Digital Mental Wellbeing

Discovery Phase: Executive Summary

Tower Hamlets CCG

March 2016

Whitechapel Market, London E1

live|work

Partners

Table of contents

Table of Contents

Executive summary

Context

1. London has **poorer levels of wellbeing** than elsewhere.

2. Many Londoners **do not get treatment** for their common mental condition, so have poorer outcomes and put more pressure on health and care services than needs to be the case.

3. London's poor mental wellbeing impacts on a range of non-health outcomes important to Londoners and those who serve them and represents a **significant drain on hard pressed public and private resources.**

The business case

Public Health England has identified the opportunity to meet Londoners' unmet needs through a 24/7 **digital mental wellbeing service** at scale*. The key aspects of which would be:

• Access to **peer to peer support**

• Clinical **moderation** to create safe online spaces

• Assisting with **access to quality information & services** online.

* 914,300 working age adults

What Londoners said...

"*I'm doing too much, and at times I'm not able to cope with it. Sometimes my children don't co-operate, or things don't go right.*

All of a sudden so much gets like, accumulated, either it is the work stress, mum's appointment and running around everywhere here and there." - Panvi

"*So even when you've got a new job, you're still not sleeping properly, still getting up late at night, everything just seems to be like a trudge, rather than actually getting somewhere.*

So I think if I could just sort my sleep out, then I think I could get past a lot of stuff. They are all connected somehow." - Sam
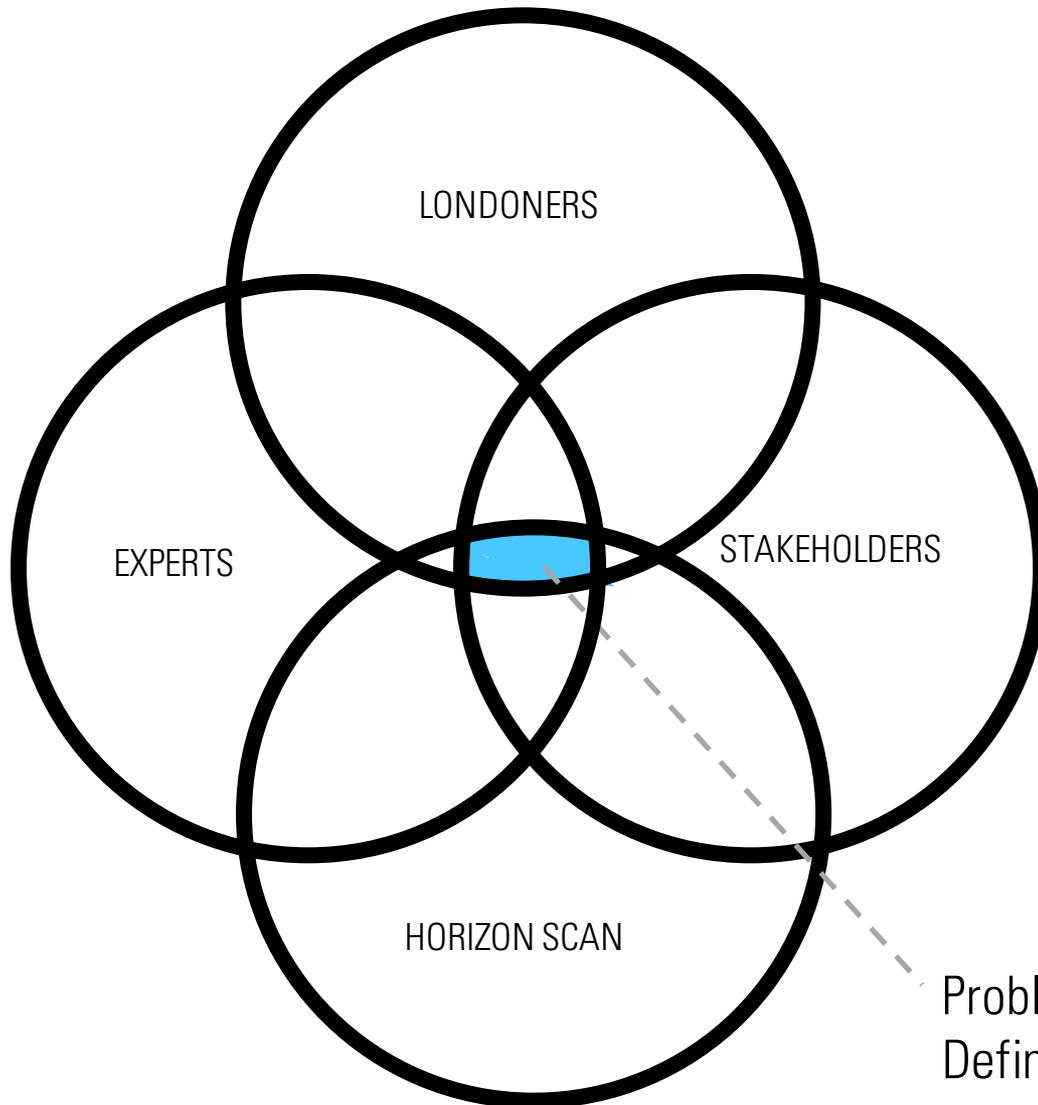
Discovery project: **problem/opportunity**

Through collaboration with Londoners, experts and stakeholders, we have understood the challenge to be:

How do we provide Londoners with support via **information & services, peer to peer communities, and moderation** in ways that:

- Engage Londoners to **access support**

- Build on the **wealth of resources** already available

- Have **learning, flexibility and diversity** baked in to the approach.

Collaboration and insights

LONDONERS

EXPERTS

STAKEHOLDERS

HORIZON SCAN

Problem / Opportunity Definition

Met with 12 Londoners in their homes.

Interviewed 18 experts.

Collaborated with 50 stakeholder organizations.

Researched 9 major reports and 17 top mental wellbeing services.

Discovery project: **Concept**

To meet Londoners' wellbeing needs through **digital services,** we need to:

1. **Engage** them in **understanding** that they are not alone and that support is available – **where they are!**

2. **Guide** them through a wide range of **services** in a way that feels safe, encourages learning and doing, and is effective.

3. **Support** Londoners as they use services to ensure that they are on track to better mental wellbeing.
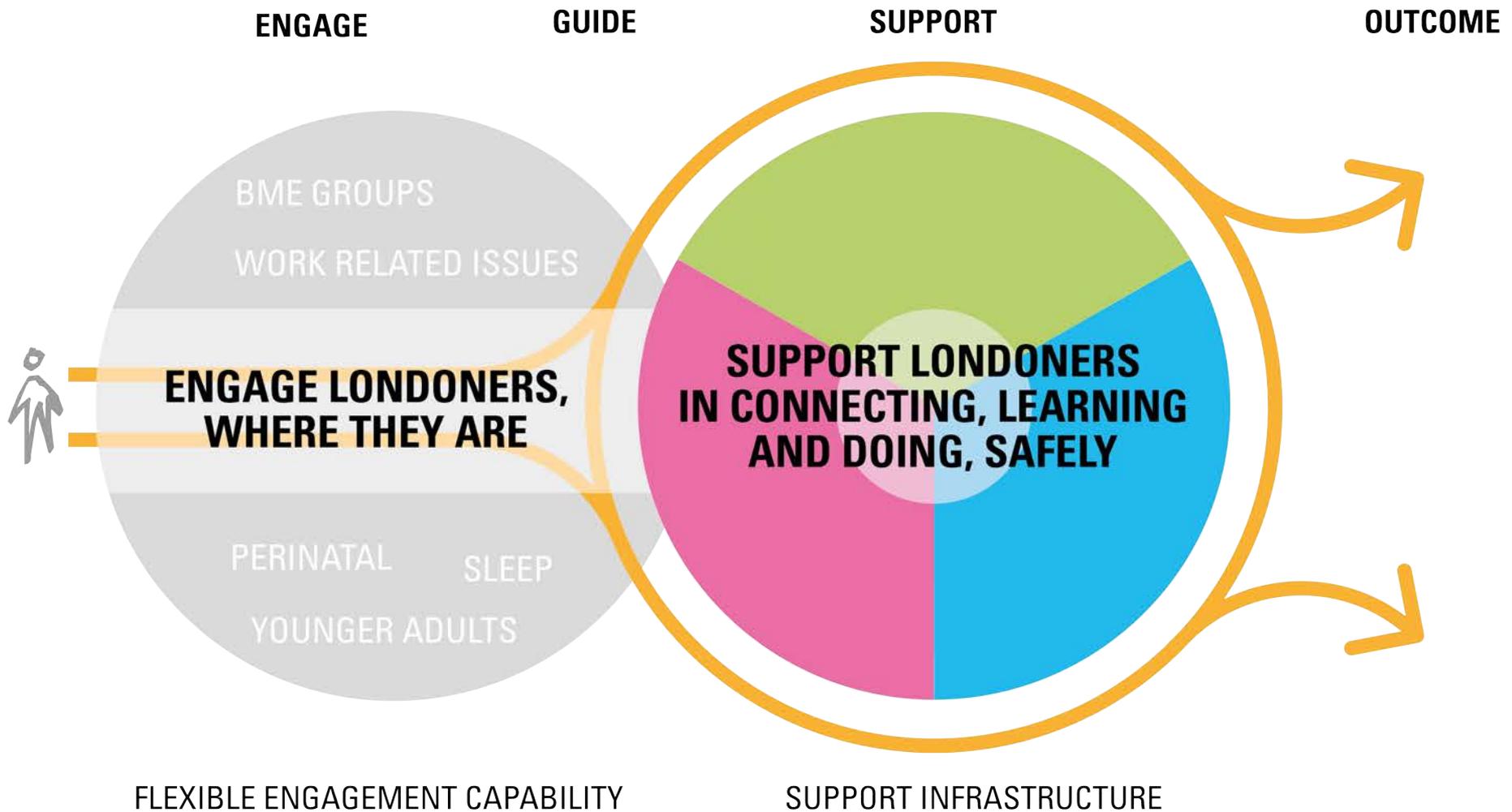
Discovery project: **Concept structure**

To be able to provide flexibility and diversity of **digital services** whilst ensuring Londoners are safe and that their needs are being met, we propose:

That the future of mental wellbeing services is a rich ecosystem of **centralised and distributed services** that provides access to peer-to-peer connection, quality information and services, and safe online spaces.

Discovery project: **Service aims**

1. Londoners of working age **demonstrate year on year improvements** in their levels of mental health and wellbeing when compared elsewhere.

2. Londoners of working age have **open access 24/7 to preventative online support and tools** which enables people using the service to effectively manage their own mental health and wellbeing.

3. The mental health and wellbeing digital service is an **integral component of the health and social care service delivery system**. For those Londoners experiencing common mental health problems, it offers a credible alternative to other health and social care services.

4. London's poor mental wellbeing impacts on a range of non-health outcomes important to Londoners and those who serve them. It represents a significant drain on hard pressed public and private resources. The digital mental health and well being service will **deliver quantified benefits to public and private resources**.

Engagement and support model

ENGAGE   GUIDE   SUPPORT   OUTCOME

BME GROUPS

WORK RELATED ISSUES

ENGAGE LONDONERS, WHERE THEY ARE

PERINATAL   SLEEP

YOUNGER ADULTS

SUPPORT LONDONERS IN CONNECTING, LEARNING AND DOING, SAFELY

FLEXIBLE ENGAGEMENT CAPABILITY   SUPPORT INFRASTRUCTURE

Discovery project: **policy principles**

The engagement and support model builds on the protective factors identified in the **mental wellbeing checklist** which guides mental wellbeing policy in the NHS:

1. Enhancing control for the individual and at the community level
2. Facilitating participation and inclusion for the individual and in the community
3. Increasing resilience for the individual and in the community

Discovery project: **Implication**

To meet Londoners' wellbeing needs through **digital services** we need to engage and support through a mix of **centralised** and **distributed** means.

Centralised: Core DMW owned platform that provides Londoners with reliable, trustworthy guidance and support in accessing a range of services.

Distributed: The ability to connect to Londoners where they are online and help them find the right 3rd party services for their needs, and interests. This approach is easily adapted to meet the needs of unique localities and populations.
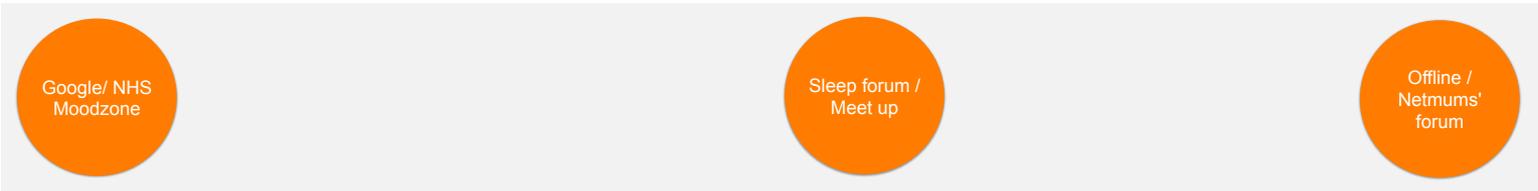
Centralised / Distributed

Christina

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Centralised

| | Online journey options / clinical self assessment / Results | Information & related stories / Stories | Peer to peer wiki / Code of conduct | | Forum / Helping others | Bad day button / Forum support thread | |

Distributed

| Google/ NHS Moodzone | | | | Sleep forum / Meet up | | | Offline / Netmums' forum |

Martin

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Centralised

| | | Quiz results | App discovery tool | | '7 days to feeling better' programme | | |

Distributed

| Facebook Ad / Arsenal forum | YouTube | Facebook mood quiz | App store | Facebook group | | SMS | SMS |

Discovery project: **Implication**

To achieve this we need to develop an infrastructure of **capability** and **capacity*** to engage and support Londoners through a mix of **centralised** and **distributed** means:

	Engagement	Learning & doing	Digital communities	Safe online spaces
Centralised	Engage Londoners in understanding - on a DMW platform	Provide access to DMW information and services & validated 3rd party information and services	Guide Londoners to the right peer communities and support their use of these communities	Embed moderation into an DMW forum to promote trust, safety and smart choices
Distributed	Engage Londoners where they are online - social media, Google, etc.	Provide access to elements of above where Londoners are online, and provide access to 3rd party services	Evaluate, integrate and connect with other online communities to deliver a wide range of options	Integrate moderation into 3rd party communities to promote trust, safety and smart choices

*Capability meaning content and tools, capacity meaning team and partners.

12 Critical Success Factors

Awareness

H.1 x% of Londoners are aware of the service

H.2 Londoners from every Borough access the service

H.3 An additional x% of Londoners recognise emotions and symptoms of common successfully treated mental health problems.

Users

H.4 x% of users feel they have achieved their personal goals.

Service

H.5 The service is secure. There have been no breaches of confidentiality.

H.6 The service design is continually updated to reflect user feedback, new digital technologies and emerging evidence of effectiveness.

Health and social care

H.7 Digital mental health services are trusted by care professionals and integrated with clinical care models.

H.8 The impact of the service on GP, A&E and adult social care providers is quantified within a validated evaluation framework.

Strategic

H.9 The cost effectiveness of the service is proven, statutory funders integrate the service into their commissioning plans.

H.10 The clinical impact of the service, improving the health of populations is clearly demonstrated.

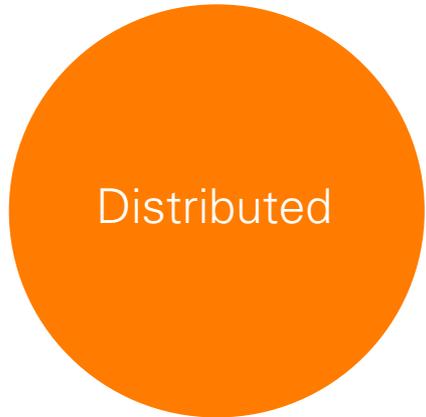H.11 There has been a positive impact on health inequalities.

Stakeholders of interest to the project

H.12 The social return on investment demonstrates benefits to employers, other statutory services (e.g. universities, justice system) and communities of interest (e.g. lobby groups with an interest in MH).
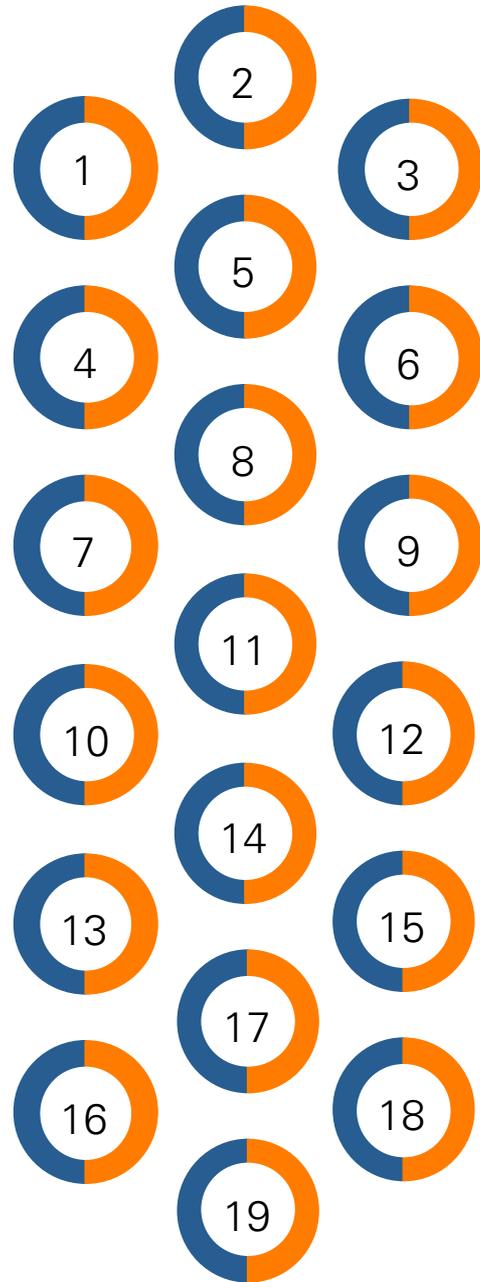
Service ecosystem

ENGAGE   **GUIDE**   **SUPPORT**   **OUTCOME**

For e.g. WORK RELATED ISSUES, PERINATAL, YOUNGER ADULTS, BME GROUPS, SLEEP

FLEXIBLE ENGAGEMENT CAPABILITY

CHRISTINA

CENTRALISED PATHWAY — USING NHS OPERATED PLATFORMS

MARTIN

DISTRIBUTED PATHWAY — USING PARTNER & 3rd PARTY OPERATED PLATFORMS

USING EXISTING SERVICES

TARGETED ADVERTISING

DISTRIBUTED MODERATOR

TRUSTED PARTNERS

DISTRIBUTED

SAFE ONLINE SPACES

VOLUNTEER MODERATION

VOLUNTEER MODERATION

CENTRALISED

TARGETED ADVERTISING

DIGITAL COMMUNITIES

LEARNING & DOING

DIVERSE PEER TO PEER SUPPORT

APP EVALUATION

SELF ASSESSMENT JOURNEY

LONDONER TO OTHER SERVICES

CONCEPTS

EXPERIMENTS (19)

TOUCHPOINTS (56)

Centralized

Distributed

9. Diverse peer-to-peer support

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Centralised

Distributed

Distributed

Londoner needs

"As a user, I would like to chose my preferred environment to connect with people like me."

Objective

Find out the most suitable and sustainable peer to peer channels and how best to facilitate social interactions.

System benefits

Design the best ways to make available a peer to peer service in a distributed digital environment which incorporates measures to assess improvements in mental health wellbeing.
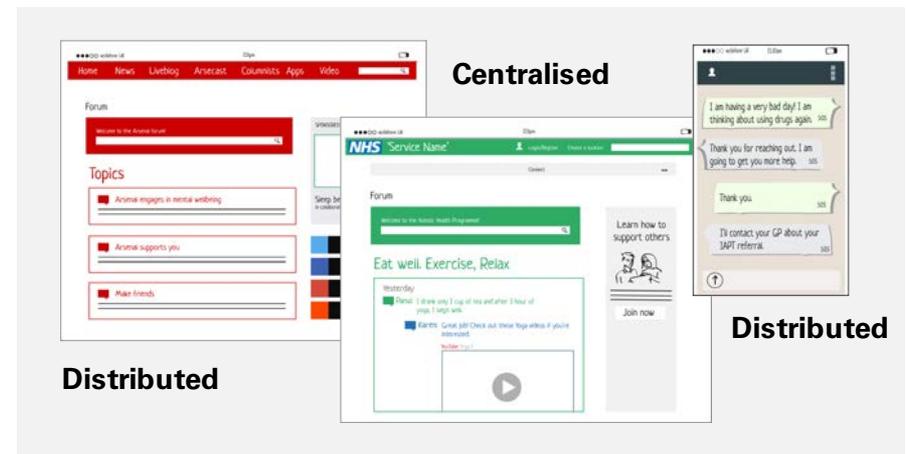
Intensity of effort	*****
Design	**
SD & Research	***
Content development	*
Software / Technology	***
Approximate cost	MED - LRG
Approximate scope of time	8 - 12 weeks
Success factors	H.4,H.6,H.9,H.10,H.11

Discovery project: **Next steps**

To move into an Alpha phase and develop the infrastructure of **capabilities** and **capacity***, we must create a **learning service** by employing a **digital co-production** approach that engages Londoners in service development.

1. Define a range of first steps into the four key service areas.

2. Create public engagement tests to validate the concepts and begin to build capabilities within the team.
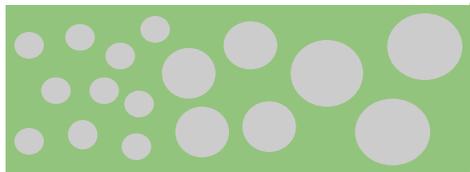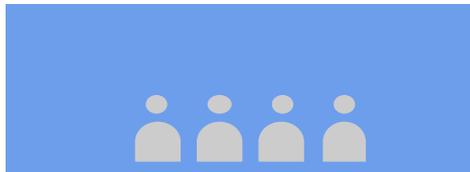
3. Use the tests to engage Londoners in co-production of the service.

*Capability meaning content and tools, capacity meaning team and partners

Roadmap: DMW Service Evolution

Discovery phase

Plan alpha

Digital co-production

Live digital prototypes with Londoners

Start date

Numbers of users

Investment

Duration

Alpha MVP

Discuss entity

Validated MVP components experiments

6 months

Alpha pilot

Set-up entity

Scalable service components and roadmap

12 months
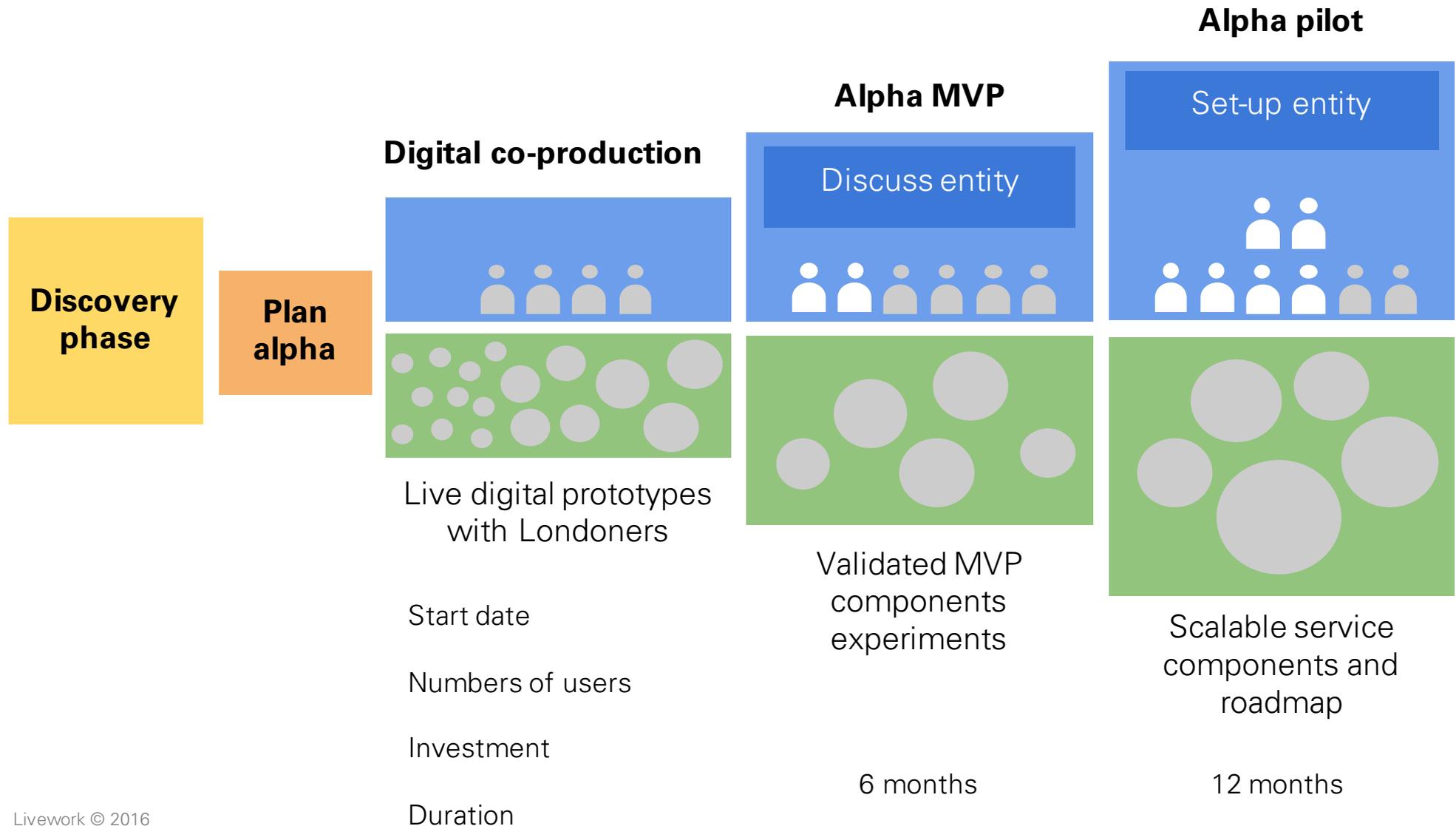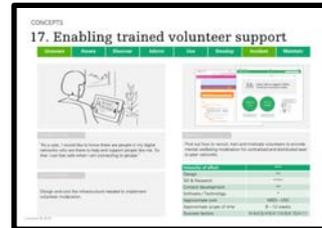
Roadmap: MVP for digital co-production
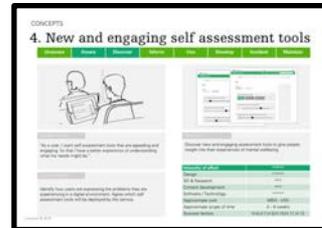
Digital co-production

Live digital prototypes
with Londoners

Engagement

Learning and
doing

Digital
communities

Safe online
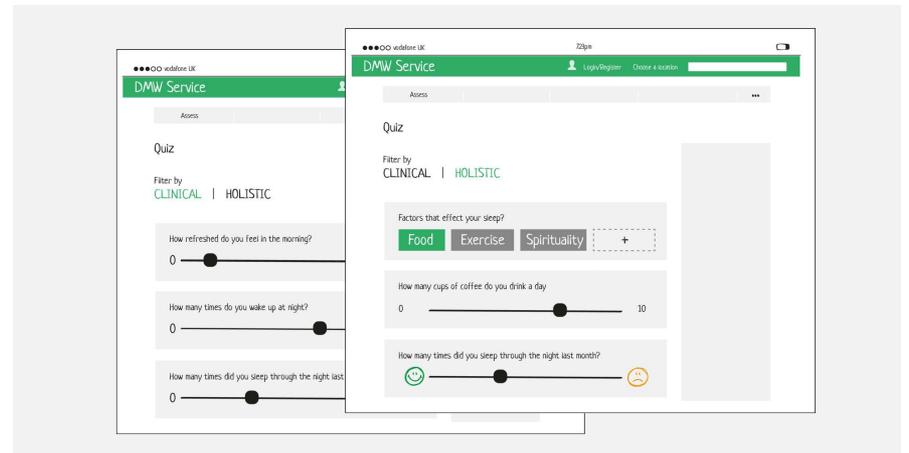spaces

4. New and engaging self assessment tools

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Londoner needs

"As a user, I want self assessment tools that are appealing and engaging. So that I have a better experience of understanding what my needs might be."

System benefits

Identify how users are expressing the problems they are experiencing in a digital environment. Agree which self assessment tools will be deployed by the service.
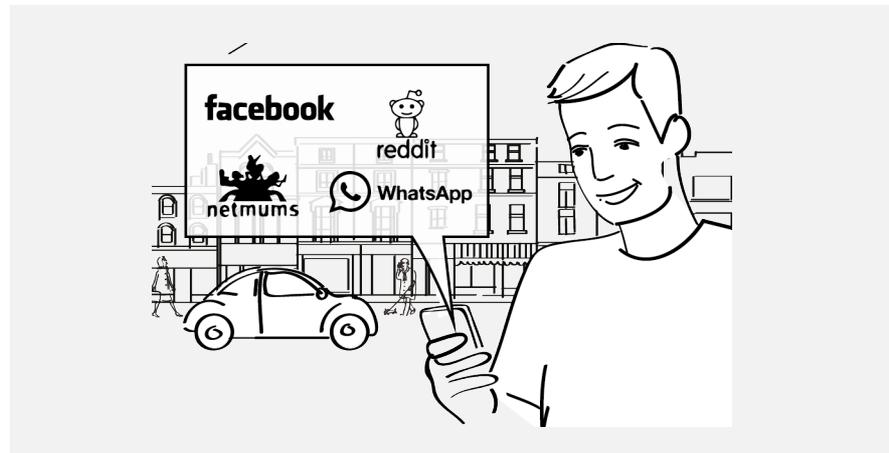
Objective

Discover new and engaging assessment tools to give people insight into their experiences of mental wellbeing.

Intensity of effort	*****
Design	*****
SD & Research	***
Content development	***
Software / Technology	*****
Approximate cost	MED - LRG
Approximate scope of time	4 – 6 weeks
Success factors	H.4, H.7, H.8, H.10, H.11, H.12

9. Diverse peer-to-peer support

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

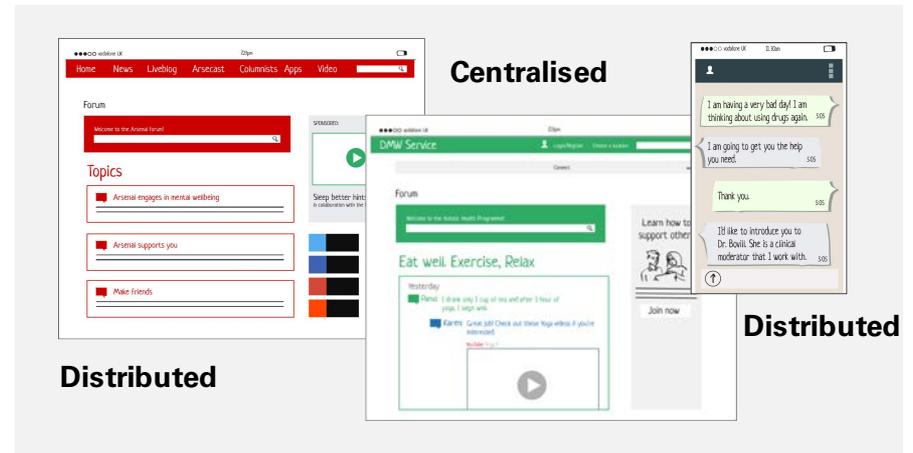**Centralised**

Distributed

Distributed

Londoner needs

"As a user, I would like to chose my preferred environment to connect with people like me."

