



LONDON
DIGITAL
MENTAL
WELLBEING

LONDON

River

A photograph of a park path lined with large trees. In the foreground, a person is sitting on a wooden bench, looking towards the path. In the distance, two more people are walking away. The scene is bright and sunny, with shadows cast on the path.

LONDONERS WANT TO
IMPROVE AND MAINTAIN
**A GOOD STATE OF MENTAL
WELLBEING** THROUGH
SELF-MANAGEMENT

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EXECUTIVE SUMMARY

Using the insights that we have gathered from extensive user research, we recommend that a service is designed and built to assist users in self-managing their wellbeing, and that will allow them to do so in a way suitable to them and their specific needs and requirements, at a time that is convenient for them.

The most important part of this service is enabling users to connect with “people like me”, in a safe environment, whether that be online or offline. The service should also include (but is not restricted to) helping users to have difficult conversations with those close to them, showing them how and where they can participate in activities or learning, and enabling them to track, monitor and review their progress.





INTRODUCTION & **GOALS**

BACKGROUND

This piece of work stemmed from the key findings of a London-wide mental health research project:

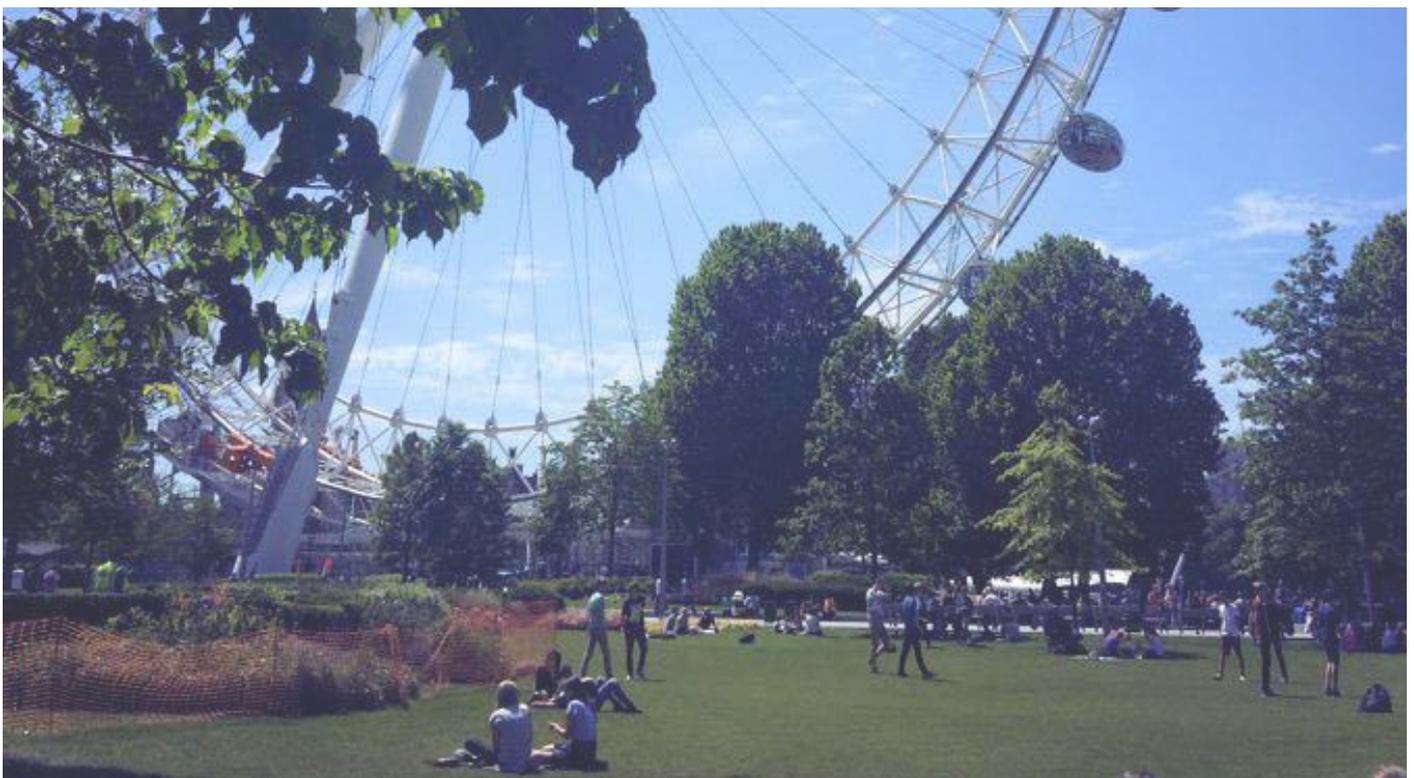
- London is one of the unhappiest cities in the world
- Mental health services in the UK are overstretched, have long waiting times and, in some regions, lack specialist services
- Many Londoners do not seek (or want to seek) treatment for common mental health problems until their condition becomes more severe

