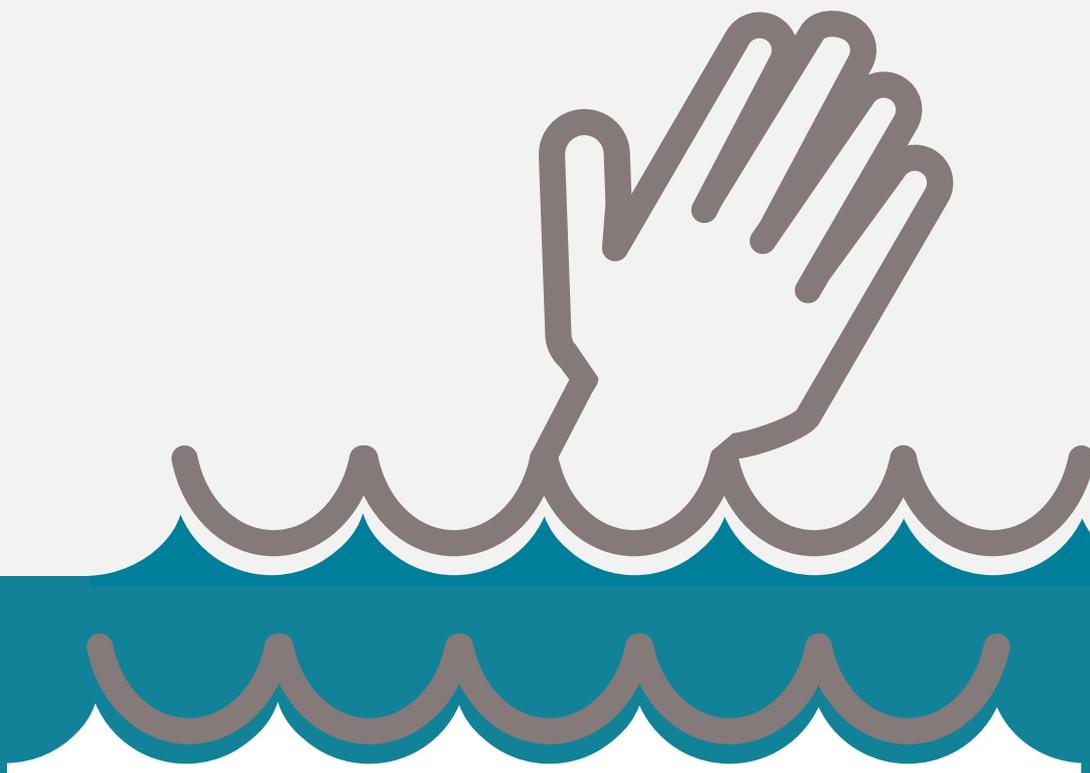


The Good Thinking journey

How the first-ever city-wide digital mental wellbeing service helped a quarter of a million Londoners





Good Thinking is an online mental wellbeing service that promotes proactive self-care for the four most common mental health conditions: anxiety, low mood, sleeping difficulties and stress. It was developed through a partnership of local authorities (led by Directors of Public Health), London's NHS, Public Health England, supported by the Mayor of London and delivered by Healthy London Partnership.

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Foreword

Life in a big city can have its ups and downs. In fact, one in six adults in London will experience mental ill health in any week¹ and many suffer alone and in silence. If we are to tackle inequalities and make London the healthiest city in the world, it is vital that we find new ways to provide mental health support and that includes embracing digital technologies.

Shaped and driven primarily by Public Health England in the early stages, the Good Thinking service (www.good-thinking.uk) was built on user insights. We started by speaking to hundreds of Londoners about their mental health and wellbeing and the kind of support they need. They included Rita, who was living in a refuge and would not be able to get to therapy appointments, and Martin, who had simply accepted his anxiety and insomnia and not asked for help.

The message was clear. Londoners do not always want traditional treatment options and would welcome online assessments and self-help tools from a trusted source. They are looking for personalised, safe, high-quality mental health support that they can access 24/7 – at home, at work, on the bus or on the tube – and that is, ideally, free.

With the launch of Good Thinking in November 2017, London became the first global city to create a city-wide digital mental wellbeing service. Over the last two years, we have reached a quarter of Londoners who have mental health concerns – more than 250,000 people have used Good Thinking to take the first steps towards improving their mental wellbeing.² This report highlights the development, learnings and impact of Good Thinking.

By promoting Good Thinking on social media, search engines and other digital platforms, we have proactively targeted Londoners in their time of need. By curating high-quality mental health apps (many of which we offer for free to Londoners) and providing clinically approved self-assessment tools, we have provided a route to early intervention for those experiencing problems with anxiety, stress, sleep and low mood.

We have evidence using standardised mental health outcomes that the mental wellbeing of many Good Thinking users has improved and, in turn, it is highly likely that we have helped to reduce demand on GPs and other health services, prevented many Londoners from taking time off work and generally improved many users' quality of life.

Prevention and self-management are priorities for clinical commissioning groups (CCGs), local authorities and other health organisations across London and we are proud that these principles are at the heart of Good Thinking. With an increasing focus on parity of esteem between physical and mental health and on harnessing the power of technology to deliver innovative health services, we are incredibly motivated by what we have achieved as part of the tech revolution in healthcare.

Our service has already proved that it delivers on user needs and is scalable and cost-effective. In support of the Mayor of London's Health Inequalities Strategy (2018)³ and the upcoming London Vision for Health and Care, we have ambitious plans for the future, including expanding Good Thinking to young Londoners (aged 16-18).

We hope you find this report informative and we would welcome your feedback so that Good Thinking can have even greater impact for all of London in 2019 and beyond.



Paul Plant

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Executive summary

Mental health in the spotlight

In the last few years, we have seen an increased emphasis on, and funding for, mental health care in the UK. The NHS Long Term Plan (2019)⁴ states that mental health must be given the same priority as physical health and 'Healthy Minds' is a key component of both the Mayor of London's Health Inequalities Strategy (2018)³ and the upcoming London Vision for Health and Care. With one in six adults in London experiencing mental ill health in any week¹ – anxiety, stress, depression and sleeping problems are the most common disorders – it is vital that we continue to look for new ways to support them.

Traditional care methods are not enough

Despite recent investment in mental health services, almost two-thirds of those in need are not accessing these support services.¹ There are many reasons for this, not least the difficulty Londoners have finding the time to get support during working hours and the fact that some people do not want support that is rooted in medical or psychological models of care. Our extensive consultation with Londoners and key stakeholders for Good Thinking revealed that there is a desire for mental health services outside of traditional care models.

Digital technologies are a potent enabler

The increase in internet use and smart phone ownership presents an enormous opportunity for the healthcare sector – research in 2018 showed that 90% of UK adults are internet users and 78% of over-16s own a smart phone.⁵ Websites and apps can complement traditional health services by offering people access to self-care support 24/7 and can be marketed online using paid advertising and other campaigns. With a stigma remaining around mental health, digital platforms can also provide privacy and anonymity.

Collaboration to create the first-ever city-wide digital wellbeing service

Recognising the need for this kind of service in London, Good Thinking was developed through a partnership of local authorities led by Directors of Public Health, London's NHS, Public Health England and the Mayor of London. Over the last two years, we have worked with the NHS and local authorities to help them signpost staff to Good Thinking as part of their own employee wellbeing programmes. We also have a strong relationship with Thrive LDN and we work closely with online communities (for example, Mumsnet and Diabetes UK) to engage their community managers and ensure that their members are signposted to the right level of support.

Good Thinking delivers what Londoners want

Extensive research was conducted in the discovery phase of Good Thinking, including user testing with over 450 Londoners and social listening exercises. We developed a theory of change and used behavioural science to ensure a robust service that would deliver on its aims. Based on our user insights and these frameworks, Good Thinking has collated various mental health apps and other resources that meet clinical, General Data Protection Regulation (GDPR) and online safety standards. We offer many of them for free to Londoners and recently enabled GPs to prescribe Good Thinking's apps via a direct link from the EMIS library. The Good Thinking user journey begins with a short quiz that generates personalised resources for the individual. For those wanting more detail, Good Thinking also provides self-assessment tools that use clinically-validated algorithms around the four common mental health conditions and direct people to self-care digital solutions or clinical destinations, such as GP appointments and IAPT referrals.

Reaching people in their own space

Our initial research showed that we needed to proactively reach people on search engines, social media and other platforms and encourage them to visit Good Thinking. We have used Google, Facebook, Instagram and Twitter to find people who are searching for a number of terms associated with mental health issues or who are in a profile group that may be more prone to mental health problems. Between April 2018 and March 2019, our online ads reached 3.7 million individuals and resulted in more than 100,000 new visitors to the website.² We have recently seen increases in organic searches for Good Thinking that could help to reduce our digital marketing spend.

Good Thinking is having a positive impact

Our analytics show that more than 250,000 Londoners have used the Good Thinking service since launch, with over 100,000 making repeat visits.² The service is accessed day and night (Tuesday is the most popular day) and we see more women than men using it. Simple quizzes accessed via the home page or directly on topic pages (anxiety, low mood, sleep deprivation, stress) enable users to get personalised recommendations for apps and online resources. Our self-assessment tool has become the most popular resource, especially for people aged 26-30. Data from two of the apps that have been available on Good Thinking since launch show clinically significant improvement in validated mental health scores around stress, anxiety and depression, as well as improvement in sleep.

Ambitious plans for the future

Our achievements to date motivate us to do even more with Good Thinking. Having pioneered targeted digital interventions for Londoners who have mental health concerns, we have exciting plans in place. Acknowledging that children and young people also need support – 9% of London's 5 to 19-year-olds have a mental health disorder⁶ – we have conducted initial research to expand the service to teenagers, with robust safeguarding in place. We have established a Digital Youth Health Ambassadors programme and will start by providing content for 16 to 18-year-olds. We are also investigating new areas of support, such as alcohol and smoking cessation. Ahead of the launch of the Every Mind Matters mental health campaign across England, we are working with Public Health England to maximise the benefits of signposting to our service.

The journey towards Good Thinking



Introduction

With the launch of Good Thinking in November 2017, London became the first global city to deliver a city-wide digital mental wellbeing service. Two years on, there is an increasing focus on mental health and wellbeing and on the seemingly limitless possibilities of digital technologies. Good Thinking is more relevant than ever and we see huge potential for the service to support even more Londoners who are dealing with anxiety, sleep problems, stress and low mood.

This report evaluates the Good Thinking journey since the planning stages in 2015 and highlights the impact of the service to date. It takes into account that Good Thinking was, and continues to be, developed using agile, iterative methodology based on usage and feedback. As technology evolves at an ever-increasing speed, it concludes by highlighting future digital opportunities for prevention and early self-directed support for mental health and wellbeing.

Focus on mental health

Mental ill health has long been recognised as a serious issue with far-reaching effects. One in four people in the UK will experience mental health problems each year, with a third of these experiencing two or more conditions at once.⁷

An increased emphasis on, and funding for, improving mental healthcare nationally was set out in the NHS Five Year Forward View in 2014.⁷ This resulted in increased access to mental health treatments, including a 20% rise in the provision of psychological ('talking') therapies and extra physical health checks for people with severe mental illness.⁷

Mental health continues to feature prominently in the NHS Long Term Plan, which was published in early 2019.⁴

“There is now good evidence that tackling some major mental health problems early reduces subsequent problems, improves people’s life chances and also saves money for the wider economy.”

– NHS Five Year Forward View⁷

A drive towards ‘parity of esteem’ across the NHS and a number of public campaigns to tackle the stigma associated with mental health has also led to greater awareness and more open conversations.

But there is still a considerable treatment gap for common mental health issues – it is estimated that almost two-thirds of people experiencing mental ill health are not receiving treatment for their problem.¹ For the purpose of this report, it is useful to note the following:

- NICE guidance for anxiety and depression – two of the most common mental health issues – recommends a stepped care model.⁸

- Effective early interventions and peer support can reduce the incidence and prevalence of some mental health conditions,⁹ mitigate against distress to the individual and their family and provide significant long-term cost savings to health services.¹⁰
- NICE guidance includes access to low intensity psychosocial interventions and relaxation for low levels of mental health need.⁸
- There is evidence that effective therapies for common mental disorders, as recommended by NICE, can be successfully delivered using online methods.¹¹

The London picture

One in six adults in London will experience mental ill health in any week¹ and the prevalence of problems is often much higher in the communities facing most inequalities.¹²

Indeed, a 2014 report by the Greater London Authority found that mental ill health was the single largest source of disease burden across London. Whilst £7.5 billion is spent each year to address mental ill health in London, the wider costs to industry from sickness absence and reduced productivity, and reduced quality of life and crime, are estimated at around £26 billion.¹³

A shared vision for London's health – co-owned by the Mayor of London, London's local authorities, clinical commissioning groups (CCGs), NHS England (London region) and Public Health England – was outlined in the Better Health for London report in 2014.¹⁴ It set out a number of aspirations, including making London the healthiest global city, improving Londoners' mental health and wellbeing and placing London at the centre of the global revolution in digital health.

These aspirations have continued through the Mayor of London's Health Inequalities Strategy (2018),³ where 'Healthy Minds' is a key policy objective, and also forms a central component of the upcoming London Vision for Health and Care.

Current London-based mental health initiatives include Thrive LDN.¹⁵ Supported by the Mayor of London and London Health Board partners, it is a city-wide movement to improve the health and wellbeing of Londoners. Thrive LDN and Good Thinking have a strong working relationship and are planning to coordinate future digital campaigning efforts to maximise impact and to work together on development opportunities of mutual interest, such as universities.

Why digital?

The digital world offers new ways to do things – from meeting a life partner to booking a holiday, finding a job to borrowing a dog. Indeed, the proliferation of smart phones and other devices is changing how we live, work, learn, communicate and much more. With busy, stressful lives, we increasingly turn to the technology in our pockets and expect the digital services we use to be available 24/7 and relevant to our individual needs.

Digital uptake in the UK in 2018⁵

90% of adults and 99% of 16 to 34-year-olds in the UK were recent internet users

78% of over-16s owned a smart phone, rising to 95% amongst 16 to 24-year-olds

The American author, inventor and futurist Ray Kurzweil has made a number of predictions about the growth of technology.¹⁶ His core thesis – the “law of accelerating returns” – is that “fundamental measures of information technology follow predictable and exponential trajectories, belying the conventional wisdom that you can’t predict the future.”

Many of Kurzweil’s forecasts have held true, including his 1990 prediction that most people would use portable computers by 2009, including via jewellery and watches.

All over London, millions of people use phones, tablets and wearable devices, such as smart watches, to stay informed and in touch each day – even on the underground – and the roll out of 5G will increase digital mobility even more.

Kurzweil also predicted that, by 2099, cybernetic brain implants will enable humans to fuse their minds with artificial intelligence. Although this may be some way off, digital technologies have certainly emerged as a potent enabler for health delivery in recent years. Web-based dietary advice, fitness trackers, sleep improvement apps and other online services help growing numbers of people to manage their own health and wellbeing.

Digital technologies will increasingly be used to interact with healthcare services, helping to address “the big healthcare challenges of the 21st century”¹⁷ and supporting an NHS that is fit for the future.

“The future of health will likely be driven by digital transformation enabled by radically interoperable data and open, secure platforms. Health is likely to revolve around sustaining wellbeing rather than responding to illness.”

