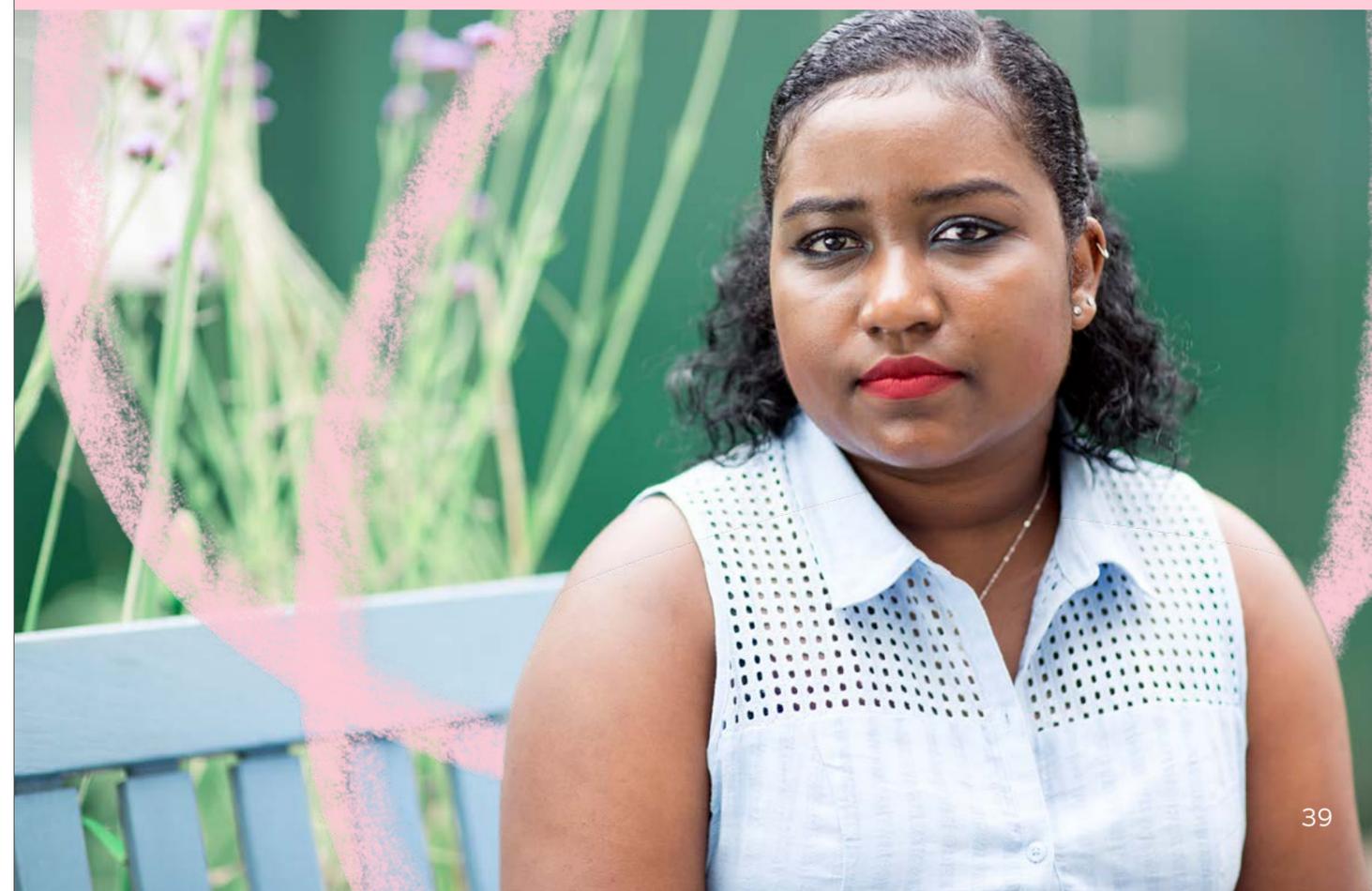
One person was concerned about his elderly mother's loss of privacy when interpretation services were not available and he had to act as interpreter for her on phone and video appointments with her GP and social worker. He felt his involvement in these conversations meant she held back and didn't talk openly. In the past, when she was able to attend appointments at her GP surgery, her interpretation needs were provided for by female surgery members of staff.

**“I don't have a space where I feel safe to talk about what I need to as I am worried other people in the house will hear... I have a physical disability which makes holding a phone for prolonged periods difficult but due to the aforementioned lack of private space I can't put it on speaker.”**

## Kellie's story

Kellie is 30 and lives in South Devon with her young toddler. She has a diagnosis of borderline personality disorder, generalised anxiety and mild depression. Before lockdown, Kellie was supported by a perinatal mental health team and visited weekly at home by a Community Psychiatric Nurse (CPN). Once the national lockdown was announced she was discharged from perinatal services and home visits from her CPN initially stopped. After a month, appointments with her CPN began by video call. At the first appointment her CPN couldn't log on properly or get Kellie out of the waiting room, so they

agreed to continue by phone. At another video appointment, a health professional Kellie didn't know joined the call by mistake. Another time, she found herself online with another client due to an administrative error. These incidents made Kellie have doubts about the safety and confidentiality of the system. Kellie also found it hard to take part in video and telephone calls with a young baby in the house, as calls didn't always fit in with his routine. Kellie feels that video and phone appointments don't work for her. She is very happy that her CPN has resumed home visits.





## Theo's story

Theo is 20 and lives at home in Devon with his parents. After having CBT through CAMHS when he was younger, Theo had been doing well, but the strain of lockdowns and other things in his life meant they needed some more support, so self-referred to a local IAPT programme. Due to coronavirus restrictions, the service was via video calls. As someone with Autism, Theo was exceedingly worried

about using video calls and was also concerned about not feeling able to speak freely while at home. This stress meant he nearly didn't take up the therapy sessions. But after expressing his worries to someone they volunteer with at a local youth charity, the charity arranged for a room they could use for the video calls and to be able to check in with him afterwards to have a chat.

## Concerns about confidentiality

A third of people (34%) told us they were worried about confidentiality often or all of the time, with a further one in five saying they were sometimes worried about this.

Making the decision to talk about your mental health to a professional is an important one. When we make that decision, we expect that the professionals we talk to about any aspect of our health are bound by rules of confidentiality. In face-to-face appointments we trust that what is discussed between the healthcare professional and the patient is confidential and that any sensitive information we share is protected from unauthorised disclosure.