BUSINESS CASE

Partners across London have identified the opportunity to address Londoners' unmet needs through a 24/7 digital mental wellbeing service at scale.

THE AIMS

- Build a scalable digital mental wellbeing service
- Target Londoners 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
- Focus on self-help including self-assessment, access to quality information and services and peer-to-peer support with clinical guidance and governance to provide a safe environment with effective risk management

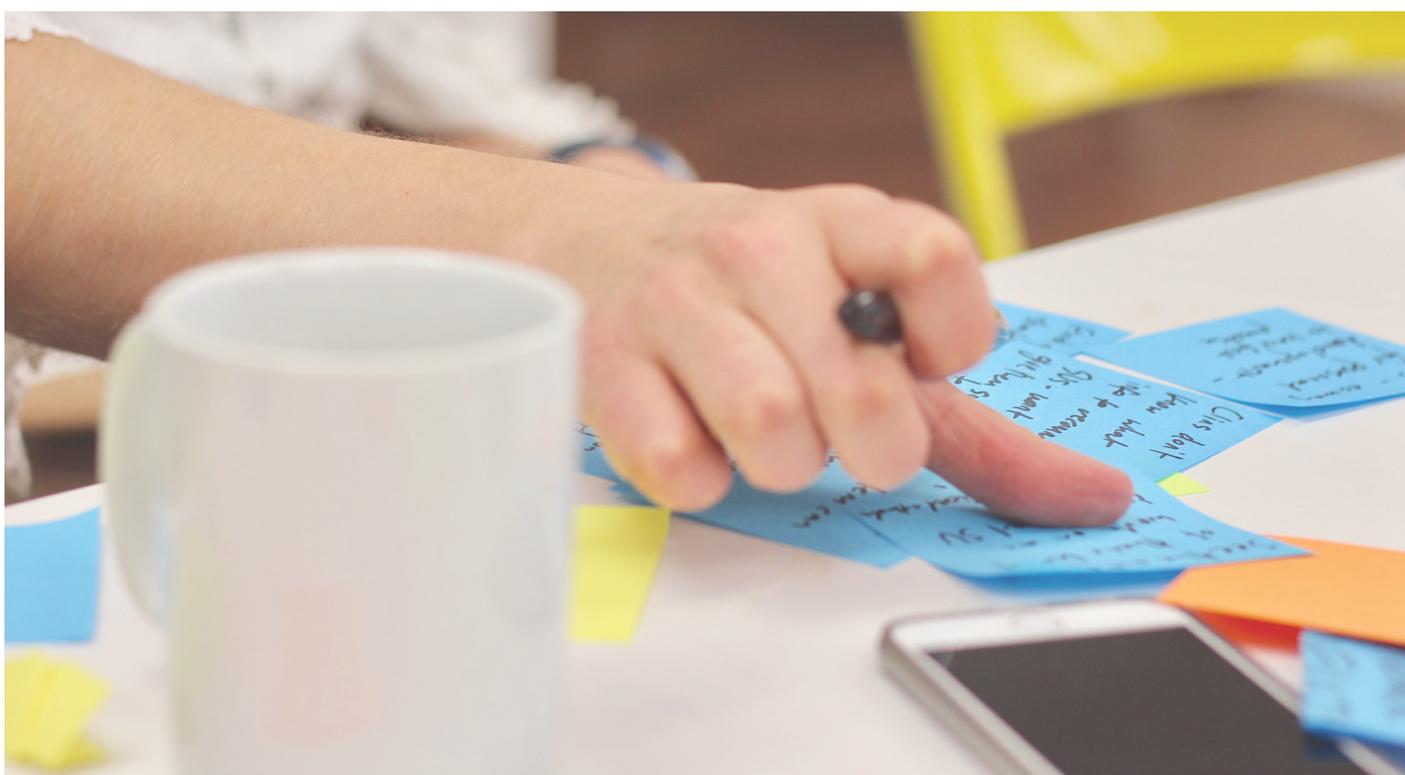


RESEARCH & METHODOLOGIES

BACKGROUND

We have read census data, reports from mental health charities, world health organisations and the government, and in doing so, we have created a strong foundation on which to start building insight, and a basis on which to begin conversations with users.

We established high risk groups such as people currently unemployed, in poor housing or homeless, or those with comorbidities (including drug addiction, alcohol addiction as well as physical health issues). This meant that we could find ways to talk to people who were more likely to have experienced a mental health issue, so we could start to build on the discovery phase and our foundation of desktop research, therefore adding a layer of user insight that we could spring from.



USER RESEARCH

We have engaged a diverse group of users from different backgrounds and with varied experiences of mental health conditions (both diagnosed and undiagnosed). Using contacts from previous projects, friends and family, and social media, we were able to gain insight from over 150 people. Continued user research through in-depth interviews, surveys and workshops should build on our findings, and validate, adapt and evolve them as the project progresses.

We grouped and analysed all of the feedback and data from our conversations to allow us to identify key areas for further discussion and opportunities within the project which will be discussed in this report.



OUTCOMES & INSIGHTS

WE WANT TO SELF-MANAGE