– Forces of Change: The future of health¹⁸

Digital mental health and wellbeing may be in its infancy in the UK but it has an exciting future. By taking an agile approach and developing online tools based on user needs, services such as Good Thinking are well-placed to complement traditional health services.

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The Good Thinking solution

The vision that motivated the development of Good Thinking was to improve Londoners' mental health and wellbeing by offering an open access 24/7 digital service that could be proactively promoted via social media and other online channels. Tapping into the growing ecosystem of connected devices, the service would have several long-term benefits; enabling London's adults to maintain good mental wellbeing, preventing more serious conditions from developing and offering low-cost support for those with a common mental health problem. Good Thinking would also complement psychological ('talking') therapies – for example, after a series of IAPT sessions, it could continue to support the therapy and help to prevent relapses.

No city of London's size had previously attempted to provide a digital support service directed at mental health for its population so this would be a world-first. Recognising the need for this kind of service, Good Thinking was developed through a partnership of local authorities led by Directors of Public Health, London's NHS, Public Health England and the Mayor of London. Following in-depth research, Good Thinking launched in November 2017 and it has already had more than a quarter of a million users.²

Digital health solutions like Good Thinking move the emphasis from getting expert input in a consulting room towards self-directed learning and self-care, when and where the individual wishes to access it. It is about providing online tools that will enable people to feel more in control of their own wellbeing. Bearing in mind that there are thousands of apps and other digital services available, Good Thinking follows a robust process to curate those that are evidence-based and most beneficial and then offer tailored resource suggestions.

Although many of the digital interventions that are available to support mental health and wellbeing enjoy high levels of self-reported patient satisfaction, use and effectiveness, few have been formally evaluated through a randomised control trial.

“Our research led us to the realisation that to reach everyone who needs support, including those who are reluctant or in denial, we need to meet them where they are...If something appears on their [social media] timeline that resonates, it offers them a doorway out of that environment to access help”.

– Creating a digital mental wellbeing service for Londoners¹⁹

In the early planning stages of Good Thinking, we worked with senior academics from UCL to review what is known about preventing and managing common mental health problems and what role digital services can safely play in their delivery. The review revealed that digital:

- Enables greater personalisation of care
- Provides 24/7 access to psycho-education, intervention and peer support that fits around the individual's schedule
- Supports people who are unable or unwilling to engage with traditional mental health services
- Increases treatment flexibility for those who do not want, or who are not suitable for, drug therapy
- Minimises disruption to other elements of life that are crucial to maintaining mental health and wellbeing, such as work and education

Whilst digital technologies provide innovative opportunities for mental health support, it is important to note that around 10 per cent of the UK's adult population is digitally excluded. In 2018, 5.3 million UK adults were considered to be “internet non-users” (i.e. either have never used the internet or have not used it in the last three months).²⁰ Although this figure has almost halved since 2011, it remains significant and shows that traditional forms of support remain vital in order to avoid inequalities due to lack of online access.

Approach

We have used agile, iterative methodology with embedded behavioural science to design and implement Good Thinking, from the in-depth discovery phase through to ongoing changes to the service based on user feedback. This section takes a closer look at the various stages of the Good Thinking journey.

Discovery

The initial discovery phase of Good Thinking was undertaken in 2016 through consultation and conversations with Londoners.

Our researchers met with Londoners in their homes, in shopping centres, universities, community centres and other locations to test the assumptions underlying the logic model and architecture of the service.¹⁹ Interviewees included Christina who was suffering from anxiety after being robbed at home and who was actively seeking support online. The research also included collaboration with 50 stakeholder organisations, interviews with a number of experts and reviews of nine major reports.

In addition, we conducted a social listening exercise on Twitter and other online communities. Its discoveries and recommendations included:²¹

- Stress is a common problem
- Self-assessment could prove particularly helpful
- Good Thinking could help people who have previously not found support beneficial
- Students would be a particularly receptive group
- Twitter could be a key platform to reach people who are seeking help

- Individuals who are already in contact with mental health services could benefit from this service

To complement this research, social listening was conducted via Facebook as people often communicate with friends and family on this platform and show interest in certain issues through likes and shares. The insights from the social listening exercise included:²²

- There are 100,000 daily Facebook posts from Londoners in relation to mental health
- The proportion of people in London talking about mental health problems was higher amongst men – targeting men in London should remain a priority for the NHS as the data suggests they are at a slightly higher risk than at a national level
- People with sporadic or persistent sleep issues are most likely to post on Facebook when they are awake during the night – signposting to online support from Facebook could help to reduce loneliness related to sleep problems
- Friends play the most important role in helping to support individuals suffering from feelings of anxiety, panic or depression – an online tool kit that helps people to spot signs of poor mental health would be powerful, especially to break the stigma among single men

We also worked with the mental health charity Mind²³ to shape Good Thinking and understand how to address issues of inequality.

Intensive user testing with over 450 Londoners revealed that:

- People do not always fit into categories for, or want, traditional treatment options
- Londoners are willing to use online wellbeing resources about the four most common mental health concerns: anxiety, sleep, stress and low mood
- They want a rich ecosystem of centralised and distributed services that provide access to quality information and services, peer-to-peer connection and safe online spaces
- There is a desire for trusted interventions that are accessible 24/7, private, secure, online and (where possible) free
- Londoners want to avoid stigma by being able to access services in private and at any time
- Committing to a course of therapy is not always an option for the individual

Steering group

In response to the scale of need, and desire for, a 24/7 digital mental wellbeing service for the whole of London, a steering group was convened. Representing all London NHS clinical commissioning groups and a majority of London local authorities, with support from Public Health England and the Mayor of London, its remit was to plan and commission what would become known as Good Thinking.

Doing this at scale across London achieved the following:

- Provided efficiencies by sharing procurement and management costs
- Supported integrated marketing and promotional campaigns to increase potential uptake
- Targeted Londoners of working age affected by a common mental health problem, such as anxiety, sleep, stress and low mood
- Enabled all adults in London, regardless of gender, age, ethnicity or socio-economic background, to manage their mental wellbeing and resilience in a personalised way
- Focused on self-help, including self-assessment, access to quality information and services with clinical guidance and governance to provide a safe environment with effective risk management
- Enabled easy, continuous, timely and private access to support – this is particularly important for those who do not wish to engage with, or are not registered with, traditional healthcare services
- Provided a source of guidance about which digital materials are most likely to have a positive impact on mental health and wellbeing
- Enabled systematic evaluation that could inform future commissioning

Theory of change

Following the discovery phase, we developed an underlying theory of change for Good Thinking that identifies the rationale, assumptions, input (programme components), output (products/services), outcome and long-term impact of the service.

As the illustration below shows, this provides a comprehensive explanation of why and how the service is an appropriate vehicle for delivering self-care to people with common mental health conditions. It is based on the fundamental principles that people trust the NHS as a brand and that digital platforms provide more accessible and cheaper resources that are less stigmatising than traditional services.

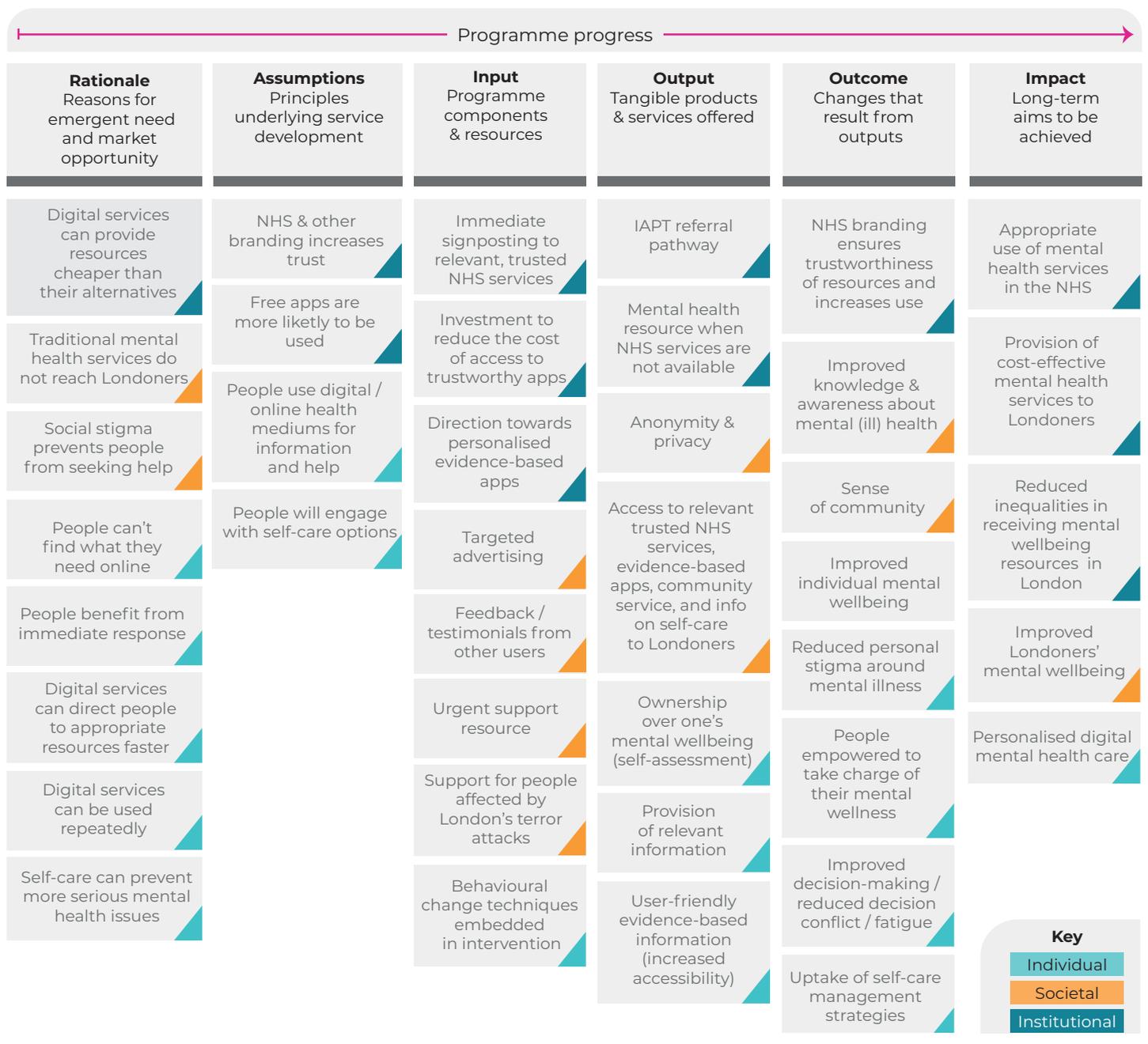


Figure 1: Good Thinking's theory of change

Behavioural science

The development and optimisation of Good Thinking has been underpinned by behavioural science (Public Health Behavioural Insights).²⁴ We used the Behaviour Change Wheel (see below) and associated tools and techniques, which helped us to:²⁵

1. Understand the behaviour (who needs to do what, and when and how that is influenced by their capability, opportunity and motivation)
2. Identify intervention options (for example, develop someone's knowledge or skills or encourage them to take action)
3. Determine specific intervention components and modes of delivery (for example, framing or prompts and cues); interventions need to change one or more barriers or enablers in the behavioural system, thereby putting it into a new configuration and minimising the risk of it reverting

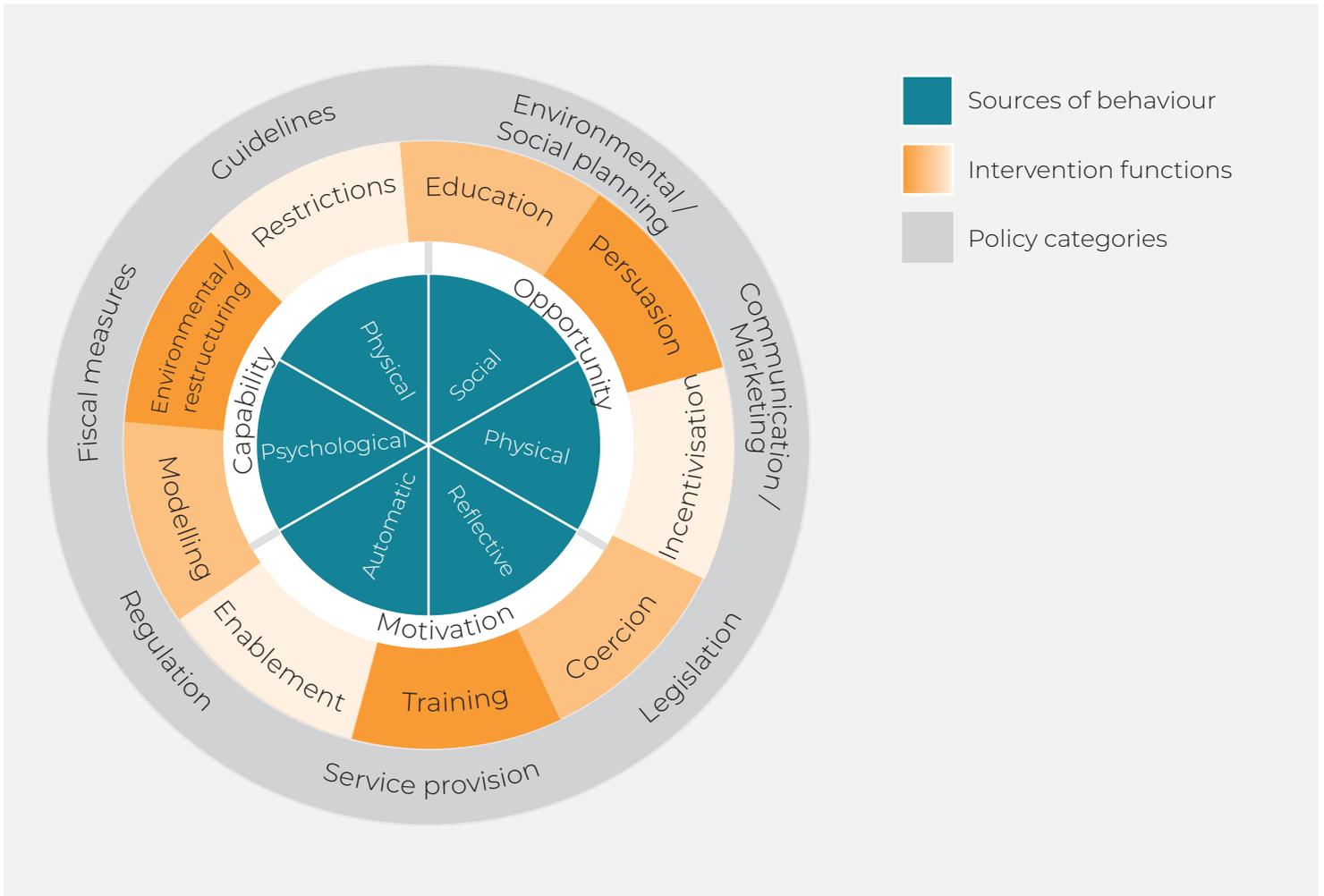


Figure 2: The Behaviour Change Wheel: A new method for characterising and designing behaviour change interventions ²⁵