System benefits

Design the best ways to make available a peer to peer service in a distributed digital environment which incorporates measures to assess improvements in mental health wellbeing.
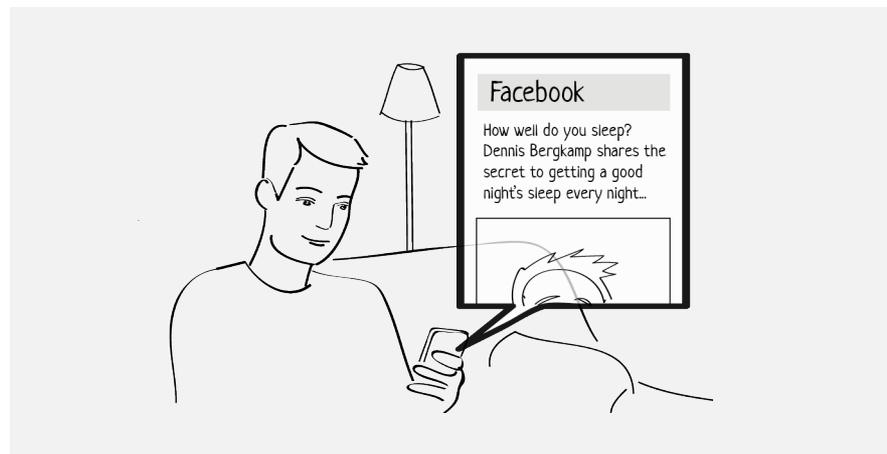
Objective

Find out the most suitable and sustainable peer to peer channels and how best to facilitate social interactions.

Intensity of effort	*****
Design	**
SD & Research	***
Content development	*
Software / Technology	***
Approximate cost	MED - LRG
Approximate scope of time	8 - 12 weeks
Success factors	H.4,H.6,H.9,H.10,H.11

12. Raising awareness via existing media

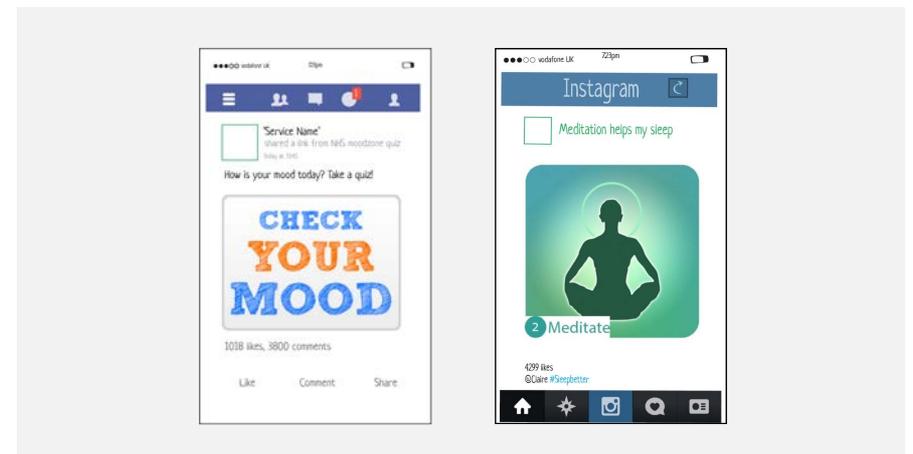| Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Londoner needs

"As a user, I want to find information and support in the digital environments I already inhabit. So that I can easily encounter relevant and helpful content."

System benefits

Review how social media can be used to raise awareness of the service for Londoners and targeted population groups. Develop quantified targets for reaching each group.

Objective

Find out how targeted social media advertising can raise awareness and drive engagement with mental wellbeing and related services.

Intensity of effort	**
Design	***
SD & Research	**
Content development	***
Software / Technology	*
Approximate cost	SML - MED
Approximate scope of time	4 – 6 weeks
Success factors	H.1,H.2,H.3

17. Enabling trained volunteer support

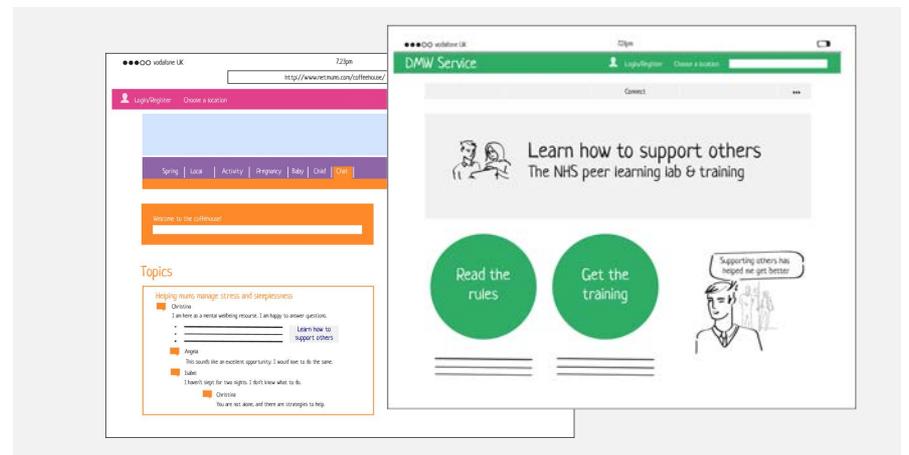| Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Londoner needs

"As a user, I would like to know there are people in my digital networks who are there to help and support people like me. So that I can feel safe when I am connecting to people."

System benefits

Design and cost the infrastructure needed to implement volunteer moderation.
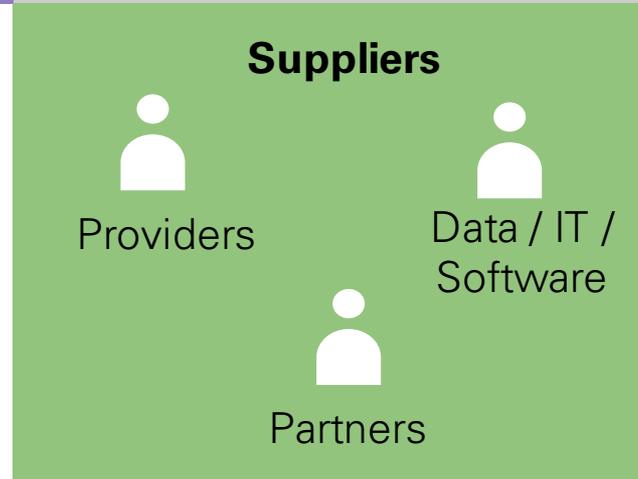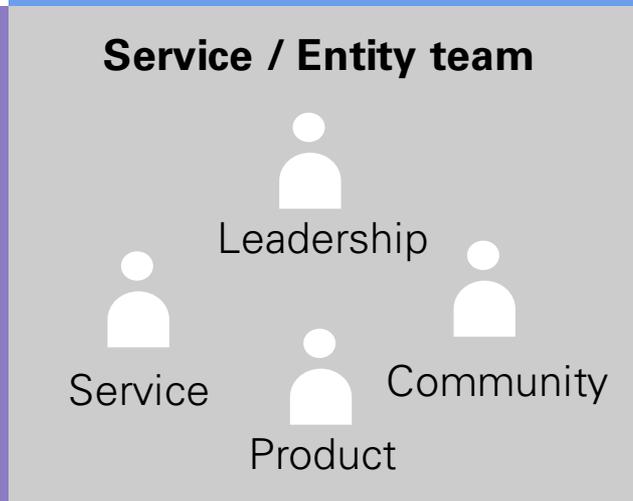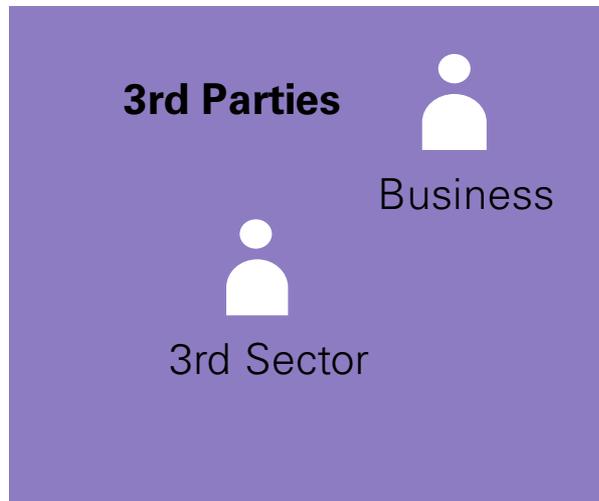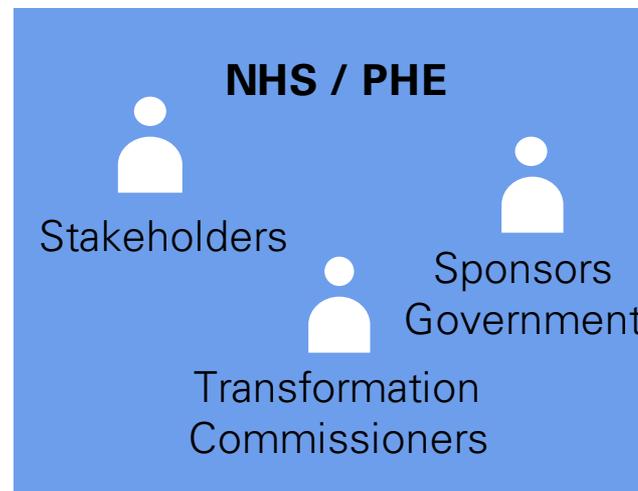
Objective

Find out how to recruit, train and motivate volunteers to provide mental wellbeing moderation for centralised and distributed peer to peer networks.

Intensity of effort	***
Design	**
SD & Research	****
Content development	**
Software / Technology	*
Approximate cost	MED - LRG
Approximate scope of time	8 – 12 weeks
Success factors	H.4, H.5, H.6, H.7, H.9, H.10, H.11

DMW project ecosystem

NHS / PHE

Stakeholders

Sponsors Government

Transformation Commissioners

3rd Parties

Business

3rd Sector

Service / Entity team

Leadership

Service

Product

Community

Public

Service users

Suppliers

Providers

Data / IT / Software

Partners

Research

Our approach: Activities
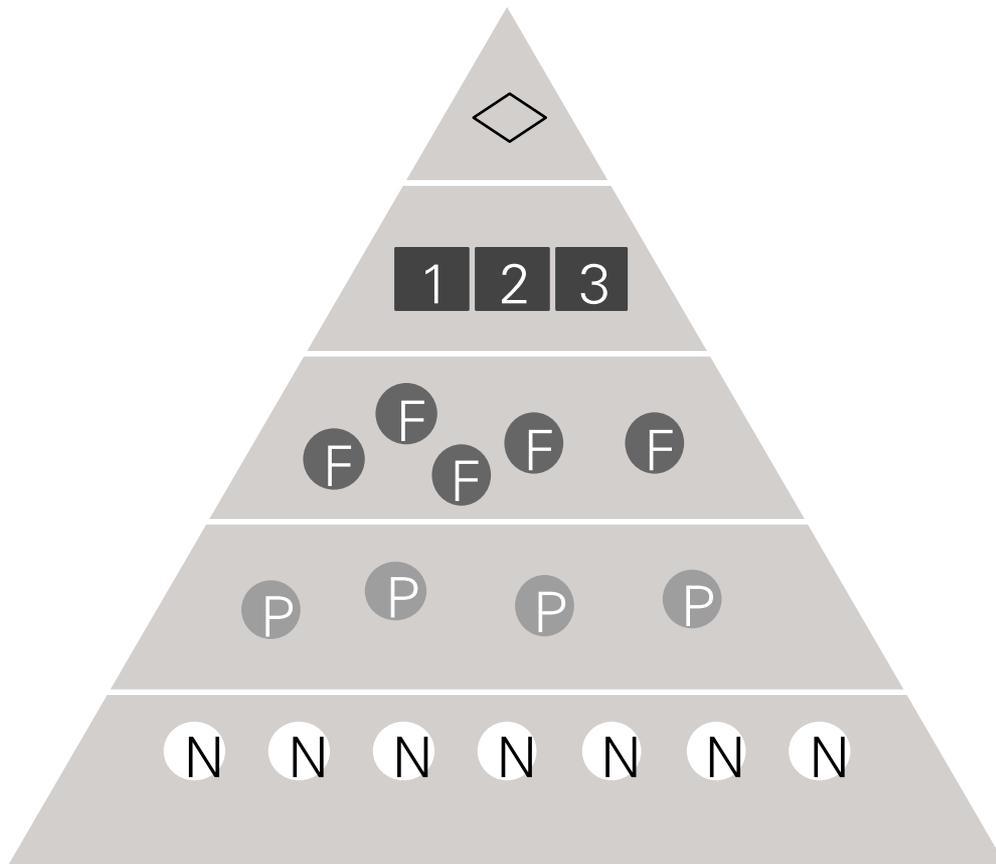

Design Service Model

Create Concepts

Brainstorm

Define Challenges
& Opportunities

Research

Our approach: Output

Service Model
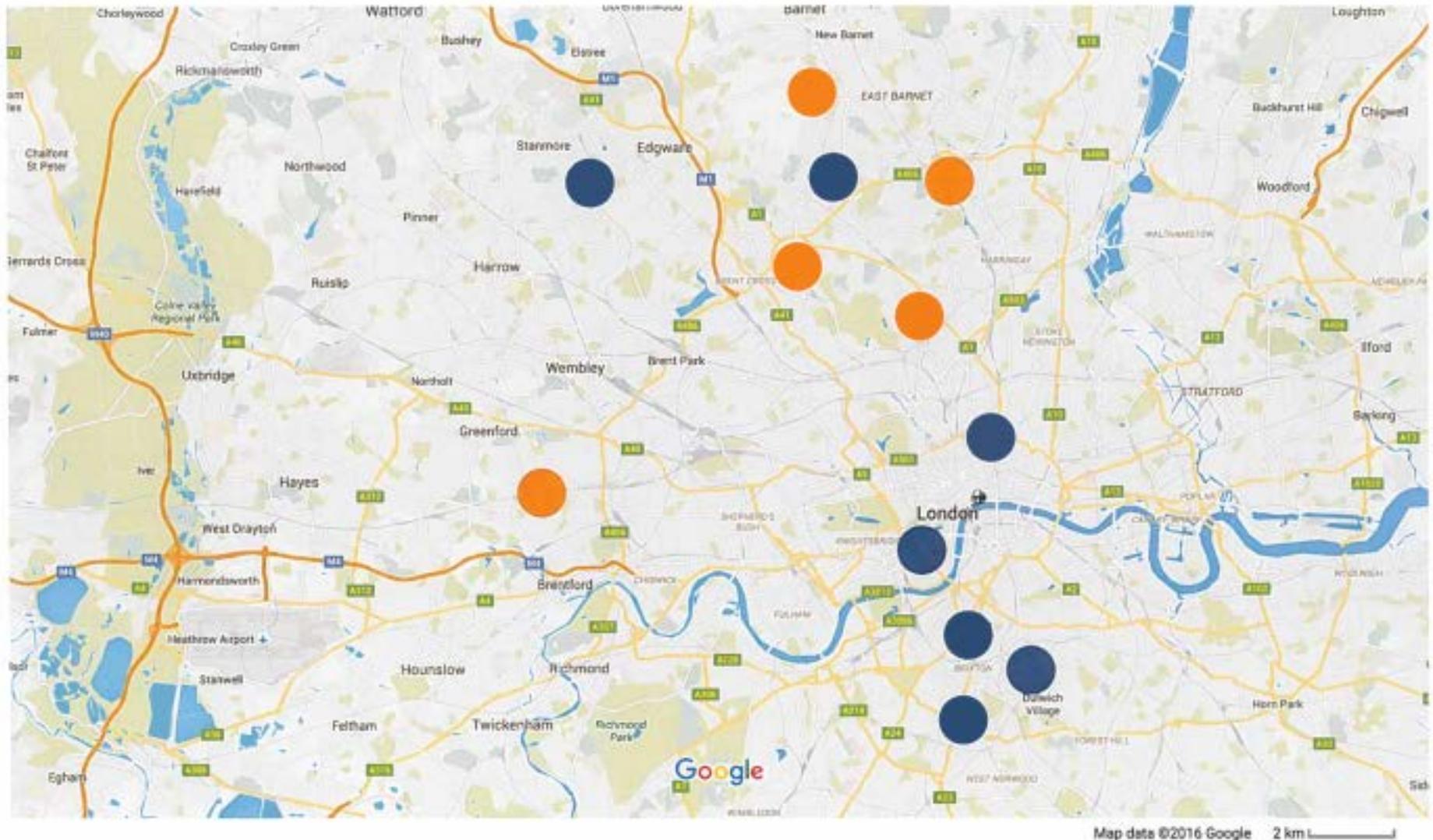
Three main threads

Features

Principles

Needs

User Research: Londoner's needs

User Interviews (Londoners)

We travelled to the homes of 12 Londoners, and spent an hour or so hearing their stories and trying to understand their experiences, needs, and aspirations.

Londoners by location

1. Londoners need to know that their experience is something that **can be helped**, and that **help is out there**.

"In my head I just thought it was just me, like being silly, but in the last few years there's been a lot more awareness about this sort of stuff…it still took a while to say wait a minute." –Sam

"You're just having a bad day. But then that day goes into another day, and another day…" –Penny

"It's hard for human beings to decide what is a large time scale and what is a short time scale. It's a perception thing." -Carl

2. Londoners are looking for solutions to their difficult experiences, and need help **finding** coherent journeys to solution-focused **support** (information and services).

"So even when you've got a new job, you're still not sleeping properly, still getting up late at night, everything just seems to be like a trudge, rather than actually getting somewhere. So I think if I could just sort my sleep out, then I think I could get past a lot of stuff. They are all connected somehow." –Sam

"I needed to do something to help myself, so I started to study all these treatments and therapies and it has helped me." -Panvi

3. Londoners need to be **met where they are**, and offered information and services that fit in with their already **complicated lives**.

"I'm doing too much, and at times I'm not able to cope with it. Sometimes my children don't co-operate, or things don't go right. All of a sudden so much gets like, accumulated, either it is the work stress, mum's appointment and running around everywhere here and there." -Panvi

"I wouldn't mind from the comfort of my own home, I don't know why but its just like your committing to something like a course, I don't want to do it....so something I could use as and when I feel I need it kind of thing as opposed to a regular thing." -Lisa

"I just go on Google and type the words I need like depression or anxiety" -Rita

4. Londoners value **safety and trust** very highly, especially when dealing with personal struggles.

"The anonymity of something like (Netmums) generates so much honesty."-Carl

"We talk about the stress of work but not the stress of life, because there are people in the same line of work as me who handle it better than me I think." -Stuart

"Avoiding friends and when they come on the scene again I try to make out that I'm fine, I block it and that kind of depresses me...I'm sure they would understand but I don't want anybody to feel sorry for me."
-Rita

5. Londoners need to **connect to people like them** to share experiences and learn, in ways that suit their existing digital behaviours.

"I do find online very helpful though, and speaking to people online is good. (Why?) Just maybe, to see what other people are going through and that might help you, that your situation is not so bad. Or maybe that you are giving somebody advice, that can help them as well, that's a good thing. It's about helping each other." –Christina

"…And you realize that a ton of people are going through this…I think it probably makes you feel less mental about it, less like 'Is it just me? Am I going crazy?'"-Carl

"I subconsciously what to see other people going through the same thing as me and dealing with it better and coming out stronger" -Rita

6. Londoners need help **overcoming stigma**, so they feel comfortable accessing services and communicating their needs.
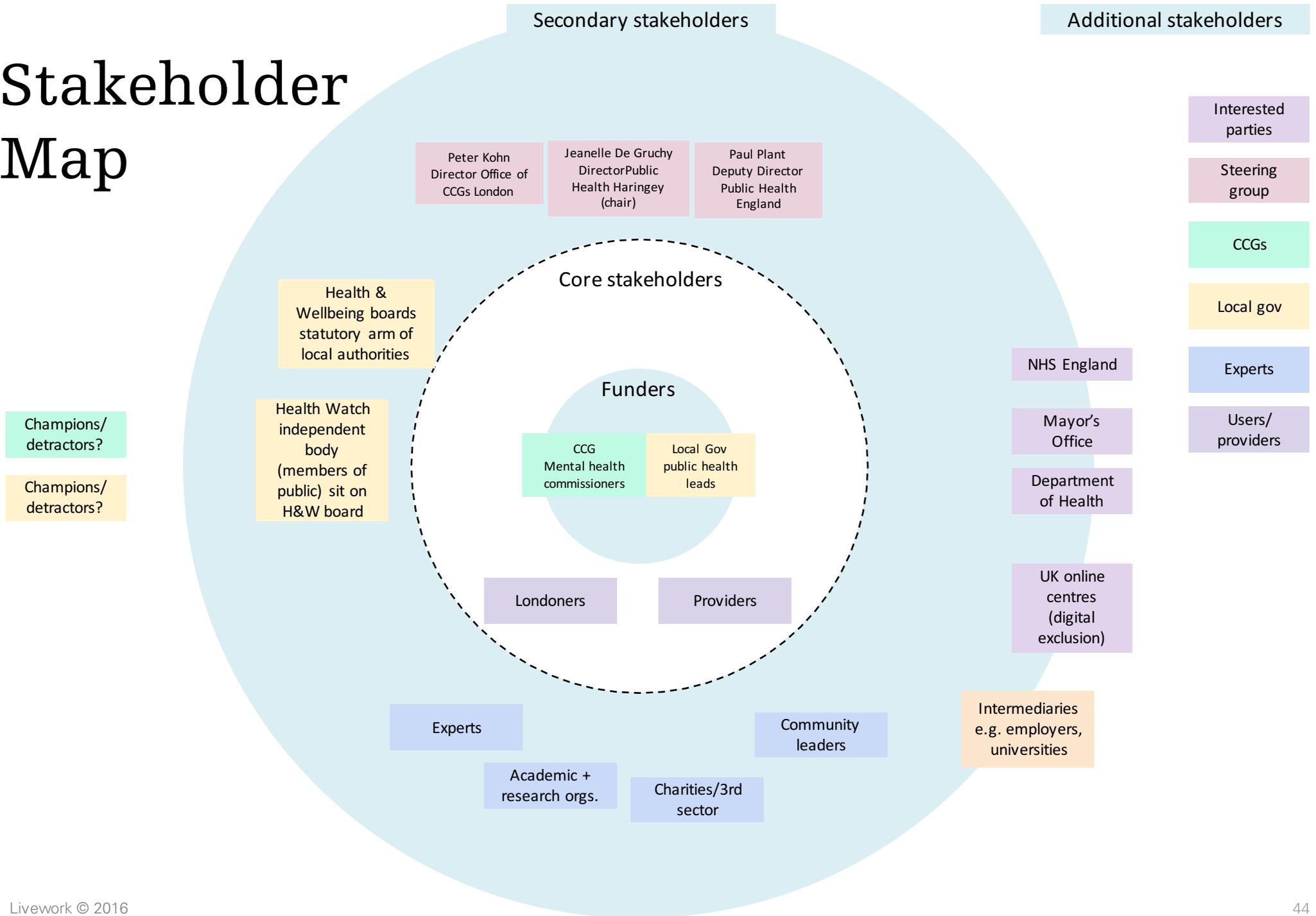
"Growing up in the 70's - 80's, it wasn't really a thing to say that you are depressed. Obviously, the 2000's now with social media, everyone can be a bit more open, you know if you are depressed, so what, let's sort it out. Back then you just hold it within yourself and try to deal with yourself." -Don

"When I was at school, people who needed help with these things was a sign of weakness." -Stuart

"I want to talk to professionals but I get worried and feel unable to because I might be labelled or it might go in a file as someone who is depressed and it might affect the chances of me getting a job in the future." -Rita

Expert Research

Stakeholder Map

Interested parties

Steering group

CCGs

Local gov

Experts

Users/ providers

Peter Kohn Director Office of CCGs London

Jeanelle De Gruchy DirectorPublic Health Haringey (chair)

Paul Plant Deputy Director Public Health England

Core stakeholders

Health & Wellbeing boards statutory arm of local authorities

Health Watch independent body (members of public) sit on H&W board

Funders

CCG Mental health commissioners

Local Gov public health leads

NHS England

Mayor's Office

Department of Health

Champions/ detractors?

Champions/ detractors?

Londoners

Providers

UK online centres (digital exclusion)

Experts

Academic + research orgs.

Charities/3rd sector

Community leaders

Intermediaries e.g. employers, universities

Expert interviews

Paul Plant	PHE	Deputy Director, London
Jeanelle de Gruchy	Haringey	Director of Public Health
Dr. Richard Graham	Tavistock	Psychiatrist
Mahesh Patel	PHE	Digital Strategy Lead
Diarmaid Crean	PHE	Deputy Director, Digital
Fiona Cameron	PHE	Digital Policy Officer
Katie Benjamin	NHS England	Digital Services Manager
Dr. Paul Roberts	Willow Bank Surgery	General Practitioner
Eve Critchley	MIND	Digital Community Manager
Julie Bretland	Our Mobile Health	Mayor's Health Commission
Ian Toman	Big White Wall, IAPT	Service Manager, Therapist
Mark Salmon	NICE	Prgm. Dir., Info Resources
Nicola Gill	NHS Choices	Mental Health Lead
Tim Spicer	Ham. & Fulham CCG	Chair of CCG, GP
James Wollard	NHS England	Snr. Clinical Fellow, Psychiatrist
Clair Pollard	IAPT, Westminster	Clinical Lead, Psychologist
Jo Law	Bexley CAMHS	Systemic Family Therapist
Hannah Wright	Uni. of Hertfordshire	Clinical Psychology PhD Student

1. Innovate, don't stagnate.

Existing services do not adequately meet the needs of the individuals and populations they are designed to serve. Furthermore, the social and technological environments are rapidly evolving. **Future services must adapt to these unmet needs and evolving environments.**

The current service landscape is complex, risk-averse, and historically conservative. Innovation is seen as risky, and new ideas are often swallowed up by old habits and ingrained structures. On the contrary, **the real risk is that the system will not evolve**, and that the strength of existing services will erode as the nature and scale of human needs and evolving environments exceed their capacity to serve.

There is an opportunity to build on existing strengths, and explore innovative solutions. **In order to build systems that last, we need to build services that learn.**

Key insights

2. Integrate, don't duplicate.

For many of the challenges we face, there are existing solution-oriented workstreams at different levels of maturity, both within and beyond the Department of Health. There is an opportunity to integrate existing work, and avoid unnecessary duplication. **Integration can take different forms, including fully integrating workstreams, aligning goals, and sharing learnings.**

It makes sense to integrate compatible workstreams, especially within the Department of Health. This means combining information, expertise, and resources. When workstream integration is not possible or desirable, we can still align goals to drive mutual benefit. In any case, integrating the learnings of others is essential.

In this project, there are opportunities to integrate with NHS Choices, N.I.B., IAPT, the Third Sector, private service providers, and services outside the health sector.

3. Adapt to how people are living their lives.

The people we serve have limited time, and entrenched responsibilities. We cannot insist that users only operate in the spaces we control, nor can we assume that one solution will meet the needs of a diverse population. On the contrary, our designs must enable user choice and control, and offer multiple personalisable service solutions. **We can offer more support by staying engaged with people in the times, places, and modes of their choosing**.

People use Google to interrogate their experiences, so we need to **make sure they can find quality content and are invited into attractive, solution-focused journeys**. People use social media platforms like Facebook and Reddit to seek support for their experiences of sleeplessness, loneliness, and depression, so **we need to build on existing communities and commonalities**, and bring relevant content, tools, and supportive guidance to the spaces they inhabit. The digital population is increasingly using mobile technology. Therefore, the **experiences we create must be tailored to the mobile environment and recognize common mobile behaviours**.

4. Support the whole person.

Recognizing holistic health is central to the aims of de-stigmatization and prevention. When mental health carries the same currency as physical health, we will help eliminate a central barrier to action. Furthermore, when we cultivate holistic health, we will help prevent disease and personal difficulty for both individuals and populations.

In this context, holistic health means going beyond purely medicalized categories, and attending to topics such as diet, exercise, relaxation and creativity. We must connect users to relevant content and services, and support contexts where they can engage with people like them to explore their difficulties and pursue the opportunities inherent in the cultivation of holistic health.

Holistic health also means attending to the environment individuals inhabit, and their positions in it. **Employment and housing effect and are effected by health and wellbeing.**

5. Enable solution-focused community support.

Many existing mental health resources focus on diagnosing user issues and signposting to information. This is a good start, as many users want quick answers to basic questions. Ultimately users want to feel better, and to maintain that feeling. **Maintaining wellness is particularly difficult for those who suffer from difficulties like sleeplessness, stress, and depression, since the ups-and-downs of these experiences can be disruptive and demotivating.**

In order to feel better, users need solution-focused guidance. This means setting goals, identifying barriers, and creating personalized plans of action that attend to the whole person. **In order to maintain the plan through the ups and downs of life, users need a supportive community** to recognize the difficulty of their situation, encourage them to persevere, and help them to overcome their challenges. Belonging to such a community enables people to be heard and helped by people like them, and gives them the opportunity to help others.

6. Create space for healthy behaviour.

In order to create safe online spaces, we must first acknowledge that any human system can only manage risk, never completely eliminate it. Therefore **we must create enough space for people to do things in a healthy way, with thoughtful protections to minimize risk.**

Creating space for healthy activity means working with digital communities to articulate and enforce their own boundaries. **In many social environments, people self-moderate – especially when norms are established.** Community participants and clinical professionals can co-create a code of conduct that balances space and safety.

We must also acknowledge that the scale of digital communities, and the volume of content they produce, **makes purely human moderation untenable.** In order to manage the attendant risk, **we must craft robust clinical governance infrastructure**. This means utilizing software tools to detect risky behaviour, employing trained moderators to respond when necessary, and building escalation pathways.

7. Curate quality information and services.

Users must have access to quality, curated information. Simple, bite-sized blurbs must replace dense medicalized prose. Quick answers to common questions and small glimpses of interesting content must link to layers of further information, so the user can choose to continue learning without being overwhelmed. Information must also be easily sharable, to encourage communication of one's experiences, goals, and strategies.

When it comes to accessing quality apps and online services, we can support the user's decision-making process. This could range from providing extra information to putting apps and services through a robust endorsement process. Signposting to offline services must be localizable, and should leverage existing networks of services via IAPT and the Third Sector. Finally, both information and services should always be easily connected to solution-focused, community supported programs.