Self-management is much more important to Londoners than using services, for a number of reasons: some which are positive, and some less so.

Of the users we spoke to who had been in contact with GPs or mental healthcare professionals, some felt let down by services. Some felt they were dismissed, given incorrect diagnoses, offered only medication when they wanted counselling or could not access counselling because of long waiting times for NHS services and the unaffordability of private healthcare.





Others had tried to access services yet found it difficult and confusing to locate the services most suitable for them.

Many others felt that they did not want to use services because they didn't have a serious condition, and therefore did not want to waste healthcare professionals' time as they are obviously already struggling with capacity.

“ ”

You could go to a doctor once or twice a week but its up to you what you do the rest of the time... It's a bit like the gym; you can spend an hour a day at the gym but you still have 23 hours of the day left.

“ ”

I don't think appointments work because they have to be planned. Depression, panic attacks etc aren't planned, they happen then and there and you need support then and there.

OUTCOMES & INSIGHTS

WE ARE ALL DIFFERENT

With an audience as broad as “Londoners”, the statement that “everyone is different” seems like an obvious assumption - especially in such a wonderfully diverse city. What this means, is that building personas is much less straightforward than it would be for a more defined audience.

What we have ascertained from this broad statement is that there is no catch-all solution. Each individual will have specific, individual requirements that are distinctive to them. We need to capture these needs and values in order to develop personalised experiences and flows for the users of the service.





☞ ☞

There is less stigma than there used to be. In fact it has gone too far the other way. [There] are far too many people willing to declare themselves as having a mental health problem, when all they actually need to do is pull themselves together and sort it out.