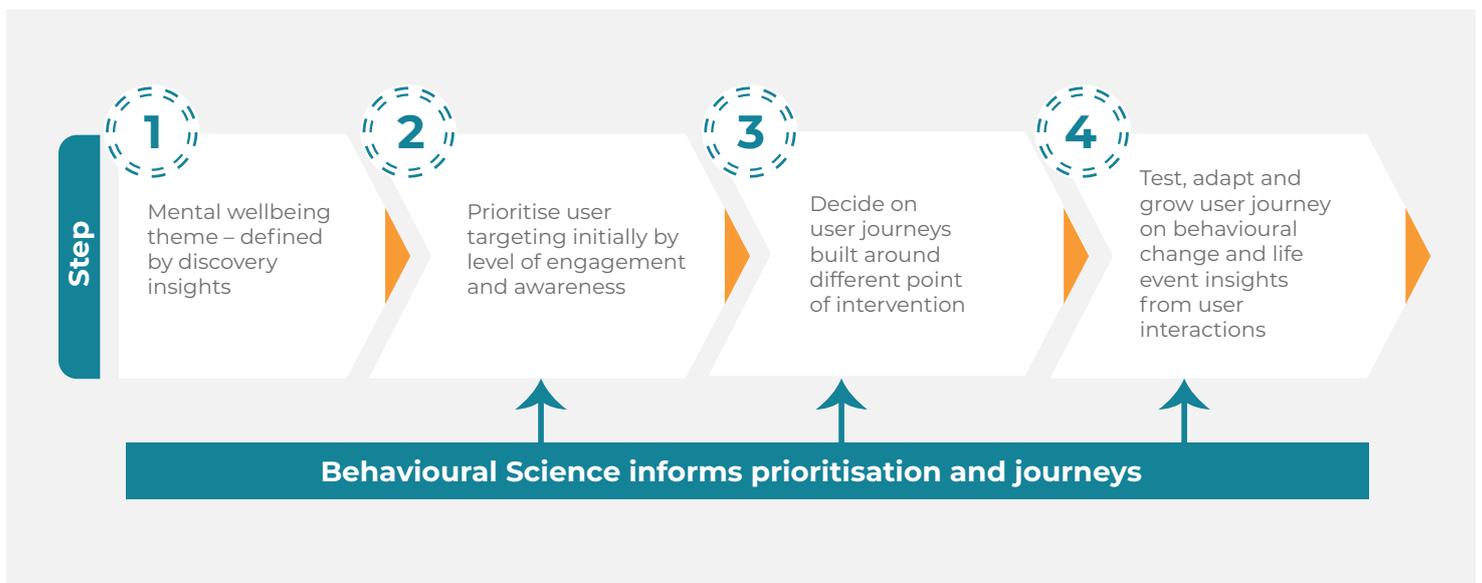


Figure 3: Good Thinking's phases of development and launch

Development and launch

Based on the discovery phase, theory of change and behavioural science framework, we identified the following aims for Good Thinking:

1. Develop a digital mental wellbeing service, defined by insights from the discovery phase about what Londoners need
2. Build a universal service that is initially marketed to those identified as most disengaged and unaware in order to encourage them to engage and use self-help to improve their mental wellbeing. This will be further informed by life stages and clinical need
3. Map, test and refine user journeys prioritised by point of intervention and behavioural science models, overseen by clinical direction

4. Test, adapt and grow these user journeys over time by monitoring and analysing who uses the service and how they interact with it. Prioritise user targeting based on behavioural change and insights into life event needs

Launched in November 2017, Good Thinking uses digital marketing tools to reach Londoners who are looking for advice or who want to take action when experiencing any of the four most common mental wellbeing concerns: anxiety, sleep, stress and low mood.

The Good Thinking service provides users with safe, proactive and early intervention tools that are appropriate to their level of need and available 24/7. It includes a clinical self-assessment tool that will advise them if the symptoms they are experiencing warrant further investigation and signposts appropriate resources, information and services based on the individual's needs.

Service model

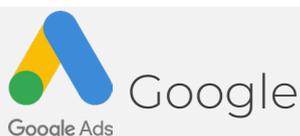
Good Thinking currently reaches Londoners in three ways – through targeted digital advertising and organic search and via public sector organisations that have embedded it in their employee mental wellbeing campaigns and occupational health programmes.

Targeted digital advertising finds people over the age of 18 who use search terms indicating they are looking for mental wellbeing support. It directs them to the website where they undertake either a simple quiz or a more detailed self-assessment and then signposts them to a wide range of personalised resources (or services, if using the clinically validated self-assessment). Several free resources are provided and for people requiring a higher level of support there are links to London IAPT referral pages and the Psychological Trauma Support Service.

Since 2017, Good Thinking has partnered with award-winning digital marketing firm Fresh Egg to proactively find Londoners online who may be experiencing early signs of poor mental wellbeing and signpost them to the service. Advertisements are placed on key websites and apps where people are actively searching for terms associated with mental health and wellbeing, in order to raise awareness and encourage click-throughs to Good Thinking.

The digital marketing strategy for Good Thinking has evolved over time and includes:

- During the pilot phase (July-August 2017), Fresh Egg conducted tests to find Londoners looking for help with their mental wellbeing on Google, Twitter and Facebook
- Targeting people by location, age and gender via two main channels: Google, which is used for 88% of all global searches²⁵ and provides an 'active audience' that is searching on mental health keywords, and Facebook, which offers a 'passive audience' that is not actively searching for mental health advice
- Paid advertising started in November 2017 (with on/off periods) and we launched weekly campaigns in March 2018. During 2018/19, 60% of Good Thinking website traffic was generated through paid advertising² and we have recently prioritised paid advertising to Google and Facebook as these two platforms provide the highest potential reach for Londoners
- To ensure the greatest impact, we a) tested variations of online ads on the same audiences and b) ran the same ads on different platforms (for example, Facebook and Instagram)
- For 2019/20, we have significantly increased our non-advertising promotional activities to drive direct traffic (where users type the Good Thinking website address directly into their browser) and organic traffic (where users look for Good Thinking via a search engine)



- Targets users that are actively searching for information linked to mental health conditions – an 'active' audience
- Google represents 88% of all global searches
- Ads are targeted based on keywords (terms and phrasing chosen by Good Thinking)

- Targets users whose behaviour, demographic and location suggests they are a potential service users – a 'passive' audience
- Estimated 39.2 million Facebook users in UK (2018)

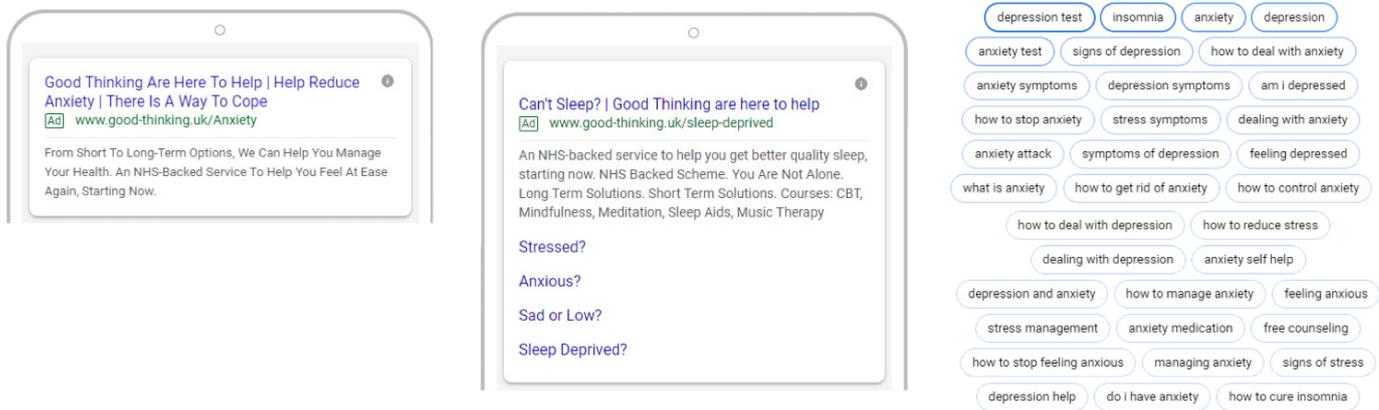


Figure 4: Sample Google advertising displays and search terms

Standard operating procedure

With over 300,000 health apps available worldwide,²⁷ Good Thinking had to ensure only the most suitable apps and other resources are recommended.

We developed a standard operating procedure (SOP) to assess, select and monitor apps and other digital tools that are signposted from the Good Thinking service. Our SOP consists of a robust methodology for selecting apps that meet the necessary standards and requirements of Good Thinking (see below) and takes into account that new apps emerge and others disappear on a daily basis.

Step 1: We identify the need for an app or other resource based on the four Good Thinking categories (anxiety, sleep, stress and low mood).

Step 2: Using internal networks, platforms, accelerators, universities, Academic Health Science networks and other organisations, we find potentially suitable apps and other resources.

Steps 3 and 4: We ask app/service providers to complete a self-assessment that is then reviewed by subject matter experts against the following criteria:

- pre-qualification and eligibility
- available evidence on outcomes
- clinical safety, data protection and security
- usability, accessibility, interoperability and technical stability

Recommendations are made to the Good Thinking steering group and successful resources are added to the website.

Step 5: We conduct ongoing monitoring as the selected apps are updated or changed (or if they fail to be updated or changed).

Step 6: Any apps that do not continue to meet our needs or do not comply with our requirements are decommissioned.



Figure 5: Good Thinking standard operating procedure for choosing apps

User journey

When someone arrives on the Good Thinking website home page, there is a triage tool and they are invited to select from four topics:

1. Manage your anxiety
2. Get better sleep
3. Manage your stress
4. Boost your mood

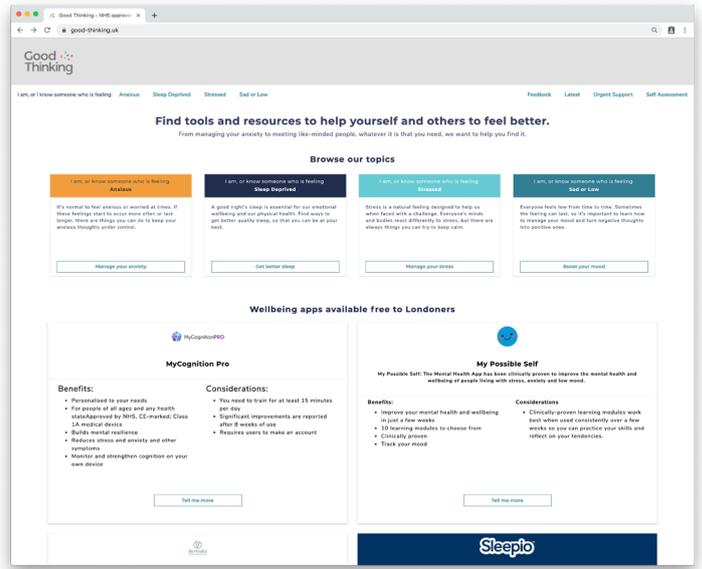


Figure 6: Good Thinking website home page

The user clicks on a topic and is then presented with three simple questions.

Based on a taxonomy system, this classifies information into groups so that decision-making in respect of each group can be made in turn. The Good Thinking taxonomy has four groups:

- condition
- symptoms and causes
- frequency
- type of resource requested

Their selection results in a more structured, accurate and efficient process for the user.

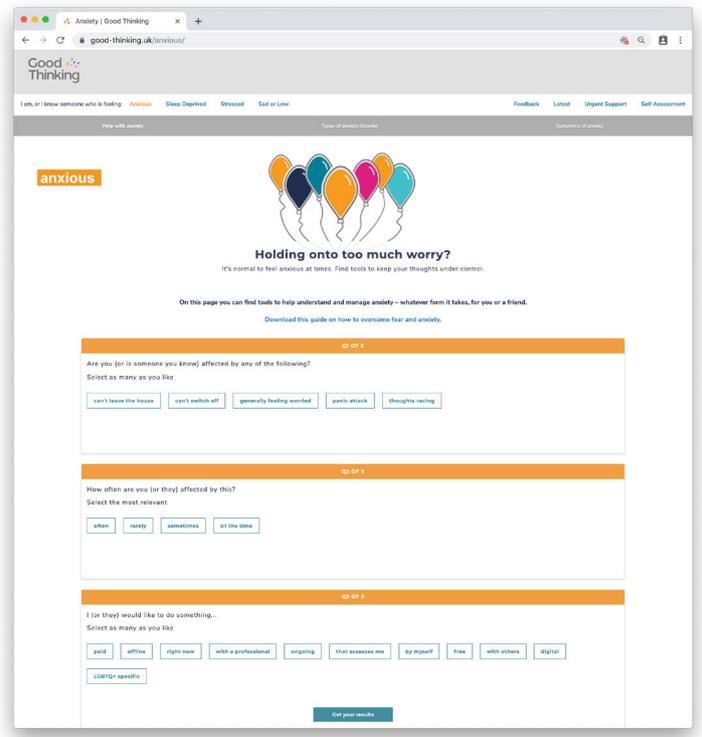


Figure 7: Anxiety quiz questions

By answering all three questions, a set of resources is generated that is tailored to suit the user's needs:

- mobile apps
- websites
- other digital tools

The user can then click through to the suggested resource or ask for further recommendations.