Horizon Scan

Reports & Articles

Reports and articles we investigated:

The Future's Digital: Mental health and technology

Closing The Gap: Priorities for essential change in mental health

London Mental Health: the invisible cost of mental health
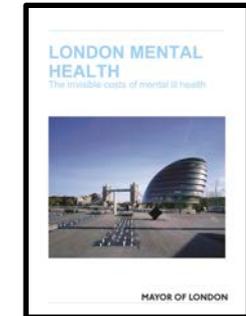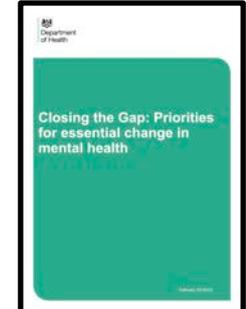
Guidance for Commissioning Public Mental Health Services

Mental Health Peer Support in England: piecing together the jigsaw

Personalized Health and Care 2020: NIB

Our Communities, Our Mental Health

Public Health England Marketing Strategy 2014 – 2017

UCLP Evaluation of BWW

1. Local understanding, information, and collaboration

It is important that local commissioners understand the importance of MH and understand their local communities. Centralized information must also be available at the local level and public health teams need to work in partnership with local authorities and CCGs to increase the impact of their interventions.

2. Physical and mental healthcare

Physical and mental healthcare are deeply interconnected and equally important, though they are often not treated as such. Some physical conditions linked to mental health include: obesity, smoking, risky sexual behavior, violence / abuse, and physical disabilities.

3. Mental health is present throughout a life time

Interventions must be tailored to different life stages and their attendant needs. For example, among school aged children, conduct disorder, anxiety and ADHD are most common; among working adults, anxiety and depression are most common. Loneliness and lack of a network among the elderly leads to high levels of depression.

4. Equal access

We must address the effect of discrimination and inequality, especially for BME groups, elderly and ex-offenders. BME individuals often get their first MH treatment after an encounter with the judicial system.

5. Preventative care

Preventative care is essential, especially for school-aged children, young adults and new mothers. Prevention is enhanced by education about mental health, contributing factors, and interventions. For example, having a more unstable work schedule increases the risk of mental health difficulties.

6. Resilience factors drive prevention

Resilience factors include: emotional, cognitive, social, physical health, environmental, and spiritual. Peer support can help develop resilience. While formalized peer support is easy to track and quantify, it may not be as helpful as informal support.

7. Cost savings from prevention and early intervention

Savings include costs due to reduced quality of life, output losses, costs related to caring, crime and public expenditure.

Apps & Services

Apps & services we investigated:

Big White Wall, NHS Choices, NHS Mood Zone, Action for Happiness, Wheel of Wellbeing, 5 Ways to Wellbeing, Time to Change, HeadSpace, Ieso, Mindlogr, Buddy App, Mental Elf, Patient Opinion, Patients Like Me, HealthUnlocked, Elefriends, CarePages.

Key insights

1. 5 main types of services

We found **5 main types of services**, sometimes used in combination: Peer support (often forum-based), tools & resources for managing day-to-day mental health struggles (articles and guides), methods of expression (often anonymous, through many mediums), assessments/tests (often tracked to show progress) and therapy support (both online/offline, group and individual).

2. Anonymity and privacy

Anonymity and privacy seem to be important issues for patients. Of the services/apps that allowed for user-generated content, 6 featured anonymity/privacy as an important feature, 1 was neutral (semi-anonymity), and 4 required some sort of identification to use the service.

3. Peer support

Peer support was a common theme. 7 services offered peer related services such as forums or articles about real, relatable stories.

4. Steps to wellbeing

The 4 or 5 **steps to wellbeing** were featured on 4 apps/services. This theory/idea looks at mental health/wellbeing holistically and is often seen as a technique to prevent mental ill health.

5. Quizzes or self-assessment tests

A common feature was **quizzes or self-assessment tests** to help users track progress. This feature was used by 5 services.

6. Free to the end user

Most services (12) are **free to the end user** and can bee accessed simply by signing up with an e-mail. Some more specialized services (4 we found) required a cyclical fee to use, and some (2) were free to the end user but needed a professional or other service to give them access to the service/app.

7. Localized information

Some services (4) offered **localized information** or connected users to local groups, but the majority of services were nation-wide.

8. Multiple audiences

Of the services we investigated, we noticed **multiple audiences**. 10 were primarily targeted towards diagnosed patients, 5 had content for family members and friends, 4 were aimed (at least in part) towards medical professionals, and 4 had content aimed at the general population/those without a diagnosis.
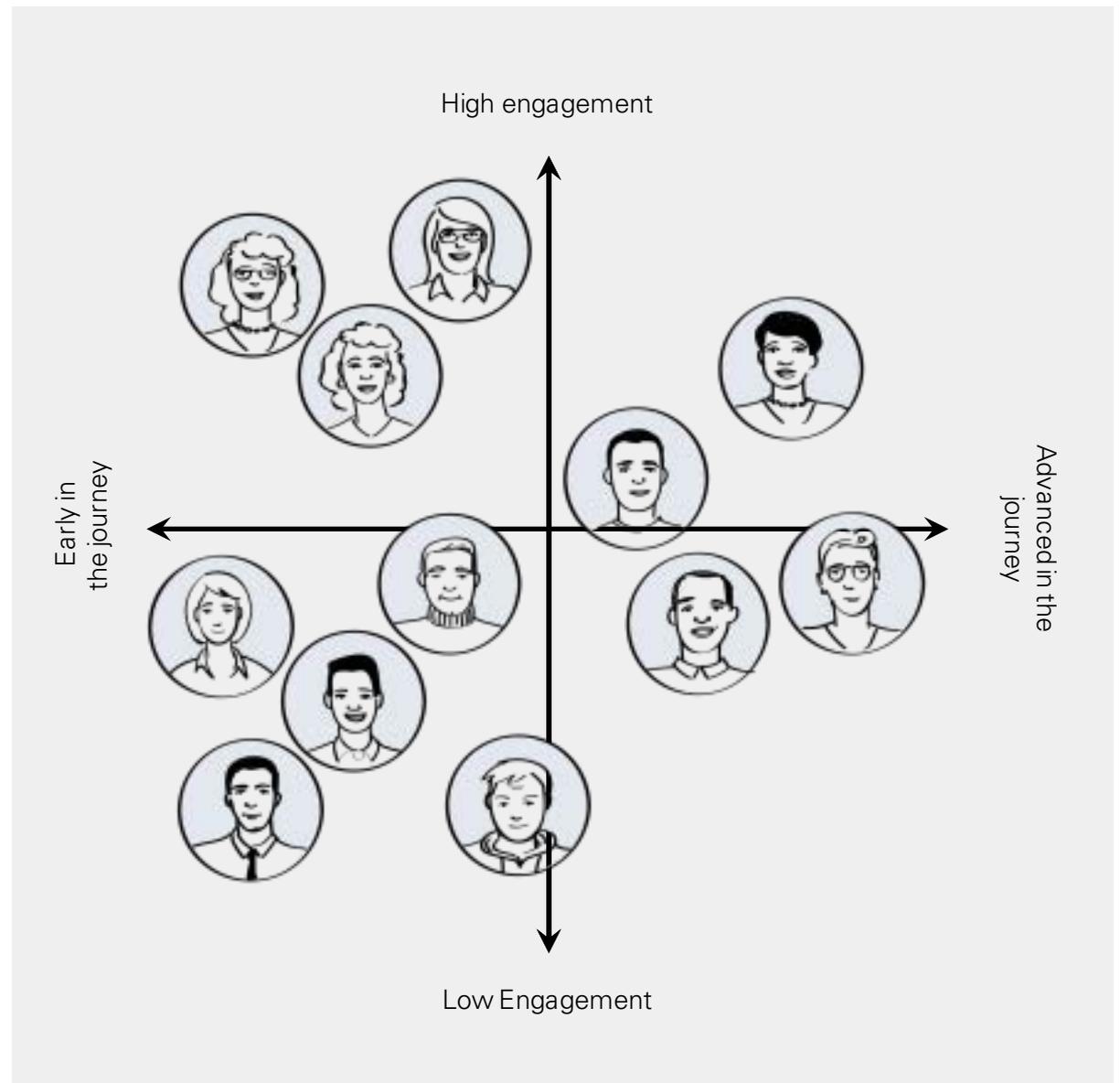
Londoner's Stories

Typologies

Summary of four typologies

High engagement

Explorer

Carer

Early in the journey

Advanced in the journey

Passenger

Survivor
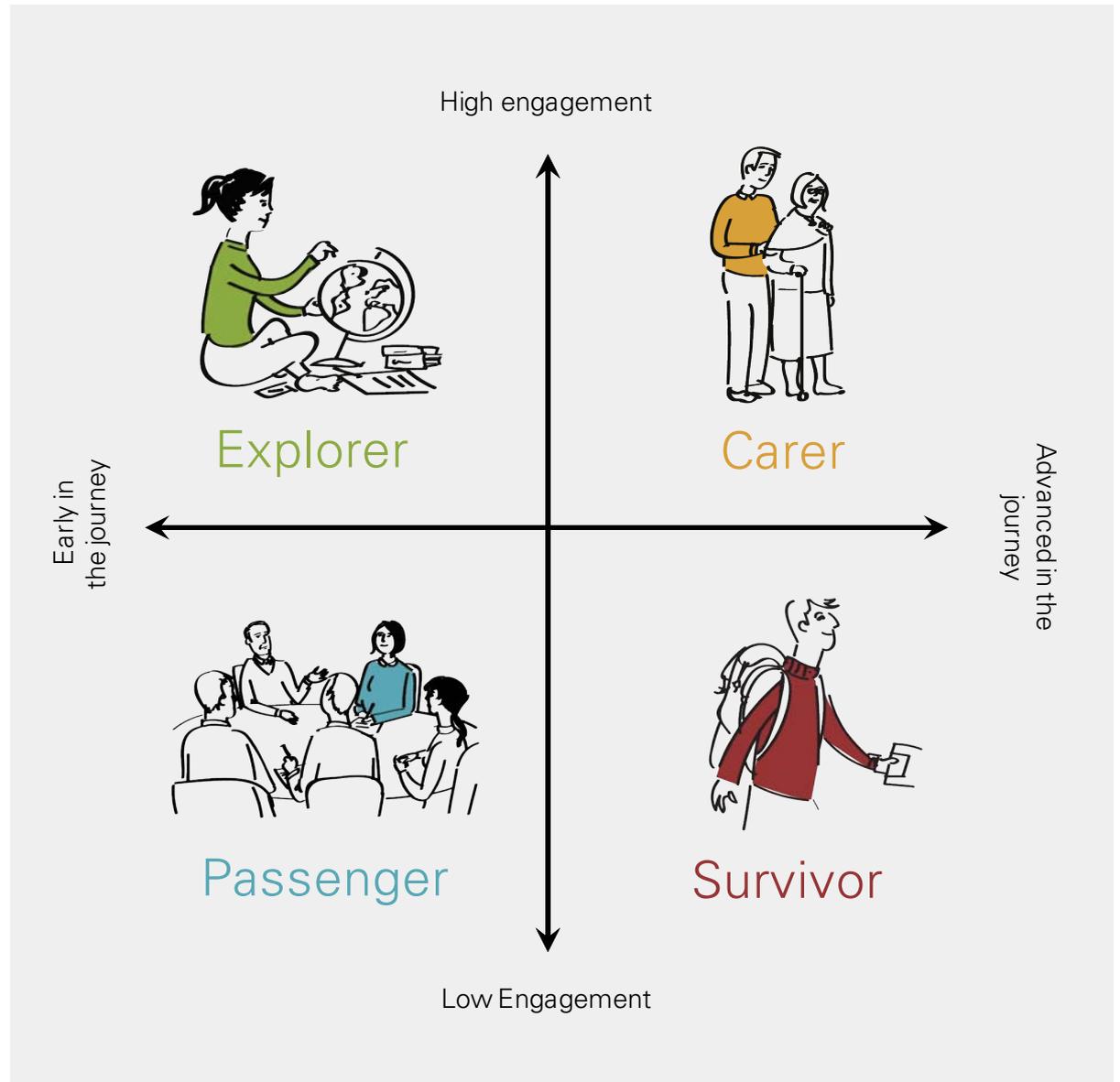
Low Engagement

Interviewee distribution

Location of personas according to engagement and length of experience

High engagement

Early in the journey

Advanced in the journey

Low Engagement

"I am open to that."

Explorer

Key attributes

High engagement, early in the journey

Proactive

Makes time to explore possibilities for improving wellbeing by engaging with existing services

Londoner: Christina, 44

Explorer

Works part time in a law firm

Lives with partner and youngest daughter

Likes being active, seeing her family happy

"I think lack of sleep will make you anxious, and that does make you depressed, and obviously because of the trauma what happened, but I just tried to sail through it and I don't think it has gone away."

"I do find online very helpful though, and speaking to people online is quite good...to see what other people are going through and that might help you, that your situation is not so bad. Or maybe that you are giving somebody advice, that can help them as well, that's a good thing."

Experience

Christina is experiencing stress, anxiety and sleep difficulties. Her extreme sleeplessness started after a burglary seven years ago. Victim support wasn't helpful to her. She never recovered from the experience and occasionally has panic attacks. She feels physically and mentally exhausted.

Insights

Despite moving home, and no longer being the main carer of her infirmed mother, she remains in a cycle of anxiety and sleeplessness. Balancing domestic, professional, and social demands makes her feel overwhelmed, which exacerbates her sleeplessness. Not sleeping makes it difficult to balance demands, creating a vicious circle.

Support

Christina found support in the Netmums online community. It is a place where she can connect with people like her. She gives and receives advice from the other members online and occasionally meets up with a group of mothers for coffee and a chat. Her GP only suggested medication.

Londoner: Margaret, 62

Explorer

Worked as a part time publisher of training courses before she cared full time for her husband

Lives alone since her husband died from motor neuron disease

Likes to cook, socialise, and listen to quality comedy

"I know there is help out there if I want it….I am able to pick up the phone if I need to and call my family for support."

"I certainly won't bring people down, I will deal with it myself."

"I had to push my husband [to socialise] and then he was happy that he had someone to talk to."

"I need to keep myself occupied, and I need to be motivated."

Experience

Margaret suffers from stress, anxiety, and sleep difficulties. She recently lost her husband and is in bereavement. She cared for him and felt intense stress throughout the duration of his illness and suffering. Margaret feels sad and alone when she does things they would have done together. She also feels stressed by necessary legal procedures.

Insights

Margaret is the kind of person who bridges the gap and helps people to connect. Uplifting activities and social events prevented her and her husband from cocooning. They loved to laugh together, and now she gets comfort from comedians like Ruby Wax. Margaret feels her whole life has changed, and she is trying to get back on track.

Support

Margaret receives great support from her family, neighbors and social network. She and her husband built a trusted relationship with their GP, who gives her security and comfort. The Motor Neuron Association offered her information and personal support during and after her husband's illness. Margaret now plans to volunteer to help others.

Londoner: Rita, 36

Worked different jobs and received a Master's degree before becoming unemployed

Lives in a hostel, separated from her husband and her traditional Eritrean community

Likes design and art

"The reason I'm in a hostel is because I am going through a divorce, which has been going on for three years now believe it or not. It's a little bit complicated but my life has been going downhill since I left him; the relationship itself was really abusive."

"Avoiding friends and when they come on the scene again I try to make out that I'm fine, I block it and that kind of depresses me….I don't want anybody to feel sorry for me."

"I subconsciously what to see other people going through the same thing as me and dealing with it better and coming out stronger."

Experience

Rita is experiencing stress, anxiety, sleep difficulties, low mood and depression. Her divorce, joblessness, and family conflict leaves her feeling exhausted, alone, and full of self-doubt. She worries intensively and feels her brain just won't wake up, like a constant hangover. Time keeping and social pressure to perform make her anxious.

Insights

The traditional beliefs and stigma of her family and community prevent her from seeking help within her social circle. She is focused on maintaining appearances, and is in conflict with her parents. Rita worries that being labelled will effect her job prospects. She is also worried about the future and is trying to recapture her past life and successes.

Support

Rita benefitted from sharing with the Samaritans. She is comforted by stories of people like her, especially those who overcame their struggles. Now she seeks trusted support and information on how to maintain a normal way of life, especially motivation to get up in the morning. Rita Googles anxiety and depression, which leads her to anonymous forums and sites.

"I don't know what to do."

Passenger

Key attributes

Low engagement, early in the journey

Passive

Focused on their personal experience, often isolated and not engaged with support

Londoner: Martin, 38

Passenger

Works full time as a self-employed ditch digger (for pipes and wires)

Lives with mother, is divorced and has two children who live with their mother

Likes playing football, mountain biking and supporting Arsenal

"I don't really know what causes it, but I know I sweat profusely when I sleep at night. I don't know why, but it wakes me up."

"I don't like to let people in, to tell people about myself. I like to keep myself to myself."

"I got my own house, that I own.... but I'm not living in it since I split with my wife. I get to see my child every weekend, which is not ideal, I used to love going home, helping her with her homework....I'm back living in the room that I grew up in....It's not ideal is it? That could be a contributing factor, I don't know."

Experience

Martin experiences severe sleep difficulties. He gets upset and short tempered when he doesn't sleep. On Saturdays he ends up physically drained and stays in bed all day. At the end of a working day his body is tired but his brain is constantly racing. He has suffered from sleeplessness for 10 to 15 years. He doesn't know what to do.

Insights

Martin experienced several traumatic life events. His father died in front of his eyes at the age of 15, he witnessed multiple tunnel collapses, and he is divorced. His work is stressful because it is dangerous and he is responsible for the safety of his co-workers. He finds himself in a cycle of stress and sleeplessness, without knowing any particular cause. Smoking is his relief from work.

Support

Martin doesn't like doctors due to a traumatic childhood injury and his subsequent care. He also doesn't like authority figures, due to a bad experience with a therapist as a teenager. He prefers to keep things to himself and doesn't talk about his feelings. He does not know where to start and he is not aware of information or services that could support him.

Londoner: Stuart, 51

Passenger

Works as a financial trader

Lives with wife and two children

Likes playing tennis and golf, socializing with friends

"I can't keep this going, somethings got to change."

"We talk about the stress of work but not the stress of life, because there are people in the same line of work as me who handle it better than me I think."

"When I was at school, people who needed help with these things was a sign of weakness."

"I get a positive boost if I'm controlling it, which is exactly how I like it and it's not a good thing."

Experience

Stuart experiences low mood, stress, anxiety and sleep difficulties in both his work and personal life. He suffers from mood swings, and often feels stressed over a long period of time without one particular reason. Stuart feels lonely as a result of working at home. He also feels guilty whenever he is not working and making money for his family.

Insights

Stuart has analysed the variables that affect his sleep: stress, spicy food, work after a certain time, and noise. Though he can sometimes set a good sleep pattern, he often falls back into a cycle of stress and sleeplessness. Little things trigger his anxiety, including a late night of work, messiness, poor timekeeping, failing services, and driving. He feels he absorbs the stress of those around him.

Support

Stuart feels his family could do more to help him be less stressed, but he does not communicate his experiences or his needs. Playing sports and socialising takes the edge off his stress and helps with sleep. Occasionally he talks to friends about work stress, but only in a joking way. He holds a sense of stigma, and while his is interested in strategies, he endures his experience alone.
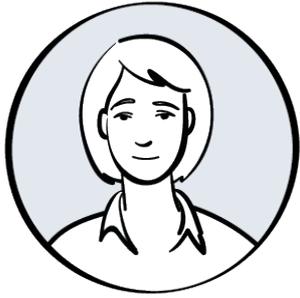
Londoner: Lisa, 23

Passenger

Worked in a shop but currently studies full time in an online university

Lives with her mother and brother

Likes going to the cinema and spending time with her friends

"I've always been a worrier."

"I went to Roehampton University…it was like a two hour train journey and I had anxiety attacks on the trains and was claustrophobic and so that's why I transferred my credits over to the Open University. "

"I wouldn't mind from the comfort of my own home, I don't know why but its just like your committing to something like a course, I don't want to do it.…so something I could use as and when I feel I need it kind of thing as opposed to a regular thing."

Experience

Lisa is experiencing anxiety and sleep difficulties. Her first panic attack was 5 years ago. The attacks are triggered by large crowds and claustrophobia. For the past three months, Lisa has also had trouble sleeping. Her mind goes into overdrive and worries about things constantly. Stress make her panic attacks worse. Uni deadlines increase stress.

Insights

Lisa's strategy is to remove herself from potentially stressful situations, namely overcrowded places. She no longer goes to festivals with friends, and she switched to online courses because traveling by train to Uni was too stressful. As a result, Lisa is isolated and doesn't see or talk to many people. She does schoolwork in her room, and stays up on Facebook and WhatsApp when she cannot sleep.

Support

Lisa diagnosed herself with anxiety by reading the NHS website, which outlined options she already knew. She hasn't gone to a GP, doesn't want medication, and doesn't want to commit to a CBT course. She prefers preventative strategies she can use when and where she wants. Based on her mother's advice, Lisa approached student support services, who gave her an extension for her exams.

Londoner: Nia, 30

Passenger

Works part time as a cleaner and studies accounting

Lives alone, her family lives in Trinidad

Likes to socialise and to read book series

"I couldn't breath, I couldn't speak to anybody."

"If you tell me to do something, I wont do it today, or tomorrow or the next day. I'm going to look at it months later."

"I have to find something that will change me."

"I'm going to stick with the swimming. I felt so free and weightless, everything was not a burden. I made a few friends who can't swim like me."

Experience

Nia is experiencing low mood, depression, stress, anxiety and sleep difficulties, exacerbated by the recent death of her father. She feels sad about being unable to attend his funeral at short notice, at which time she did not sleep for days. Her mind races, she can't breath, and she gets stomach cramps. She is exhausted, but can't sleep at night.

Insights

Nia diagnosed herself with anxiety through online research. She gets easily overwhelmed and is admittedly prone to procrastination due to lack of motivation. She is able to accomplish goals when she is guided and motivated by other people. She spoke with a nurse about digestive problems but does not know how to talk about sleeplessness.

Support

Nia's boyfriend helps because he had a similar experience when his mother died of cancer. They talk and draw together. Going away for a girls' weekend also helped to clear her mind. She signed up for swimming classes, which helped her feel weightless and find new friends. WhatsApp is her lifeline to connect with her mother and sister.

Londoner: Sam, 27

Passenger

Worked in several jobs, is currently unemployed

Lives with his mother and siblings, is separated from his wife, and has a young son who lives with his mother

Likes playing football

"In my head I just thought it was just me, like being silly, but in the last few years there's been a lot more awareness about this sort of stuff…still took a while to say wait a minute."

"Football is where I can let out a little bit. If I didn't do that I think I'd actually go crazy."

"So even when you've got a new job, you're still not sleeping properly, still getting up late at night, everything just seems to be like a trudge, rather than actually getting somewhere. So I think if I could just sort my sleep out, then I think I could get past a lot of stuff. They are all connected somehow."

Experience

Sam is experiencing depression, stress, and sleeplessness. He is stressed by repeated joblessness, and the resulting financial pressures. At night his mind races, and being unable to sleep effects his mood and his ability to focus on work during the day.

Insights

Sam finds himself in a cycle of unemployment. The longer he is out of work, the more he doubts himself. In situations of low mood and stress, he needs tools to self-help. Growing up without a father, he had to be emotionally strong and care for others, neglecting his own wellbeing.

Support

Reading about Robin Williams' story made him aware that he is not alone, and gave him a safe space to learn about depression. He connected with a friend of a friend who shared similar experiences. That conversation opened his eyes, and helped him feel less stigma, but he resists taking concrete action due to pride and inertia.

"I don't have time."

Carer

Key attributes

High engagement, later in the journey

Proactive

Trying to self-help, but spending time and energy on others rather than engaging with services

Londoner: Panvi, 62

Works as an administrator for the local government and looks after children in care

Lives with her mother and children, is divorced, was born in India

Likes being a spiritual person, is interested in alternative medicine

"I'm doing too much, and at times I'm not able to cope with it. Sometimes my children don't co-operate, or things don't go right. There is all of a sudden so much gets like, accumulated, either it is the work stress, mom's appointment and running around everywhere here and there."

"I find it helpful for myself (to serve other people). I meet lots of people, from all walks of life. It's very therapeutic, it helps me."

Experience

Panvi is experiencing low mood, stress, anxiety, sleep difficulties and depression. She is recovering from the recent death of her father, and is still recovering from her experience of breast cancer a couple of years ago. Panvi is also consistently exhausted by her extensive responsibilities. Because she does not take care of herself, she suffers low mood and periodically crashes.

Insights

Panvi puts everyone else before herself. As a single mother she has a lot of responsibilities: taking care of her mother, following up on her appointments, and managing the stress of children, professional work and community volunteer work. Nevertheless, she enjoys social interaction and loves caring for other people. She wishes she had more time to help and talk to people.

Support

The NHS has been very helpful and supportive, but GPs only prescribe medication, which results in side effects (getting sleepy, addicted). Short term counselling showed her the benefit of caring for herself. She doesn't have time for therapy so she tries to help herself. She stopped taking medicine and looked into alternative health strategies like yoga, meditation and bio medicines.

Londoner: Carl, 38

Carer

Works part time as a business consultant

Lives with his wife and dog, his parents are from India and live religious lives

Likes researching and reading, is an analytical thinker

"When you're not sleeping very well your temper gets worse and worse and it becomes harder to deal with the people-around-you's crap."

"There is so much out there because it's channeled in from so many places. It's great, but if there was like 'follow these five things first.'"

"…And you realize that a ton of people are going through this…I think it probably makes you feel less mental about it, less like 'Is it just me? Am I going crazy?'"

"The anonymity of something like [Netmums] generates so much honesty."

Experience

Carl is experiencing stress and sleep difficulties. Working in investment banking led to performance related stress and extreme tension headaches. Since then, stress came from caring for his ill wife. When he doesn't sleep, he finds it difficult to cope with interpersonal difficulties. Sleeplessness has become an expectation, and that troubles him.

Insights

Carl diagnosed himself after looking back, and recognizing a pattern. Work was stressful, but structured. Losing that structure was a challenge. He tried to create structured sleep habits, but caring for his wife during her illness was chaotic. Since she recovered, her sleep preferences still supersede his expressed needs, and she conflates quantity of time in bed with quality sleep.

Support

On the one hand, Carl says that he has no problem going to the doctor and wants to change, but he remains in a cycle of browsing forums, reading articles and putting his needs second. He has a sense of stigma, and is also overwhelmed by the available information. He would prefer to use anonymous services, and to read simple solution-focused strategies in the comfort of his own home.

"I try to manage."

Survivor

Key attributes

Low engagement, later in the journey

Passive

Has endured difficulty and isolation, and has found a way to survive without sustained engagement

Londoner: Don, 45

Works full time as a delivery driver

Lives alone, is divorced and has two daughters who live with their mother, his family is from Sierra Leone

Likes being on his own, is an introvert

"It does help when you know it's not just you, lot of people mess up in life. It gives you the encouragement that you can see that they come through at the other end of the tunnel. If they could, why can't you?"

"Growing up in the 70's - 80's, it wasn't really a thing to say that you are depressed. Obviously, the 2000's now with social media, everyone can be a bit more open, you know if you are depressed, so what, let's sort it out".

Experience

Don is experiencing sleep difficulties and has experienced low mood and depression in the past. After being in a down period for a long time, losing his job, using drugs and being homeless, he is now back to a stable, employed, and drug-free life. He is focused on maintaining his current state of mind.

Insights

Don has internalised the stigma surrounding mental health. Talking about depression has always been a taboo in his family and generation. Due to his experiences, he now recognizes the fine line between happiness and depression. After learning to take better care of himself, he gave back to the community by mentoring others.

Support

During his down period, the hostel key workers encouraged Don to seek help. He eventually received therapy from professionals. They shared stories about people who overcame similar issues with depression and drugs. His two daughters are his biggest influence to get back on track. They teach him how to talk about feelings.

Londoner: Penny, 50

Survivor

Works on a contract basis

Lives as a single mother and cares for her three children and her niece, a young alcoholic diagnosed with epilepsy

Likes reading criminology books

> "You're just having a bad day. But then that day goes into another day, and another day…"

> "It's great that I have a busy life with the kids, because without that… When you've got children, mum has to be okay. Because if mum's not, they're not. Without them, I wouldn't get up some days. Definitely not go out."

> "It's all about self-help. Previously I would have all got them up at the same time, and it would have been a battle zone… for the bathroom, for whatever. But now the morning routine I staggered. I get up, I get myself a cup of tea, and have a few moments to myself."

Experience

Penny has experienced depression for over 30 years. She suffered in silence for a long time, but now she shares openly. When her mood gets very low, she sits in one place without moving. Broken routines and unexpected crises can set her off. Her father recently had cancer, and she suffers from physical health problems.

Insights

For Penny, making task lists, including getting out of bed, is her way of getting through the day. She learned to stagger her morning routine with the children to avoid being overwhelmed. Her son is a challenge, and caring for her niece is very straining, but worthwhile. She supports others but doesn't get supported, so she relies on self-help to survive.

Support

She received CBT three times throughout her life, which helped her to think differently, recognise the signs of her low mood, and self-help. Penny relies on the self-help methods she learned, including list-making and routine. The kitchen is her sanctuary. Reading is her escape that helps her to switch off, but she feels that others don't recognise this need.