Although the same rules of confidentiality still apply when we take part in a remote appointment, we heard from some people that it was sometimes harder to be confident that the same levels of confidentiality are being applied. Some people fear being overheard by others in the professional's place of work, which now may be in their own home. Not being able to see the full surroundings on a video call or hearing noises in the background can be at least off-putting or distracting, and at most mean that they are unable to talk freely and engage fully.

We heard that the normal boundaries that define a mental health appointment can get blurred. One of our interviewees told us

how uncomfortable he felt when a therapist introduced his two young children while he was on a video call discussing his mental health problems.

For others it can be difficult to find a safe place to talk. We've heard of professionals and people using services have had to retreat to their cars as one of the only places where they could have a confidential conversation. While for others, it's a matter of trust and being able to have faith in the professional abiding by rules of confidentiality, as they would have to in a face-to-face appointment.

**“I've had somebody who contacted me and said ‘I'm really sorry, I've come to pick up my son from the train station but I am going to continue this meeting with you in the car park'. I liked their honesty...However if somebody wasn't frank and they were just in a car and talking to me, I would get really paranoid and think what are they doing? Have they gone out to Asda to do their shopping and think ‘Oh I'd better just get him done, out of the way?’”**



## Harder to communicate and form a therapeutic relationship

For some people, talking to a health professional remotely allows them to open up and discuss their mental health problem more easily than they would if they were face to face. But for others it's harder to connect with the therapist, and the remoteness makes it more difficult to talk openly about challenging issues and to reveal true feelings.

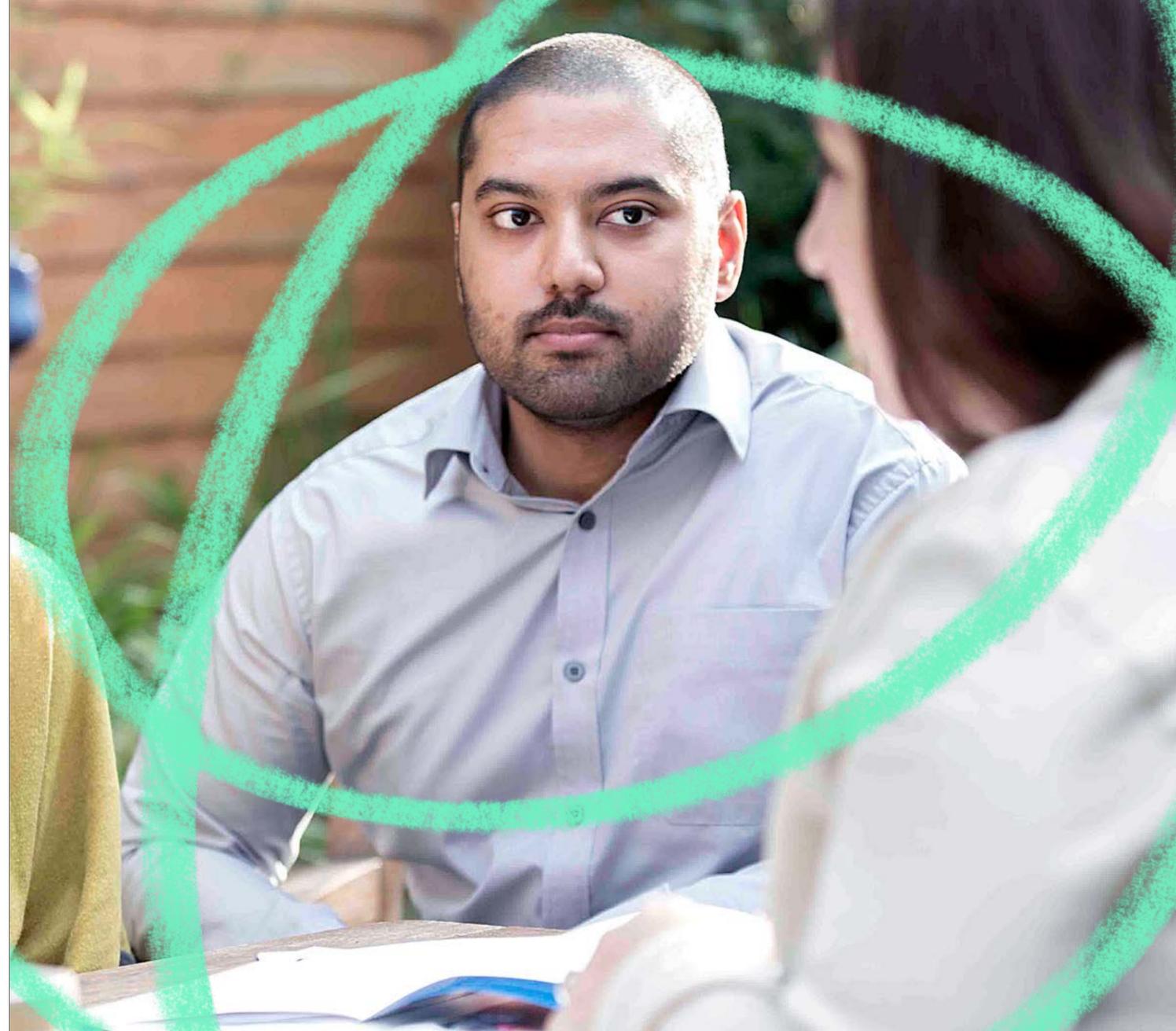
Some people told us that technology forms a barrier that makes meaningful communication and connection more challenging because it is more difficult to understand or interpret the reactions of the therapist. Picking up on the social or physical cues by phone or online can be much harder, both for mental health professional and the person using services. This can be confusing and stressful and make remote appointments more tiring.

The anonymity of phone calls can be difficult if someone is meeting a mental health professional for the

“Via phone call isn't really as personal as I want it to be. It does hold back what I say because I don't want to break down in tears and have them not be able to hear me over the phone, you know.”

first time. It can be hard to discuss personal or distressing feelings and events and build a therapeutic relationship with someone you have never met and might not be able to see. One young person spoke to us very positively about the support she was receiving by phone but was sad that she was unable to see and talk to the counsellor by video which she felt would help foster an even better relationship.

“I found the slight discrepancy between seeing a person speak and hearing the words made me feel uncomfortable. It was far from normal. People look at the face on screen but of course the face one is looking at does not, therefore, make eye contact. There was little which was normal about the online meeting. Horrible!”