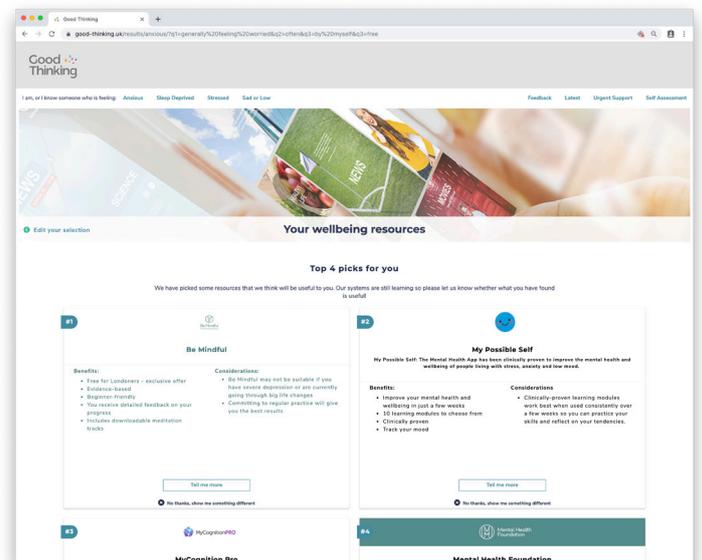


Figure 8: Sample of recommended resources

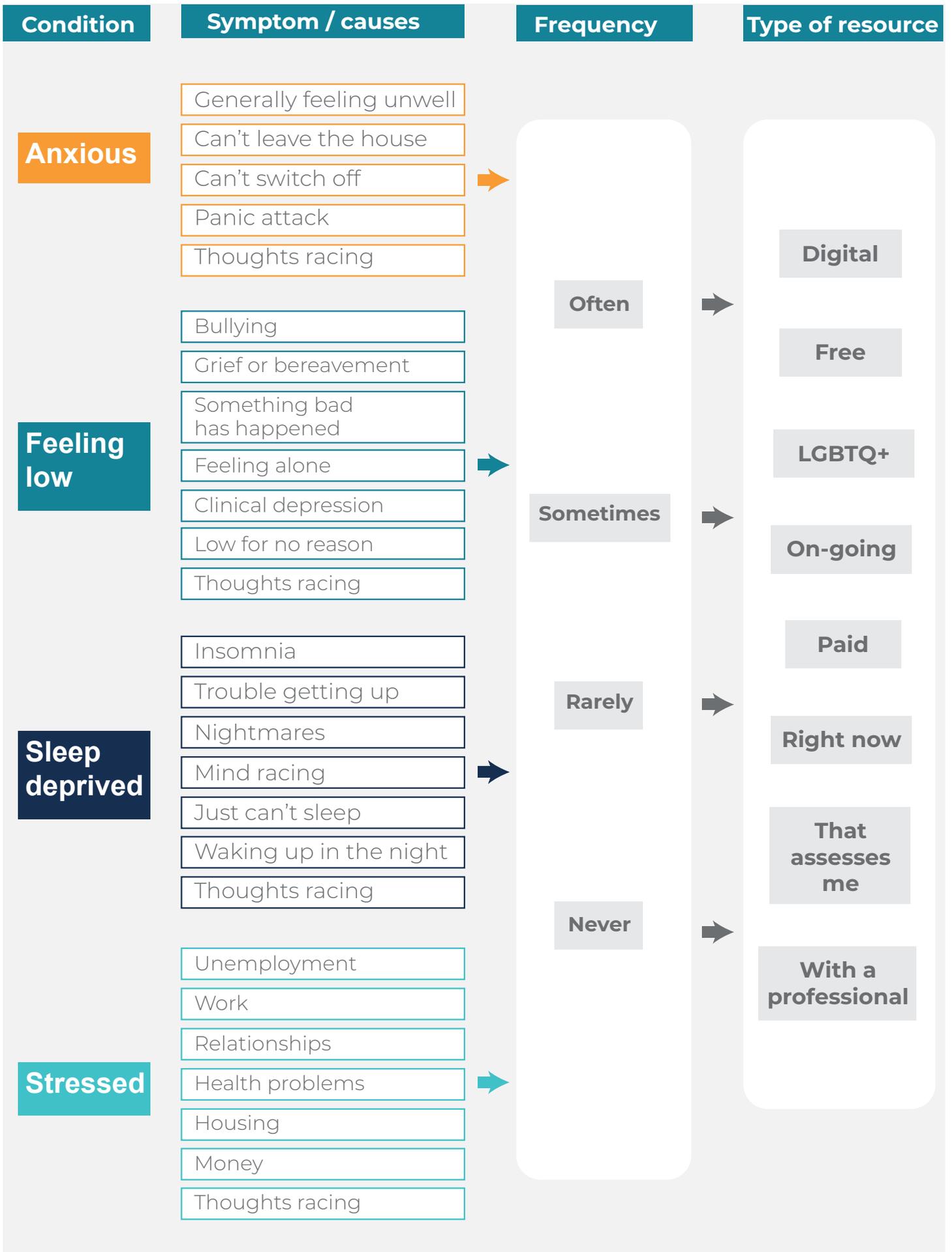


Figure 9: Good Thinking's taxonomy to enable personalisation of resources

Key features

In establishing an open, accessible, end-to-end digital service for Londoners, it was recognised that Good Thinking might be accessed by those with greater needs than the service was designed to meet. For example, Londoners might go online to find support when they are struggling to access their local services or when they need immediate help. Good Thinking therefore includes a clinically robust self-assessment tool as well as urgent support and trauma support options.

Self-assessment

For Good Thinking users who want a more in-depth assessment, professionally developed and clinically approved self-assessments are available around the four main conditions (anxiety, sleep, stress and low mood). This takes around 20 minutes to complete and the user receives recommendations about where to get help (e.g. book a GP appointment within the next three days) or how to manage an issue using resources on Good Thinking. Potential physical and mental health risks and safeguarding risks are also identified as part of the self-assessment and the user is encouraged to seek help for that situation, including urgent support.

Urgent support

Although Good Thinking is aimed at people with low levels of mental health need, it might be accessed by those with greater needs. There is a page directing people to sources of urgent support, if required, which includes local crisis lines, emergency departments and voluntary sector organisations that can provide immediate help.

Trauma support

Good Thinking also has a dedicated page for psychological trauma support services following the London terrorist incidents of 2017/18. The information is aimed to help people who are feeling the lasting impact of these attacks. Our 'Trauma Support' page has had more than 5,000 views.

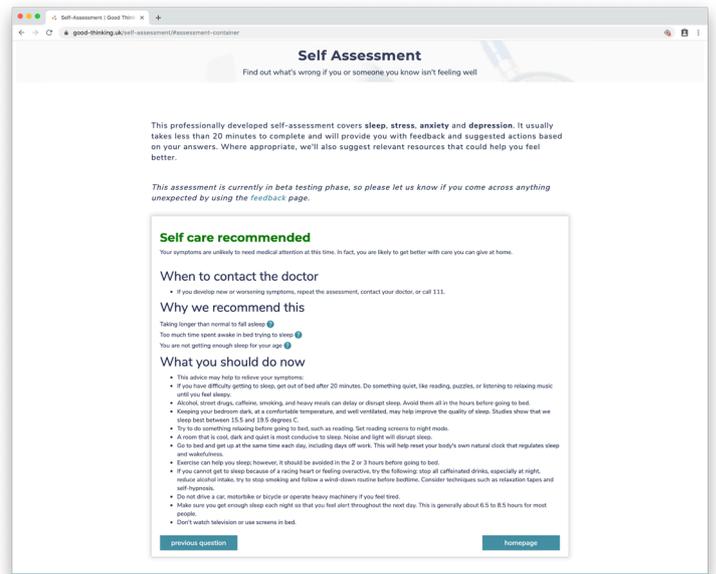


Figure 10: Self assessment page on desktop display

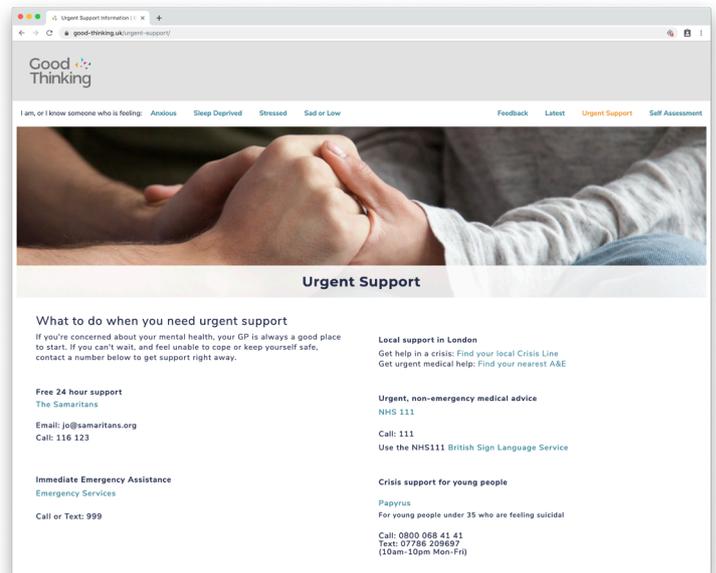


Figure 11: Urgent support page on desktop display

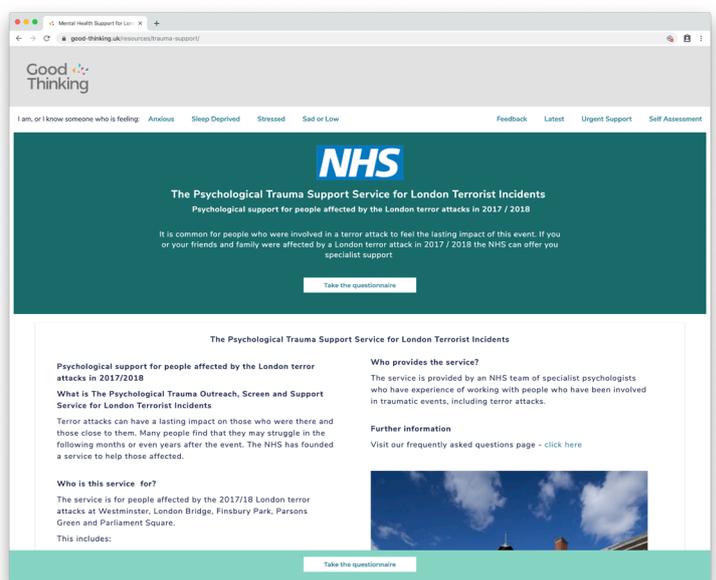


Figure 12: Psychological trauma support page on desktop display

Resources

Over 120 online resources are signposted from Good Thinking, including apps, online and offline courses and other therapy approaches that are suitable for London's highly mobile population.

All these resources are assessed to ensure they meet clinical, GDPR and online safety standards and are divided into collections based on condition (for example, anxiety) and communities who have high levels of mental health need (e.g. LGBTQ+).²⁸

Specific resource collections are promoted through the quiz function on the Good Thinking service, ensuring they meet the user's personal needs. For each area of need, there is a high-quality free resource available for Londoners and also links to paid apps and services. From a behavioural science perspective, uptake of free options improves when paid options are also available.

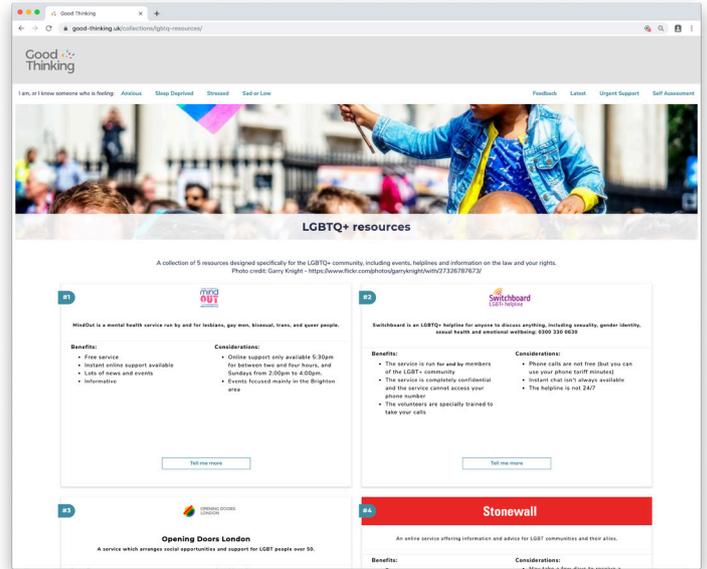


Figure 13: LGBTQ+ resources collection on desktop display



feeling low?

We have the perfect tools, apps and guides to help you push back your dark clouds

www.good-thinking.uk

Usage

Since its launch in November 2017, more than a quarter of a million Londoners have used the Good Thinking service.² In this section, we highlight key statistics, trends and other information about how the Good Thinking website is being used.

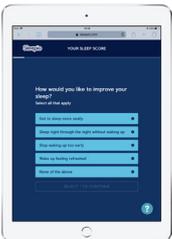
Data collection

In line with the Good Thinking privacy policy, anonymous usage data is collected. This enables us to track the effectiveness of our digital marketing strategy, the popularity of selected apps or other resources, and the outcomes for users who access our resources or undertake a self-assessment.

We use Google Analytics to measure interactions across the website in real time with a focus on: number of sessions, number of new users, pages visited and available postcode data.

1 Sleepio*

Online programme that teaches proven techniques to fall asleep faster, stay through and wake up feeling refreshed.



2 My Possible Self*

A mood tracking app that uses proven psychological methods and clinically proven research to teach you coping mechanisms so you can live happier and healthier.



3 Be Mindful*

Online mindfulness course to develop lifelong skills to help manage difficult emotions and better cope with life's stresses.



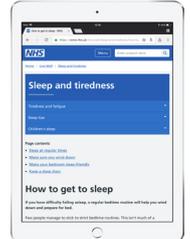
4 My Cognition*

Cognitive fitness programme (15mins/day) improves wellbeing by improving cognition, particularly focusing, memorising, strategising and making accurate decisions faster.



5 NHS Sleep and tiredness advice

Comprehensive health information and advice using videos, articles and other resources.



6 The Mix

Online support service providing free, confidential support and counselling for young people under 25.



7 Mental Health Foundation

Website with useful tools and resources for all things related to mental health and wellbeing.



8 Rethink

Charity providing expert, accredited advice and information to anyone experiencing a mental health problem.



9 SAM

Mobile phone app designed to help manage anxiety by building a personalised anxiety management toolkit.



10 Living Life to the Full

Free online courses based on the principles of cognitive behaviour therapy learn skills for coping with stress

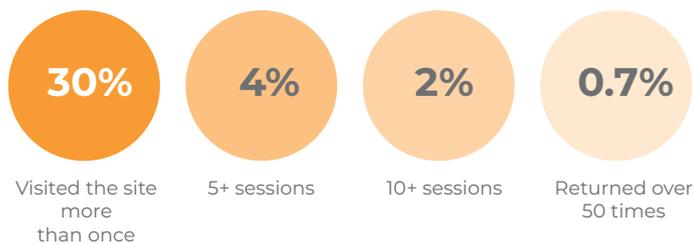


* free for Londoners via Good Thinking

Figure 14: Current Top 10 Good Thinking resources

Website and digital marketing insights

We keep a close eye on our paid advertising and website analytics in order to inform future digital marketing campaigns. The information in this section is taken from the Good Thinking Paid Advertising and Website Analytics Summary (April 2018 - March 2019) and other data provided by Fresh Egg. This data is available to share with NHS services, charities and other organisations that are committed to improving mental health and wellbeing.



Growth

Good Thinking has shown steady user growth since its launch in November 2017. By August 2019, the website had 350,000 visits from over 250,000 individual users – a good return rate considering that users are initially targeted through digital advertising. We have seen spikes in usage associated with external campaigns, such as World Mental Health Day, and when organisations adopt Good Thinking as part of their employee wellbeing service.

Thirty percent of visitors (100,000 people) have returned to the Good Thinking website more than once and there is a core group of users who use the service frequently. As the illustration (left) shows, around 4,500 people have visited the website more than 10 times and around 1,500 have returned more than 50 times.

Nov 2017- Sept 2019

350,000 visits

250,000 new users

100,000 repeat users

PEAK MONTHLY VISITORS
20,000
May '18 - June '19

- 29% repeat users
- 71% new users

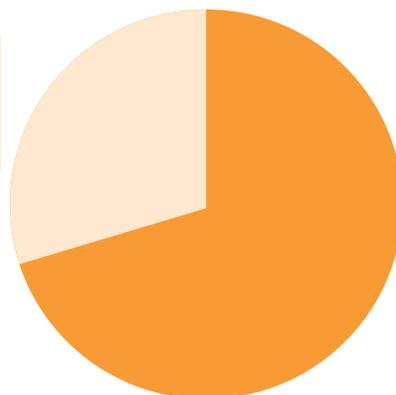


Figure 15: Good Thinking user growth from November 2017 to September 2019

Time of day

As a 24/7 digital service, Good Thinking attracts users throughout the day and night. Between 08:00 and 21:00, around 15,000 – 20,000 users access the service. Although usage drops later on, we still see significant activity during the night (around 4,000 – 5,000 users). This could be a sign that after dark can be particularly difficult for some people with mental health conditions and that this might be the only time they can seek help, outside of work or family commitments. Since the service went live, Tuesday has been the most popular day to access it. This reflects our initial discovery work, which indicated that people would use the service both day and night, and proves the hypothesis within the theory of change to be true.