☞ ☞

There is stigma, I almost didn't get a job because I had to admit in an interview that my teenage mental health problems would probably come up on an occupation health check. It was almost ten years later at this point with no issues but they still almost used it against me.

OUTCOMES & INSIGHTS

WE WANT TO CONNECT WITH 'PEOPLE LIKE ME'

Connecting with others, in particular people who have had similar experiences, is really important for people's mental wellbeing. The key is allowing people to have an individual identity, but also showing them that they have things in common with others.

We need to identify these similarities and shared values among our users so that we can connect people in a relevant and personal way.

The other aspects of the service, including the way the user navigates the service and finds what they need, will have to be adaptive and responsive to their requirements. It is a balance of catering to specific needs whilst also allowing groups of people to connect with one another. This could be via bootcamps, book clubs or badminton.

“ ”

Meeting all these people here... it doesn't matter where they come from, we're all under the same roof.

“ ”

Because other people I can talk to who understand how I'm feeling; they're not judgemental. We give [each other] advice.







OUTCOMES & INSIGHTS

WE NEED TO KEEP BUSY

Part of the attraction of connecting with people is that it is simply a way of keeping busy - a distraction technique. In our research, talking to friends and listening to music were the top distraction techniques, although there are many others such as computer games, gardening and yoga. All of these activities have different effects on mental wellbeing.

Following on from this, there is also an appeal in the tracking of activity; to measure the user's successes, their mood and what has helped them to maintain happiness. Tracking achievements is a kind of gamification process, and motivates users to continue and progress.

“ ”

I have two or three different [coping] mechanisms. I go to art galleries because its free and I like art. Also, chatting to strangers. Crisis was very uplifting for me, I got to chat to so many different people.

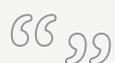
“ ”

Distraction is the main thing. Do something I enjoy doing. Work on the car, listen to music, go out. Just try and engage with other people. Inevitably it'll take my mind off it and I'll forget about it. It does seem to work.

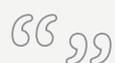
OUTCOMES & INSIGHTS

IT IS IMPORTANT TO HAVE PURPOSE

One of the reasons connecting with people was so important was because it really allowed people to feel a sense of purpose; to be actively contributing to other people's lives in a positive way - or to their own lives. We can also see this reflected in reports about worklessness.



I come here because of my situation. I come in, I do my artwork, I attend the classes, I come to groups; we have men's groups, we have creative thinking. I come here to learn. And to learn about myself.



When I do comedy for people and people laugh, that gives me some sense that I'm doing something good in somebody's life and somebody's health. So it elevates me.





A FIFTH OF YOUNG UNEMPLOYED
PEOPLE IN BRITAIN BELIEVE THEY
“HAVE NOTHING TO LIVE FOR”

OUTCOMES & **INSIGHTS**

CONVERSATIONS WITH THOSE CLOSEST TO US ARE OFTEN THE HARDEST

Continuing the theme of connections, a key coping mechanism was talking to friends. In fact, it was the number one coping strategy that our users told us they use to manage and maintain a good level of mental wellbeing.

Family was slightly lower down on the list. Further exploration into this found that dads are particularly hard to talk to. A few people mentioned that they'd be considered "lazy" by their parents if they were signed off work for a mental health condition.





People found it particularly stressful to try and explain how they felt to their parents and often avoided it. If they spoke to their parents, it tended to be to their mums, who would then pass on the information to their dads. From this we ascertained and validated that having a way of explaining mental health to parents (or perhaps colleagues / other family members) would be really valuable.

On the other hand, a few people said they were lucky, had a supportive background and were able to talk to their parents. However, this made them feel guilty if they did feel unhappy because they felt they were privileged and should be grateful.

☁ ☁

My parents would be like, “you have to pull your socks up and get on with it”, but when you can’t and you can’t explain why you can’t... It was easier for me to just block them out.