Concept Development

Our approach: Activities
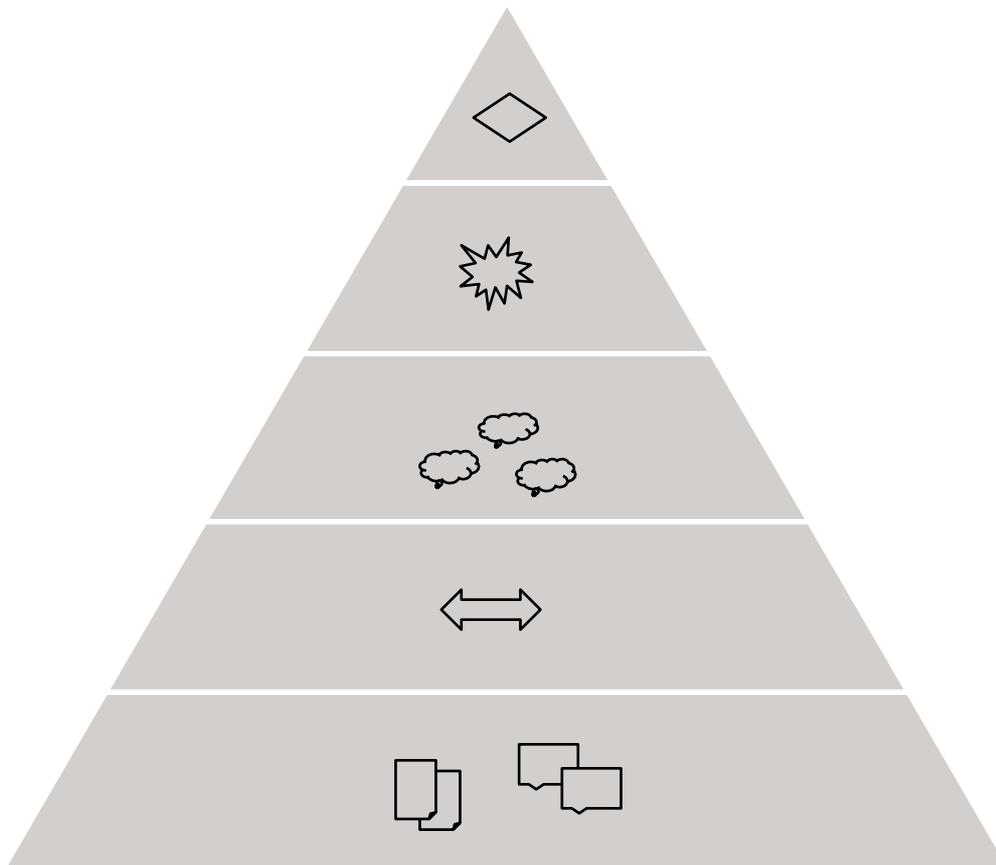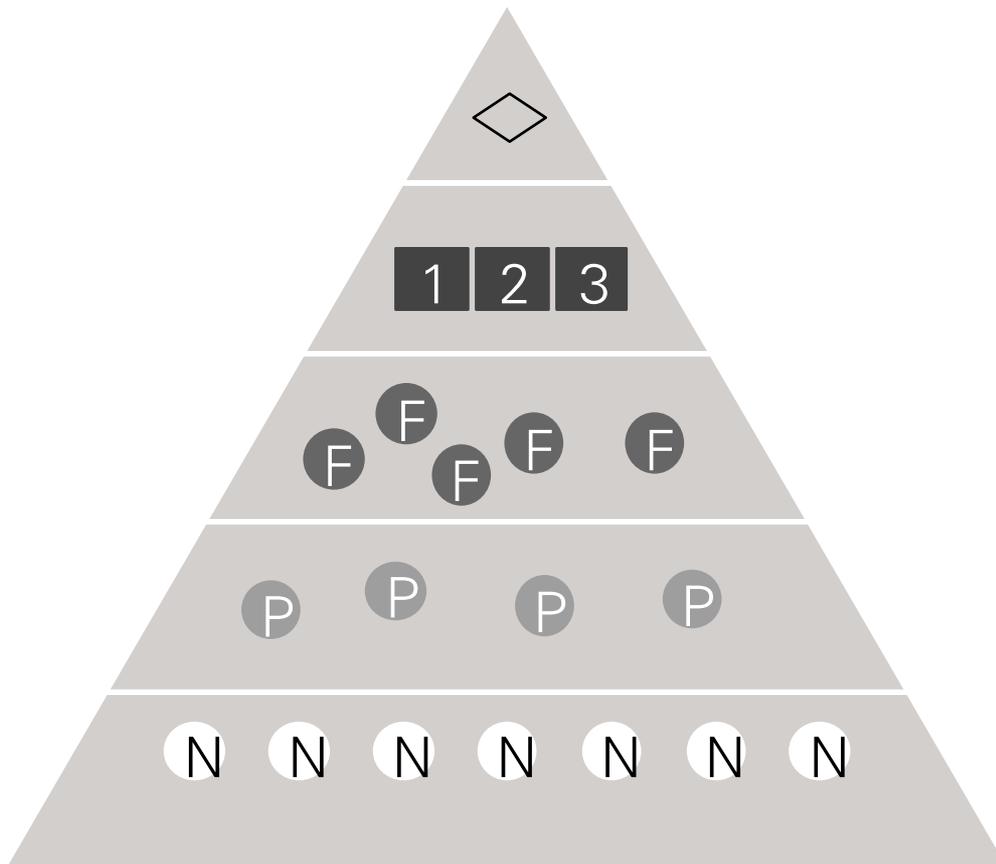

Design Service Model

Create Concepts

Brainstorm

Define Challenges
& Opportunities

Research

Our approach: Output

Service Model

Three main threads

Features

Principles

Needs

Challenge and Opportunity Workshop

Based on a combination of market research, expert research, and user research, we identified 26 challenges, including the three threads of the business case, and awareness, access and stigma.

In the workshop, 18 representatives from London's CCGs unpacked the challenges, and defined opportunity areas.

Challenge and Opportunity Workshop Analysis

We studied the workshop output to better understand the challenges. For each key opportunity area, we created questions to inspire stakeholders to create solutions. We included additional questions from our ongoing research.

For example: There is an opportunity to scale this service through existing social media.

- What form should peer to peer interaction take?
- How might we leverage social media?
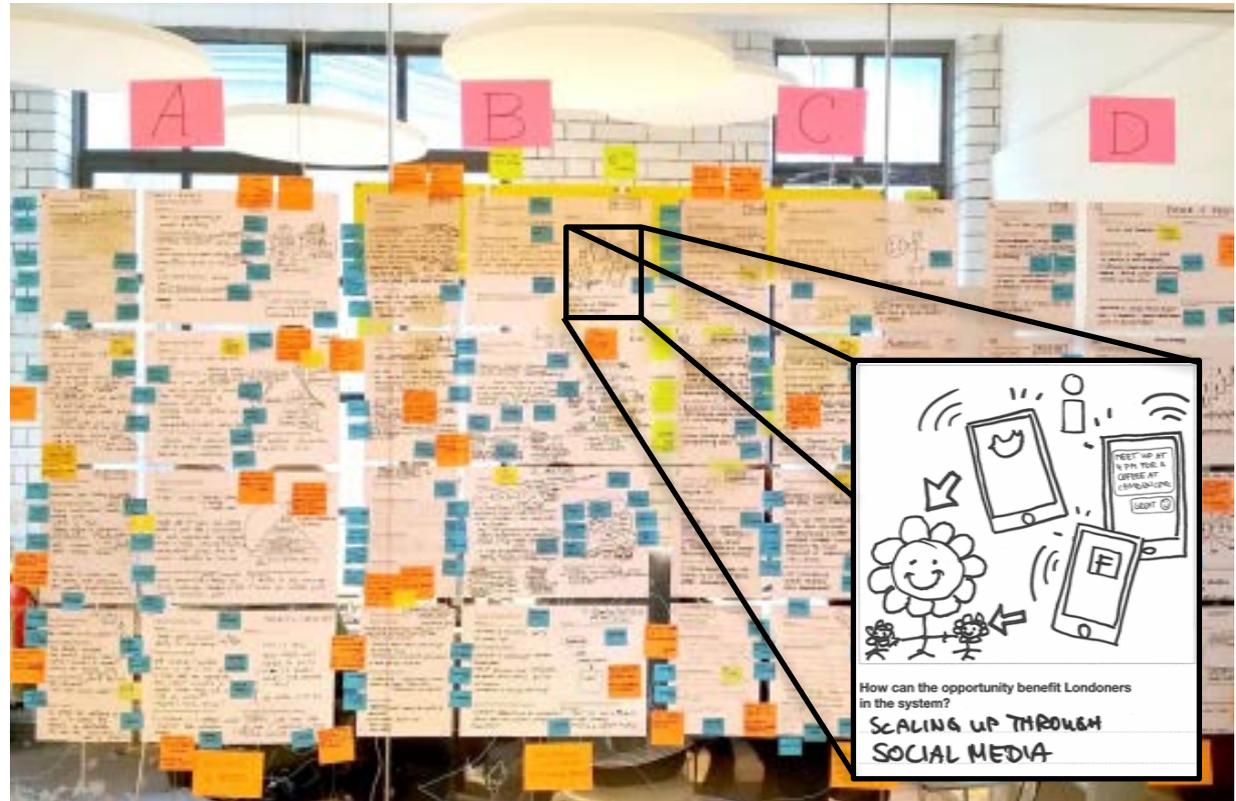
Concept Workshop

Based on the Challenge and Opportunity Workshop, and our ongoing research, we articulated 32 questions to stimulate the creation of solutions. We also introduced user stories to inspire user-centered thinking. 38 participants joined, half from the public sector, PHE Digital and funding bodies. There was also a rich mix of third sector organisations, clinicians, service user representatives, digital specialists, and MH providers. Participants brainstormed, discussed, and sketched solutions.
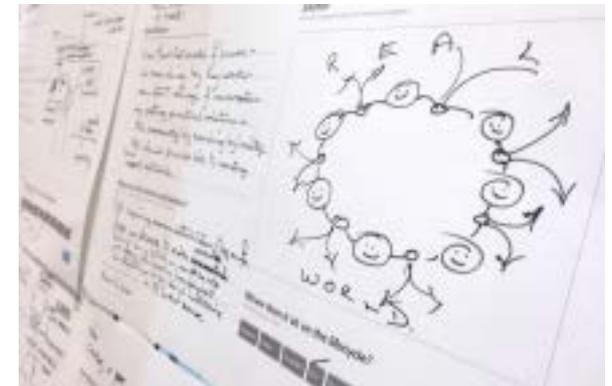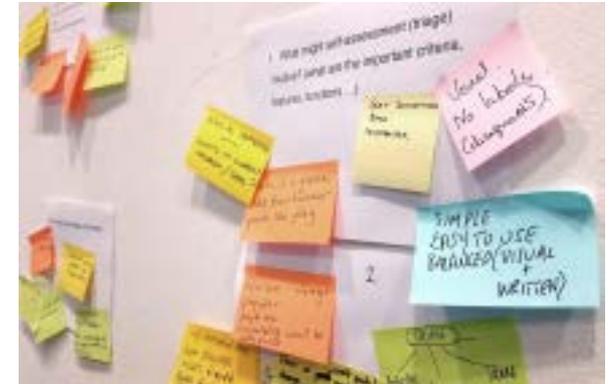
Concept Workshop Analysis

We studied the workshop output to better understand the key principles and features of potential solutions.

In this example, the question was: How might we leverage social media?

- Use **social media as a hook**.

- **Sharing stories** as a way of problem solving and signposting.

- **Targeted advertising** to link to service content.
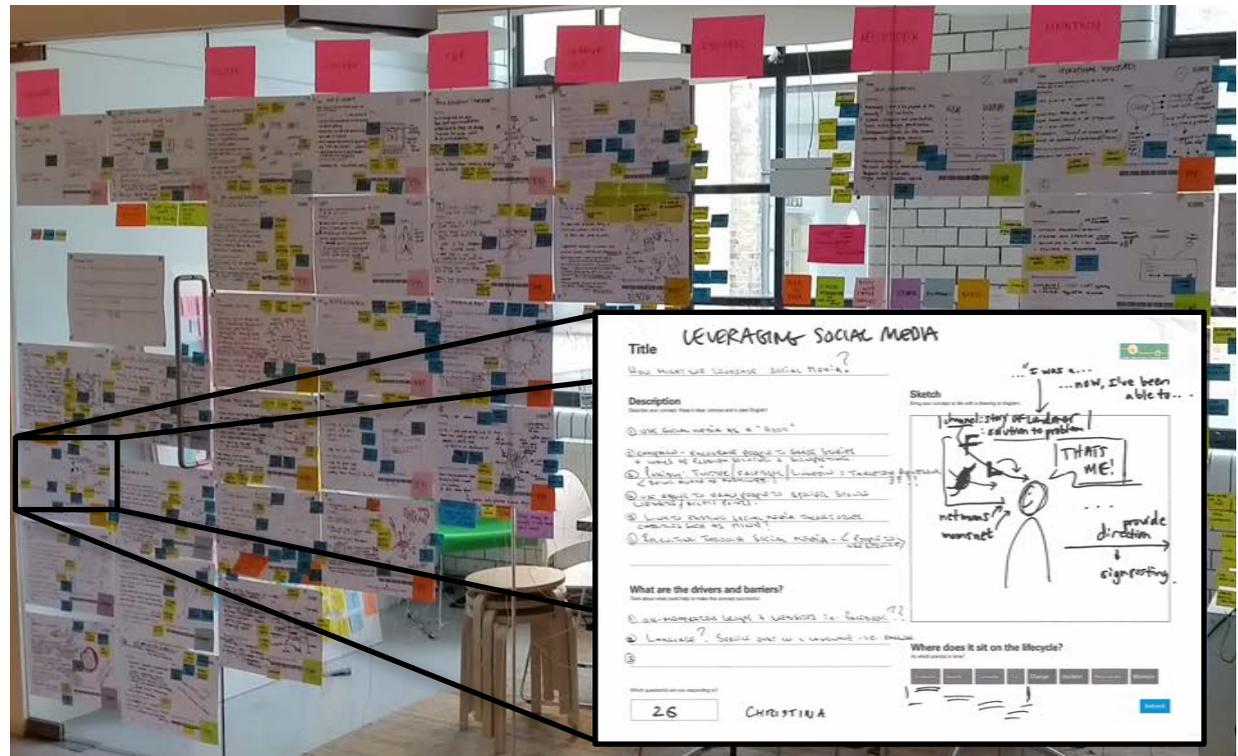
Concept Development

We then worked together to understand when and how users would interact with key touch points, and how to design and validate a service ecosystem that meets Londoner's needs. We organized the touchpoints according to user journey phases, and the different channels.

In this example, the touchpoints occupy the "Unaware" phase of the user journey, and are in the social media channel.

Concept Visualisation

We brought the concepts to life by explaining them in the context of real users' stories, which were visualised as storyboards, to make it easy to respond and feed back.

For example, Martin discovers a targeted advertisement on Facebook. Since the advertisement came from Arsenal, he is open to its message, and is inspired to explore solutions to his ongoing sleep difficulties.
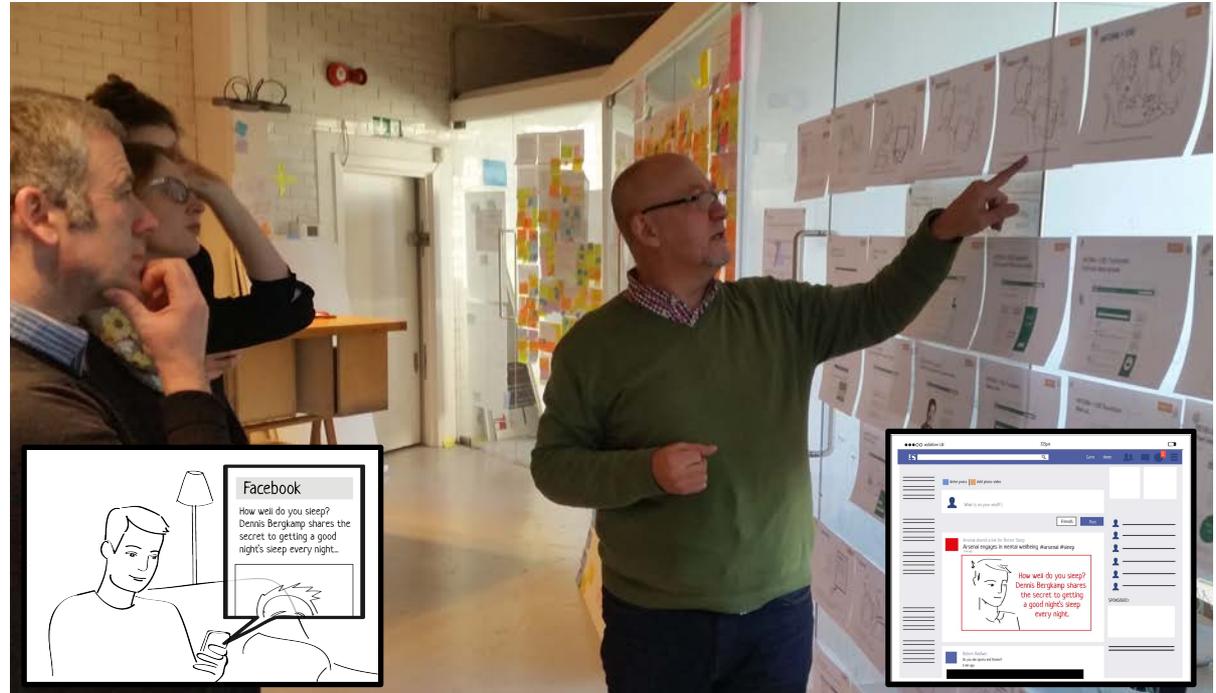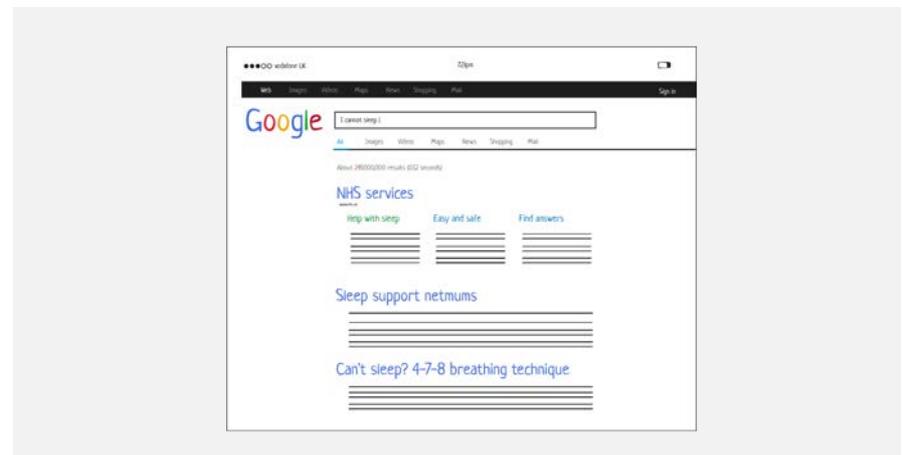
Key Concepts

1. Better use of existing routes to content

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Londoner needs

"As someone looking for support, I want Google to show me the best and most relevant information. So that I can be signposted to information and services."

Objective

Find out what users are searching for and which search terms result in visits to destinations.

System benefits

Sensitivity and specificity of different ways of maximising user access to digitally available information about mental wellbeing achieved. [quantified measures need to be developed]

Intensity of effort	*
Design	*
SD & Research	**
Content development	*
Software / Technology	*
Approximate cost	SML
Approximate scope of time	4 weeks
Success factors	H.2

4. New and engaging self assessment tools

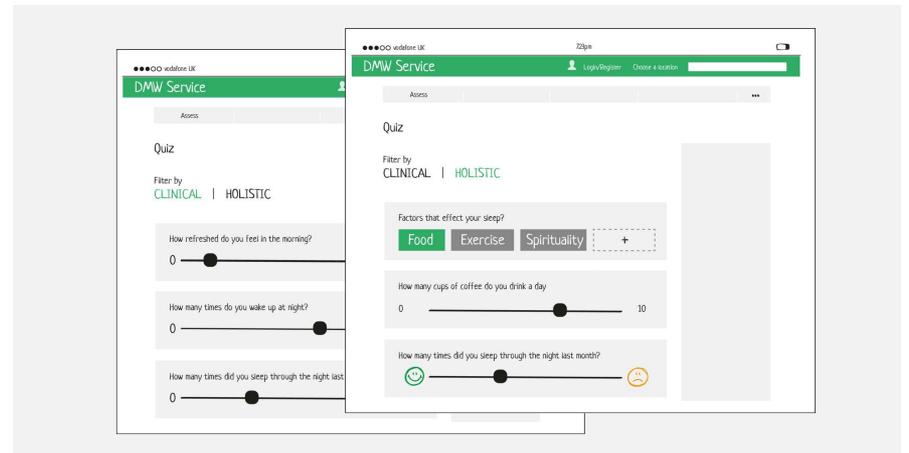| Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Londoner needs

"As a user, I want self assessment tools that are appealing and engaging. So that I have a better experience of understanding what my needs might be."

System benefits

Identify how users are expressing the problems they are experiencing in a digital environment. Agree which self assessment tools will be deployed by the service.

Objective

Discover new and engaging assessment tools to give people insight into their experiences of mental wellbeing.

Intensity of effort	*****
Design	*****
SD & Research	***
Content development	***
Software / Technology	*****
Approximate cost	MED - LRG
Approximate scope of time	4 – 6 weeks
Success factors	H.4,H.7,H.8,H.10,H.11,H.12

5. Integrated self assessment journeys

| Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
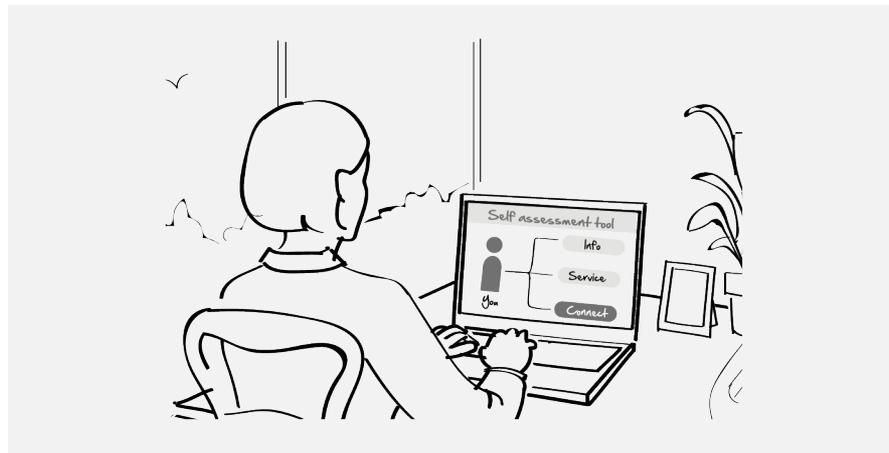
Londoner needs

"As a user, who is engaged with self-assessment, I want to be offered the best routes into information and services. So that I feel like I am in a joined up digital wellbeing journey."

System benefits

Describe the range of journeys used by different types of users and how these can be supported through the service design to enable them to take action.
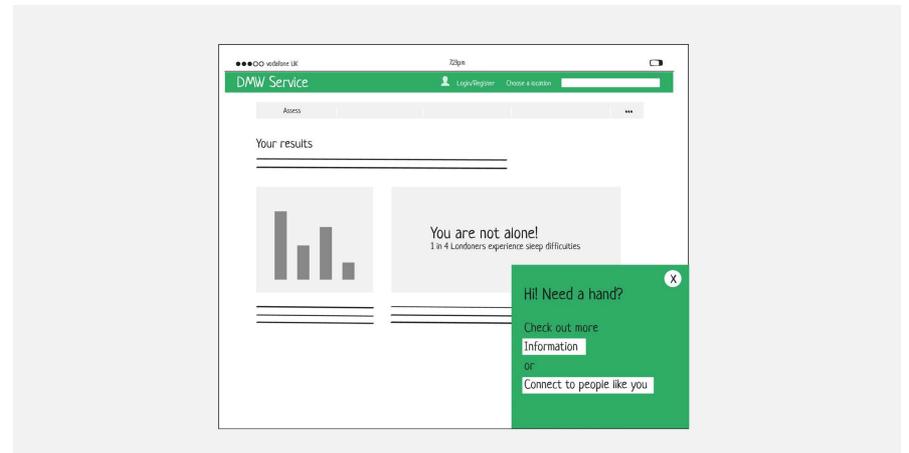
Objective

Find out how to help users of self-assessment to engage with a range of other digital wellbeing services.

Intensity of effort	***
Design	**
SD & Research	***
Content development	***
Software / Technology	*
Approximate cost	SML
Approximate scope of time	4 weeks
Success factors	H.4, H.7, H.8, H.10, H.11, H.12

9. Diverse peer-to-peer support

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

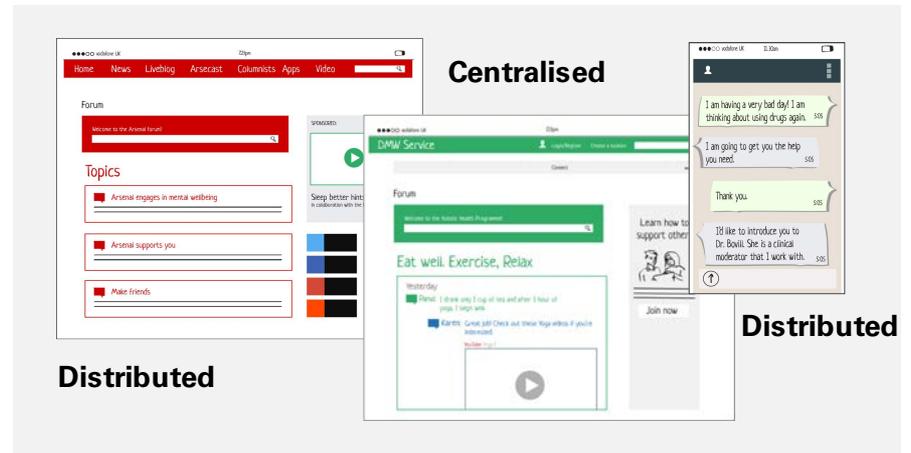**Centralised**

Distributed

Distributed

Londoner needs

"As a user, I would like to chose my preferred environment to connect with people like me."

System benefits

Design the best ways to make available a peer to peer service in a distributed digital environment which incorporates measures to assess improvements in mental health wellbeing.

Objective

Find out the most suitable and sustainable peer to peer channels and how best to facilitate social interactions.

Intensity of effort	*****
Design	**
SD & Research	***
Content development	*
Software / Technology	***
Approximate cost	MED - LRG
Approximate scope of time	8 - 12 weeks
Success factors	H.4,H.6,H.9,H.10,H.11

11. Facilitating App evaluation

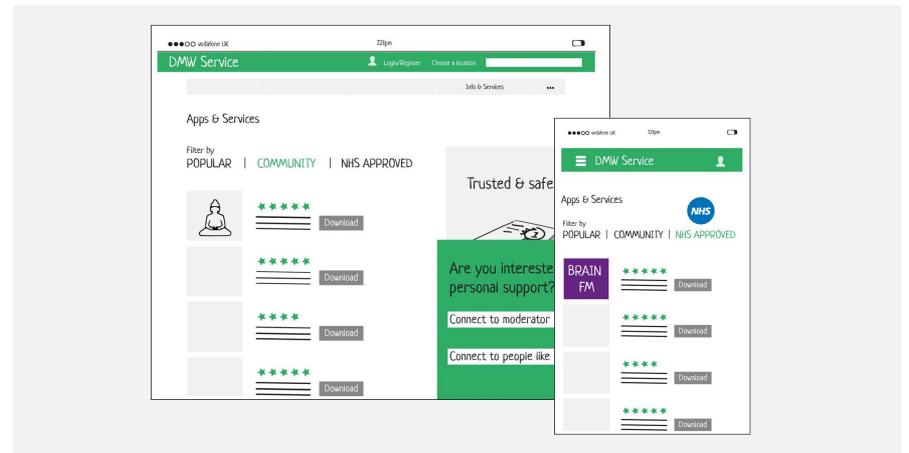| Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Londoner needs

"As a user, I want to be recommended the most suitable apps so that I get access to quality and trusted information and support."

System benefits

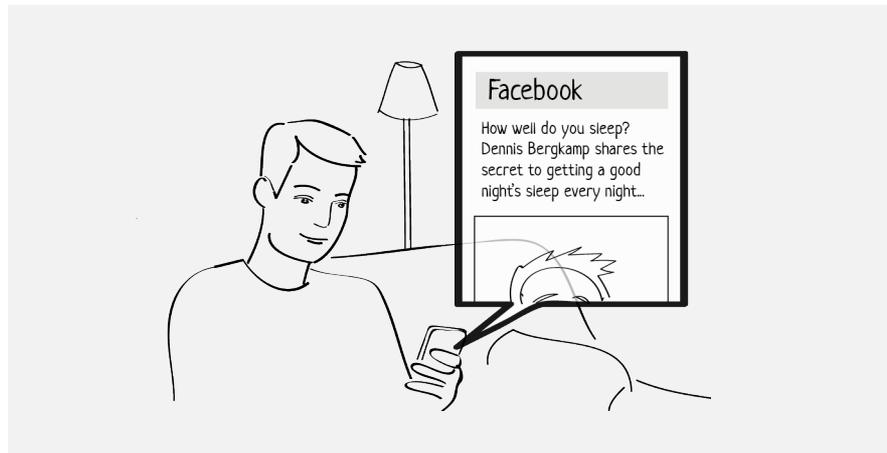If people want to use apps how is their value measured and for whom?

Objective

Find out how people would like to discover apps for digital mental wellbeing and what they value in making choices.

Intensity of effort	**
Design	*
SD & Research	**
Content development	***
Software / Technology	**
Approximate cost	SML
Approximate scope of time	4 weeks
Success factors	H.4, H.6, H.7

12. Raising awareness via existing media

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Londoner needs

"As a user, I want to find information and support in the digital environments I already inhabit. So that I can easily encounter relevant and helpful content."

System benefits

Review how social media can be used to raise awareness of the service for Londoners and targeted population groups. Develop quantified targets for reaching each group.

Objective

Find out how targeted social media advertising can raise awareness and drive engagement with mental wellbeing and related services.

Intensity of effort	**
Design	***
SD & Research	**
Content development	***
Software / Technology	*
Approximate cost	SML - MED
Approximate scope of time	4 – 6 weeks
Success factors	H.1,H.2,H.3

17. Enabling trained volunteer support

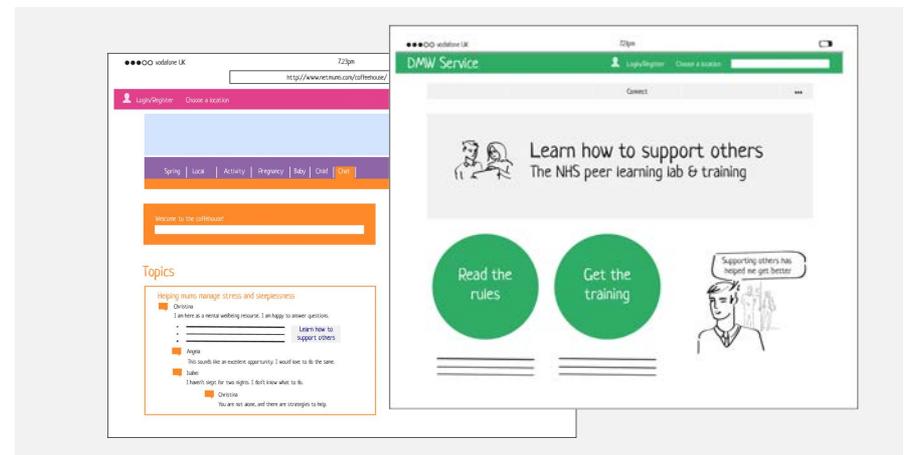| Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain

Londoner needs

"As a user, I would like to know there are people in my digital networks who are there to help and support people like me. So that I can feel safe when I am connecting to people."

System benefits

Design and cost the infrastructure needed to implement volunteer moderation.