Age and gender

Based on a sample of users, 60% of people searching Google for mental health terms were aged 25-34. Seventy-one percent of these users were female and 29% were male (non-binary is not a category collected by Google).

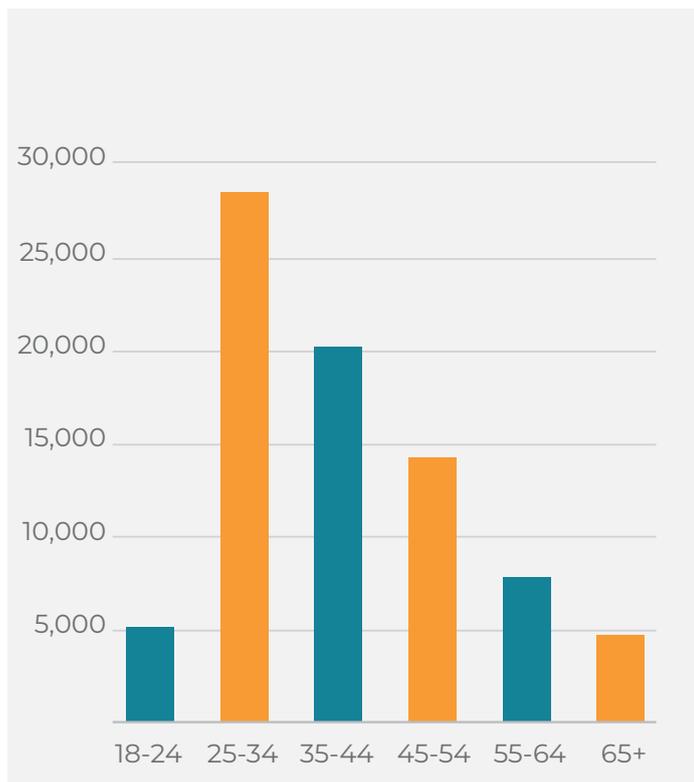


Figure 16: Good Thinking users' age groups

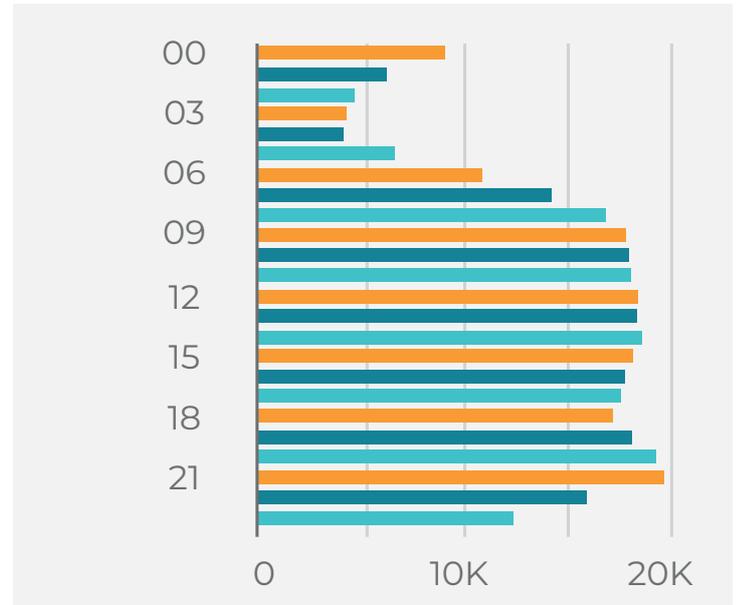


Figure 17: Good Thinking average time of day for visits

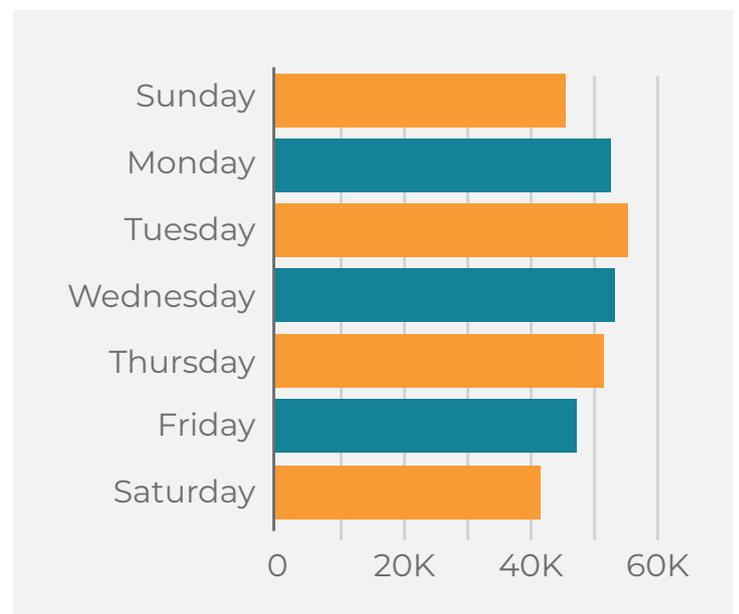


Figure 18: Good Thinking average day of the week for visits

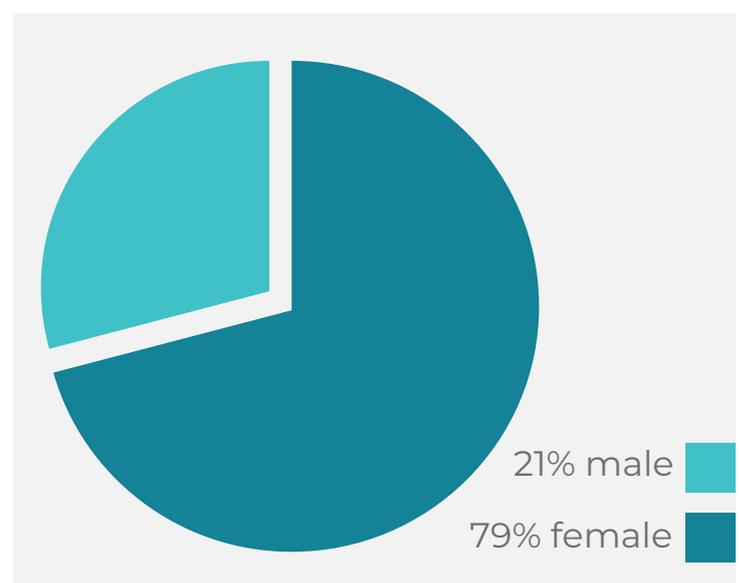


Figure 19: Proportion of male and female users

Quiz

The quiz that appears once someone has selected one of the four topics on the Good Thinking home page is made up of three simple questions, such as “How often are you affected by this?”.

Good Thinking quizzes include the options to get help on your own or with a professional. Since early 2019, there has been a link to London’s IAPT. At present, there is no seamless way of monitoring referral by this route but work is underway to enable tracking of IAPT referrals via Good Thinking.

Online advertising

Targeted online advertising between April 2018 and March 2019 saw Good Thinking ads posted 7.4 million times and clicked on 133,000 times leading to 127,000 website sessions. This campaign reached 3.7 million individuals.

It should be noted that gender is important in ad selection. For example, a Good Thinking ad that used an illustration had the lowest click-through rate (CTR) for men (0.05%). Whereas CTR was 15 times higher when shown to women.

We have learned that men are less likely to respond to emotive and metaphorical language and graphic images – they prefer ads with photographs.

Search

The most commonly used search terms that resulted in people going on to use Good Thinking were ‘depression’, ‘anxiety’, ‘insomnia’ and ‘stress’. These are the four most common mental health conditions and the foundation of the Good Thinking service. Users searching for help with depression were 46% more likely to click on an ad showing that Good Thinking is NHS-approved. Some search terms – for example, ‘symptoms of stress’ and ‘do I have anxiety?’ – generated click-throughs but did not lead to the eventual use of Good Thinking. This learning has been factored into future marketing campaigns.

From October 2018 to March 2019, reliance on paid advertising declined and organic searches (when someone searches for the term ‘Good Thinking’ via a search engine) increased. Forty percent of users reached Good Thinking organically rather than through paid advertising, either searching for it via a search engine or by visiting the website directly.

Table 1: Sample online advertising demographic reach

Age	Facebook/Instagram demographic size	Reach	Impressions	Clicks	CTR (reach)	Proportion of demographic reached
18-24	5,600,000	630,153	1,236,313	8,678	1.38%	11.25%
25-34	11,600,000	1,596,482	3,123,386	25,245	1.58%	13.76%
35-44	8,400,000	510,181	1,148,455	10,123	1.98%	6.07%
45-54	5,200,000	281,077	748,292	7,796	2.77%	5.41%
55-64	3,080,000	42,913	113,709	1,951	4.55%	1.39%
65+	2,320,000	22,859	65,268	1,347	5.89%	0.99%

The brand name Good Thinking was top of search queries followed by Sleepio. This is likely to be related to the work to embed Good Thinking into public sector organisations for use by their staff and patients.

Media outlets included the Daily Mail, Men's Health and This is Money, with some uplift attributed to specific activities (for example, World Sleep Day). Planned website improvements, such as further search engine optimisation and connecting participants in the online community managers programme, should result in a further increase in direct traffic.

Direct traffic

Following mentions of Good Thinking in a number of national and local media outlets, direct traffic (when someone types Good Thinking directly into their browser) also increased.

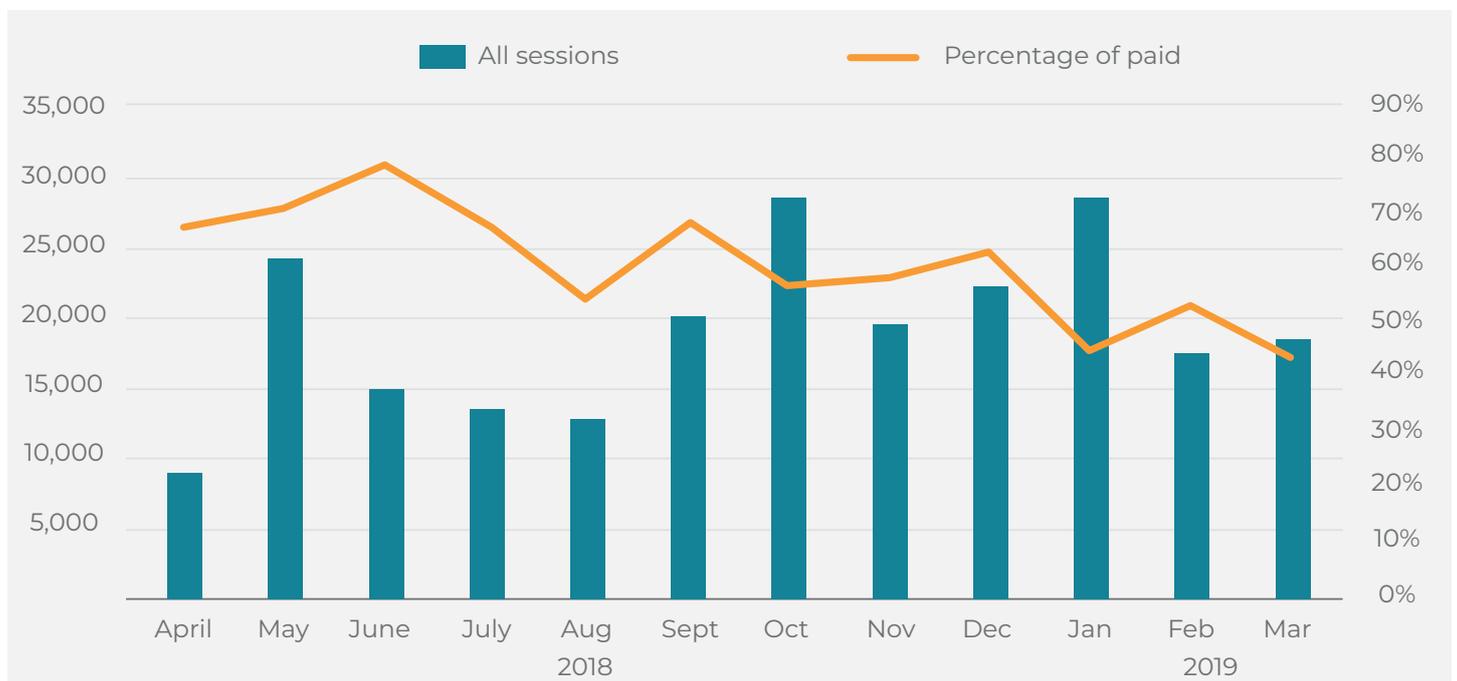


Figure 20: Reduction of paid advertising in proportion to overall website sessions

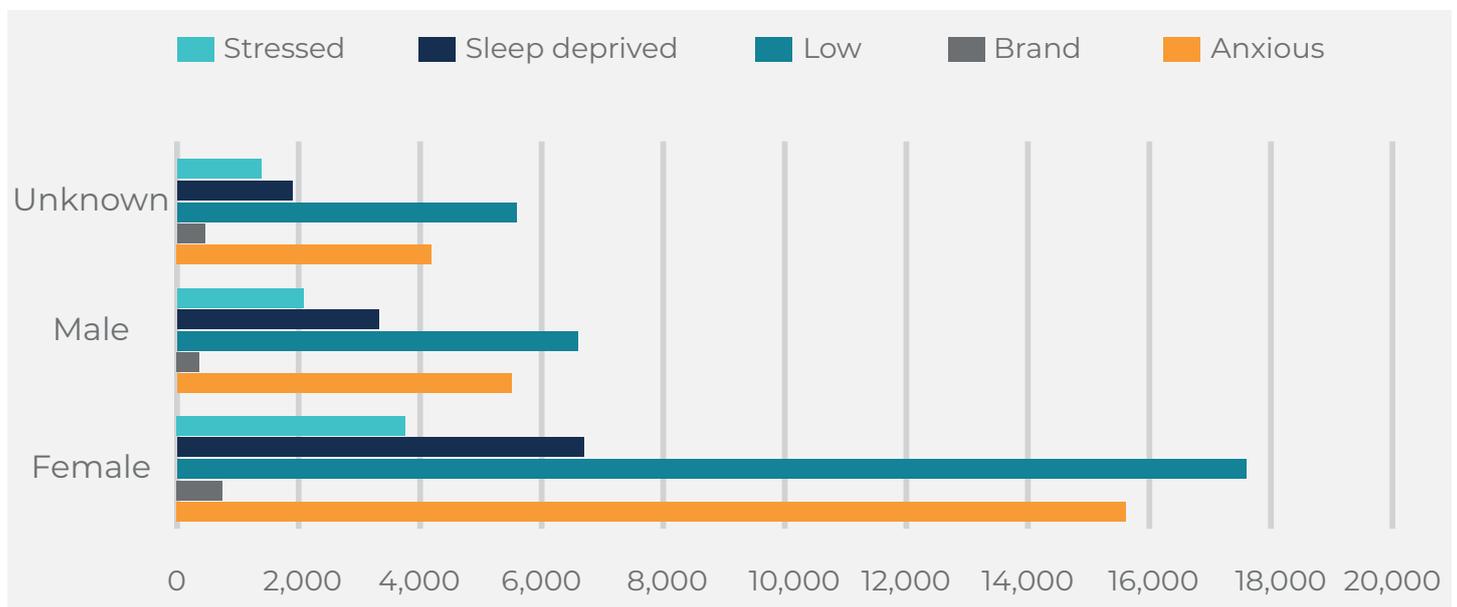


Figure 21: Google advert clicks by gender

Popular resources

The table below shows the top ranked destination pages on Good Thinking broken down by page views (the number of times a page has been viewed) and unique page views (the number of times a page has been viewed, excluding any repeat viewings by a user).