OUTCOMES & **INSIGHTS**

WE NEED PREVENTION, EARLY INTERVENTION...

As mentioned, some people told us that they do not seek help from services because they feel there is someone worse off, and they do not want to waste the time of healthcare professionals.

Developed from this idea, we discovered that many people - including those who are suffering with a diagnosed mental health condition - do not think there is any support available to them until they are at breaking point.



...AND EDUCATION

There is also a big problem with stigma, and a number of users suggested the idea that education around mental health would be hugely beneficial in reducing this. This could be within the education system, or it could simply be having access to educational resources that they could learn from and share with their less understanding family members.

☞☞

If we introduced themes at an earlier stage - when going through puberty - and talked about anxiety and depression and these things it would create less of a sense of despair and anguish when people reach that age and then they think they've failed.

☞☞

I drink when I'm angry. I don't get angry because I drink. I could be teetotal. I wasn't drinking at 14 but I still had the anger, and my parents didn't understand, they just punished me. They'd just kick me out. And so I got more angry.

☞☞

The system just isn't there. It's only when you're jumping off the building. What about 10 years before that when somebody needed something? To me it's the most bizarre healthcare model.

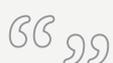


OUTCOMES & INSIGHTS

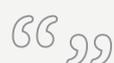
BLAME IS A BLOCKER

Following directly on from this, the issue of blame was significant. Because mental health conditions are internal, sufferers often believe that other people think it is their own fault; they feel that they are a failure in some way - or that they are thought of by others as a failure. Users also blame themselves for not being able to control their own thoughts and mental wellbeing.

The key finding here was that the people who had removed the blame from themselves (who understood mental health as a parallel to physical health) were much better equipped to recognise signs and symptoms and actively seek help and manage their wellbeing and happiness. There were parallels drawn with physical health and physiotherapy; these users saw proactively managing their mental wellbeing as equal to managing their physical health.



Because mental health is so insular, you're just telling yourself, "it's just you". You beat yourself down with it. "It's in my mind, it's me." Which is not the case.



To really manage your wellbeing you need to be willing to actively want to take a leap... Same as like with an injury. It's like mind physio.

SUGGESTIONS & PROPOSALS

RESEARCH & VALIDATION

We recommend that user research should continue for the lifespan of this project, in the form of user testing (both one-to-one and with groups) of prototypes, visual design and content, depth interviews, and surveys. Continued persona development would also be beneficial when discussing user journeys throughout the five persona categories (Appendix 2 of this report). Other methodologies could be used, such as card sorting and Treejack architecture validation to determine labelling and navigation of the service.

User testing should include any past participants who expressed a desire to continue with this project, as well as new participants with a particular focus on men aged between 18 and 45 years old in the Minimum Viable Product (MVP) stage.