For autistic people, it can be more difficult to make a connection by video call. Difficulty in maintaining eye contact and fear of behaviours such as

stimming (self-stimulating behaviour) becoming exaggerated on camera and being misunderstood by therapists were raised as issues.

“One thing I struggle with is stimming on video calls because it's rude to turn your camera off if it's a one-to-one. Rocking back and forwards in a room, that's not really very intrusive but sat in front of a camera, that's your face getting bigger and smaller and that's all the person can see.”

Particular mental health symptoms can make remote access harder. People have told us that phone anxiety has been a huge challenge for them. The symptoms of other mental health problems, for example,

paranoia, hearing voices, hallucinations or dissociation can impact on a person's ability to engage with services by phone or video call and may remote support may even impact negatively on their mental health.

**“I have social anxiety, and phone anxiety in particular. This made me refuse some extra help I was offered, as the idea of phone calls with strangers was out of the question.”**

**“I went to do some therapy online... it was really, really awful, because I became very distressed, and then got to the point where my therapist was trying to talk me round and I just dissociated, and of course I'm on my own. Depending I guess on what therapy you're having, are you safe to be having it on your own? Or do you need to be face to face when actually someone can pick up how you're responding and bring you back to the safe zone?”**

**“Makes it more difficult for a therapist to 'fact check' things like hallucinations.”**

**“I hear voices and they get louder on the phone... Escalates symptoms. Online I try dictate but emails trigger psychosis and mania and when see words written much harder.”**

It should be noted that a few people told us that an online environment can make it easier to interact with the health professional because of their symptoms. One person who hears voices said that one of their voices was more able to interact with sessions online through writing things down, compared with when sessions were held face to face, which they found helpful.

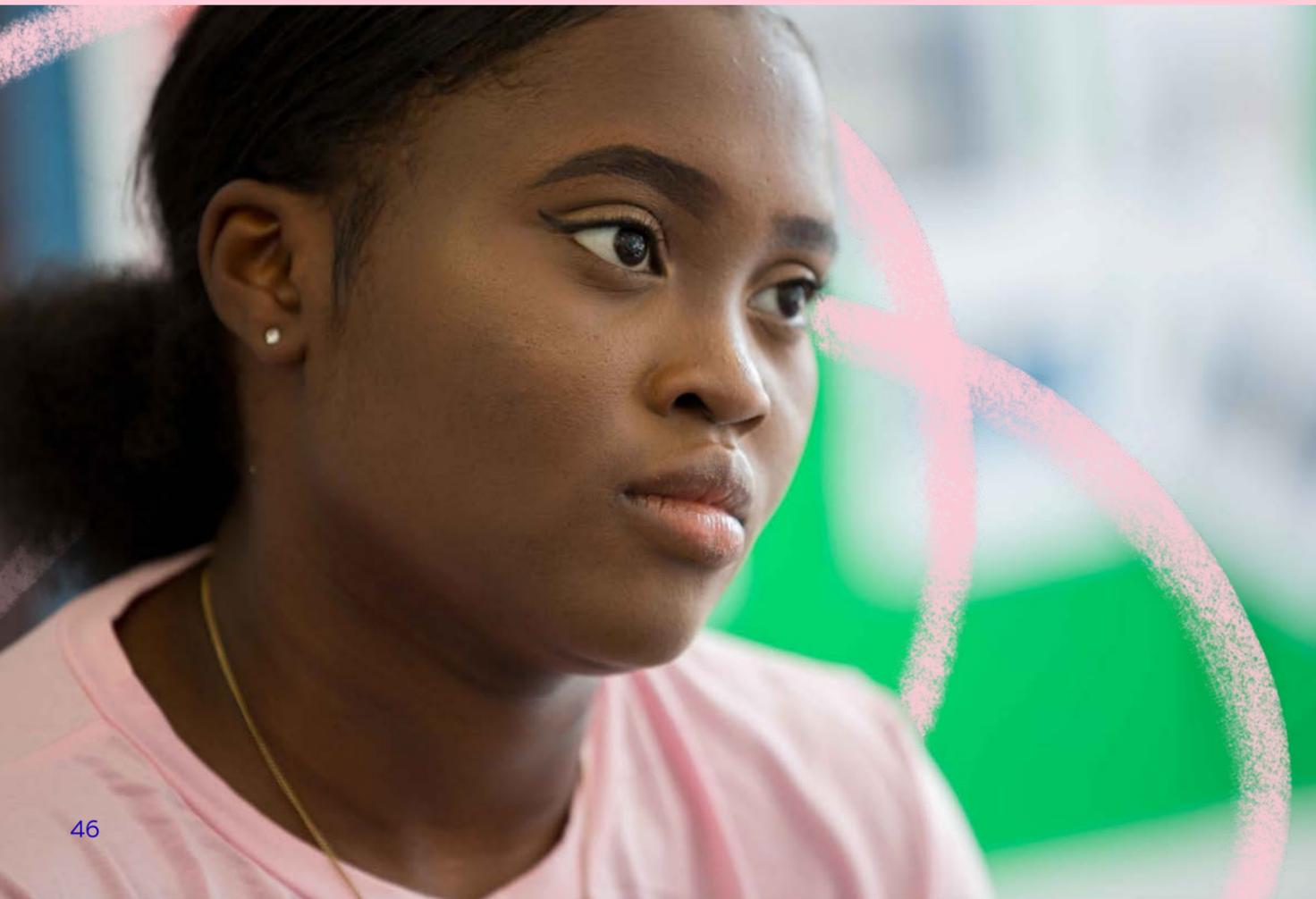
Mental health professionals will have faced challenges in adapting to the new ways of working with clients. Many of them have had to quickly learn how to use new technology and change their usual ways of contacting and working with clients. Some health professionals may still need to further develop skills needed for communicating effectively remotely, for instance on video calls.



## Elodie's story

Elodie is 17 and lives with her parents in Greater Manchester. She had been having face-to-face sessions with a Clinical Health Psychologist after being diagnosed with type 1 diabetes. When these stopped because of the national lockdown, Elodie said she didn't want sessions by phone as she didn't think it would work for her. But as time went on, she asked to have sessions through video calls. Elodie found it really hard to express how she was feeling and felt that her body language wasn't being picked up. She also felt that the sessions were

more rushed than the ones she'd had face to face. Worrying about family overhearing and who might overhear at the other end, meant she did find it hard to open up. Elodie has managed to arrange for the sessions to be in-between her classes at college and she's able to use a room there. Elodie is waiting for a CAMHS assessment. She'd originally asked for this to be by video call rather than phone call but was told this would mean waiting three weeks longer, and so she felt like she had no choice but to take the phone assessment.