Within the resources accessed most frequently by Good Thinking users, those that are free for Londoners are the most popular.

Moving forward, it is our aim to find even more high-quality resources that Londoners will be able to relate to and find useful.

We monitor usage of all apps and other resources across the service, including uptake of new additions, to ensure that the most popular resources are promoted in our marketing campaigns.

Table 2: Most popular Good Thinking resources pages November 2017 – September 2019

	Destination page	Page views	Unique page views
1	Self-assessment	263,792	12,157
2	Sleepio	45,519	34,868
3	Be Mindful	14,909	12,429
4	NHS Choices	3,695	3,403
5	Big White Wall	2,777	2,532
6	My Possible Self	2,591	2,036
7	The Mix	2,503	2,195
8	SAM	2,468	2,180
9	Rethink Mental Illness	2,322	2,083
10	Campaign Against Living Miserably (CALM)	1,700	1,471
11	Mental Health Foundation	1,682	1,527
12	Living Life to the full	1,381	1,244
13	My Cognition	1,012	803
Other services			
1	Trauma support – London terror attacks	5,161	3,609
2	Urgent support – Crisis support	4,483	3,756
3	Psychological therapies – IAPT	2,894	2,567

Impact

A formal evaluation of Good Thinking is currently being conducted by King's College London,²⁹ with the results expected by the end of 2019/20. In the meantime, it is useful to highlight some of the areas where the service has had a positive impact.

Self-assessment

Londoners who would like more in-depth understanding of their condition (for example, if they are struggling to access local mental health services or are dissatisfied with them) can select the self-assessment option on Good Thinking. It is a clinically-validated tool that signposts users to the appropriate level of care and was included in Good Thinking as part of our clinical governance and risk management.

Originally developed for Good Thinking users with sleep problems, we extended the self-assessment tool to also cover anxiety, stress and low mood based on user feedback. Without any promotion, it became the most popular resource on Good Thinking and has had more than 250,000 page views.

It supports the findings of the discovery phase that Londoners want tools that help them to understand their health better and improve self-care.

At the end of each self-assessment, the clinically validated scales (PHQ-9, GAD-7, CAGE etc.) and risk questions indicate what users should do next to get help. Destinations include self-care, NHS 111, a visit to a GP within a certain time period or, in severe cases, a call to 999. As a triage tool, the conclusions are not diagnostic but may suggest an area of difficulty and how quickly the user should seek further assessment.

The assessment captures a wide range of data including:

- Completed assessments by day of week
- Completed assessments by hour of day
- Gender distribution
- Completed assessments by age band
- Median age of completed assessments
- Recommendations as a result of their answers to questions

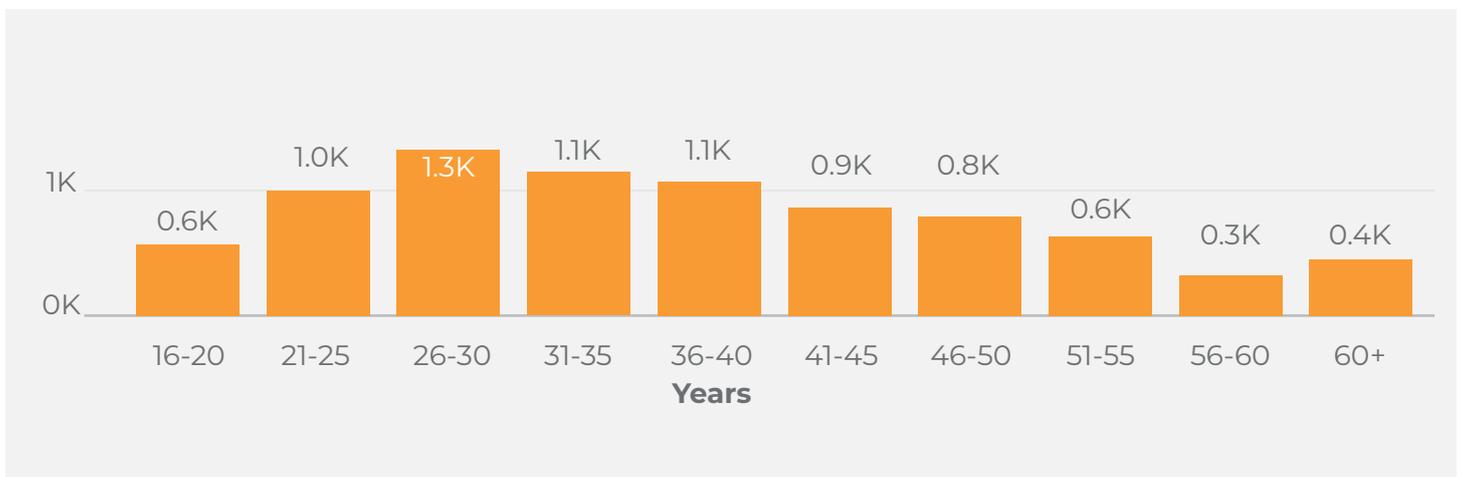


Figure 22: Completed self-assessments by age

Although self-assessments take place throughout the day and night, the most popular time is around 14:00 (perhaps during a lunch break) and the most popular day is Tuesday. Self-assessment users identify as 78% female and 22.3% as male. The most common age range is 26-30 and the average age of a self-assessment user is 37.49. The self-assessment is also used by older people, with 400 Londoners over 60 years making use of it. The most common recommended action for users is home treatment closely followed by a recommendation to make an appointment in three days' time.

It is possible to obtain anonymous data on the conditions that are being suggested as the cause of sleep problems and other concerns. These data sets could be hugely valuable for commissioning services, not least because the self-assessments have now been updated to be valid for those aged 16+.

Given the popularity of the Good Thinking self-assessment tool, it could become very useful as a way of listening to the health needs of Londoners and engaging them in better self-care.

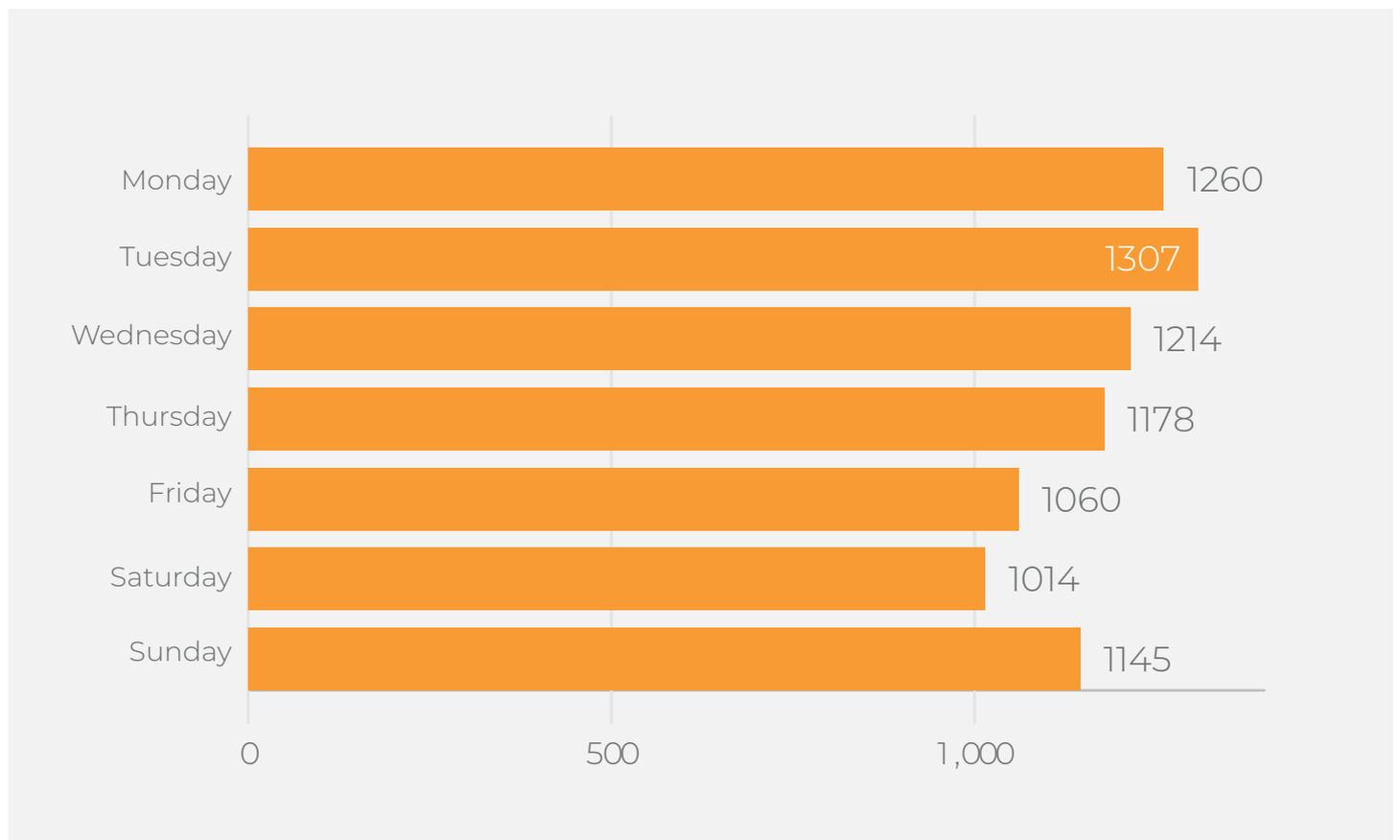


Figure 23: Completed self assessments across one week (Sample)

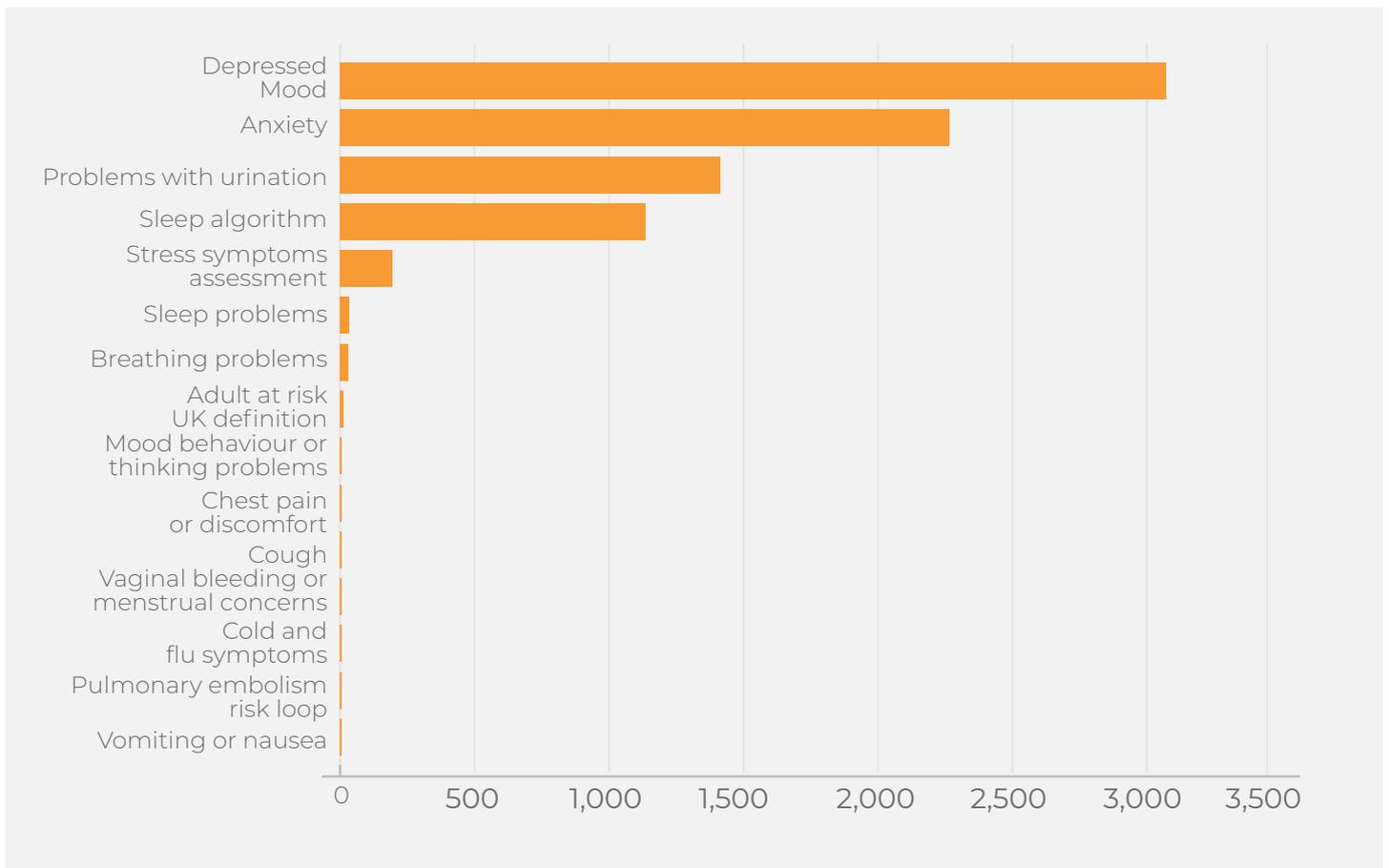


Figure 24: Most common conditions identified via self assessment

Supporting online communities and their community managers

In the Good Thinking discovery phase, peer-to-peer support, such as online forums, was identified as being very important to Londoners – we heard that it helps to talk with, or just listen to, ‘people like me’. Our research confirmed that Londoners are discussing stress and other issues in online communities where they feel safe, including entertainment websites, money advice pages, football club communities and motoring chat rooms. These discussions could lead to a Londoner disclosing a serious health problem, or that they are in crisis, and it might be left to the community manager (who runs or moderates the online community) to support the user in finding the right help for their needs.

A relatively new profession, community management has high levels of stress, anxiety and burnout amongst its practitioners as they are often supporting the most vulnerable Londoners. Little support exists to help community managers deal with the pressures of looking after 24/7 communities and they might not have the skills for dealing with the mental health and safeguarding issues of their users.

Recognising that online community managers across London need more support, Good Thinking has delivered a series of workshops, webinars and talks. We are developing a tool kit for community managers to help them understand the mental health needs of their community members and support them better online.

They are also learning to signpost their members to Good Thinking, as an NHS-approved resource that they can trust and where they can find further support.

We have already reached over 150 community managers of hyperlocal London-focused online communities and nationwide communities who also have a London audience. These range from small communities to those with an audience of millions and include Mumsnet, Scope and Diabetes UK. In turn, these communities establish online links back to Good Thinking as a source of mental wellbeing support for their members.