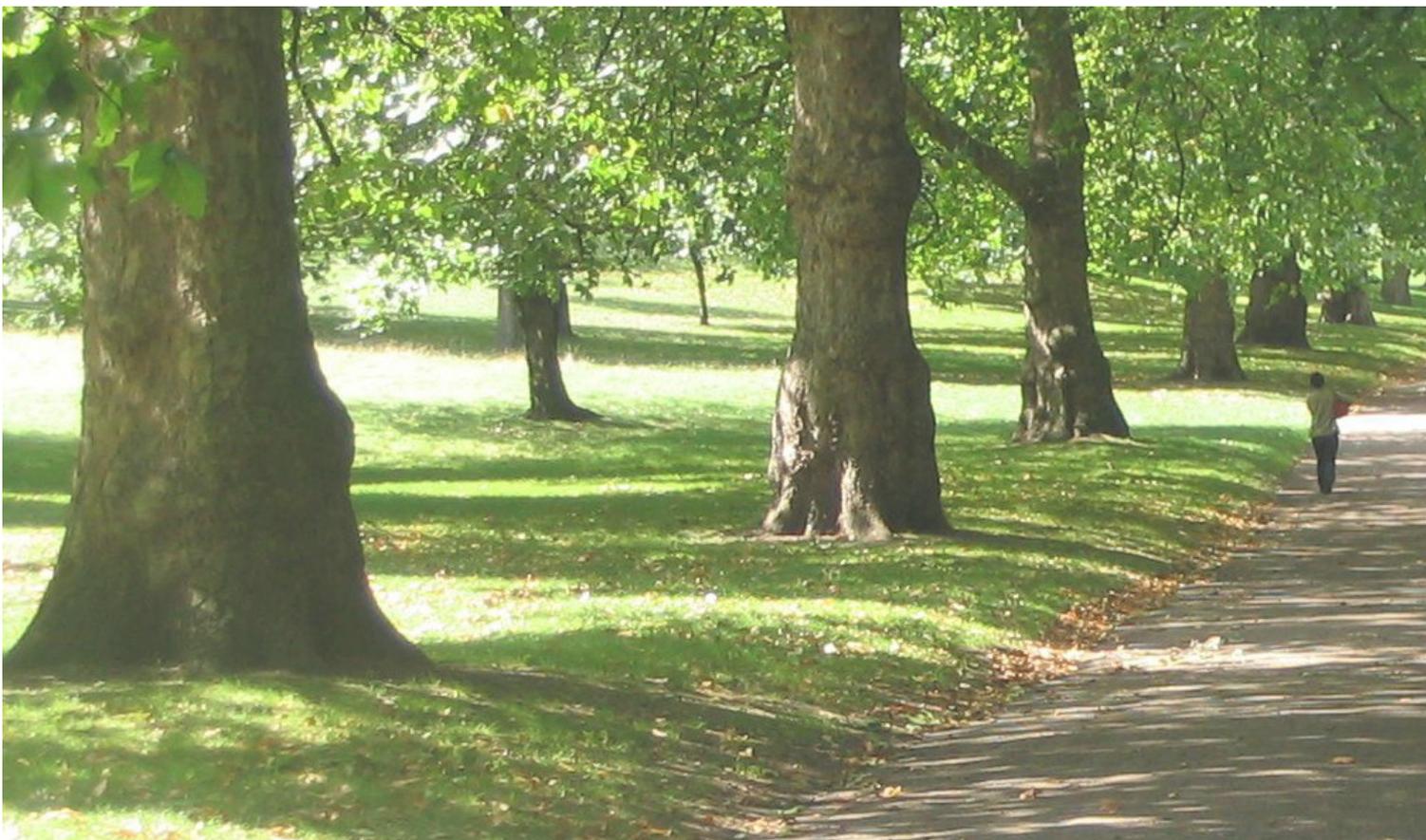


SUGGESTIONS & PROPOSALS

OUR DRIVING ASSUMPTION

Londoners want to improve and maintain a good state of mental wellbeing through self-management.

This assumption has been validated throughout all of our user research - it must continue to be the driving force behind all user testing and development.



THE SOLUTION

Our service will allow users the option to self-assess their wellbeing - raising flags for users with a high risk - and offer them resources to assist in improving and maintaining a good state of mental wellbeing. These resources will range from clinical information to user generated content, with a particular focus on peer-to-peer support (which includes safe and moderated content) in the form of reviews and direction to useful online and offline groups.

What should and should not be included in the MVP is documented in the appendix of this report.