Objective

Find out how to recruit, train and motivate volunteers to provide mental wellbeing moderation for centralised and distributed peer to peer networks.
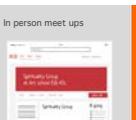
Intensity of effort	***
Design	**
SD & Research	****
Content development	**
Software / Technology	*
Approximate cost	MED - LRG
Approximate scope of time	8 – 12 weeks
Success factors	H.4, H.5, H.6, H.7, H.9, H.10, H.11

Londoner's Journeys

User needs mapped to user journey

Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
Unaware that their experience can be helped, and/or that help is out there	Becomes aware of experiencing a mental health difficulty, and/or existence of services	Discovers relevant information and services	Informs themself within a particular area of interest	Engages with information, services, and/or peers	Takes a further step to embed the service in their lifestyle	A particular incident causes individual to fall back, requiring external assistance	Identifies and adopts a balance of support that works for them

User need insight 1 (spans Unaware–Discover)

User need insight 2 (spans Discover–Develop)

User need insight 3 (spans Unaware–Maintain)

User need insight 4 (spans Discover–Maintain)

User need insight 5 (spans Discover–Maintain)

User need insight 6 (spans Unaware–Use)

	Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
Christina	New strategies	Time to fit support into schedule	Comparing solutions	Sharing experiences	Meeting people	Help others	Permission to care for self	Self help
Martin	Trust	Non medical support	New strategies	Approved support	New habits	Self help	Permission to care for self	Self help
Panvi	Holistic health	Time to fit support into schedule	Validation and encouragement	Solution focused support	Self help tools	Connect to people like her	Support for job pressure	Help others
Don	A good night's sleep	New habits / Sense of safety	Control / Anonymity	Self help tools	Help communicating needs	New habits	Professional support	Develop strategies

Service Blueprint

Journey Phases	Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
	Unaware that their experience can be helped, and/or that help is out there	Becomes aware of experiencing a mental health difficulty, and/or existence of services	Discovers relevant information and services	Informs themself within a particular area of interest	Engages with information, services, and/or peers	Takes a further step to embed the service in their lifestyle	A particular incident causes individual to fall back, requiring external assistance	Identifies and adopts a balance of support that works for them
SEARCH ENGINES & SERVICES	Top of google searches			App discovery tool & appstore		Local searches		
INFORMATION & SERVICE WEBSITES	GP recommends & NHS Moodzone	Triage & self assessment	Information & related stories	Wiki		Training & programmes	Immediate peer support	Programmes
FORUMS & MEDIA PLATFORMS	Arsenal blog & Netmums	YouTube video & Forum login			YouTube video & moderation	Forum	Immediate support forum	Sharing stories & Nermums
SOCIAL NETWORKS	Arsenal Facebook post		Facebook quiz post	Instagram	Facebook group	Facebook comments	Facebook group	Twitter
MESSAGING					WhatsApp chat		SMS / WhatsApp message	SMS / WhatsApp reminder
FACE TO FACE					In person meet ups	In person meet ups		
PRINT	Leaflet / Advertisement							
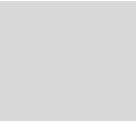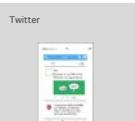
CHANNELS

Christina's Journey

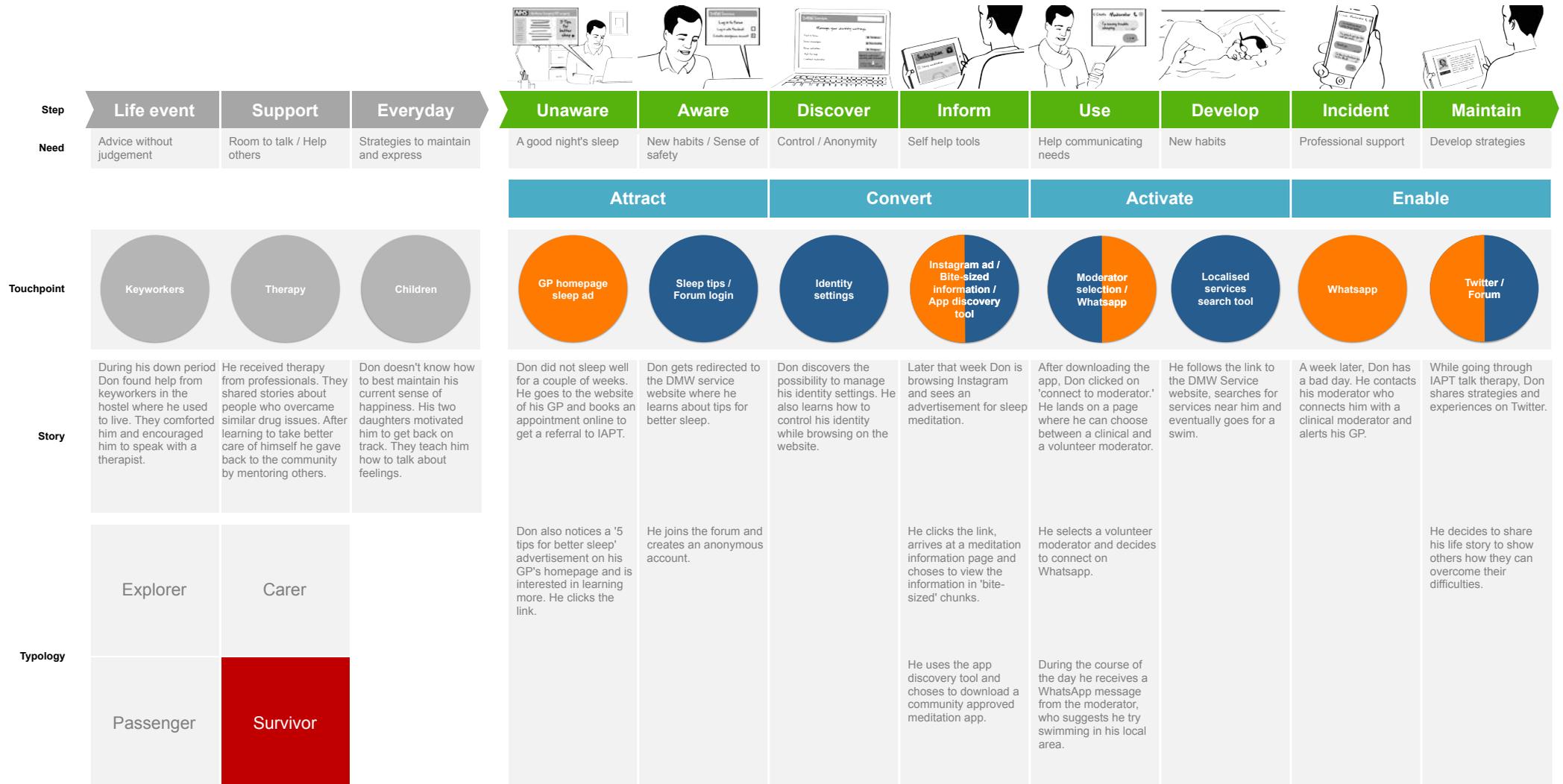| Step	Life event	Support	Everyday		Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
Need	A good night's sleep	New strategies & habits	Sharing experiences		New strategies	Time to fit support into schedule	Comparing solutions	Sharing experiences	Meeting people	Help others	Permission to care for self	Self help
					Attract		**Convert**		**Activate**		**Enable**	
Touchpoint	Victim support	Netmums	Netmums / In person meetings		Google / NHS Moodzone	Online journey options / clinical self assessment / Results	Information & related stories / Stories	Peer to peer wiki / Code of conduct	Sleep forum / Meet up	Forum / Helping others	Bad day button / Forum support thread	Offline / Netmums' forum
Story	Christina suffers from severe sleep difficulties as a consequence of a burglary 7 years ago. Victim support wasn't helpful to her. She never recovered from the experience.	Christina found support in the Netmums online community. It is a place where she can connect with people like her.	She gives and receives advice from the other members online and occasionally meets up with a group of mothers for coffee and a chat.		Christina just came back home after a half day at work. She didn't sleep well last night and she feels exhausted.	Next, she clicks the DMW Service link, and decides to take a self assessment quiz.	She reads additional information.	Christina reads about the peer to peer platform and safety standards.	Christina explores the sleep forum topics that interest her.	Christina goes back to the DMW platform to learn about helping others.	Christina has a bad night's sleep.	Christina sits in her kitchen reading a book instead of doing the dishes.
					She sits down at the computer and types her problem into Google, hoping to find something helpful.	She chooses the quiz that is focused on clinical criteria.	Next, she reads stories of people who have experienced similar situations.	She then goes on a sleep forum and learns about the code of conduct.	She clicks on the sleep group locator and finds a local group for tea and discussion.	She joins and commits to helping others.	She goes to the forum, clicks the "I've had a bad day button." She is linked to a thread where she gets reassurance from peers and encouragement to care for herself.	The next day she goes on Netmums as a volunteer moderator and opens a thread about helping mums manage stress and sleeplessness.
Typology	Explorer	Carer			Christina Googles "I can't sleep." She then explores the NHS Mood Zone.	She gets her results and is assured that she is not alone with her sleeplessness.	Then she clicks a link to connect with people like her.					
	Passenger	Survivor										

Martin's Journey

	Life event	Support	Everyday	Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
Step	Life event	Support	Everyday	Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
Need	A good night's sleep	Room to talk	Awareness that help is out there	Trust	Non medical support	New strategies	Approved support	New habits	Self help	Permission to care for self	Self help
				Attract		**Convert**		**Activate**		**Enable**	
Touchpoint	Work/ life stress	Doctors (childhood)	N/A	Facebook Ad / Arsenal forum	YouTube	Facebook mood quiz / Quiz results	App discovery tool / App store	Facebook group	'7 days to feeling better' programme	SMS	SMS
Story	Martin experienced several traumatic life events. His work is stressful because it is dangerous and he is responsible for the safety of his co-workers.	Martin doesn't like doctors due to a traumatic childhood injury and his subsequent care. He also doesn't like authority figures, due to a bad experience with a therapist as a teenager.	He prefers to keep things to himself and doesn't talk about his feelings. He doesn't know where to start and he is not aware of information and tools for support.	Martin is still exhausted from last night when he woke up multiple times drenched in sweat.	Martin sees a sponsored link in the forum for "sleep better hints & tips." He clicks on it.	A couple of days later he takes a Mood Quiz that appeared in his Facebook feed.	Martin uses the App Discovery Tool to explore sleep apps.	The next day, Martin joins the Brain.FM Facebook group.	On the DMW website, Martin reads about the "7 days to feeling better" programme.	A few days later, Martin has another bad night's sleep.	Martin receives regular guidance and reminders about how to complete his programme and maintain good habits.
				While chatting to his daughter on Facebook, he discovers a sleep advertisement in his feed - published by Arsenal.	He watches a Youtube video of hints & tips and starts to follow the new DMW service on Facebook.	Martin receives the results of the quiz immediately, and the system recommends that he try a sleep app.	He then goes to the app store to download the selected sleep app.	During the following week he returns to the Facebook group a couple of times and eventually clicks on a DMW advertisement.	He signs up for the programme.	Luckily he had received an SMS from the programme. He clicks on the link and watches a video about maintaining good sleep.	
				Arsenal has just started a big campaign with the NHS. Martin trusts his favorite football club, so he clicks the link and lands in the Arsenal forum.			He chooses the Brain.FM app and tries it the following night. It helps him to fall asleep.				
Typology	Explorer	Carer									
	Passenger	Survivor									

Panvi's Journey

Step	Life event	Support	Everyday		Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
Need	Room to talk	Permission to care for self	Time for holistic activities		Holistic health	Time to fit support into schedule	Validation and encouragement	Solution focused support	Self help tools	Connect to people like her	Support for job pressure	Help others

					Attract		Convert		Activate		Enable	

| **Touchpoint** | NHS / GP | Counselling | At home holistic activities | | NHS advertisement at clinic | Moodzone self assessment | Info & related stories | Holistic health programme / Forum | Youtube videos / Share on Facebook | Meet up group / Local carer Facebook group | Carer Facebook group | Programme creation tool |

Story

|												
	The NHS has been very helpful and supportive, but GPs only prescribe medication, which results in side effects (getting sleepy, addicted).	Because she does not take care of herself, she suffers low mood and periodically crashes. Short term counselling showed her the benefit of caring for herself.	She didn't have time for therapy so she tries to self help. She stopped taking medicine and looked into alternative health strategies, like yoga, meditation and bio medicines.		Panvi remembered her cancer check-up last minute and is stressed. She has to run to the outpatient clinic.	She recognises the importance of support in her daily life and is interested in learning more.	Next, Panvi clicks a link to furether 'information & services' and learns more about holistic activities.	A few days later she joins the holistic community and accesses the holistic forum.	Panvi follows the link on the forum and watches a short video at home to guide her through yogic exercises and meditation.	Panvi follows a link on Facebook to the local spirituality meetup page. Eventually she joins and meets with other people in her area.	A few weeks later, Panvi gets extremely overwhelmed by work stress and seeks moral support in the carer Facebook group.	Panvi teams up with a group of carers to launch a new programme on how to overcome work stress.
					Gets notices an NHS advertisement posted in the waiting room of the clinic.	Panvi then types the link into her tablet, connects to the website, and takes a holistic self assessment.	She then reads about related stories from people who took action and joined the holistic health programme.	She reads posts from others and shares her experience with the programme.	She then subscribes to the Youtube channel.	Later at home she shares her experience from the meetup on Facebook.		
						She gets her personal results that tell her a bit more about herself and provide her with some quick tips.	She is inspired to try out the programme.		Next, Panvi shares the link with family and friends on Facebook.	Resulting from a conversation on Facebook, she connects with the carer Facebook group. They plan to meet for a tea in the local community centre.		

Typology

Explorer	Carer
Passenger	Survivor

Don's Journey

Step	Life event	Support	Everyday	Unaware	Aware	Discover	Inform	Use	Develop	Incident	Maintain
Need	Advice without judgement	Room to talk / Help others	Strategies to maintain and express	A good night's sleep	New habits / Sense of safety	Control / Anonymity	Self help tools	Help communicating needs	New habits	Professional support	Develop strategies
				Attract		**Convert**		**Activate**		**Enable**	
Touchpoint	Keyworkers	Therapy	Children	GP homepage sleep ad	Sleep tips / Forum login	Identity settings	Instagram ad / Bite-sized information / App discovery tool	Moderator selection / Whatsapp	Localised services search tool	Whatsapp	Twitter / Forum
Story	During his down period Don found help from keyworkers in the hostel where he used to live. They comforted him and encouraged him to speak with a therapist.	He received therapy from professionals. They shared stories about people who overcame similar drug issues. After learning to take better care of himself he gave back to the community by mentoring others.	Don doesn't know how to best maintain his current sense of happiness. His two daughters motivated him to get back on track. They teach him how to talk about feelings.	Don did not sleep well for a couple of weeks. He goes to the website of his GP and books an appointment online to get a referral to IAPT.	Don gets redirected to the DMW service website where he learns about tips for better sleep.	Don discovers the possibility to manage his identity settings. He also learns how to control his identity while browsing on the website.	Later that week Don is browsing Instagram and sees an advertisement for sleep meditation.	After downloading the app, Don clicked on 'connect to moderator.' He lands on a page where he can choose between a clinical and a volunteer moderator.	He follows the link to the DMW Service website, searches for services near him and eventually goes for a swim.	A week later, Don has a bad day. He contacts his moderator who connects him with a clinical moderator and alerts his GP.	While going through IAPT talk therapy, Don shares strategies and experiences on Twitter.
				Don also notices a '5 tips for better sleep' advertisement on his GP's homepage and is interested in learning more. He clicks the link.	He joins the forum and creates an anonymous account.		He clicks the link, arrives at a meditation information page and choses to view the information in 'bite-sized' chunks.	He selects a volunteer moderator and decides to connect on Whatsapp.			He decides to share his life story to show others how they can overcome their difficulties.
							He uses the app discovery tool and choses to download a community approved meditation app.	During the course of the day he receives a WhatsApp message from the moderator, who suggests he try swimming in his local area.			
Typology	Explorer	Carer									
	Passenger	Survivor									

Christina's journey

1. Christina just came back home after a half day at work. She didn't sleep well last night and she feels exhausted.

UNAWARE

2. She sits down at the computer and types her problem into Google, hoping to find something helpful.
3. Christina Googles "I can't sleep." She then explores the NHS Mood Zone.

TOUCHPOINT

Google
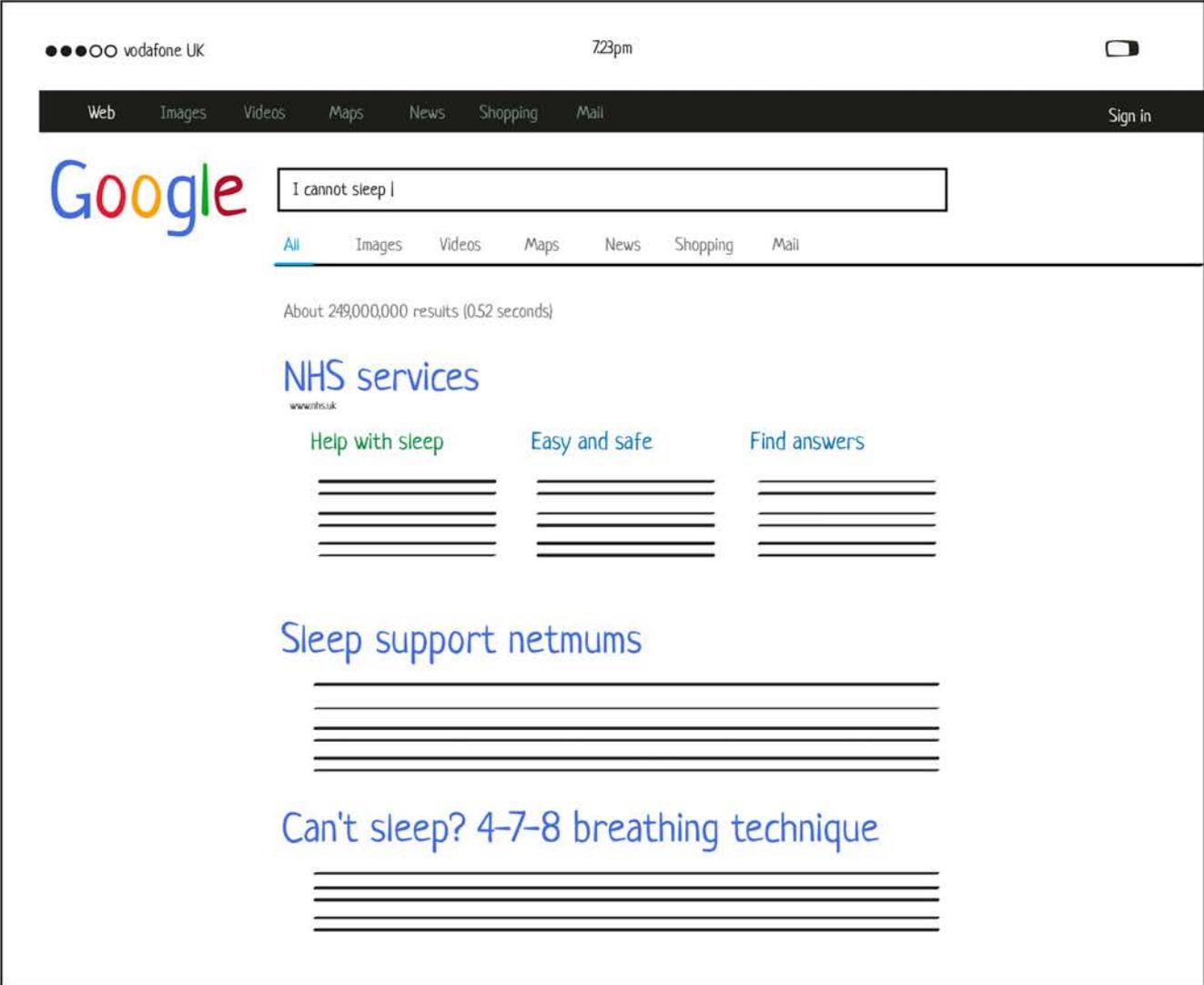
NHS Moodzone

AWARE

4. Next, she clicks the DMW service link, and decides to take a self assessment quiz.
5. She chooses the quiz that is focused on clinical criteria.
6. She gets her results and is assured that she is not alone with her sleeplessness.

Online journey options

Clinical self assessment

Self-assessment results

DISCOVER

The quote on the tablet reads:

> One in four people, like me, have a mental health problem. Many more people have a problem with that.
>
> I want to speak out, to fight the public stigma, and to give a clearer picture...

Stephen's story

7. She reads additional information.
8. Next, she reads stories of people who have experienced similar situations.
9. Then she clicks a link to connect with people like her.

Information & related stories
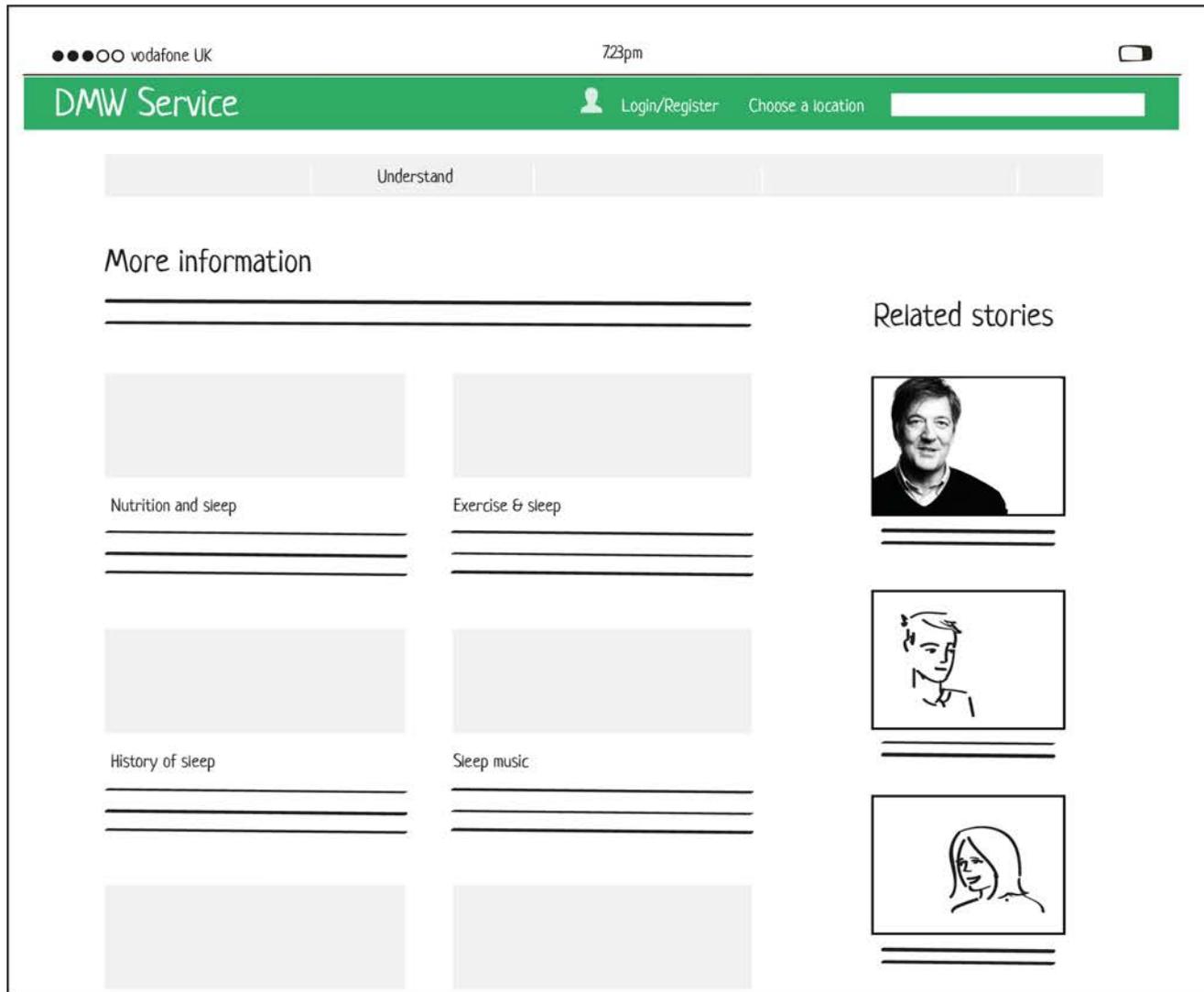
TOUCHPOINT

Stories
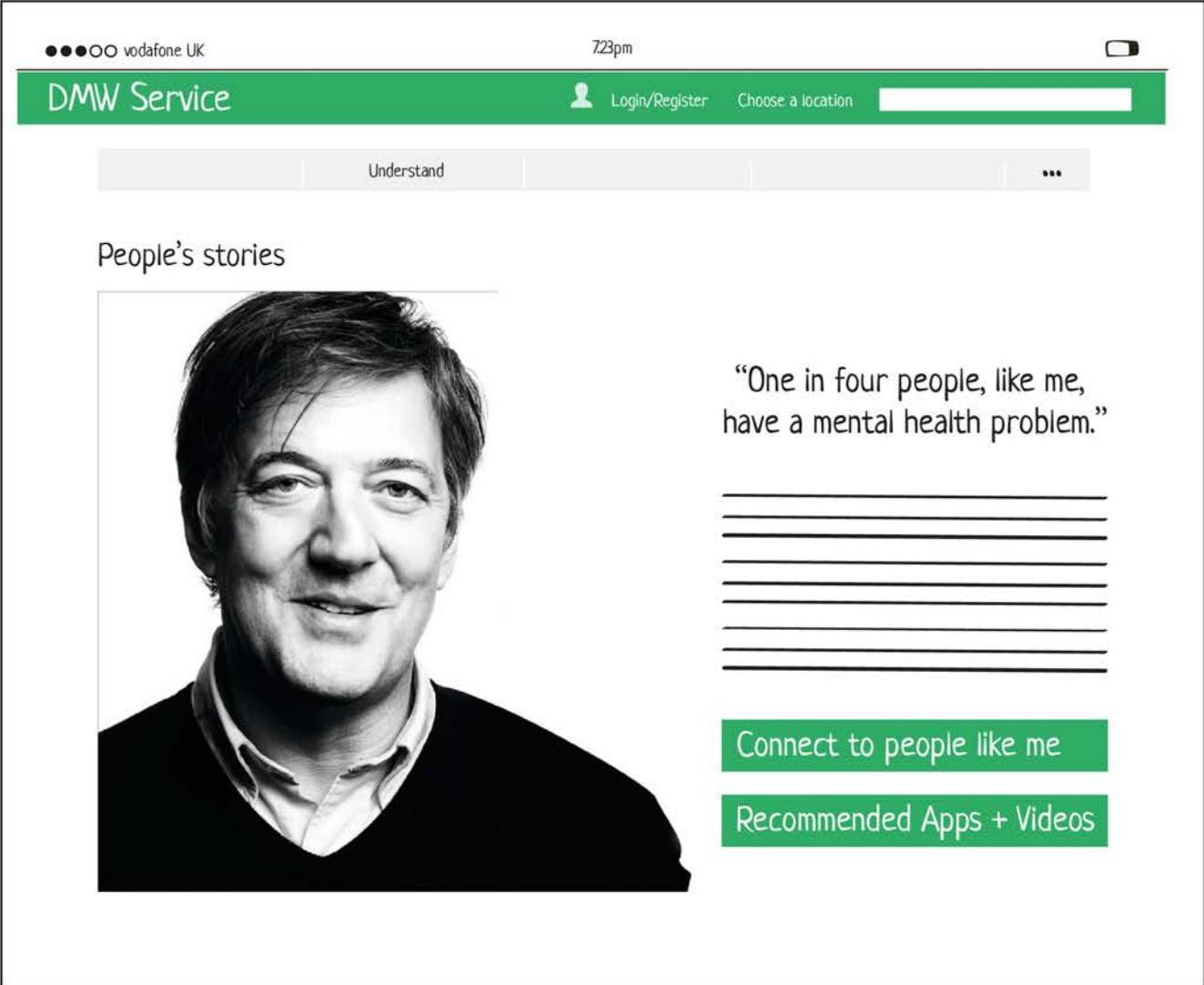
INFORM

9. Christina reads about the peer to peer platform and safety standards.
10. She then goes on a sleep forum and learns about the code of conduct.