The Student Room

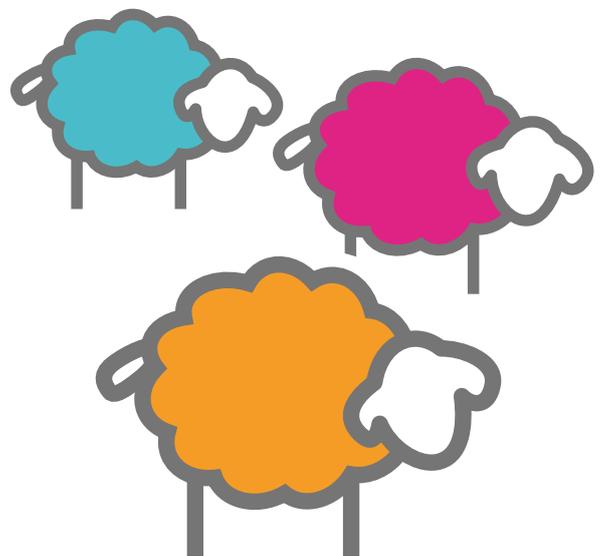
The UK's largest online student community, The Student Room, has three million members and is used by 75% of all students in the UK. This hugely popular online community has a Peer Support Volunteer team. Made up of young people who support students when they are in distress, the team has a big challenge: to moderate and safeguard a large community, many of whom are under 18.

In the past 12 months, The Student Room³² has had 1.4 million views of the discussions on its mental health forum – an increase of 20% year on year. By working with The Student Room on these challenges, we are able to reach vast numbers of young people in difficulty and help them get the most appropriate support.

can't sleep?

**Tired of
counting sheep?**

www.good-thinking.uk



Case study: Sleepio

There is a growing body of evidence that poor sleep has a significant impact on both mental and physical health. When establishing Good Thinking as an alternative way to help Londoners improve their mental health, difficulty sleeping was identified as a potential focus area. Although clinical guidelines recommend psychological ('talking') therapy as the first line treatment for chronic insomnia, this can be difficult for GPs to access, increasing the likelihood that they prescribe medication instead.

To offer high quality and clinically evidenced support to Londoners who have sleep problems, Good Thinking partnered with Sleepio, a well-established sleep improvement app. Sleepio offers various levels of support, including a sleep test that assesses the user's sleep quality, personalised tips and a more intensive CBT programme. Data from Sleepio show that since Good Thinking launched:

- 23,000 Londoners have completed the sleep test and, of those, 21,500 progressed to getting personalised advice on how to improve their sleep. This has potentially prevented 21,500 GP appointments
- 7,330 Londoners chose to do the CBT programme, which resulted in a significant reduction in the number of individuals struggling with both diagnosable anxiety and depressive disorders
- 35% of users were identified as suffering from Generalised Anxiety Disorder at the start of the CBT programme and this fell to 16% on completion, as measured by the GAD-2 Scale³⁰
- 31% of users were identified as suffering from a Major Depressive Disorder at the start of the CBT programme and this fell to 12% on completion, as measured by the PHQ-2 Scale³¹
- On completion of the CBT programme, users were sleeping 39 minutes longer each night and falling asleep 12 minutes sooner

Sleepio is the second most popular resource on Good Thinking (after self-assessment)

Lily's story

can't sleep?

31-year-old Lily has had trouble sleeping since she was a teenager. She has multiple sclerosis and says that poor sleep has constantly exacerbated her symptoms and contributed to ill health, which has led to relapses. It has impacted her work and her ability to lead a normal life.

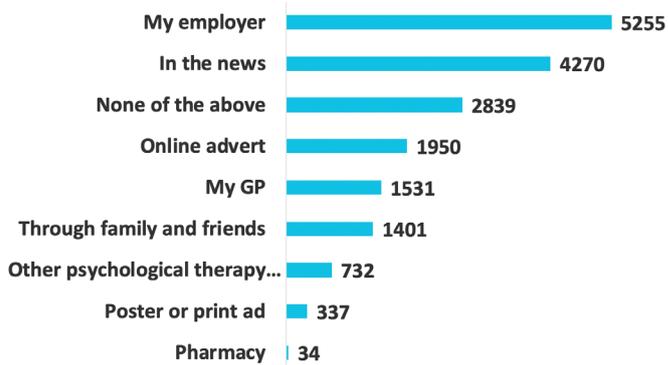
Lily had already tried meditation, prescription medication, over-the-counter drugs, yoga and various other methods to help her sleep. She heard about Good Thinking and Sleepio from her employer and says the app has improved the quality of her sleep and enabled her to maintain a reliable routine in other areas of her life.

Proper sleep, along with medication, and improving her fitness and diet (as recommended by the Sleepio programme) has meant Lily is able to control the symptoms of her multiple sclerosis far more effectively. She can now spend more quality time with friends and family and develop her career. It has also reduced her anxiety, which was hugely affected by lack of sleep.

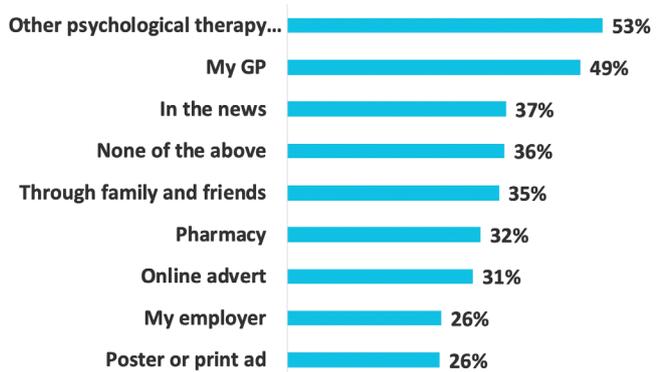
Direct access employer launches account for the largest volume of traffic into Sleepio; clinical referrals most likely to opt into CBT

Q: How did you hear about Sleepio?

% Sleep Hygiene Help Users by Referral Channel



% Sleep Hygiene Help to CBT conversion by Referral Channel



Source: Sleepio database; question added 1st May 2018. Data to 26th August 2019; groups are not exclusive, n=18,385

CBT users are seeing meaningful improvements in their sleep patterns...



Note: n=5674, average improvements for all Londoners starting the CBT programme and completing 7+ sleep diaries, *SOL from 53.3min to 42 min; *actual sleep improvement from 308 min to 348 min

Case study: Be Mindful

Good Thinking has teamed up with Be Mindful, an online course for reducing stress, depression and anxiety. It guides users through mindfulness-based cognitive therapy (MBCT) and is quite an intensive course of therapy that requires a certain level of commitment in order to be effective.

Mindfulness involves paying attention to thoughts and feelings in a way that increases our ability to manage difficult situations and make wise choices. Be Mindful involves 10 video sessions and 12 mindfulness assignments. In a similar way to Sleepio, Be Mindful collects GAD-7 and PHQ-9 scores from participants before and after they do the course. Since Good Thinking launched, data from Be Mindful show that:

- 3,285 Good Thinking users have engaged with Be Mindful to date
- 55% progressed beyond the introductory videos and were willing to commit time to undertaking the therapy
- 1,124 individuals self-assessed and completed at least one module and a further 352 completed at least two modules
- The results for those that completed the entire Be Mindful course are impressive
- At the start of therapy, users with anxiety scored 11.3 on average on the GAD-7 scale.³³ They reached what is known as 'caseness' (a term used to describe a person that scores highly enough on measures of depression and anxiety to be classed as a clinical case).³⁴ At the end of the course, these users scored 6.8 on average – a reduction of 4.5 points – and met the clinical criteria for 'recovery' from their anxiety
- At the start of the therapy, users with depression scored 10.6 on average on the PHQ-9 scale³¹ (and reached 'caseness' and 'Moderate Depressive Disorder'). At the end of the course, they scored 6.8 on average – a reduction of 3.8 points – and also met the criteria for 'recovery'

Be Mindful is Good Thinking's third most popular resource (after self-assessment and Sleepio)

Sarah's story

anxious?

Sarah has experienced anxiety to some extent for years. She has spoken to her GP about it, taken a cognitive behavioural therapy course and been suggested anti-depressants.

She found the Good Thinking service, took the 'anxiety' quiz and was recommended Be Mindful and a few other apps. As Sarah had already heard good things about Be Mindful from a friend, she signed up and got started. She started feeling the effect of the exercises after the first week.

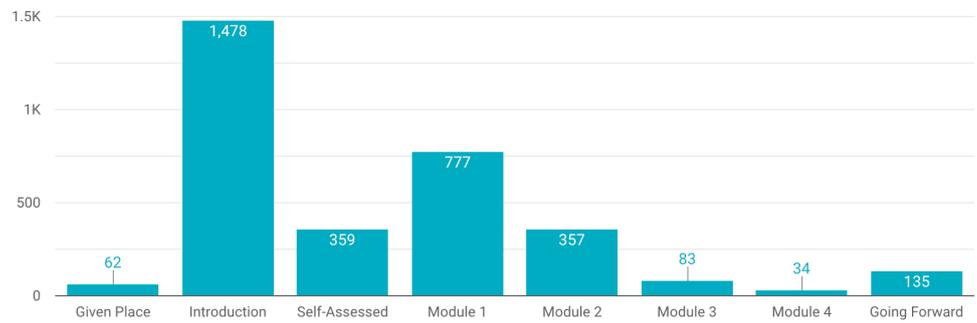
Sarah notes that Be Mindful is warm, genuine, reassuring, calm and supportive. She feels like the app has improved her anxiety, stress levels and sleep – some of the exercises really resonated with her and she has adopted them into her daily life. On finishing the course, Sarah's results from the Be Mindful stress test were really positive.



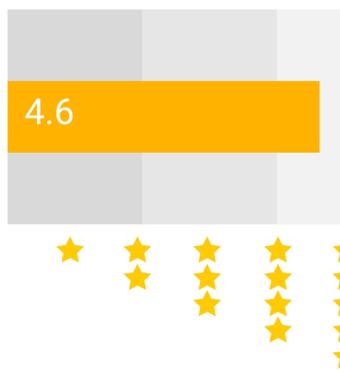
Total Course Participants
3,285

Module Titles

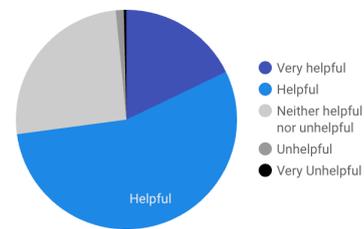
- Module 1: Stepping out of Automatic Pilot
- Module 2: Reconnecting with Body & Breath
- Module 3: Working with Difficulties
- Module 4: Mindfulness in Daily Life



Current position of participants on the course



Average participant star rating for entire course



Average helpfulness ratings for all modules

Total Course Participants assessed at start and finish
109

Assessed at start
1,745

IAPT measures of Improvement & Recovery

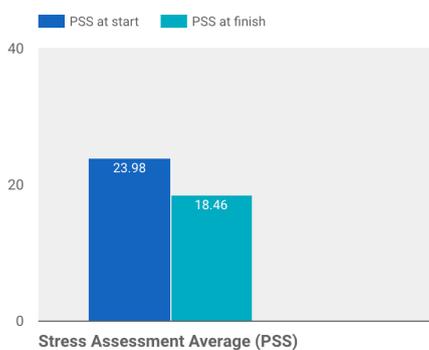
These measurements are calculated in accordance with the NHS Improving Access to Psychological Therapies programme.

Caseness
80%

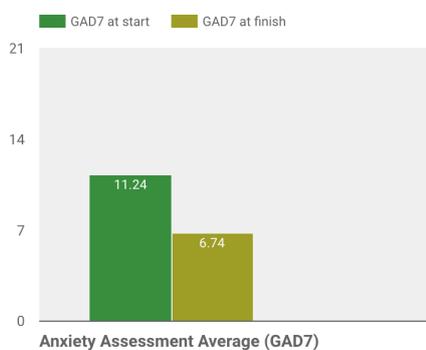
Reliable Improvement (of total)
63%

Recovery (of cases)
59%

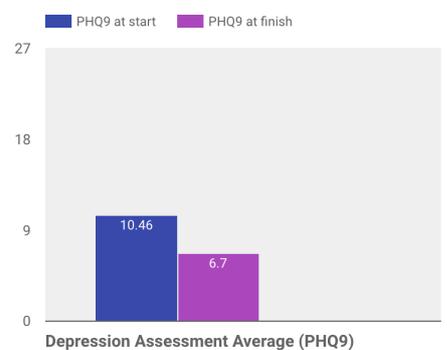
Reliable Recovery (of cases)
52%



Average Stress Reduction
23%



Average Anxiety Reduction
40%



Average Depression Reduction
36%

Evaluation

A formal academic evaluation of Good Thinking is currently being undertaken by King's College London and we expect to have the results by the 2019/20. The research protocol includes the following:

1. Conduct a systematic review of digital interventions that include self-assessment and triage/signposting for common mental disorders or symptoms of common mental disorders
2. Develop a draft theory of change of the service based on the systematic review and individual and group discussions with those involved in its development as well as secondary analysis of feedback from members of the public living or working in London that was collected during the discovery phase
3. Describe how the service is used based on anonymous digital data and user journeys. This will start with the search terms used and end with signposted third party services, including self-help apps, information on community resources and formal sources of NHS help
4. Use the digital dataset and decision modelling techniques to estimate possible savings to the NHS as a result of earlier management of symptoms and seeking help for common mental disorders
5. Explore through individual interviews the barriers and facilitators to using the service and following its recommendations as well as the mechanisms of action of the service
6. Refine the theory of change based on the results of point 5.

King's College London already has some feedback from Good Thinking users, based on semi-structured qualitative interviews (see quotes). Participants were asked about their experience of using mental health services as well as their reason for accessing Good Thinking.

“ I prefer to use self-help tools because I am quite an independent, self-directive person, and I think you have more freedom of choice to explore what is out there and make your own decisions, with a self-help tool. It is less prescriptive.

– Female, 35-44

I did actually talk more to my mum and my fiancé about it, just because I felt like it is something I should talk about more, maybe then I won't think about it as much.”

– Female, 35-44

They also discussed their expectations, helpful and unhelpful parts of the service, ease of navigation, use of services before and afterwards, changes after using the service and if they would recommend Good Thinking to others.

The participants reported a varied use of services, both online and offline, before accessing Good Thinking. Some had been receiving support from professional services for some time, including NHS therapeutic services, primary care or private therapy, whilst others had googled their concerns or not sought any help at all. Based on this experience, participants reported a preference towards self-help rather than using professional/non-professional services.

There was a lot of positive feedback. Participants felt they could trust the service based on the NHS branding, which led them to feel the service was official and credible, and they also described it as non-judgemental and non-stigmatising.

I think the biggest help it gives you is that you are not alone, and you can see that other people are feeling similar to what I am.

– Male, 45-54

I felt how it was presented was very practical and matter-of-fact and non-judgemental or stigmatising or stereotyping in any way.”

– Female, 35-44

I think one of the problems I get is I draw into myself, insular, and use avoidance as a strategy. So I avoid thinking about things, and things like that. But I know that doesn't help. Whereas this has made me confront things, even though it is uncomfortable, and I am realising I have got to get help from somewhere. It has definitely made me more focused on what I have got to do.