REQUIREMENTS & **USER NEEDS**

GENERAL USER REQUIREMENTS

- Enable and empower me to self-manage my mental wellbeing
- Help me find the right support at the right time
- Give me easy and free access to mental health resources
- Show me honest, trustworthy and reliable content
- Do not overwhelm me with complicated, technical solutions;
I need simple language and navigation
- Allow me to share content with friends and family

SELF ASSESSMENT

- Help me to understand more about how I am feeling and how to help myself feel better
- Allow me to choose how I access information and resources (with or without filling in forms or giving my data)
- Recommend the best course of action if I have more urgent needs

WE ARE ALL DIFFERENT

- Show me easily accessible, trusted and relevant content that is appropriate to my circumstances
- Allow me to access things that can help me at any time of the day or night





WE WANT TO CONNECT WITH PEOPLE LIKE ME

- Help me to connect with people like me, in safe, supported, online environments
- Allow me to read stories from other people like me
- Show me relevant conversations that are happening online and offline
- Show me where I can find other people who have shared interests or shared experiences

WE NEED TO KEEP BUSY

- Show me things that I can do that are proven to improve mental wellbeing, online or offline

IT IS IMPORTANT TO HAVE PURPOSE

- Show me how to find safe online and offline groups and activities where I can be of benefit to others (*through local connections with reputable organisations*)
- Show me how to find safe online and offline places where I can learn and develop knowledge and skills
- Allow me to track and review my progress

REQUIREMENTS & **USER NEEDS**

CONVERSATIONS WITH THOSE
CLOSEST TO US ARE OFTEN THE
HARDEST

- Help me communicate better with my family about mental health
- Help me to have difficult conversations

WE NEED EARLY INTERVENTION,
PREVENTION & EDUCATION

- Help me understand (eg through self assessment questionnaire) when and how I should help myself and/or when I should seek professional support
- Help me to recognise signs and symptoms of mental health conditions in myself and others
- Help me to find the right ways to talk to others about mental health
- Allow me to share relevant, educational content
- Help me to recognise and develop positive behaviours and limit negative behaviours

BLAME IS A BLOCKER

- Educate me in what “mental health conditions” are
- Show me how to access beneficial tools and resources for maintaining and improving my mental wellbeing

S U C C E S S & **K P I s**

HOW TO MEASURE SUCCESS

RECOMMENDATION

Part of the MVP will need to include a data capture function. This will give us an opportunity to create guidelines for other website owners and supply them with trackable links that pass through the service. This will allow the first version of the service to gather data for a huge range of journeys. From this, we can build SMART KPIs for phase 2 of the design and build. These KPIs could include goals such as “reduce impact on NHS services” and “reduce the stigma attached to mental health”; the SMART (specific, measurable, achievable, realistic and timely) aspect of these will need to be determined through the MVP.

USER SATISFACTION - QUANTITATIVE & QUALITATIVE

- What percentage of users are satisfied with their experience of using the service?
- How helpful have users found the service?
- Track through service feedback (eg Usabilla plugin), user testing, workshops, depth interviews etc

COMPLETION RATE

- What percentage of actions do users successfully complete? (Eg self assessment, accessing resources, number of pages read / liked / shared / downloaded etc)

DIGITAL TAKE-UP

- What percentage of users choose the digital service to complete their task over other digital and non-digital channels? (Recommendations, repeat visits, where users are coming from, where do users drop out).

PRE-ALPHA DELIVERABLES

DEFINITION OF THE PROJECT'S MVP & PROCESS OF WORKING

A description of what “minimum viable product” means, and what this means for the project specifically, including items that must, should, could and will not be included for the MVP phase.

An outline of the Agile project framework and why it should be used for this project.

PERSONA CATEGORIES

Five categories of persona types to give a foundation on which to build a user centred product.

BRANDING BRIEF

A guide to the tone of voice and visual design that should be used for the product.