Peer to peer wiki
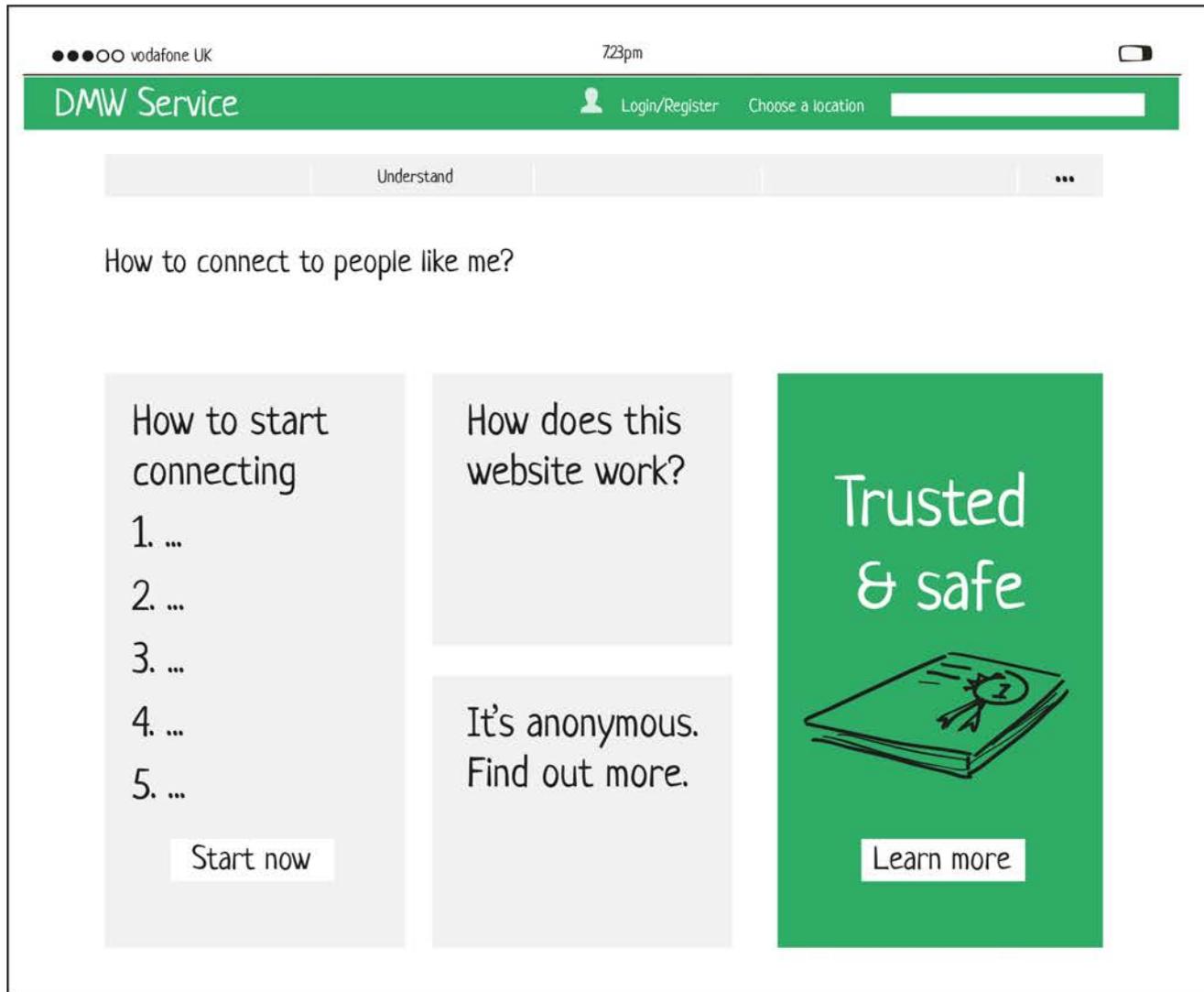
Code of conduct
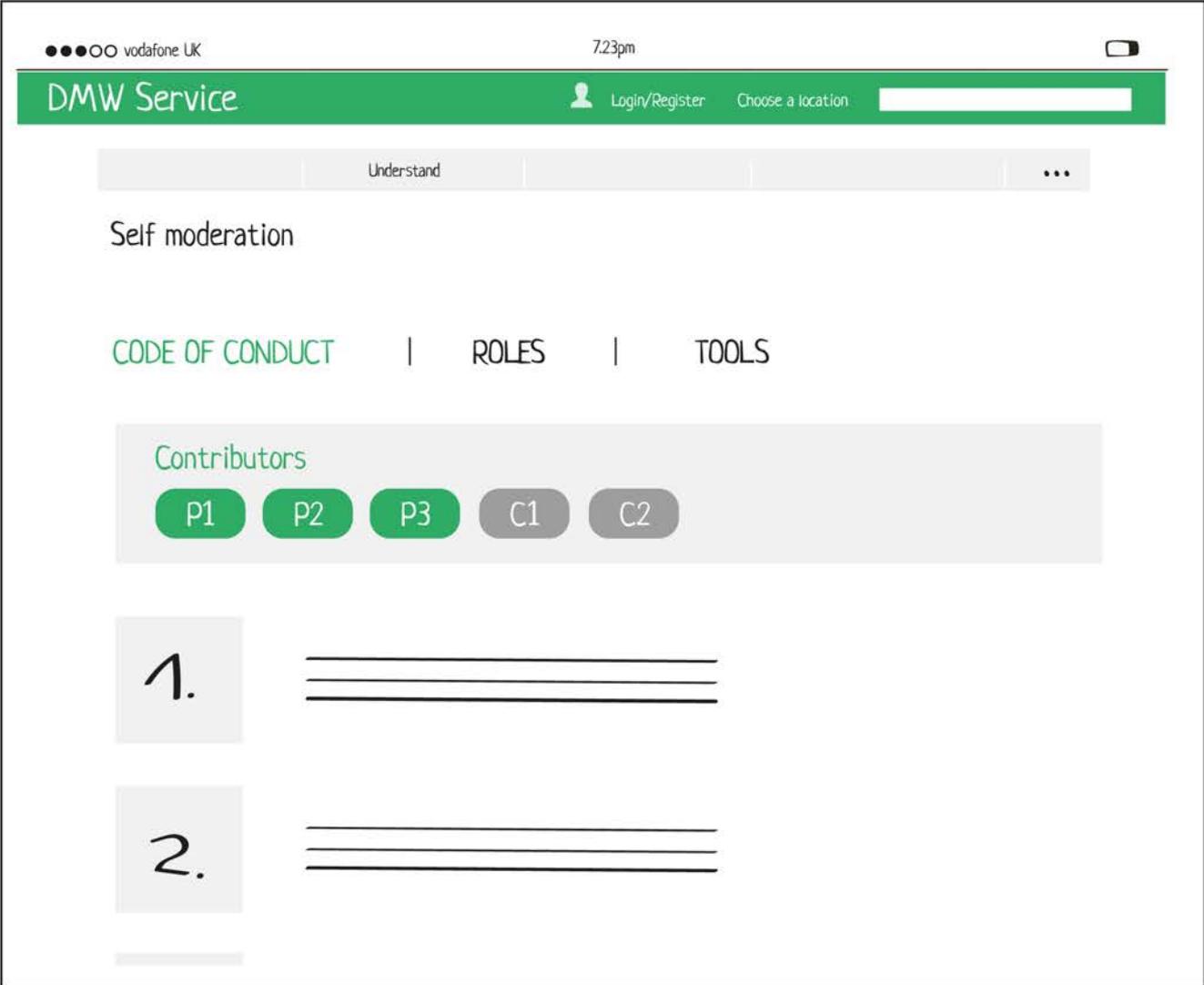
USE

12. Christina explores the sleep forum topics that interest her.
13. She clicks on the sleep group locator and finds a local group for tea and discussion.

TOUCHPOINT

Sleep forum
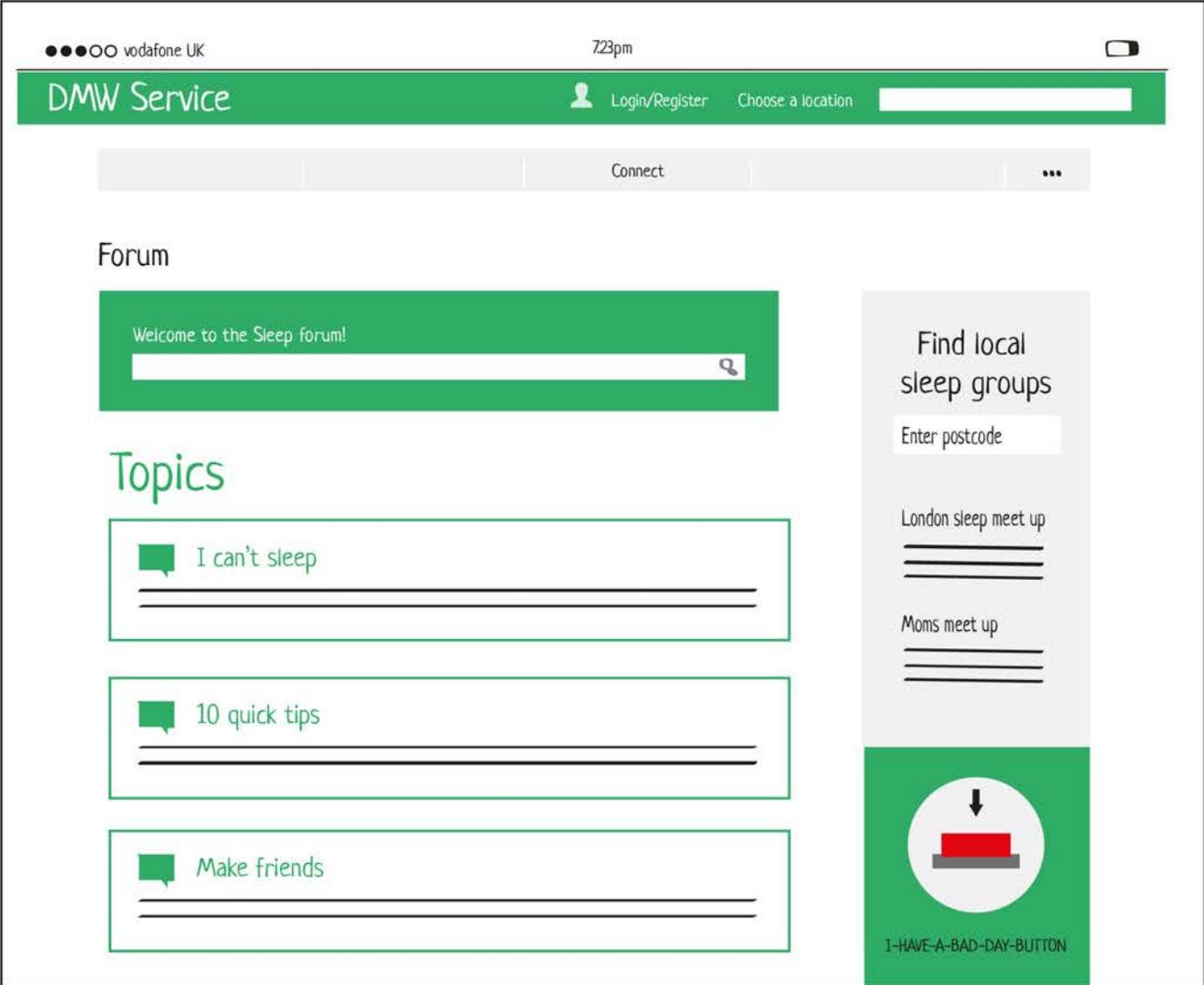
Meet up
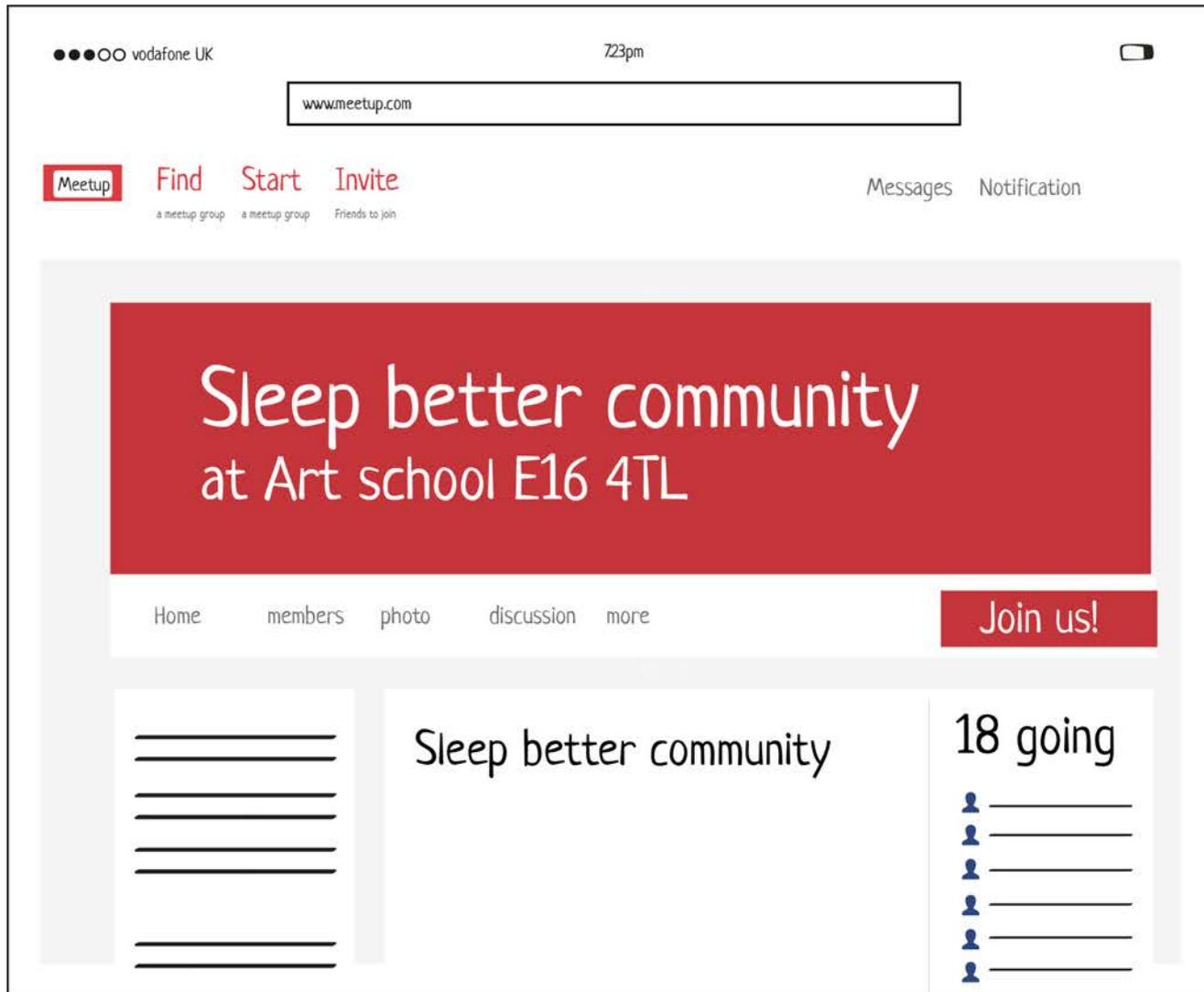
DEVELOP

12. Christina goes back to the DMW platform to learn about helping others.
13. She joins and commits to helping others.

Forum
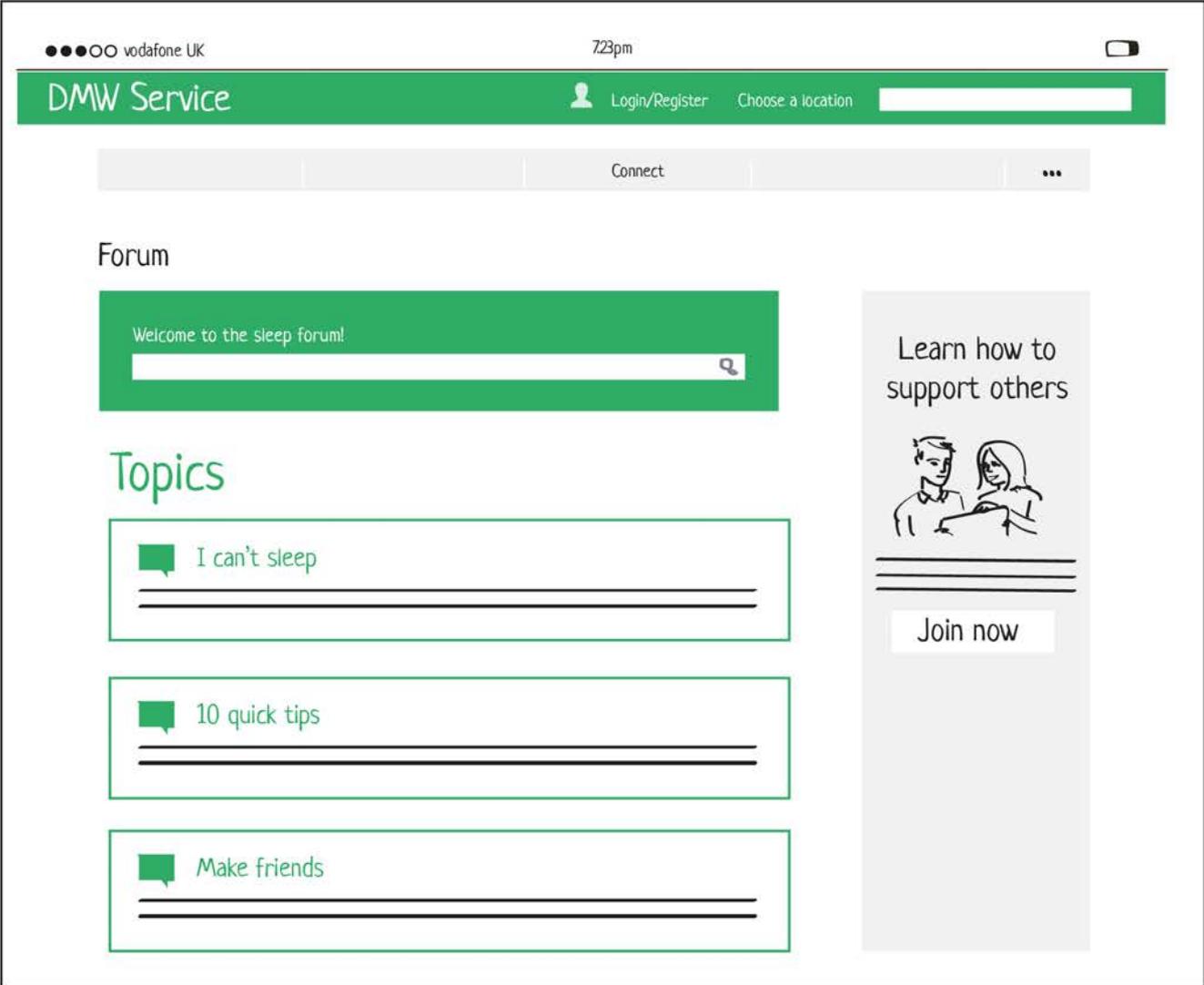
Helping others
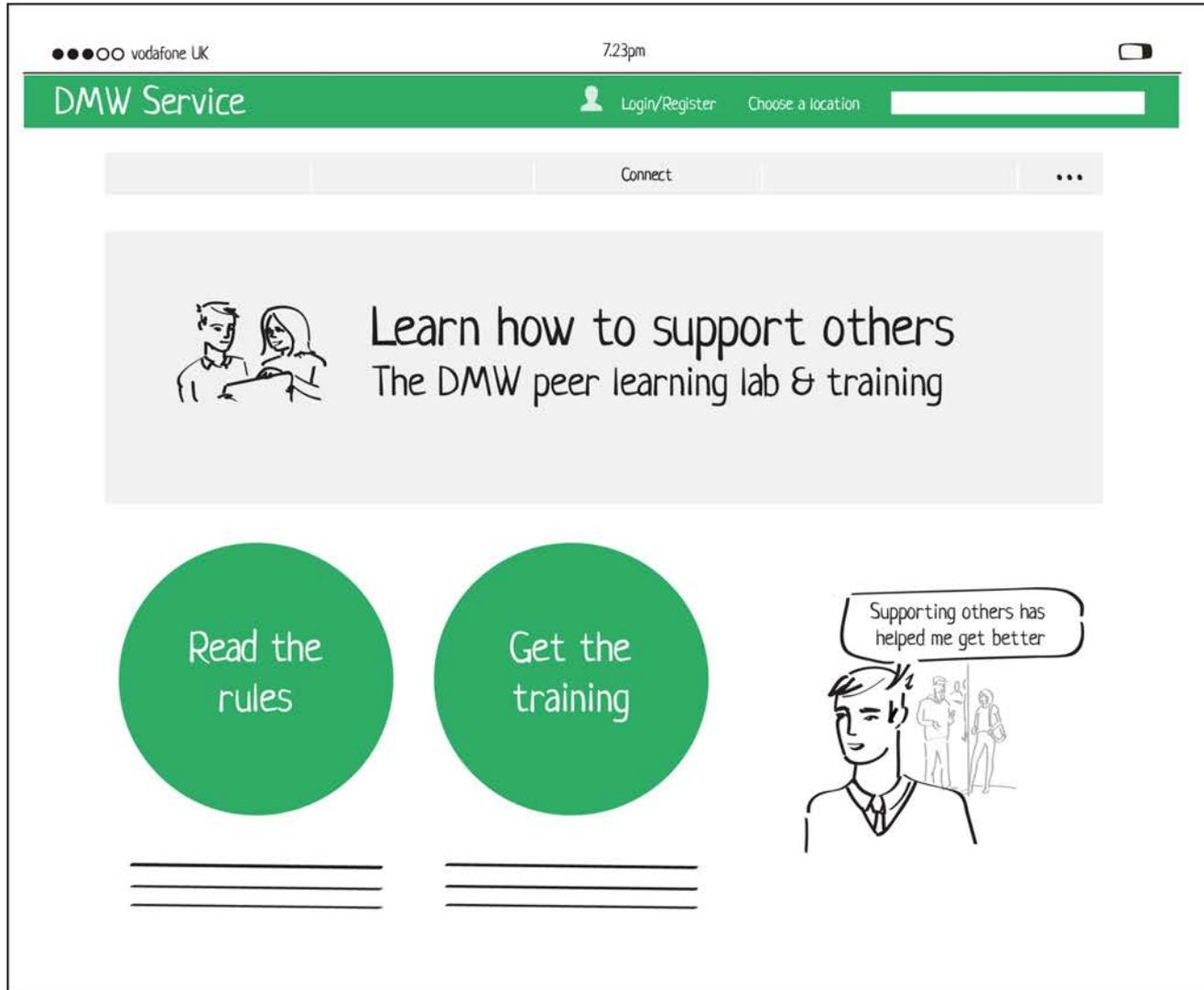
INCIDENT

14. Christina has a bad night's sleep.
15. She goes to the forum, clicks the "I've had a bad day button." She is linked to a thread where she gets reassurance from peers and encouragement to care for herself.

TOUCHPOINT

Bad day button

Forum support thread
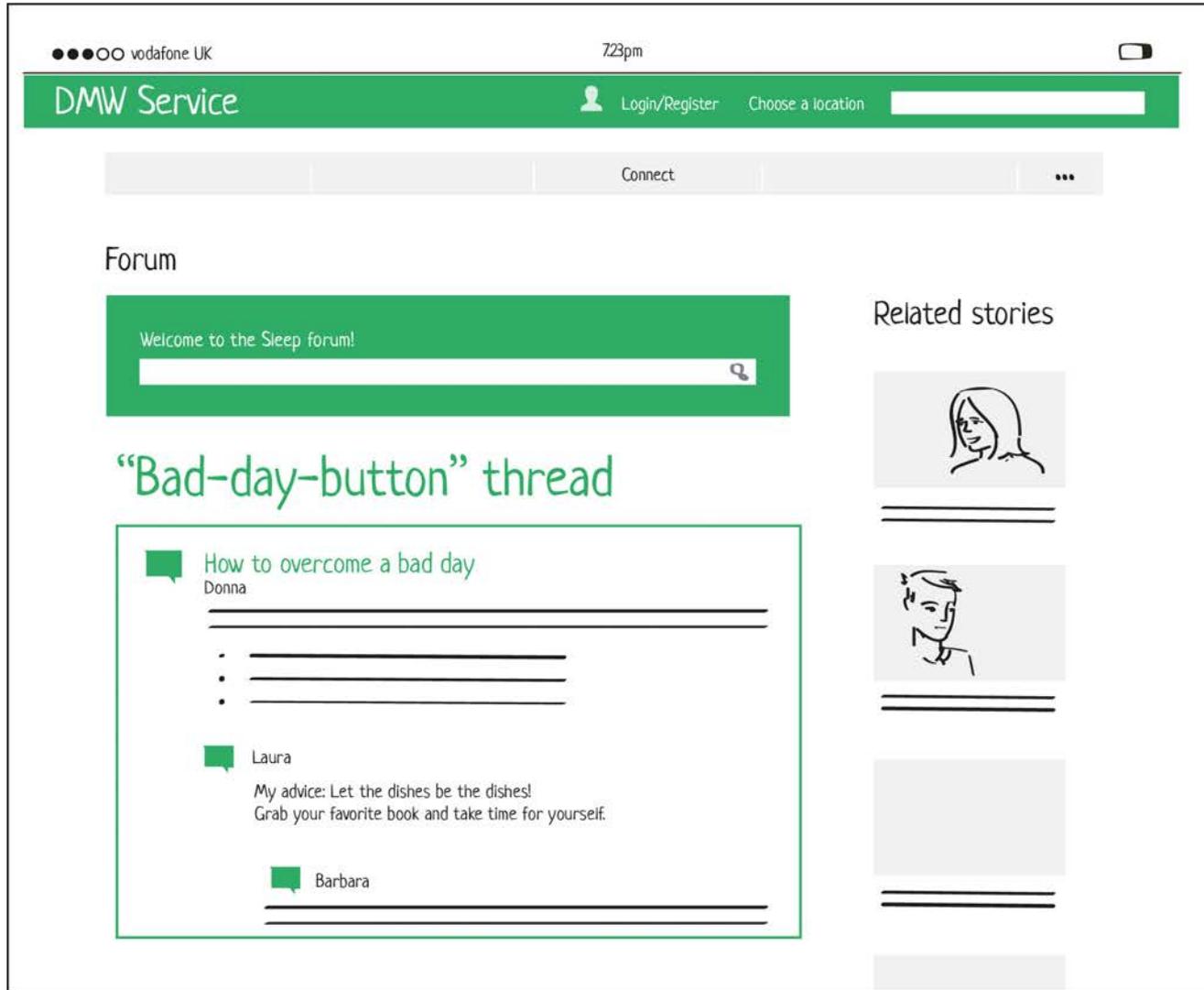
MAINTAIN

16. Christina sits in her kitchen reading a book instead of doing the dishes.
17. The next day she tells her friends from Netmums about how they can also collaborate and help others with the new DMW service.

Netmums' forum
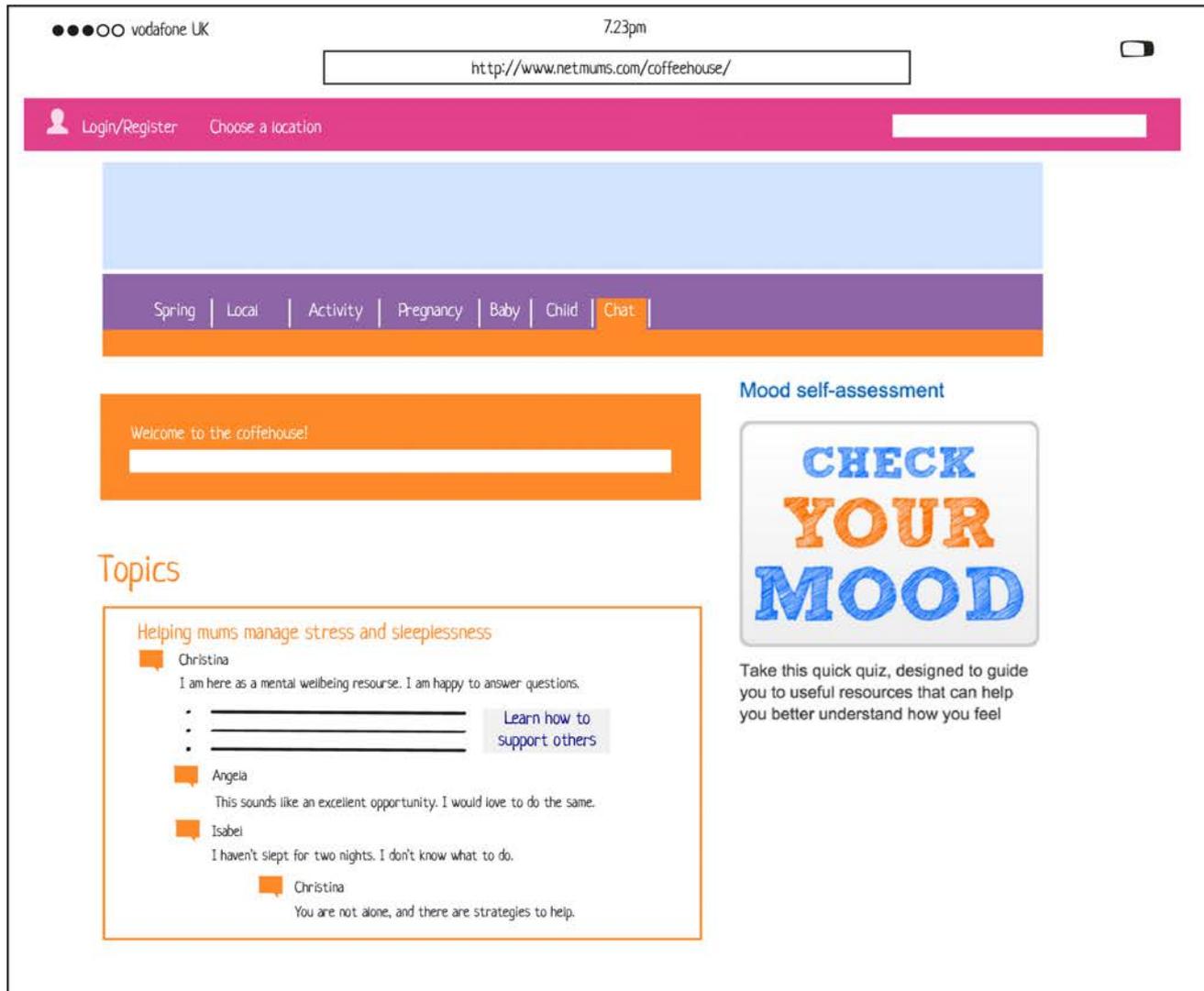
Martin's journey

1. Martin is still exhausted from last night when he woke up multiple times drenched in sweat.

UNAWARE

2. While chatting to his daughter on Facebook, he discovers a sleep advertisement in his feed - published by Arsenal.
3. Arsenal has just started a big campaign with the NHS. Martin trusts his favorite football club, so he clicks the link and lands in the Arsenal forum.