– Male, 45-54

”

Furthermore, participants valued Good Thinking for giving them a sense of community within mental health and showing them that they are not alone in experiencing mental health symptoms.

Some recommendations for changes to Good Thinking were made. For example, some participants found the self-assessment time-consuming and suggested that people experiencing mental illness might not be motivated enough to get to the end of it. Some would like to see resources for other disorders or for specific groups of people (e.g. eating disorders, carers). It was also suggested that more imagery, quotes or videos could be added to break up the text on the Good Thinking website. This is already being taken forward as an update to the website design.

After using Good Thinking, some participants did not notice a marked difference in their symptoms but liked the service enough to recommend it. Others reported quite significant improvements to their wellbeing and felt this was a direct result of using the service.

People seemed to like the concept. They report not having used anything else like it and using the service as a positive coping strategy to replace other negative habits. The service was described as user-friendly, engaging and easy to navigate. Most feedback has been positive and encouraging, whilst any negative comments were directed towards ways to refine or improve the service, rather than about the assessment and signposting concept.

Next steps

Our work on Good Thinking supports national and London-focused mental health policies and strategies, including the NHS Long Term Plan⁴, the Health Inequalities Strategy³ and the London Vision for Health and Care.

The London Vision for Health and Care, which is currently developing, aims to galvanise the city to improve the health and care of Londoners. Good Thinking corresponds directly to two of its 10 initial priority areas: to improve mental health and to improve the emotional wellbeing of young Londoners.

Moving ahead in 2019/20 and beyond, we have a number of key ambitions for the service. These include rolling out Good Thinking to even more organisations and a wider age group.

Children and young people

More than 75% of adults who access mental health services had a diagnosable disorder before the age of 18.³⁵ Nine percent of London's 5 to 19-year-olds have a mental health condition and over a quarter of these children self harm.⁶ It is therefore critical that partners work together to prevent and provide early intervention to London's children and young people. Expanding Good Thinking to a younger audience would meet a current need and may prevent many mental health problems escalating.

Suitability and safeguarding

Any digital product aimed at children and young people requires additional elements and needs to be assessed for any potential safeguarding concerns.

Many apps and other resources are only suitable for over-18s. Sleep medicine is aimed at adults, for example, so Sleepio has an 18+ rating. We are confirming age suitability with all app providers prior to launching a wider service for young people. Our own Good Thinking self-assessment is validated from age 13 upwards.

As Good Thinking expands to target 16 to 18-year-olds, we have convened digital and safeguarding experts to ensure our procedures are robust. Our standard operating procedure (SOP) described on page 19 will include a section on assessment of apps for under-18s and age verification will also be put in place.

Discovery

In preparation for our expansion to a younger audience, we commissioned two pieces of work to help us understand the specific online support requirements of 16 to 18-year-olds in London.

Our digital marketing partner Fresh Egg looked at the needs and online behaviours of young people in relation to mental health. This work was based on review of a number of existing reports that identified a consistent set of 'triggers' (things that happen that cause young people to seek support and information) and 'symptoms' (physical and psychological things that young people experience).

Because young people do not describe their mental health issues as conditions, such as anxiety or stress, the website content for 16 to 18-year-olds will be framed differently – for example, by place (school) and by relationships (friends and family).

A second piece of work, undertaken by leading digital design agency, Normally, had two distinct aims:

1. To learn from young people (aged 16-18) with lived experience of having received mental health support. The objective was to identify challenges, barriers and opportunities in this space in order to improve young people's access to resources and support around mental health and wellbeing.
2. To understand the attitudes, habits, needs and awareness of mental wellbeing among young people (aged 16-18) from diverse backgrounds, including the LGBTQ+ community. In particular, we wanted to assess at what point young people realise they need support and what the triggers, barriers and obstacles are so that we can develop better support tools.

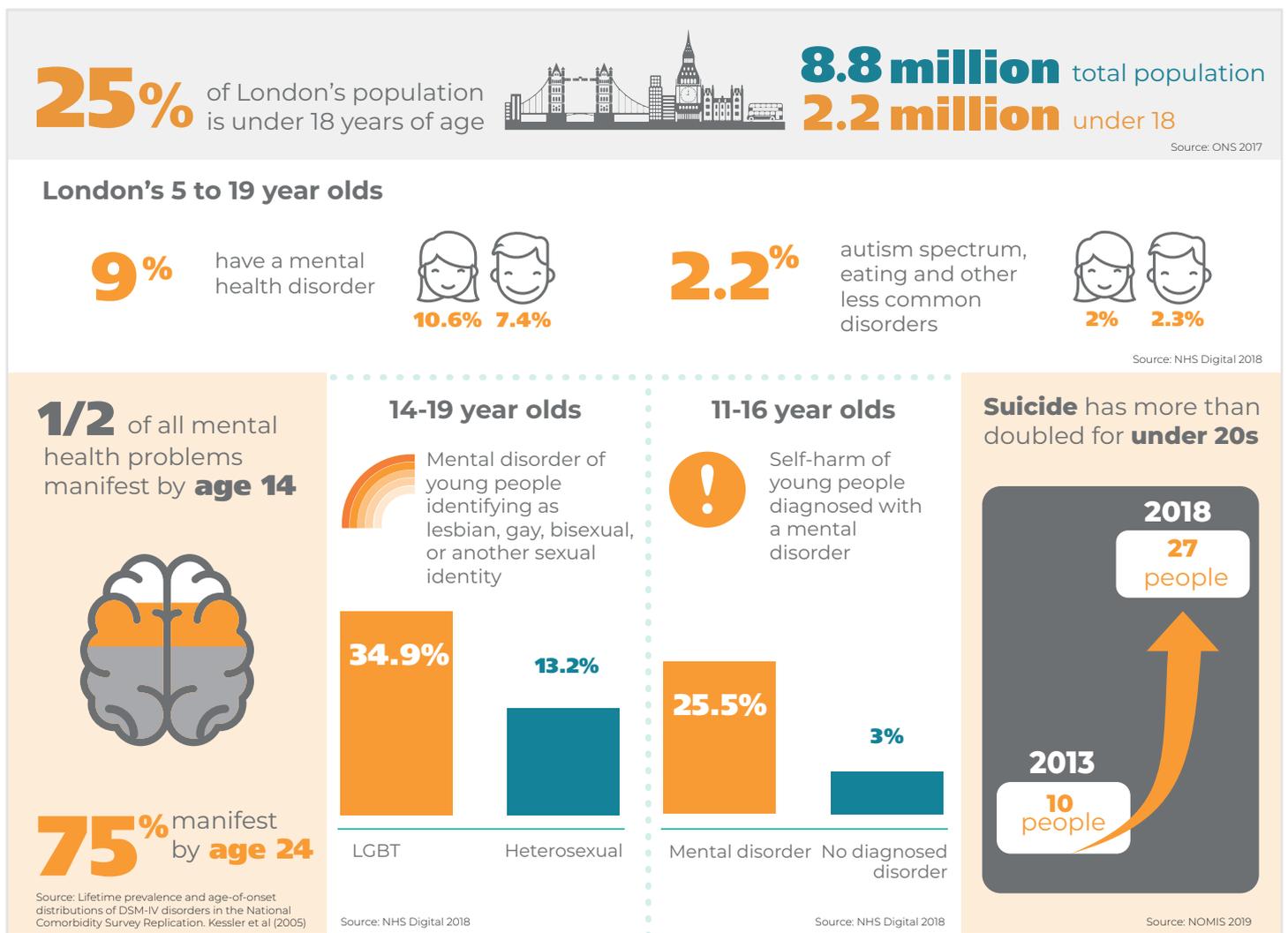


Figure 25: Mental health of children and young people living in London

Themes that have emerged from the early stages of the research that will help to shape our design and content for this age group, include:

- The need for relevant, relatable and affordable support
- Having a sense of being deserving of help
- Feeling like help is an open invitation and that they can be self-sufficient
- Preserving privacy
- The importance of having someone to relate to
- Having the blues and “sad boi hours” (‘sad boi’ is a term used by young people to describe someone who is often upset by things and ‘sad boi hours’ is the time they express their feelings to others – often between 1am and 5am)³⁶

Roll out to the private sector, NHS and local authorities

In November 2018, Good Thinking set a target of becoming the go-to online wellbeing resource for public organisations in London.

The initial goal was to have 75% of health and local government organisations using Good Thinking and signposting their staff (and, where applicable, stakeholders) to it by the end of March 2020.

We worked with human resources and wellbeing leads at Sutton and Kingston Councils to develop and test an approach that could be expanded to other organisations across London.

A range of promotional templates, materials and tools were developed for local use, including:³⁷

- Template news stories and articles for specific dates and mental health conditions
- Condition-specific images for use on local websites and in local social media campaigns
- Graphics for posters, flyers, postcards and banners
- Computer screensaver images
- Logos

In early 2019, Good Thinking ran a campaign to raise awareness of these tools among local authorities, CCGs and NHS Trusts. The Good Thinking team offered to join local staff events and speak directly with employees about Good Thinking and its wellbeing topics. This resulted in reassuringly positive feedback and we have more promotional activities planned for both public and private sector organisations across London in 2019/20 to drive uptake in these sectors.

Alcohol and smoking cessation

As part of Good Thinking’s focus on improving the health of Londoners, there is an opportunity to signpost people to alcohol and smoking support services.

Well-established alcohol screening services, such as Audit C,³⁸ are already being adopted and customised into digital versions by local authorities. Public Health England is currently investigating whether a pan-London digital version of Audit C could be developed and, if this happens, Good Thinking might refer to it.

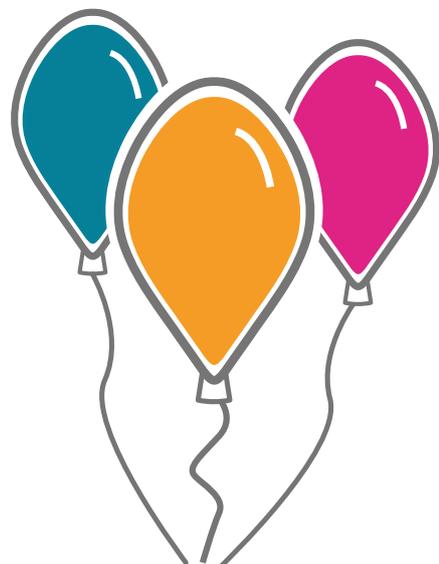
Good Thinking is planning to develop links and connections with London alcohol support services and is also exploring the possibility of connecting with an established directory of service providers where links to local services are monitored and maintained.

In terms of smoking cessation, Good Thinking is in the process of developing links and connections with Stop Smoking London.³⁹ This London-wide service gives people who want to quit smoking the latest information, resources and tools as well as links to local services and helplines.

anxious?

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too much worry?**

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Supported by the Mayor of London and led by London Health Board partners, Thrive LDN is a city-wide movement to ensure all Londoners have an equal opportunity to good mental health and live “happier, healthier lives”.

It was established in 2017 and, with both the Thrive LDN and Good Thinking programme teams being hosted by Healthy London Partnership, there is a strong working relationship.

Thrive LDN proactively signposts to Good Thinking’s self-help tools from its website and recently presented at a Good Thinking event.

Plans are underway to co-ordinate future digital campaigning efforts between Thrive LDN and Good Thinking to maximise impact by working together on development opportunities of mutual interest, such as universities and young Londoners.

Case study: Every Mind Matters⁴⁰



Every Mind Matters is a national mental health literacy campaign developed by Public Health England, which will launch in October 2019.

The campaign aims to help adults become better informed and equipped to look after their own mental health and support others. The campaign website offers mental health resources, which promote a range of self-care actions to support good mental health and tackle common problems, as well as signposting wider resources and services for those in greater need. Through the campaign website, users can also access a tool to identify the type of issues they are facing and generate a tailored self-care action plan to support their mental health and wellbeing.

Where Londoners who complete the tool and provide their postcode information, Good Thinking will be promoted as a source of additional support, so this is a key opportunity to extend the reach of Good Thinking to more Londoners.

Case study: Digital Youth Health Ambassadors



We have established a Digital Youth Health Ambassadors programme that involves the recruitment, support and empowerment of a core group of young Londoners (aged 16-24) to provide input and become advocates of various digital initiatives, including Good Thinking. The Digital Youth Health Ambassadors' role includes:

- Giving feedback and insights to help shape digital products and initiatives
- Working with the programme to design communications and campaigns to ensure we can maximise our impact and engagement with a younger audience
- Feeling empowered to ensure young people are at the heart of digital products and services designed for them
- Becoming part of a network of young Londoners that actively promote Healthy London Partnership's digital initiatives for children and young people amongst their peers

Focused sessions with a group of Digital Youth Health Ambassadors are ongoing and valuable feedback on potential improvements to Good Thinking are being taken into consideration for the website redesign and new content area for under-18s. Feedback so far has included:

- Work with charities and the third sector
- Increase signposting on the website
- Provide 'top tips'
- Increase age range and age-specific personalisation

Case study: GP referrals via EMIS



The EMIS system is used by 70% of London's 7,200 GPs. It includes a number of apps that GPs can prescribe for patients, many of which incur a cost.

From September 2019, there is a direct link from EMIS to the free London-funded apps on Good Thinking. We believe this is a world-first link, enabling GPs to prescribe apps for mental health support that patients would otherwise have to pay for. Since launching the link, we have seen a good level of referrals to Sleepio and My Possible Self on Good Thinking.

Closing comments

“[By 2040]... health will be defined holistically as an overall state of wellbeing encompassing mental, social, emotional, physical, and spiritual health. Not only will consumers have access to detailed information about their own health, they will own their health data and play a central role in making decisions about their health and wellbeing.”¹⁸

Technology has changed many people’s lives. We check our phones, on average, every 12 minutes and one in five of us spends more than 40 hours a week online.⁵ We are ‘always on’, using our digital devices to work flexibly, do our shopping and stay in touch with friends and family.

With this in mind, Good Thinking takes targeted mental health support and personalised resources to Londoners where they feel comfortable – in their digital spaces. It promotes early intervention and self-care and it does so using high-quality (often free) apps and other resources.

This report has evaluated the Good Thinking service from the discovery phase through usage and impact to the next steps for improvements and expansion. It has demonstrated how our journey has been an iterative one – we have collected data and feedback and used it to build the service and improve the way we support Londoners who have mental health concerns.

Awareness of the Good Thinking brand has increased significantly since 2017, thanks to growth in organic traffic to the website and an increasing number of users.

The website is a key area of development going forward, with a redesign, new content areas (for example, for young people), and being able to offer apps in new areas (such as, alcohol and smoking cessation) in our plans. We will also continue to focus on developing and improving links with other parts of the healthcare sector, including IAPT and GP systems and public and private sector organisations.

Good Thinking welcomes the UK Government’s Green Paper on ‘Advancing our health: prevention in the 2020s’⁴¹ that describes a move towards “proactive, predictive and personalised prevention”. Our service has pioneered just this kind of approach across London and has been instrumental in influencing the direction of travel for targeted digital interventions.

As Good Thinking continues to develop, it is hoped that this report will enable other organisations to develop similar precision prevention initiatives to improve health and wellbeing and reduce inequalities across the UK.

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