## Online therapy programmes not personalised

**“I got very anxious if the therapist hadn't responded by the time they were supposed to, I was obsessively checking the app for their response. I had to ask to go back on the waiting list to see someone in person.”**

Some people told us about the particular struggles they had with online therapy programmes. The generic nature of these programmes means that it is impossible to adapt them to an individual's circumstances or knowledge about their own mental health problem, which many told us they found frustrating. This lack of personalised care rendered online programmes ineffective for some and led to worsening of mental health problems for others.

One person said that the programme he had tried, used out-dated references, and the American accent used by the programme was unsettling. For those who already understood their own mental health, the level of self-knowledge that participants were assumed to have

was sometimes set too low and the suggestions made unhelpful.

As mentioned earlier in this report, those who are able to complete a full programme online can find that they get good results. However, for many it can be difficult to stay motivated to complete the course when unwell or without genuinely personalised support from another person or therapist. In particular, receiving support via online programmes rather than in person can be isolating and can make feelings of loneliness more acute.

The nature of a person's mental health problems can mean online programmes are not helpful, for example, when a person is experiencing anxiety and the pressure of having to respond to messages from the app increases this.

**“Online course did not feel personalised. It felt like I was accessing it in my own time, with very little support of guidance. I felt the messages I got from my supporter through the programme were very much copy and pasted.”**

## Missing warning signs

An important concern is the risk of missing warning signs that someone needs more intensive support or could be at risk of self-harm or suicide, which may be more difficult to pick up during a remote appointment. Physical signs of illness and changes in, for example, self-care that indicate worsening mental health, can often be detected more easily in a face-to-face appointment. In addition, a person who is reluctant to share the extent of their illness, may find it easier to hide symptoms during phone or video calls.

The risk of missing signs of illness and safeguarding issues can be more acute when mental health support is provided in groups on video platforms. A group therapy session online is a less

**“Others on the webinar group chat were not moderated well enough making the space feel unsafe.”**

contained environment than face to face and unless staff are adequately skilled in online facilitation and prepared for any challenges that might arise, participants may be unwilling and unable to participate or feel unsafe.

**“Sometimes we are very good at masking what really is happening... there’s been times where I’ve been feeling very low, tearful, down, but I was very good at masking it on the appointment and acting like everything was going well... When you have face-to-face appointments the professionals can pick up on your tone of voice, body language, appearance, circumstances, there’s a lot more you get out of when you meet a person face to face than you do on the screen.”**



## Separating home and personal life from services

**Being in a room with my therapist is important. Being on zoom feels so disconnected like he isn't a real person just a floating head. And then things like deliveries at the door when you are in a therapy session. I just prefer being in a neutral space away from normal life.**

Getting ready for an appointment, leaving your home or place of work, travelling to the appointment and being in a different place can be an important part of the experience of therapy.

People told us that they missed the 'time to decompress and process' what had been discussed in the appointment while on the journey back home or to work and how this helped keep lines of separation between the two.

For some it is crucial that discussions about their mental health are kept separate from their home or work environment. Having appointments in what was previously a private space at home may not feel right. Taking calls in a personal space such as a bedroom can feel invasive.

"One of the things that was said to me was, 'Don't do counselling at home if you can avoid it, because

if home is your safe place or one of your safe places and you become distressed, you then associate that level of distress with your safe place and you want to leave your safe place, leave that level of distress behind."

**I miss the transition from a therapy space back to my normal space. I used the travel time to compose myself and think on things. I've tried to dedicate a special place in my home for it, but it's not worked.**

## Shorter appointments and unplanned contacts

Participants in the survey and in our in-depth interviews said that remote appointments tend to be shorter in duration than face-to-face appointments. This echoes what we heard in our 2020 research<sup>26</sup> where participants said that sessions tended to be shorter and less varied, with fewer opportunities for communication and spontaneity.

Shorter appointments give less opportunity for exploration and discussion of problems. Some people told us they felt that phone calls were used as a quick tick box to say the service had been in touch, rather than anything more meaningful. People felt they hadn't had a full session, even if it was recorded as being so.

We also heard that sometimes people were contacted by phone during the day without warning, for example, to confirm that they would be available for an appointment the next day.

**The appointments over the phone were a lot quicker in duration I was lucky if my CPN would spend 20 mins on the phone with me, and I could often hear her typing notes as we were speaking.**

Informal contacts like these were mentioned in our interviews with mental health professionals, who told us that they were reducing the number of missed appointments. However, some people told us that they could be inconvenient or even embarrassing, especially if the call was during work hours, or during school for young people.

**If they ring me in the middle of my lesson, I just have to leave my lesson and they're all like 'Where's she gone again?' because I've gone on the phone. So, I don't like getting them out of the blue. I don't like getting a lot of appointments on the phone anyway, because I don't know who I'm talking to.**

## Not a 'real' choice

“I had an email come through ‘A video appointment has been made for you’. And that wording sums it up, ‘This has been made for you’. It also says, ‘A letter has been put in the post which includes an information leaflet on how to use our service’.”

We also heard that sometimes the choice given was between remote appointments relatively quickly, or a long wait for face-to-face therapy. In reality, that means no choice at all for someone who wants and needs help sooner rather than later.

Professionals too can prefer one way of delivering services, limiting choice in how people are able to access services. One person spoke about how they would have preferred appointments via video call as this felt nearer to a face-to-face experience but decided to go ahead with phone calls because waiting for a counsellor willing to use video calling would have meant several more weeks wait for care.

For some, the decision to move from face to face to remote appointments was never discussed with them in advance, and it was assumed that they would be able and willing to move to remote delivery.

“I did actually choose via Zoom but then the person they put me in contact with doesn't have a way to do it by Zoom. So, I'm having to do it by phone call.”



# What services told us

In England, the Mental Health Services Data Set currently publishes data on the mental health services ‘contacts’ by medium (e.g. whether the services had a contact with someone face to face, by phone, on video call etc.) for those aged 0-18,<sup>v</sup> but as yet does not publish the same data for adults.

This data has shown that contacts between mental health services and children and young people in the ten months prior to the pandemic outbreak was predominantly face to face. Throughout those months face-to face contacts consistently made up just under three quarters of all contacts (70-73%). Likewise, telephone contacts were consistent at just under a fifth of contacts (17-19%). Text messages hovered at around 1-2% and video calls<sup>vi</sup> made up less than 1%.