INFORMATION & CLINICAL GOVERNANCE GUIDANCE

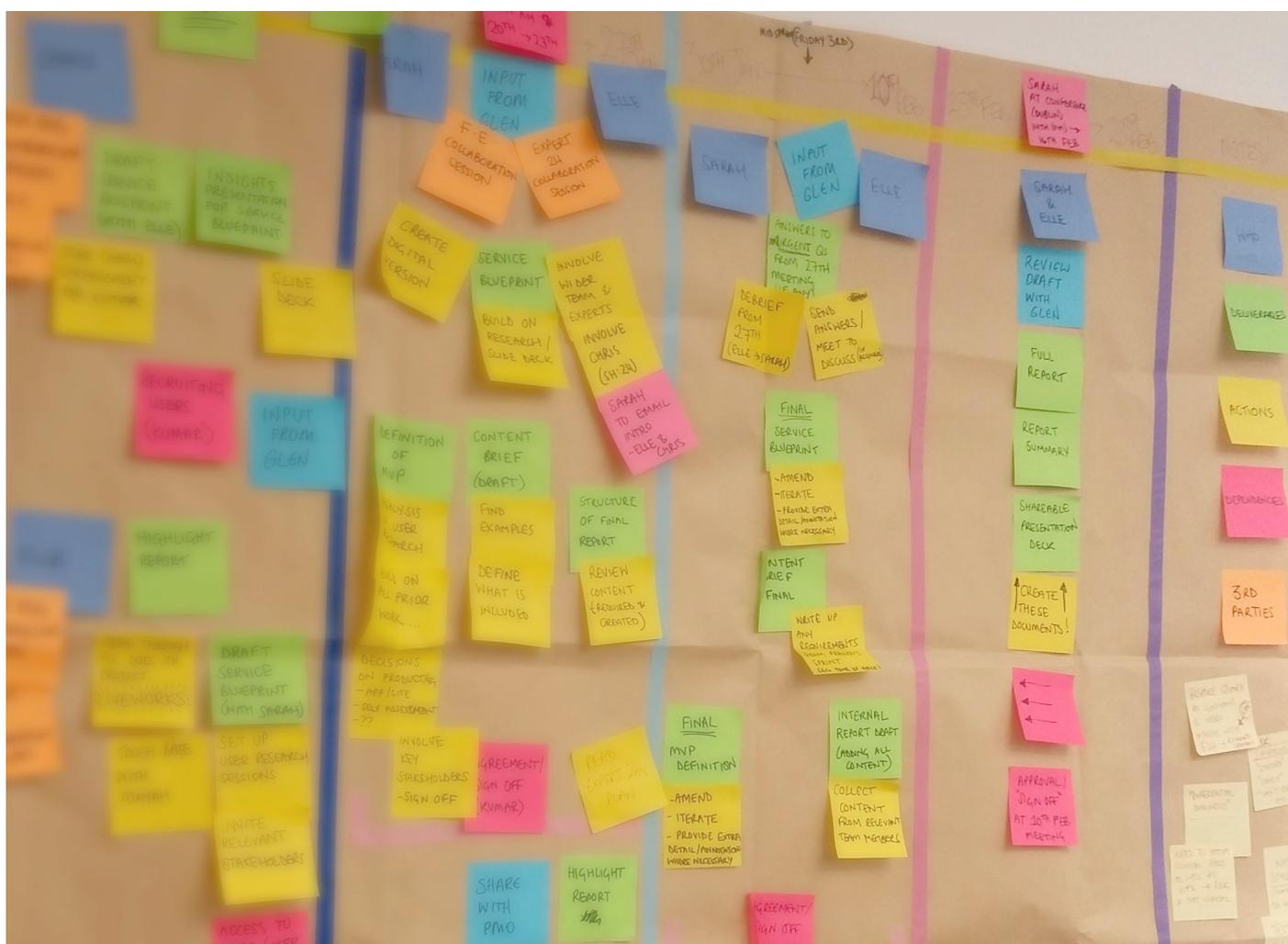
Guidance on how to ensure the project should meet current information and clinical governance standards.

PRIVACY, SECURITY & CONFIDENTIALITY GUIDANCE

Advice on how to build a safe, secure and trustworthy product.

DEVELOPMENT PLAN

An outline of how the design and build of the product should be undertaken, including key team members and timelines.





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MENTAL
WELLBEING

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