



<b>Title:</b>	London Digital Mental Wellbeing Service
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## Strategic Partnership Board

29 September 2017

### 1. Purpose

1.1. The purpose of this paper is to provide an update to the Strategic Partnership Board and to secure on-going support for the London Digital Mental Wellbeing Service which aims to prevent thousands of Londoners struggling with mental health issues alone and in silence.

### 2. Action required by Board members

2.1. The Board is being asked to **endorse** the work that has taken place so far to develop and implement the London Digital Mental Wellbeing Service, and **comment** on how best to support the programme in its next phase, via socialisation through stakeholder organisations.

### 3. Partnership considerations

3.1. The London Digital Mental Wellbeing Service can form part of a cohesive mental health offer to all Londoners. It will offer help and support to an unengaged group of Londoners, and via very early intervention, can prevent deterioration of mental health and later burdens on the care system. It therefore has relevance for commissioners and providers, and can be seen as crossing between public health, primary care and secondary care in the mental health space.

3.2. The Service work is championed by the [London Health Board](#). All [London Clinical Commissioning Groups](#) and a number of [London Councils](#) have helped to fund it, and Greater London Authority, academic health science networks, [NHS England London](#) and [Public Health England](#) London are all involved.

## 4. Context

- 4.1. An estimated 900,000 adults in London are affected by a common mental health disorder such as anxiety or depression.
- 4.2. It is estimated that 75% of people living and working in London suffering with symptoms of depression and anxiety do not receive any treatment or professional support. Evidence gathered through analysis of Google and social media data confirms large numbers of these people are struggling alone and seeking information, connection with peers and self-help solutions.
- 4.3. Research undertaken by London Digital Mental Wellbeing Service during 2017 further demonstrates that timely early intervention using mainstream digital channels (i.e. Google, Facebook) has the potential to implement a scalable preventative approach. This can be achieved by reaching high population numbers through online engagement, enable increasingly intelligent predictive models through data collection and analysis and assist targeting of those who can most benefit from early intervention access to self-help resources.

## 5. London Digital Mental Wellbeing Service

- 5.1. The London Digital Mental Wellbeing Service programme is delivering a viable digital mental wellbeing service, with full clinical governance and safe triage of users to the most appropriate care for their needs. It uses state of the art hyper-targeting digital marketing techniques to identify people at the very earliest stages of a potential mental health issue, and taken them to self-help and self-management tools.
- 5.2. The service aims to:
  - Improve mental wellbeing and reduce the burden of demand on a range of health and care services and have other desirable outcomes of value to Londoners and key partners
  - Target adults of working age affected by a common mental health problem (with or without diagnosis) such as low mood, stress, anxiety, sleep difficulties, unhappiness and loneliness
  - Seek to find those who are not currently engaged with services through routes that avoid medicalisation, focussing on symptoms rather than conditions
  - Provide an evaluation of the service in partnership with Kings College London, through an academic research project to examine short, medium and long-term benefits on a range of user defined outcomes, the impact on other services and changes in demand/behaviour

## 6. How the service works

- 6.1. All of the information collated and analysed from the discovery phase of the programme has suggested a three-phase digital service model:

6.1.1. Identify and acquire users: Information has suggested that there is a group of Londoners that are suffering from the impact or symptoms of mental ill health and are not seeking help. At the front end, our service will use state-of-the-art online listening and data mining techniques (hypertargeting) to find these people. Behaviour change psychology will help us to design mechanisms that will bring these people into our online space.

6.1.2. Analyse needs and assess risk: While the service is aimed at those with mild to moderate mental illness, we are aware that users with other needs will come to us, and we need to be ready to ensure that they are dealt with in an appropriate way. We have therefore worked with Expert 24, who have designed, built and tested a clinical engine that can determine need between an exhaustive range of differential diagnoses, and arrive at an appropriate disposition. Users can also self-select according to their perceived need.

6.1.3. Provide options for intervention: Rather than setting out to build new services, the London Digital Mental Wellbeing Service aims to bring the unengaged to help that already exists. This can be online and offline, in the form of apps, eCBT, social prescribing or referral into existing NHS services. We will quality test all destinations that we recommend to users, with full clinical governance and information governance assurance.

6.2. Below is a diagrammatic representation of the user journey.



## 7. Launch and post-live phase

7.1. The pilot phase of the programme will come to an end on 31 March 2018. Programme development in the financial year 2018/19 segues into transition to a service integrated within the mental health commissioning and delivery landscape for London.

7.2. A piece of work is currently exploring options for the format and status of the service, including arrangements for commissioning and funding. Reporting from our evaluation partner will inform this planning process.

7.3. The Minimal Viable Product (the proof of concept) focusses on men 18-45 with sleep issues, although this will expand to include many more cohorts including anxiety, depression and stress. We will also add to the portfolio of interventions. This programme is London-centric, and based around mental health. This approach could easily be applied to other areas of health where self-management is a key source of intervention. It could also be expanded to explore a more national approach.

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