This all changed when the pandemic hit. The majority of contacts switched to telephone, with face-to-face contacts dropping to 22% in April 2020. As the months have gone on, face-to-face contacts have slowly and steadily increased (with a corresponding fall in the use of phone

contacts). In December 2020 36% of contacts were face to face and 38% by phone. Video calls, which had made up less than 1% of contacts has slowly but steadily increased as a proportion of all contacts from 0.01% in February 2020, to 12% in December 2020.

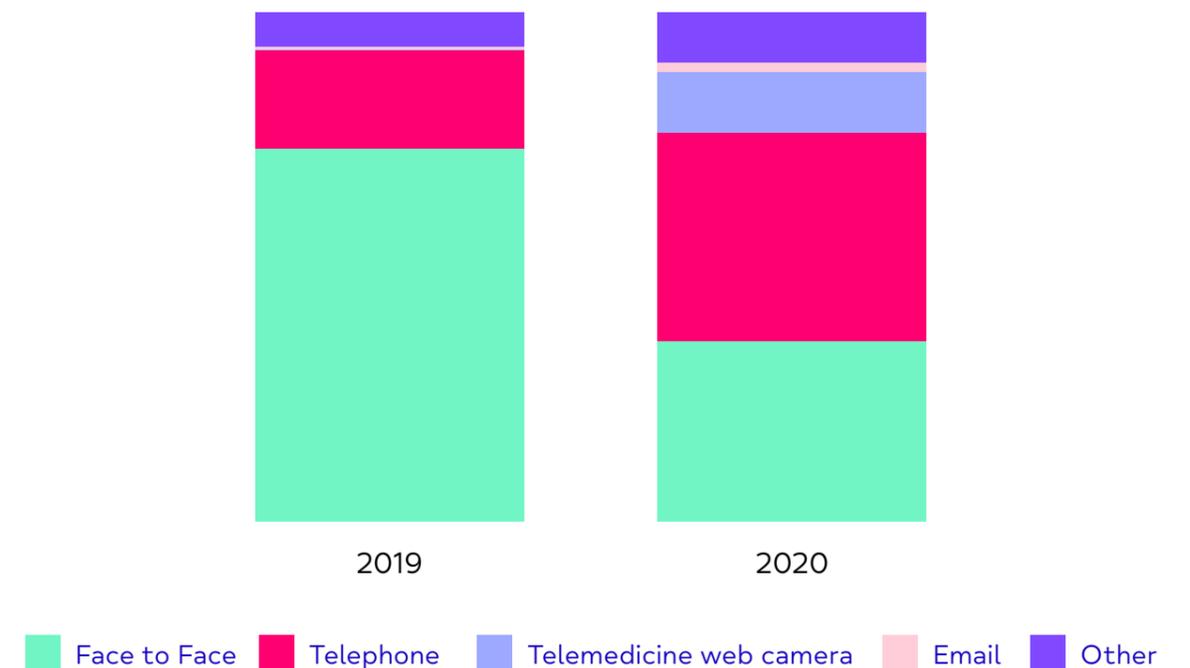
Surprisingly, although the data is collected, NHS Digital does not publish data on contact mediums for adult mental health services. For this reason, we sent Freedom of Information (FOI) Requests to all Mental Health Trusts in England asking for this data for September to November 2019 and September to November 2020. We received responses from 77% (40) of Mental Health Trusts. To understand a bit more about the data, we also interviewed four people working in mental health services.

<sup>v</sup> NHS Digital, Mental Health Services Data Set, code MHS30e – ‘Attended contacts in the report period by consultation medium 0-18 years old’.

<sup>vi</sup> Termed ‘telemedicine web camera’

## Medium of contact with children and young people’s mental health services

Sept-Nov 2019 compared with Sept-Nov 2020



Year	Face to face	Telephone	Telemedicine Web Camera	Email	Other
2019	780937	207016	146	7806	72104
2020	450441	519440	153058	23259	126972

### They worked in the following roles:

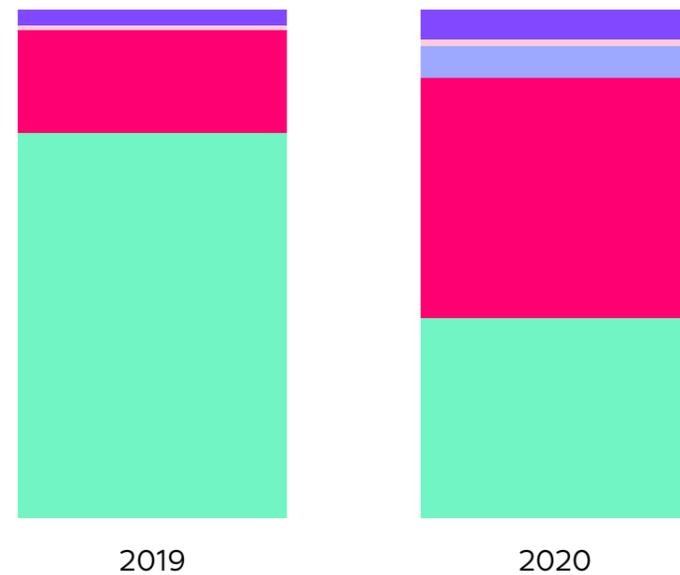
- Psychological Wellbeing Practitioner (IAPT).
- Out of Area Placement Officer.
- Clinical Psychologist.
- Crisis Service Manager.

The data mirrored the published data for children and young people. In November 2019 almost two-thirds (65%) of total contacts Mental

Health Trusts had with adults using their services were face to face. This proportion was slightly higher in IAPT services (67% of contacts) and for Community Mental Health Teams (66% of contacts). As for young people, just under a fifth (17%) of contacts were by telephone (rising to 27% in IAPT services and 20% in Community Mental Health Teams). Yet consultation by video call at that point was rare, accounting for less than 1% of all contacts.

## Medium of contact with adult mental health services

Sept-Nov 2019 compared with Sept-Nov 2020



■ Face to Face 
 ■ Telephone 
 ■ Telemedicine web camera 
 ■ Email 
 ■ Other

Year	Face to Face	Telephone	Telemedicine web camera	Email	Other
2019	2116708	566752	1854	22391	91201
2020	1389794	1672456	219278	47645	208477

The restrictions to in-person contact made necessary by the coronavirus pandemic led to an overhaul of these proportions. The proportion of face-to-face contacts dropped from 63% in November 2019 to 38% in November 2020. This drop was more extreme for IAPT services which saw face-to-face contacts drop from 67% to 4%. Again, telephone contacts made up the bulk of the gap left by face-to-face contacts. Between November 2019 and November 2020, the proportion

of telephone contacts more than doubled (from 17% to 46%). Similar trends can be seen for IAPT services (27% of contacts increasing to 68%) and Community Mental Health Teams (20% of contacts increasing to 49%).