Facebook Advertisement
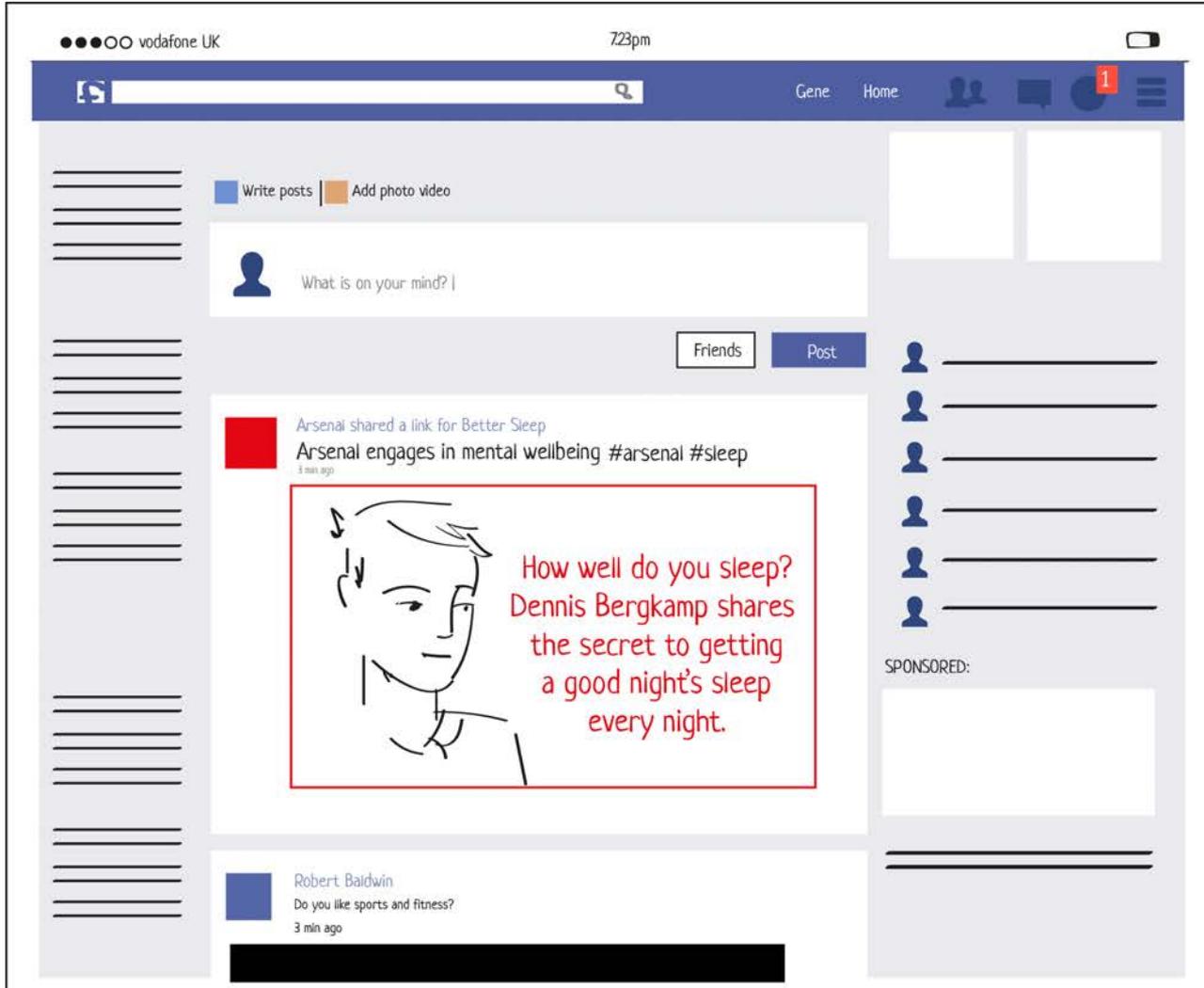
TOUCHPOINT

Arsenal Forum
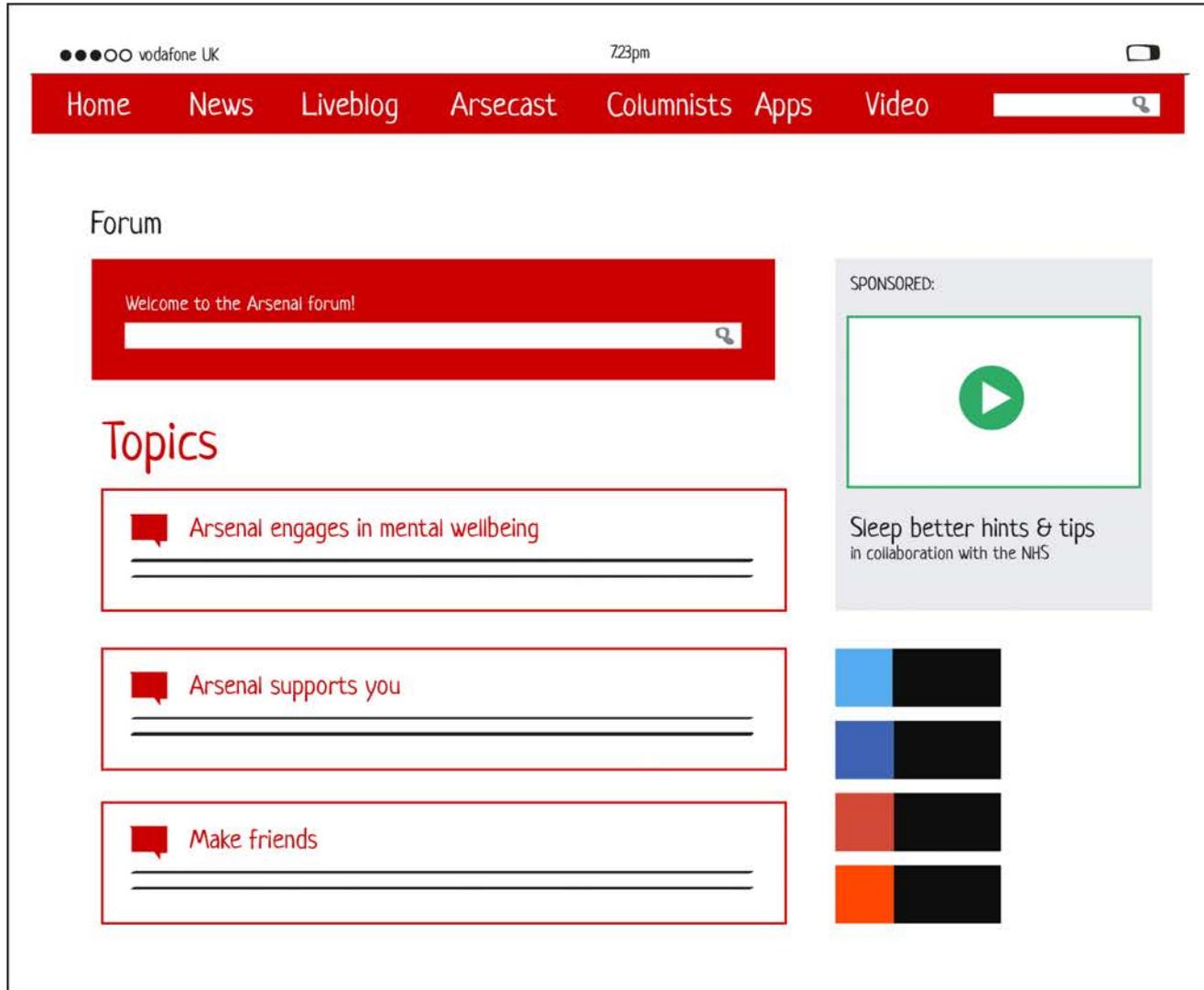
AWARE

4. Martin sees a sponsored link in the forum for "sleep better hints & tips." He clicks on it.
5. He watches a Youtube video of hints & tips and starts to follow the new DMW service on Facebook.

Youtube
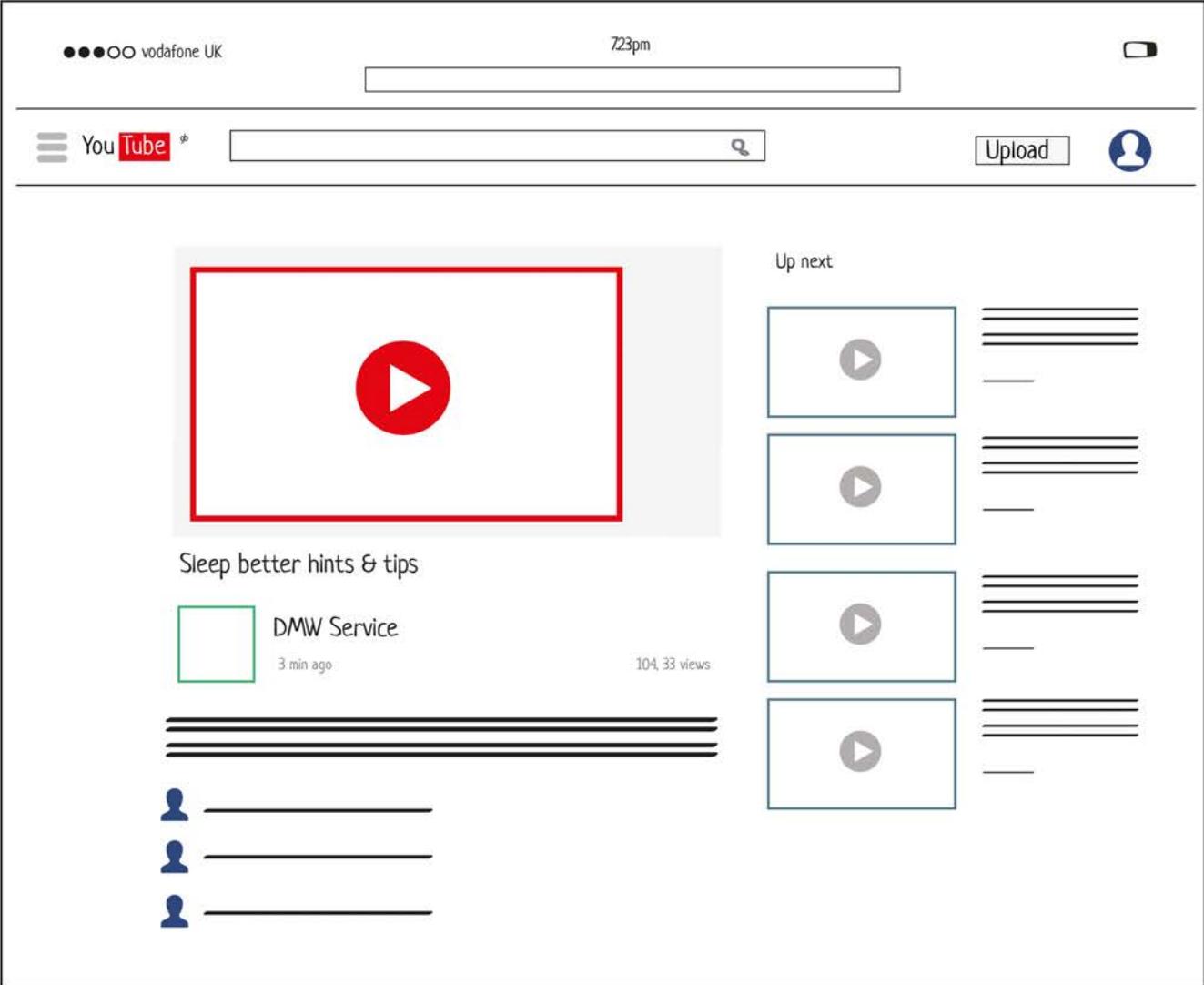
DISCOVER

6. A couple of days later he takes a Mood Quiz that appeared in his Facebook feed.
7. Martin receives the results of the quiz immediately, and the system recommends that he try a sleep app.

Facebook mood quiz

Quiz results
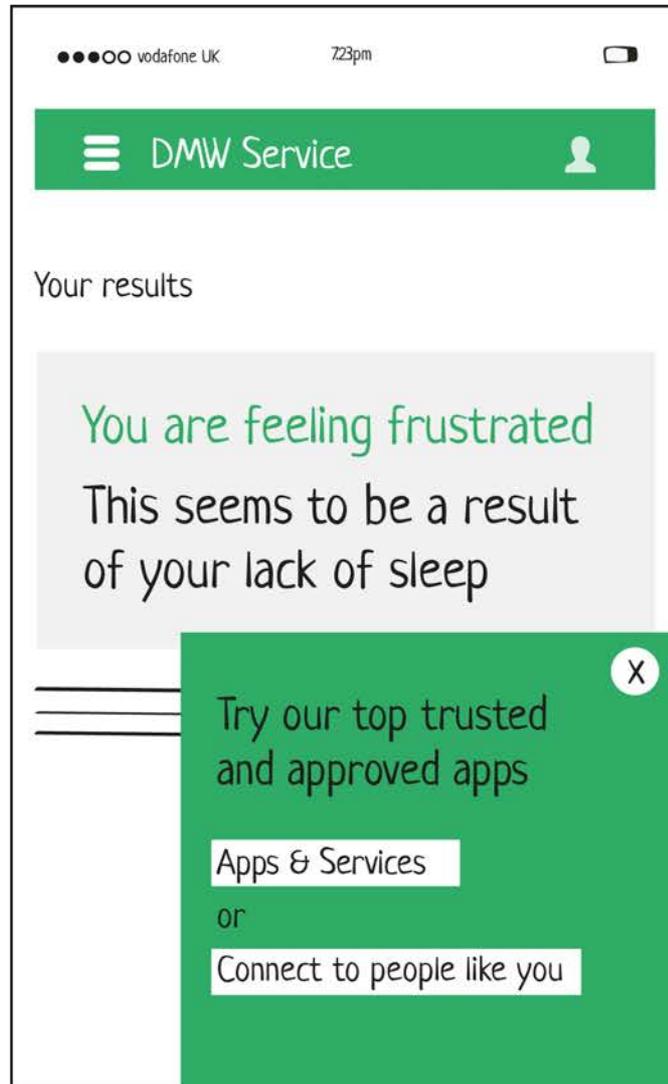
INFORM
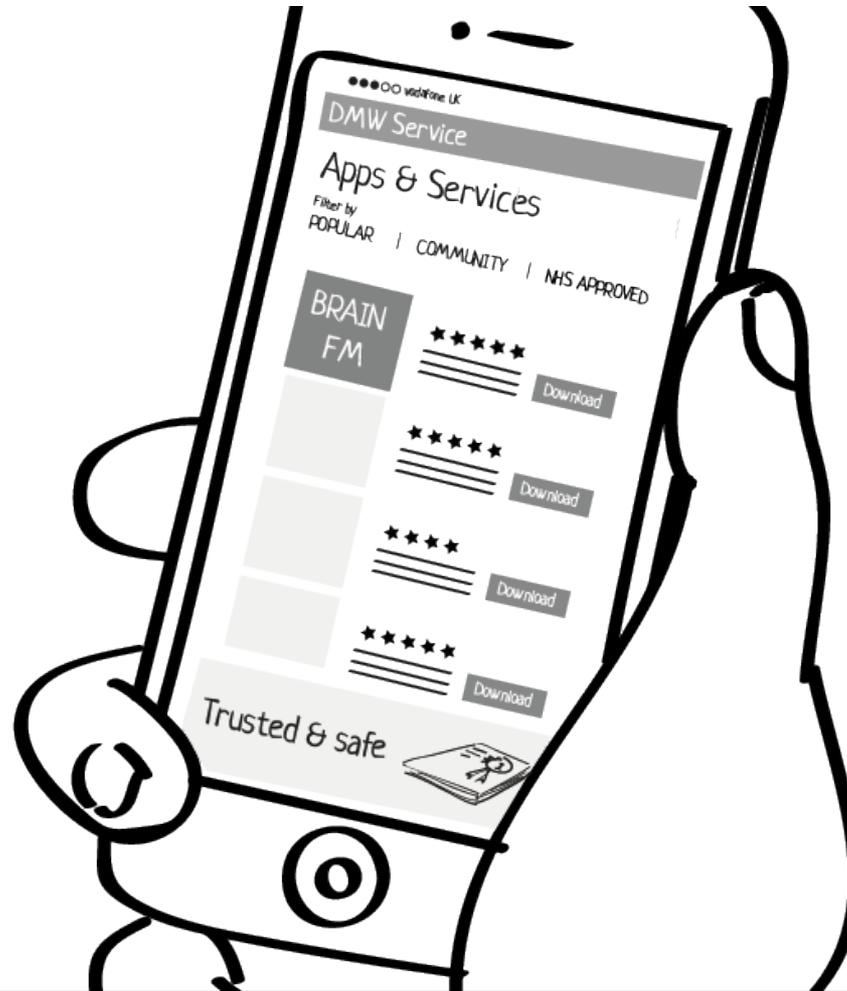
8. Martin uses the App Discovery Tool to explore sleep apps.
9. He then goes to the app store to download the selected sleep app.
10. He chooses the Brain.FM app and tries it the following night. It helps him to fall asleep.

App discovery tool
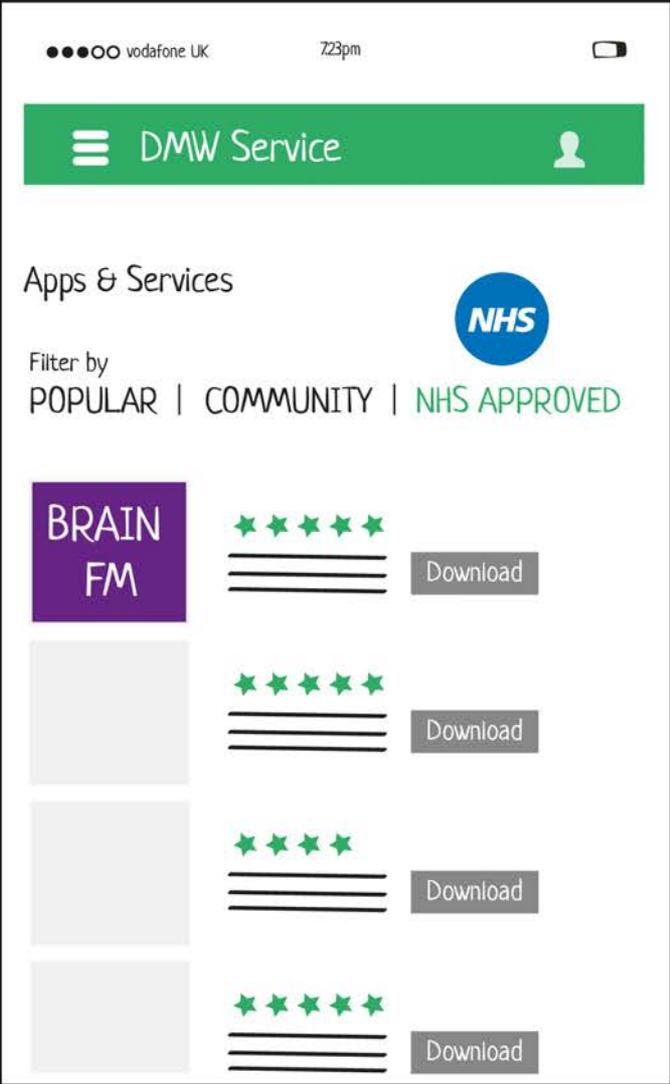
Appstore
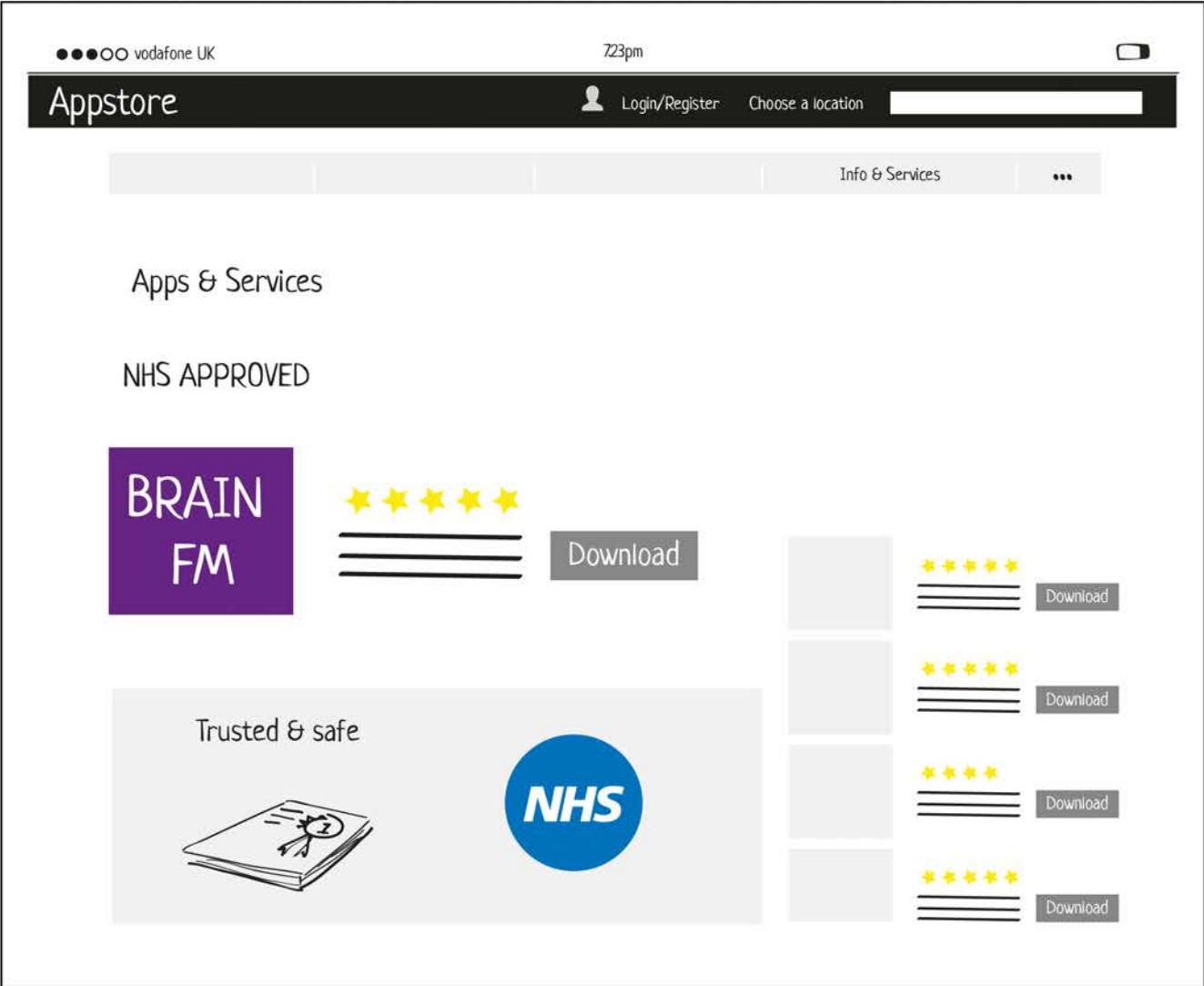
USE

11. The next day, Martin joins the Brain.FM Facebook group.
12. During the following week he returns to the Facebook group a couple of times and eventually clicks on a DMW advertisement.

Facebook group

DEVELOP

13. On the DMW website, Martin reads about the "7 days to feeling better" programme.
14. He signs up for the programme.

'7 days to feeling better' programme
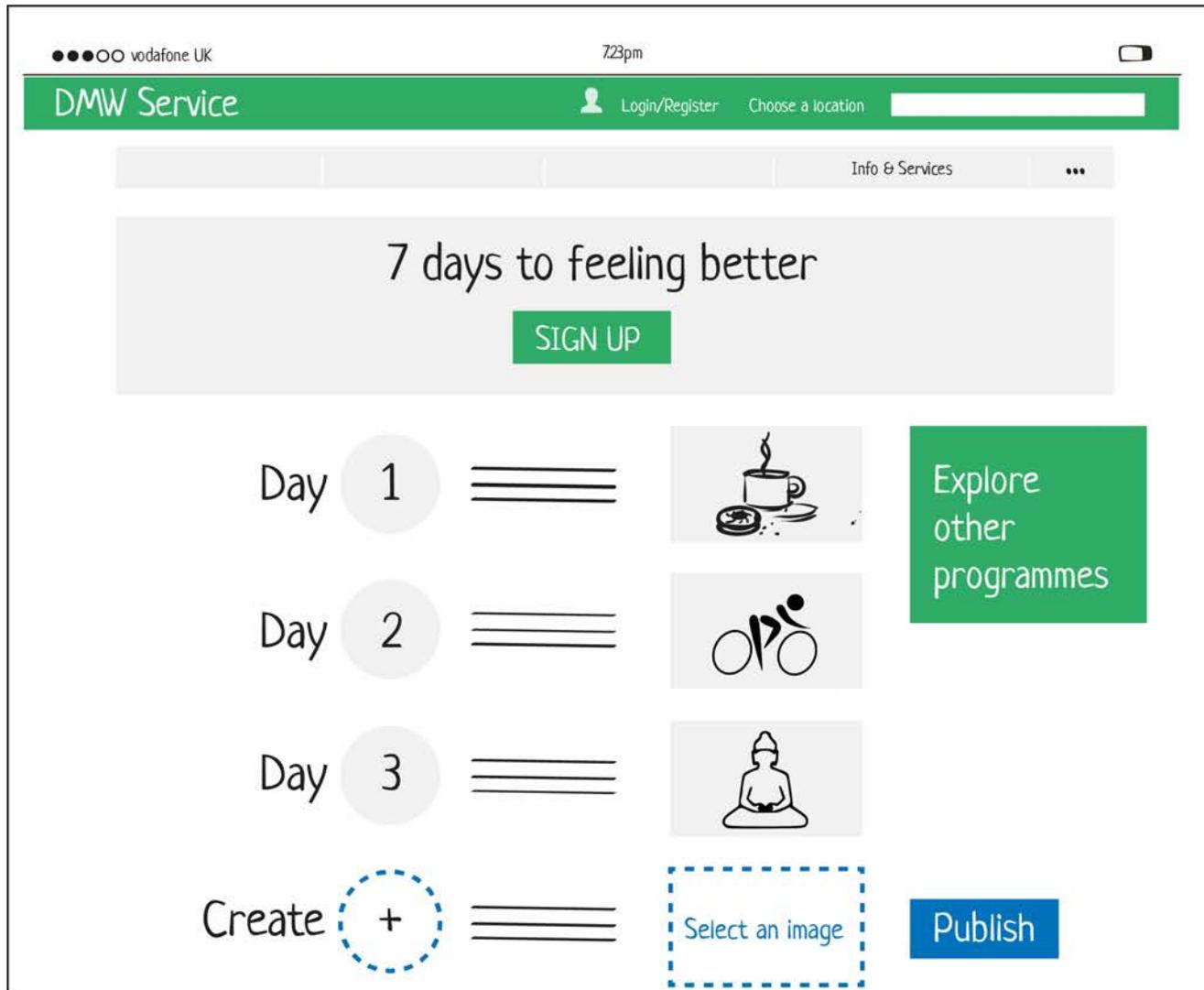
INCIDENT

15. A few days later, Martin has another bad night's sleep.
16. Luckily he had received an SMS from the programme. He clicks on the link and watches a video about maintaining good sleep.

TOUCHPOINT

SMS
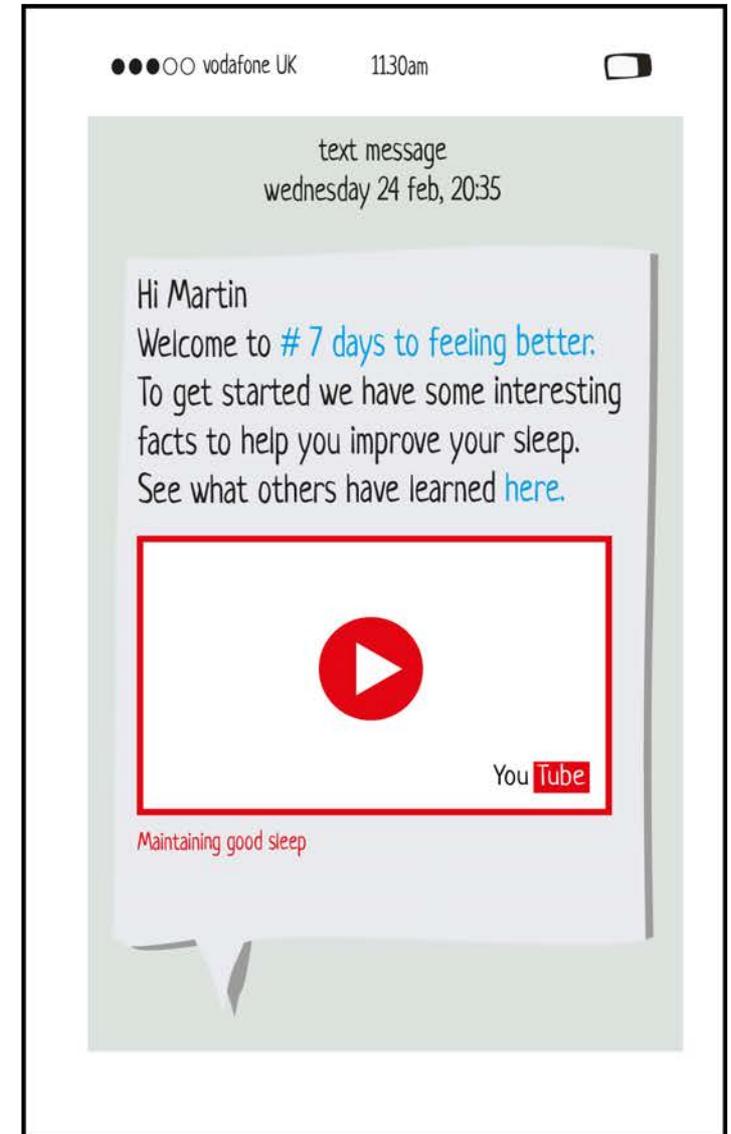
MAINTAIN

17. Martin receives regular guidance and reminders about how to complete his programme and maintain good habits.

TOUCHPOINT
SMS

Panvi's journey

1. Panvi remembered her cancer check-up last minute and is stressed. She has to run to the outpatient clinic.

UNAWARE

2. Panvi notices an NHS advertisement posted in the waiting room of the clinic.

NHS advertisement at clinic

AWARE

3. She recognises the importance of support in her daily life and is interested in learning more.
4. Panvi then types the link into her tablet, connects to the website and takes a holistic self assessment.
5. She gets her personal results that tell her a bit more about herself and provide her with some quick tips.

