

# London's Digital Mental Wellbeing Service: Good Thinking

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# Context & Strategic Drivers

London Mental Health: The Invisible Cost of Mental Ill-Health (2014)

Better Health for London (2014)

The Five Year Forward View for Mental Health (2016)

Thriving at Work (2017)

Health Inequalities Strategy (2018)

The Long Term Plan (2019)

Advancing Our Health: Prevention in the 2020's (2019)



# Impact of Mental Ill-Health in London

“Half of all lifetime mental disorder starts by the age of 14 and 75% by the mid-20’s”

Meltzer et al (2000)

“The wider impacts of mental ill health affect almost every aspect of a person’s life, from their education and employment to their physical health and the quality of their relationships.”

London Mental Health, GLA (2014)

“London has the largest proportion of the population reporting high levels of anxiety.

41.3% of London adults reported high levels of anxiety compared with the UK average of 38.5%, and rates were higher in inner London than outer London.”

ONS, 2012/13

# The Case for Change

**1.1 million (1in6)**

will experience mental ill health in any week<sup>1</sup>

**60%**

Of whom are not in receipt of treatment for their mental health problem<sup>1</sup>

**95%**

Londoners are Online <sup>2</sup>

**Evidence that Londoners not sufficiently connected to evidence based advice or peer-to-peer support**

<sup>1</sup> National Psychiatric Morbidity Survey, 2016

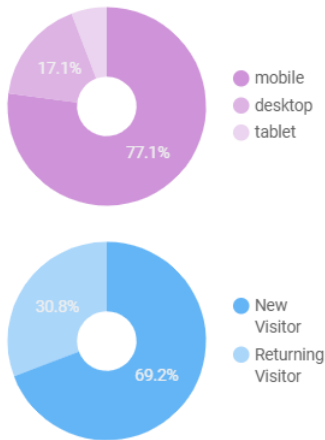
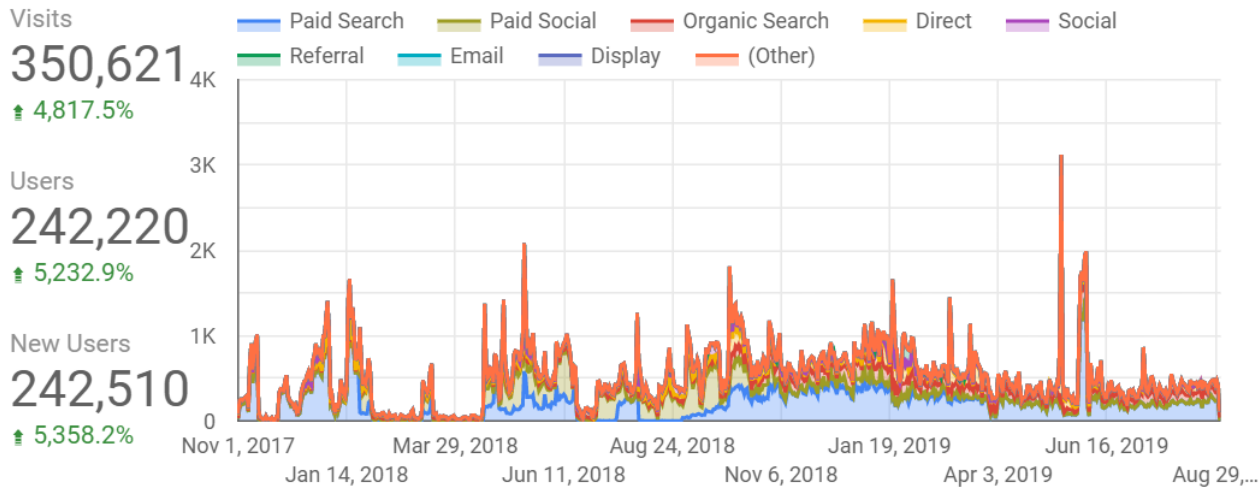
<sup>2</sup><https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2016>

# The Case for Change: Good Thinking as a response

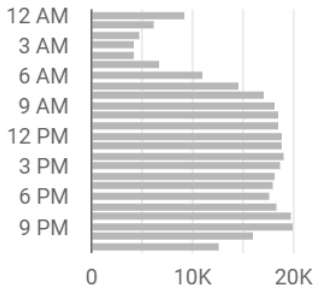
Good Thinking is not just a digital service, it is a transformative service, based around the principles of:

- Self-management.
- Prevention.
- Guiding citizens to a range of evidence based help.
- Providing support for the issues Londoners think important to their MH and wellbeing
- Multiple points of entry, multiple end points and no linear pathway.  
(Users come and go to the support they need when they choose, at a time they choose).
- Finding users as much as they find the service – by hyper targeting and multiple channels of engagement.
- Building and iterating over time in a modular form.
- Testing with users.

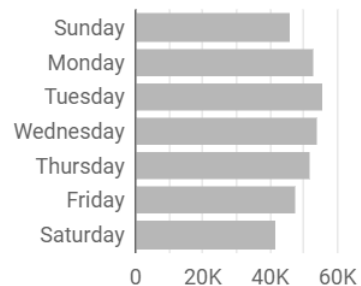
# Current Service Usage



Visits by time of day



Visits by day of week



# What have we learned so far?

- How to put in place and exemplar 'prevention at scale' intervention
- How to bring together over 50 organisations to take collective action
- What Londoners' mental health is really like
- How Londoners use digital media to support their mental health
- The potential for using digital across wider health improvement interventions
- How to put in place clinical governance systems for digital
- How to run an 'agile' process within a public sector framework
- How to evaluate a service that is constantly iterating and adapting
- How to plan for sustainability of the service, ahead of the full evaluation

# What Next?

- Annual Report, evaluating service impact to date
- Rollout of peer-to-peer support
- Wider rollout of social prescribing
- Embedding service into the mainstream
- Sharing the learning with other parts of the country, informing development of digital services in other areas of prevention