People working in services told us that moving to phones reflected the need to adapt quickly. Phone calls were already being used in most areas for consultations and did not require structural change or new policies

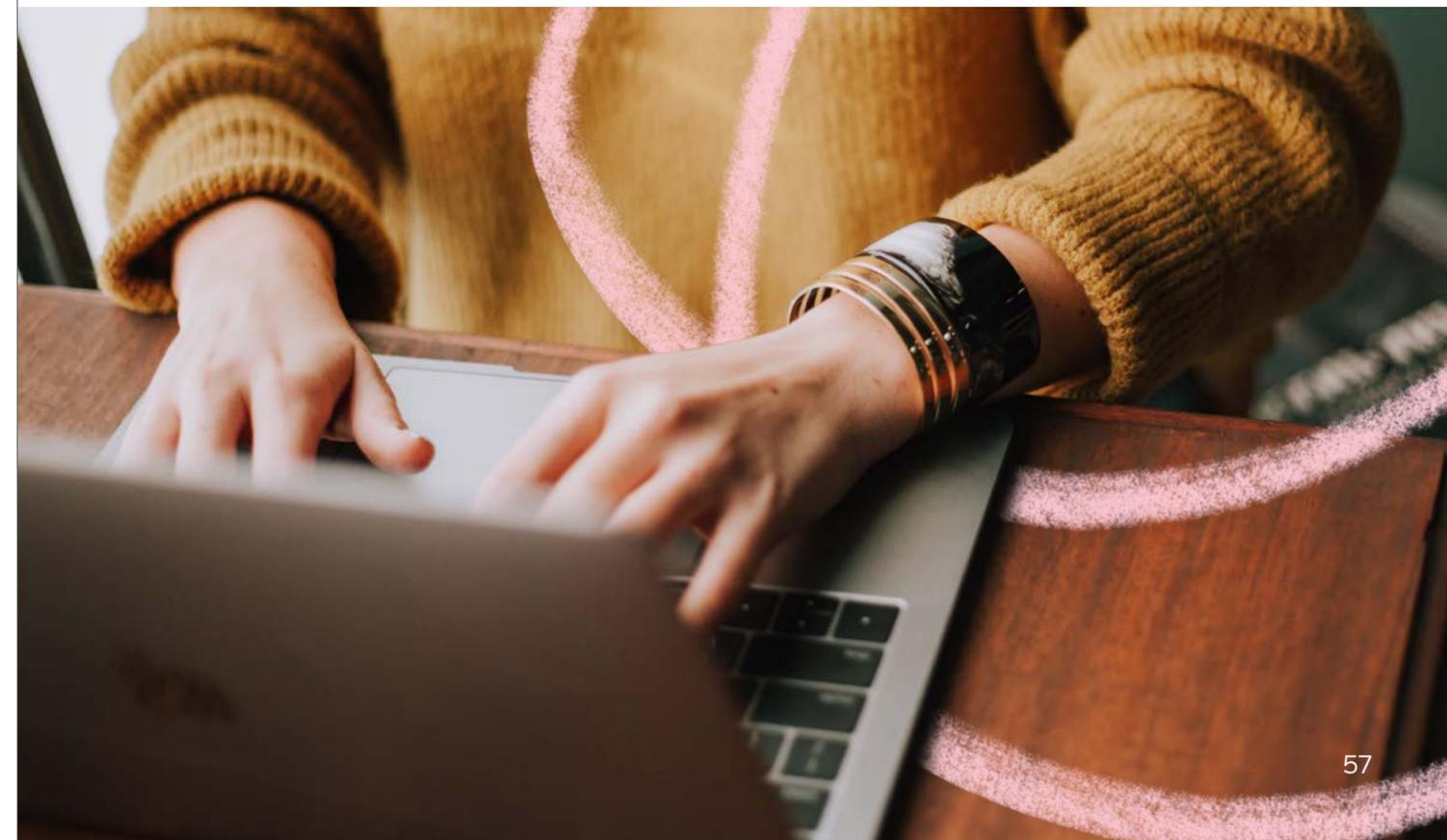
to be brought in, as well as having fewer frustrating technical hitches. In addition, those working in services found that some people preferred telephone to video calls due to the familiarity and anonymity of the format.

The large drop in face-to-face contacts for IAPT services in particular was felt from those we interviewed to reflect that people accessing these services had less severe mental health needs than those being supported by secondary care services. It was felt those accessing IAPT services often found it easier to use digital platforms.

Video calls increased from less than 1% to 6% of contacts by November 2020. While still a relatively small

proportion, this is a dramatic increase from essentially nothing at the end of 2019. Nearly a third (31%) of Trusts reported having no video call contacts in November 2019, increasing to several thousand over the year. IAPT services are an extreme example of this change, increasing sharply from video calls constituting 1% of contacts in November 2019 to over a fifth (21%) in November 2020.

Realising the need for an alternative means of accessing services, NHS England extended and expanded their contract with Attend Anywhere (a video call platform) into the millions of pounds in March 2020. The platform was offered to all Trusts in England to use if they wished, though they could continue to use





their existing arrangements or seek their own solutions as preferred.<sup>27</sup> It was frequently referenced in our FOI responses and seemed to have been extensively used by Trusts for mental health service delivery: within six weeks of it being made available, 60% of Trusts were using the platform.<sup>28</sup> Microsoft Teams was occasionally mentioned as an alternative.

Our interviews with those working in mental health services identified a number of benefits and issues for remote delivery of services, many of which were echoed in our research with people using services.

#### **Benefits for services and staff included:**

- High levels of patient satisfaction reported in some evaluations – remote access particularly working for certain people (for instance those with young children, those in extreme pain, those with very busy schedules).
- Greater levels of attendance to consultations (fewer ‘Did Not Attends’).
- Reduced time and money spent travelling.
- Greater collaboration in staff teams.

“Where remote services have worked well, they’ve worked really well”

(Clinical Psychologist)

“This is certainly not the end of Covid or of pandemics, and we need to learn from it.”

(Out of Area Placement Officer)

#### **Issues for services and staff included:**

- Technology issues (for both staff and people using services).
- Difficulties building relationships between the person accessing help and the clinician online, as well as the clinician not being able to pick up on signs of distress as easily (particularly over the phone).
- The inability to ‘control’ the environment someone is having a session in, resulting in disruptions and potential issues of privacy and confidentiality if others are nearby.
- Particular difficulties in having conversations online for certain people (for instance, people with a diagnosis of paranoid schizophrenia often found it more difficult to have conversations online).
- People feeling lonely and missing in-person interactions.
- Challenges when involving interpreters online.

# Summary and Recommendations

It is clear that a one rule approach to how people with mental health problems are offered and access mental health services will not work.

Our research has shown that how services are delivered must take account of the different challenges that people with mental health problems are facing. Whether that is symptoms related to their mental health problems, their access to and ability to use technology, or their home environment. Or simply because support which is not face to face does not work for them. Or can even worsen their mental health.

People with mental health problems want to be able to choose whether they have appointments face to face, by phone, online or a mixture of these. This isn't a decision that they will make once and follow forever. Choice needs to be accompanied with flexibility.

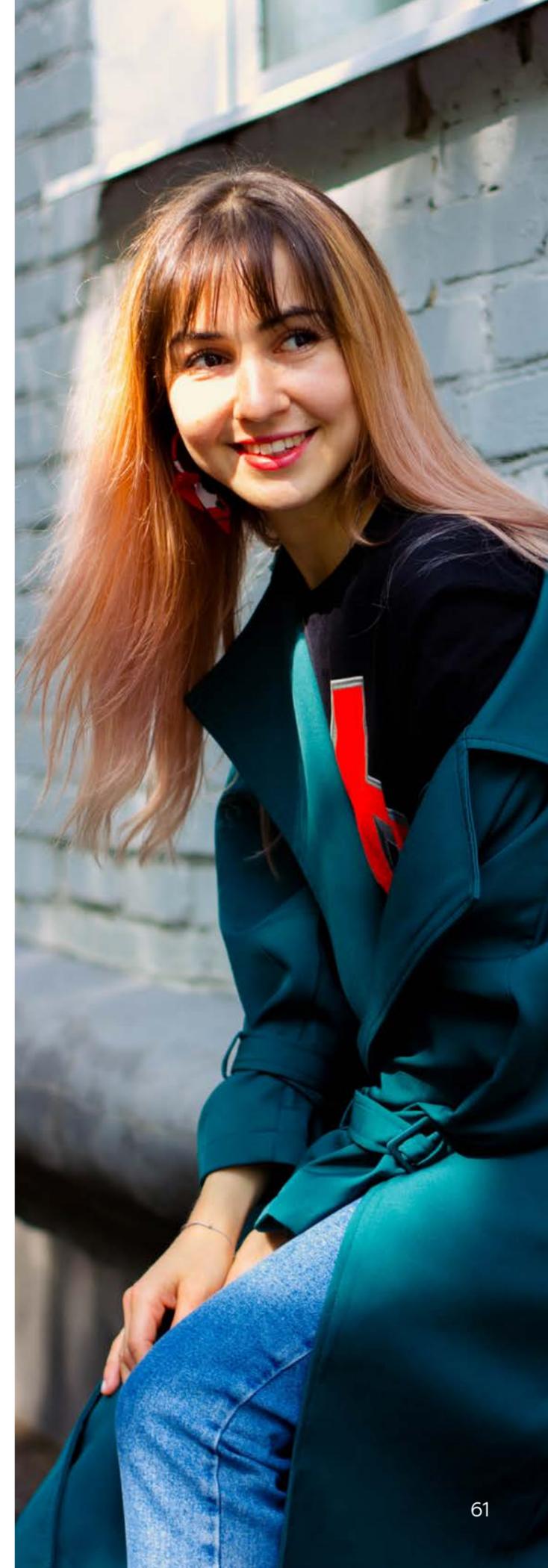
Choice means that preferences may change as people adapt to changes in their mental health, as well as in response to changes in their personal circumstances. It should never be assumed that just because someone has the means to receive support for their mental health remotely, that this is what would be best for them, and what they would choose to do.

Just as we should have a choice in what mental health treatments we receive, we should also have a choice in how we receive these.

We have outlined a range of recommendations for England. Recommendations for Wales will be published following the Senedd election in May 2021.

## Recommendations for Government

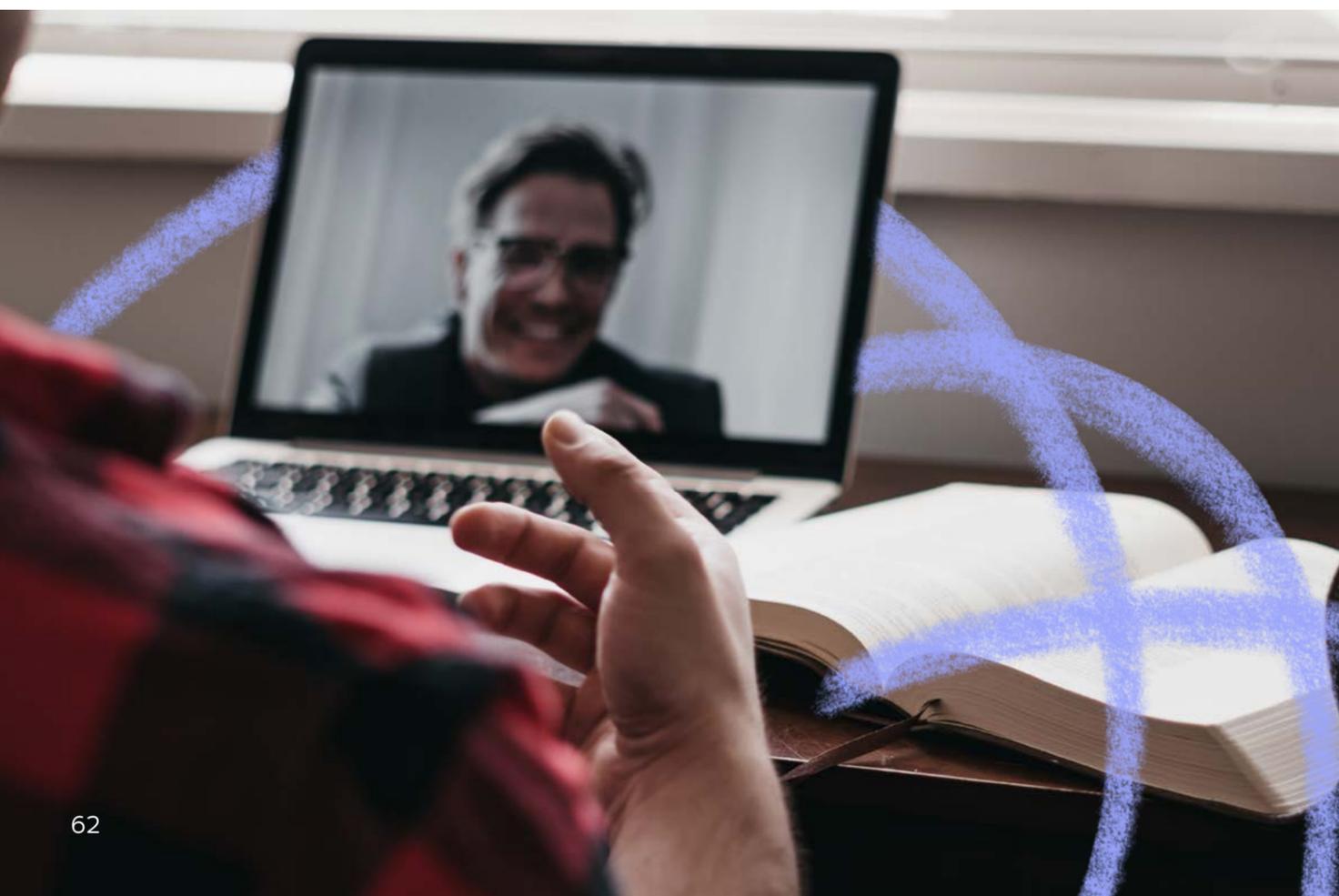
**The UK Government**, in its coronavirus recovery planning, must consider the issue of digital exclusion in the delivery of mental healthcare and consider long-term ways to address this. This must include ensuring that choice in how people access services is maintained, rather than a focus on a 'digital first' model for all.



## Recommendations for national bodies

- **Department for Health and Social Care, NHS England / Improvement, and NHSX** should invest in training and IT infrastructure to improve digital technology within Mental Health Trusts.
- **NICE** should publish guidance and advice on the delivery of digital and remote mental health services for health and social care practitioners. This should include identifying when remote support is appropriate and when face-to-face contact is required.
- **NHS England/Improvement** must ensure there are clear care pathways that consider people's needs in how they access mental health services. This should include the development of clinical pathways for those who are digitally excluded so that they do not fall through the gaps and ensure that 'digital first' policies do not exacerbate health inequalities. All pathways should consider quality standards and safeguarding.

- **NHS England/Improvement** should evaluate the feasibility of using one video platform for mental health consultations across all NHS mental health services, reducing confusion for users of these services by limiting the number of applications that have to be mastered.
- **NHS England/Improvement** should conduct a review of who is declining mental health support remotely and the reasons for this to better understand the impact remote provision of services will be having on different groups.
- **NHS England/Improvement** should work with the Advancing Mental Health Equalities Taskforce to review the impact of remote provision of mental health services on people from Minority Ethnic communities. Given the long-term ambition of the UK Government to address the mental health inequalities experienced by these communities, this is something that needs much greater focus.
- **NHS Digital** should analyse who is currently using different mediums to access mental health services, looking specifically at ethnicity, age and gender. An analysis by ethnicity is particularly important given that some small-scale data is indicating that people from Minority Ethnic communities may be seeking to access mental health services through non-traditional routes that are not face to face.
- **NHS Digital** should publish all data on contact mediums for mental health services. In England, currently this data is only publicised for those aged 0-18. The equivalent data for adults should also be published in the Mental Health Services Dataset.
- The **Care Quality Commission** should ensure that their regulation and monitoring practices are capturing services delivered remotely, including online programmes.
- The **Care Quality Commission** should evaluate the impact of the various ways that services are delivered on outcomes for and experiences of people using those services, their families and carers.



## Recommendations for training providers

- **Health Education England**

to publish clear guidance on incorporating digital and remote service delivery into staff training and guidance. This should cover:

- How to employ digital and remote services effectively in mental health clinical practice and support services.
- Advice on making sure that patients are informed about the full range of options available for delivery of mental health services and which ones might be appropriate for them.
- Advice on the best ways to offer real choice to patients, including how users of services (and carers if appropriate) should be involved in making decisions about what will work for them.
- Ensuring that patients know they can change the method of delivery during treatment as needed.
- Guidance on safeguarding, privacy and confidentiality.

- **Providers of mental health services**

should include training on the delivery of remote mental healthcare in ongoing training for healthcare professionals.



## Recommendations for service providers

**Providers of mental health services** and **individual healthcare professionals** should be:

### Considering the needs of those who are digitally excluded

- By identifying those in their communities who are unable to access their services because they are digitally excluded and ensuring care pathways are established so they can access the support they need.

### Helping people make informed choices

- Explicitly asking people using their services about their preferences for how they want to access services.
- Informing people about the range of mental health support available and the options for how it is delivered.
- Giving clear advice on the implications of each method of delivery to inform choice. This might include information on the benefits or drawbacks of certain delivery methods for people with particular mental health conditions or symptoms.
- Including information on people's choices and preferences for method of delivery in care plans and regularly reviewing those plans.

- Respecting people's choices, so that those who decide against a certain delivery method are not penalised by having access to services delayed or being removed from waiting lists.

### Providing advice and support to help people access services through different mediums

- Providing clear practical advice to people using services remotely including on how to use the technology, privacy and confidential issues and what to do if there are problems at any stage of the process.
- Assessing need and making provision for people who don't have access to digital support (including equipment, Wi-Fi and similar as needed).
- Improving access to digital and remote services by providing safe private spaces in services or partner organisations' premises where people can access services remotely, for example, if they are digitally excluded or where privacy at home is a problem.



### Equipping staff to deliver services remotely

- Making sure that staff are fully equipped and trained to deliver high quality digital and remote services.
- Ensuring that staff working to deliver services are provided with clear guidance and training on the safeguarding processes and considerations that must be taken into account when delivering services remotely and in person.

### Ensuring different service delivery models can accommodate people's needs

- Putting in place effective and appropriate translation services for remote delivery of services.

- Ensuring that services delivered remotely are culturally appropriate and that staff have the skills to deliver them in a culturally competent way.

### Seeking feedback and evaluating services

- Continually seeking feedback from people using services about their experiences and integrating that knowledge into the design of services.
- Assessing the effectiveness of different methods of delivery for different population groups and communities.

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