Moodzone self assessment

Self assessment: clinical/holistic
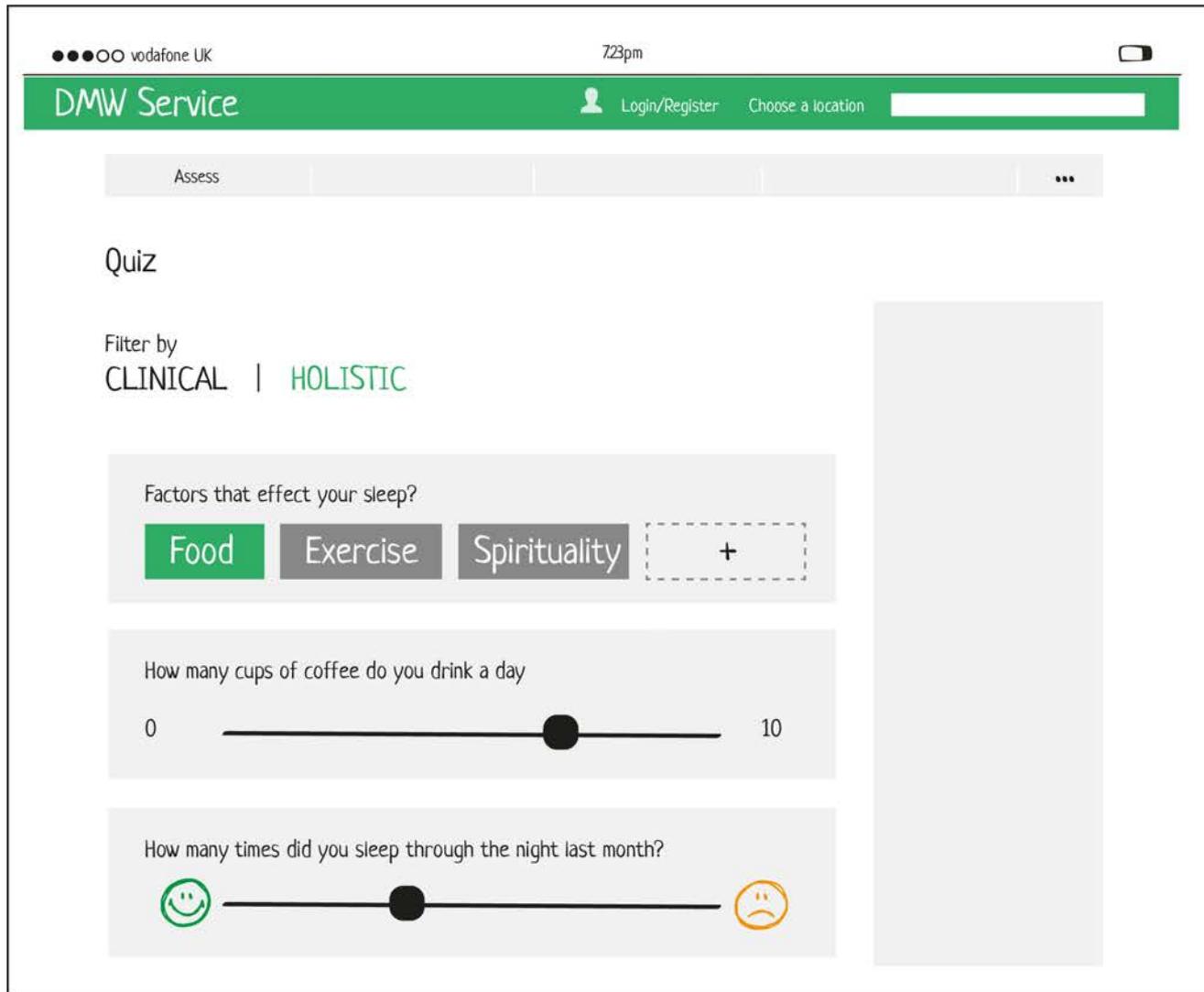
Pop-up help bot
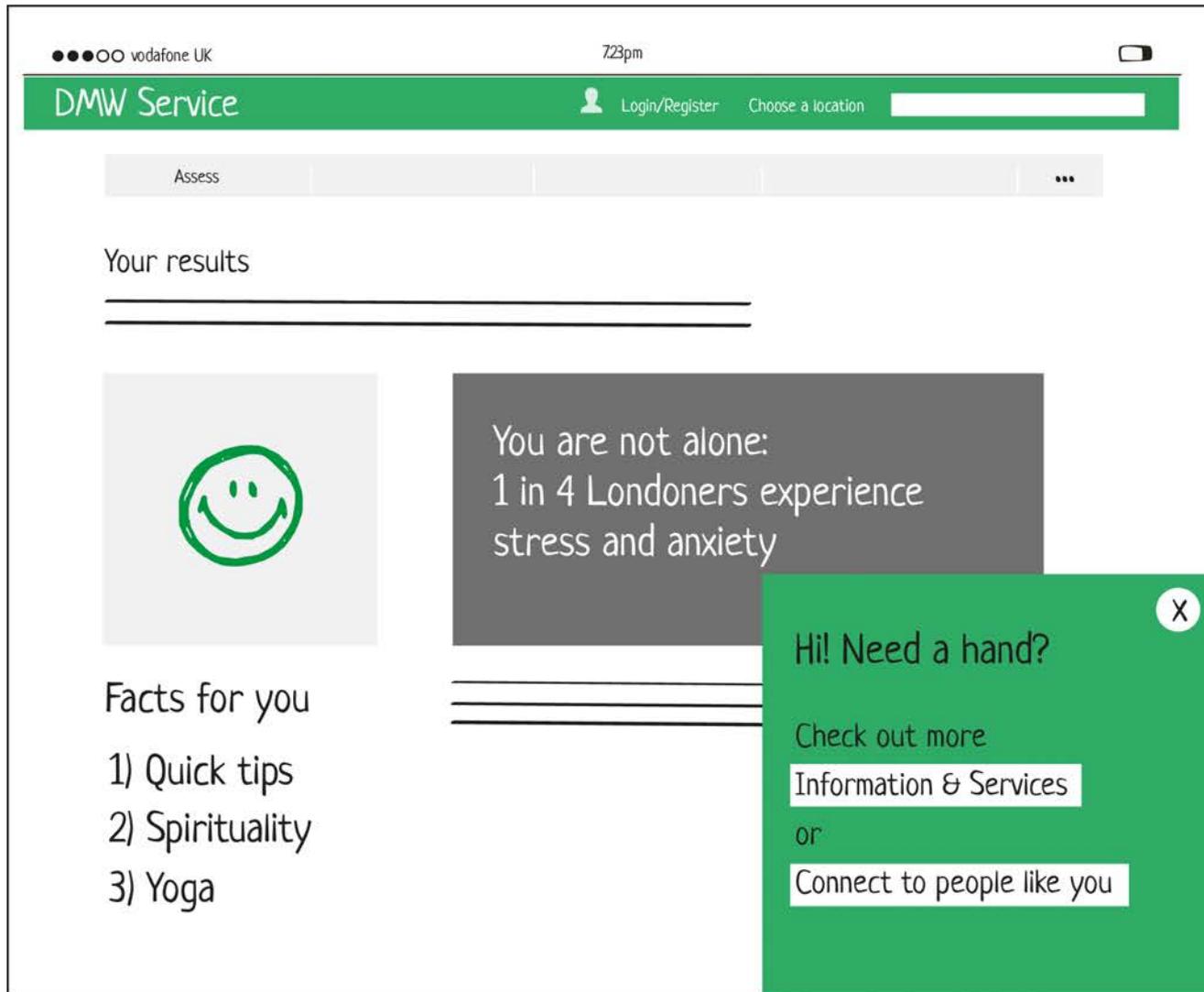
DISCOVER

6. Next, Panvi clicks a link to further 'information & services' and learns more about holistic activities.
7. She then reads about related stories from people who took action and joined the holistic health programme.
8. She is inspired to try out the programme.

Info & related stories
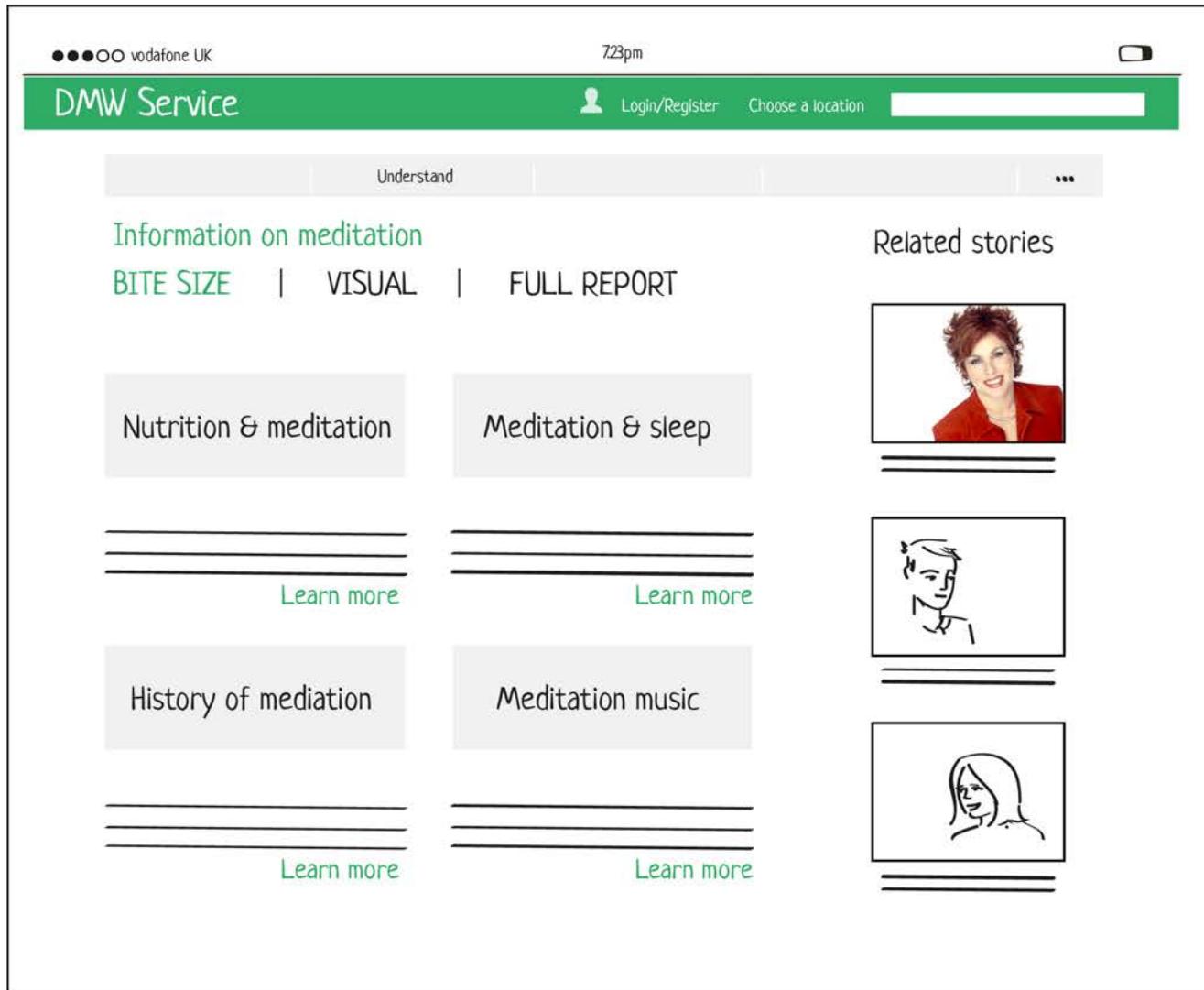
Celebrity endorsed holistic programme
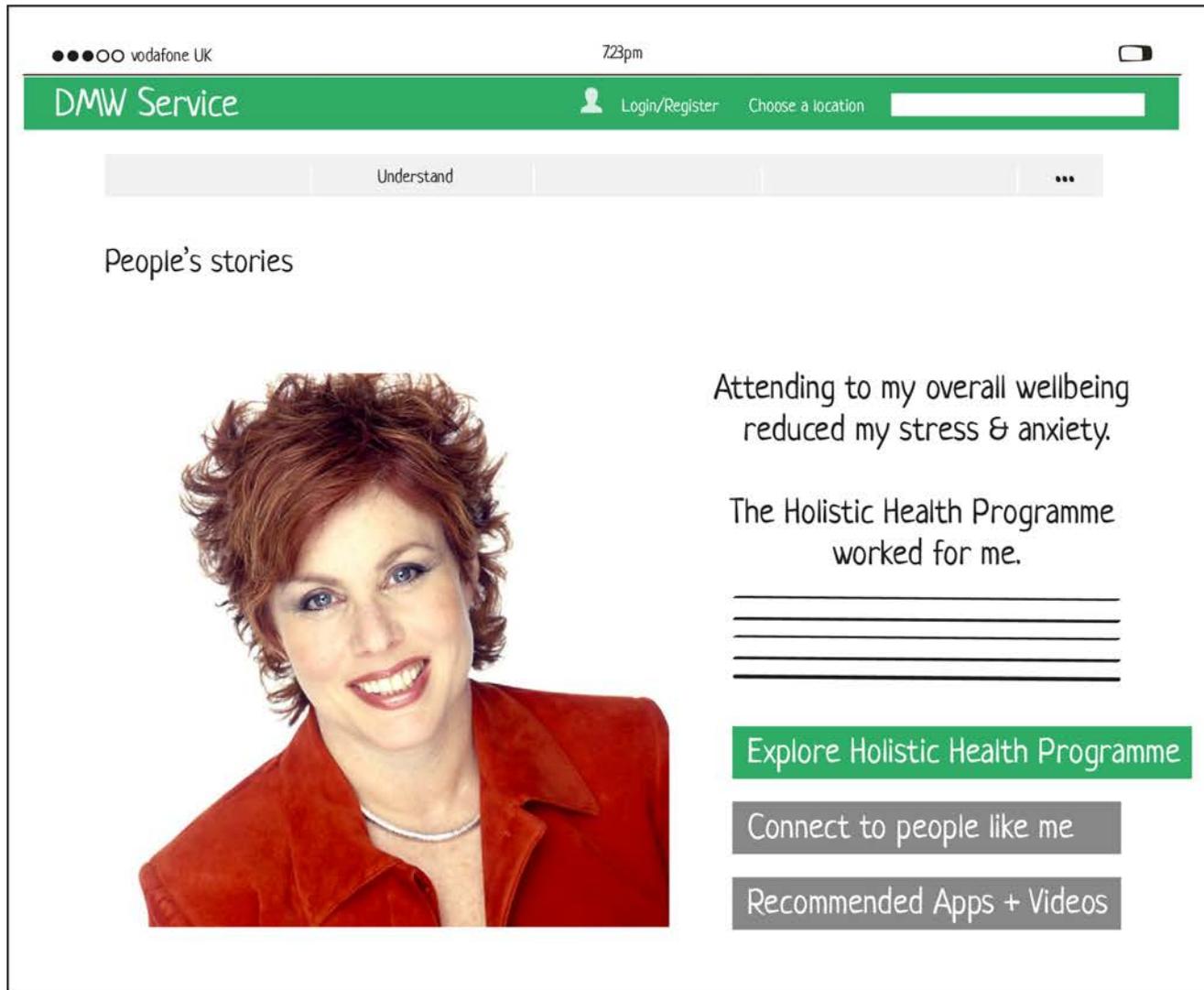
INFORM

9. A few days later she joins the holistic community and accesses the holistic forum.
10. She reads posts from others and shares her experience with the programme.

Holistic health programme
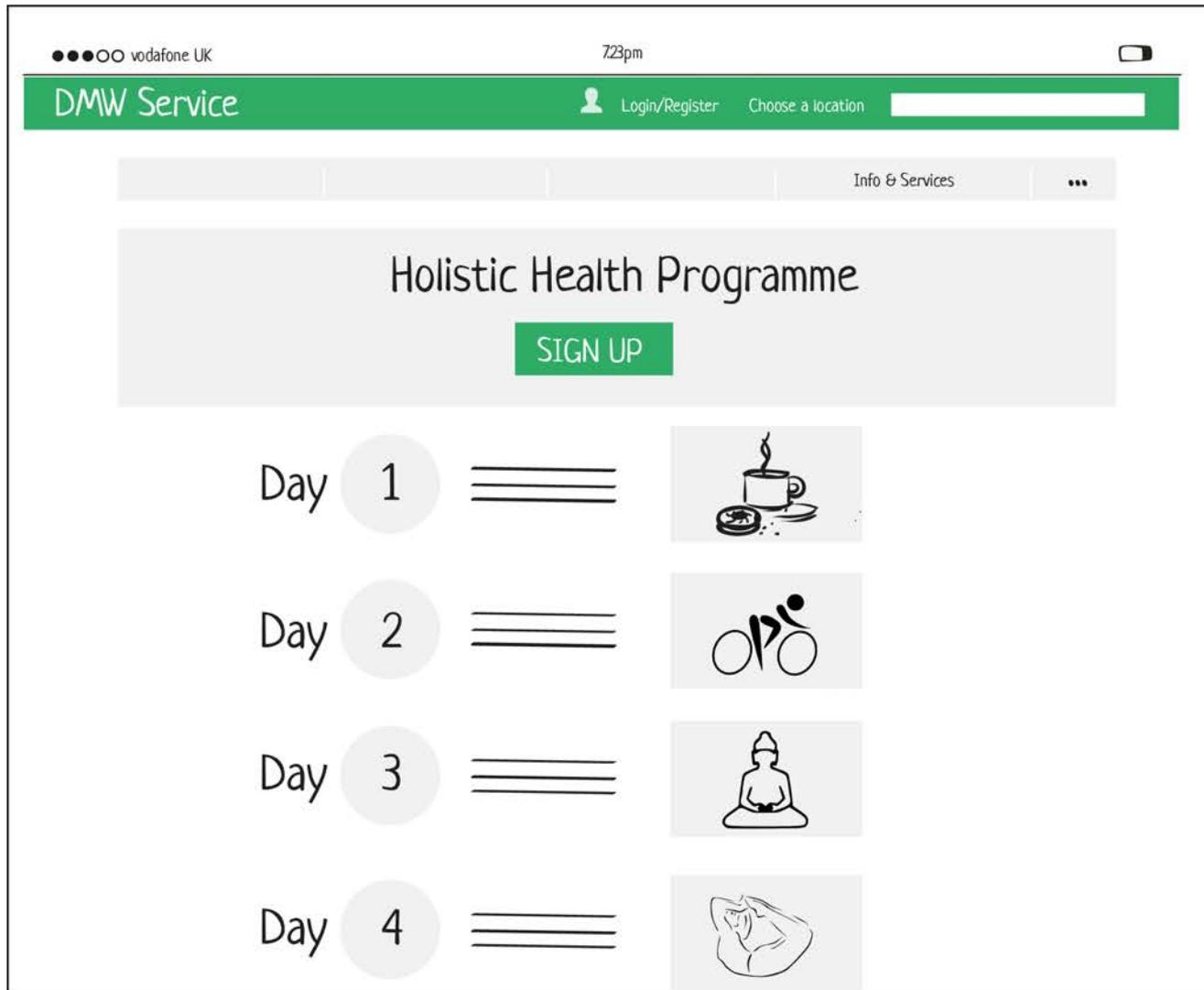
Holistic health programme forum
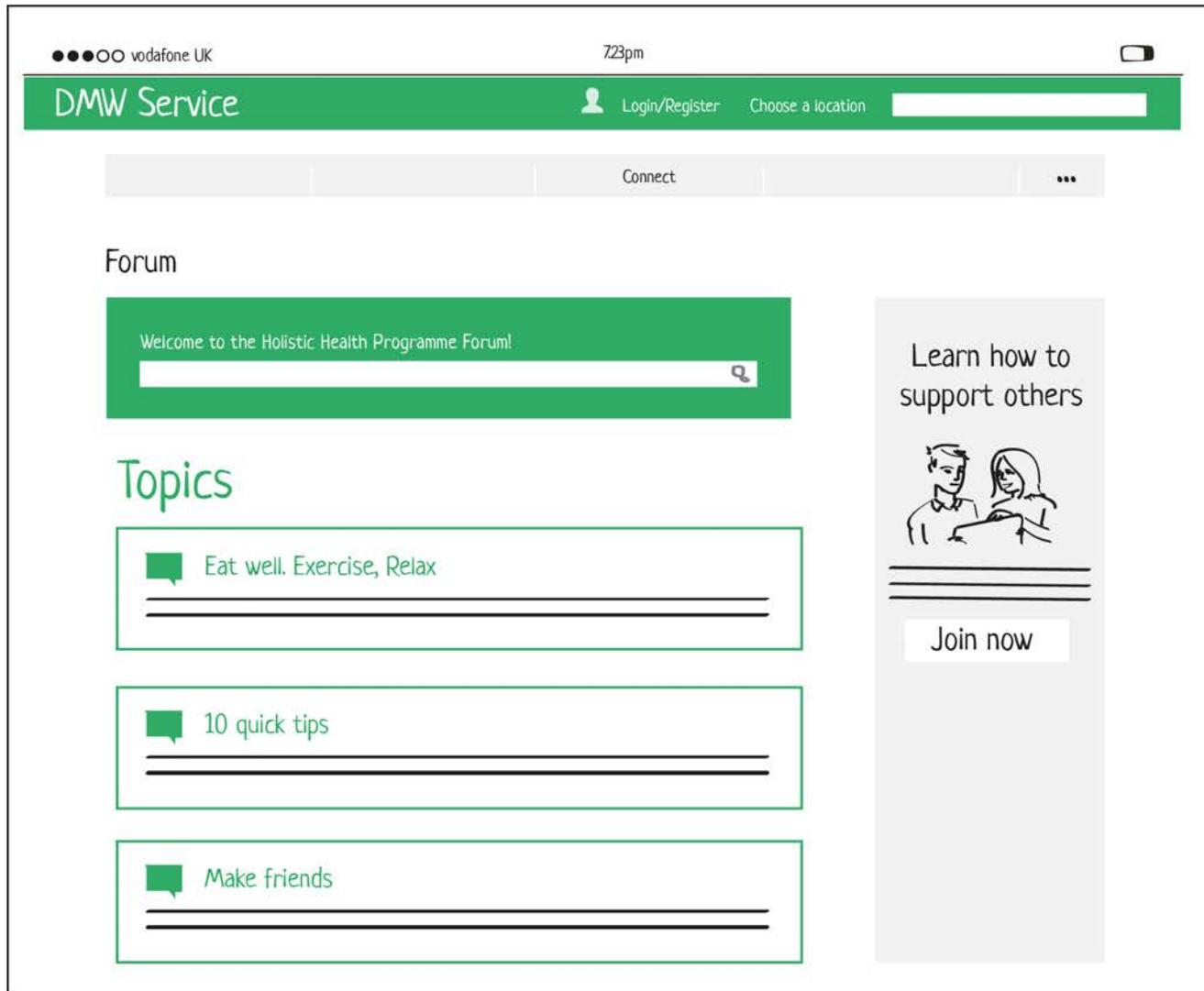
Holistic health programme forum thread
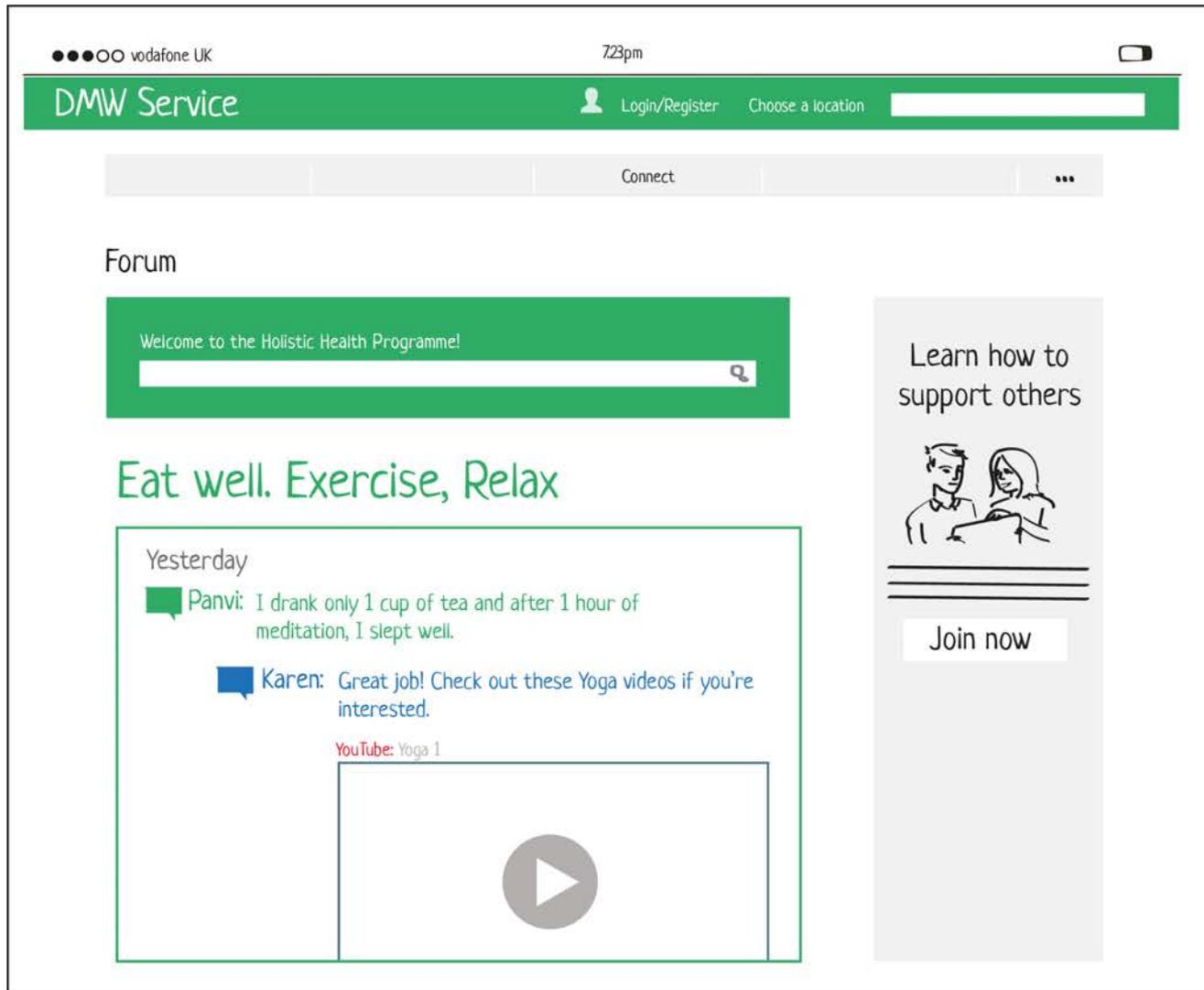
USE

11. Panvi follows the link on the forum and watches a short video at home to guide her through yogic exercises and meditation.
12. She then subscribes to the Youtube channel.
13. Next, Panvi shares the link with family and friends on Facebook.

Youtube videos
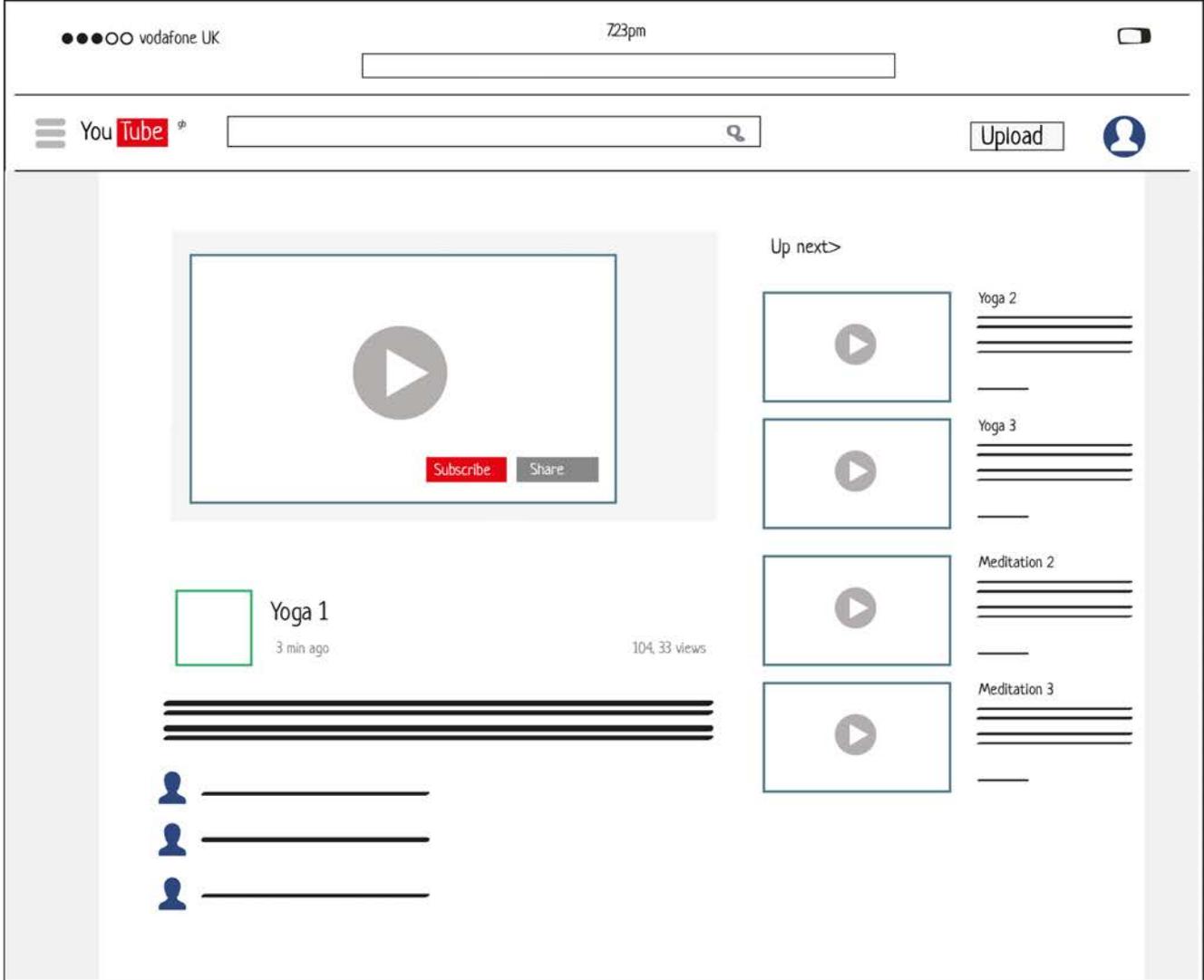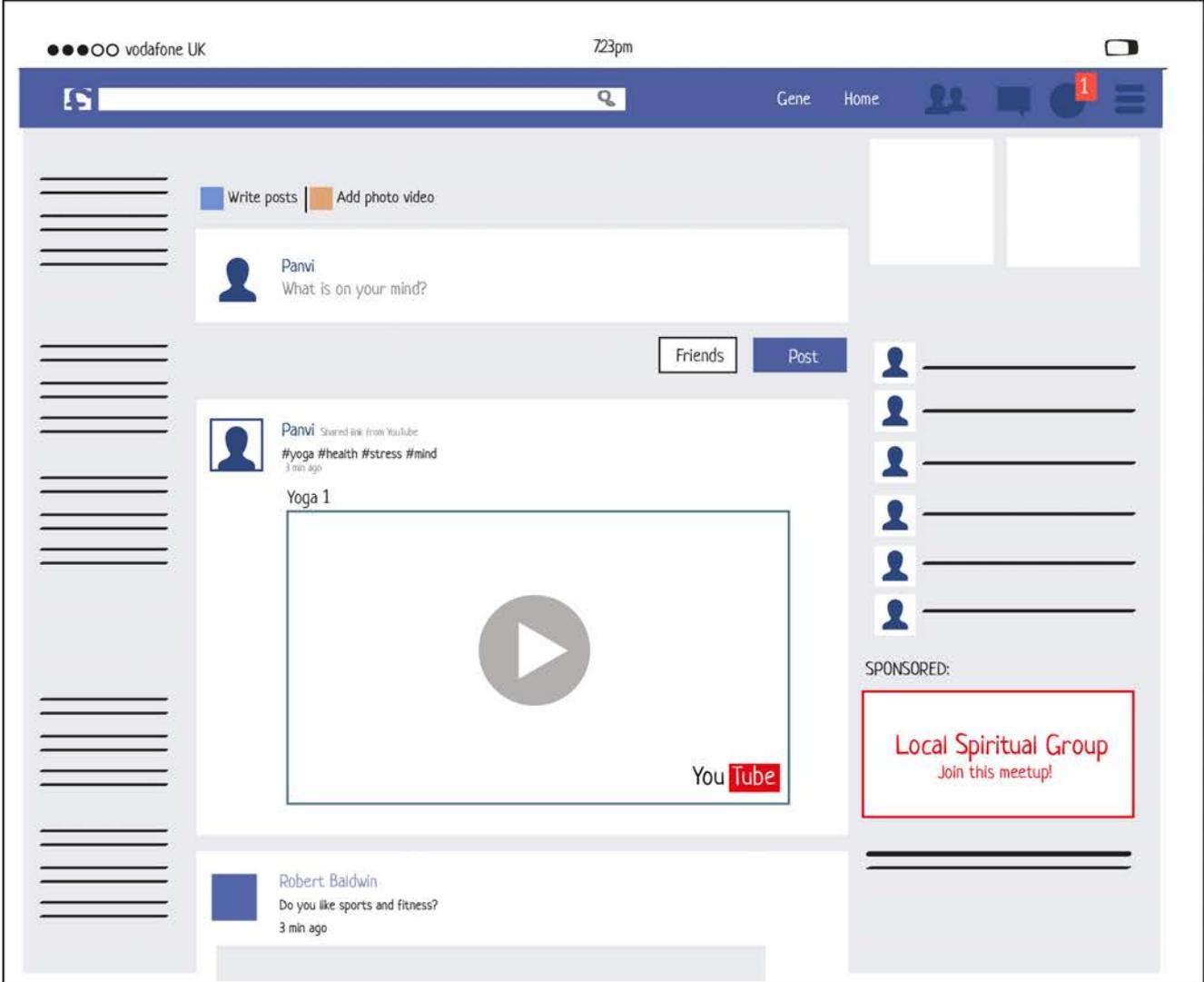
Share on Facebook

DEVELOP
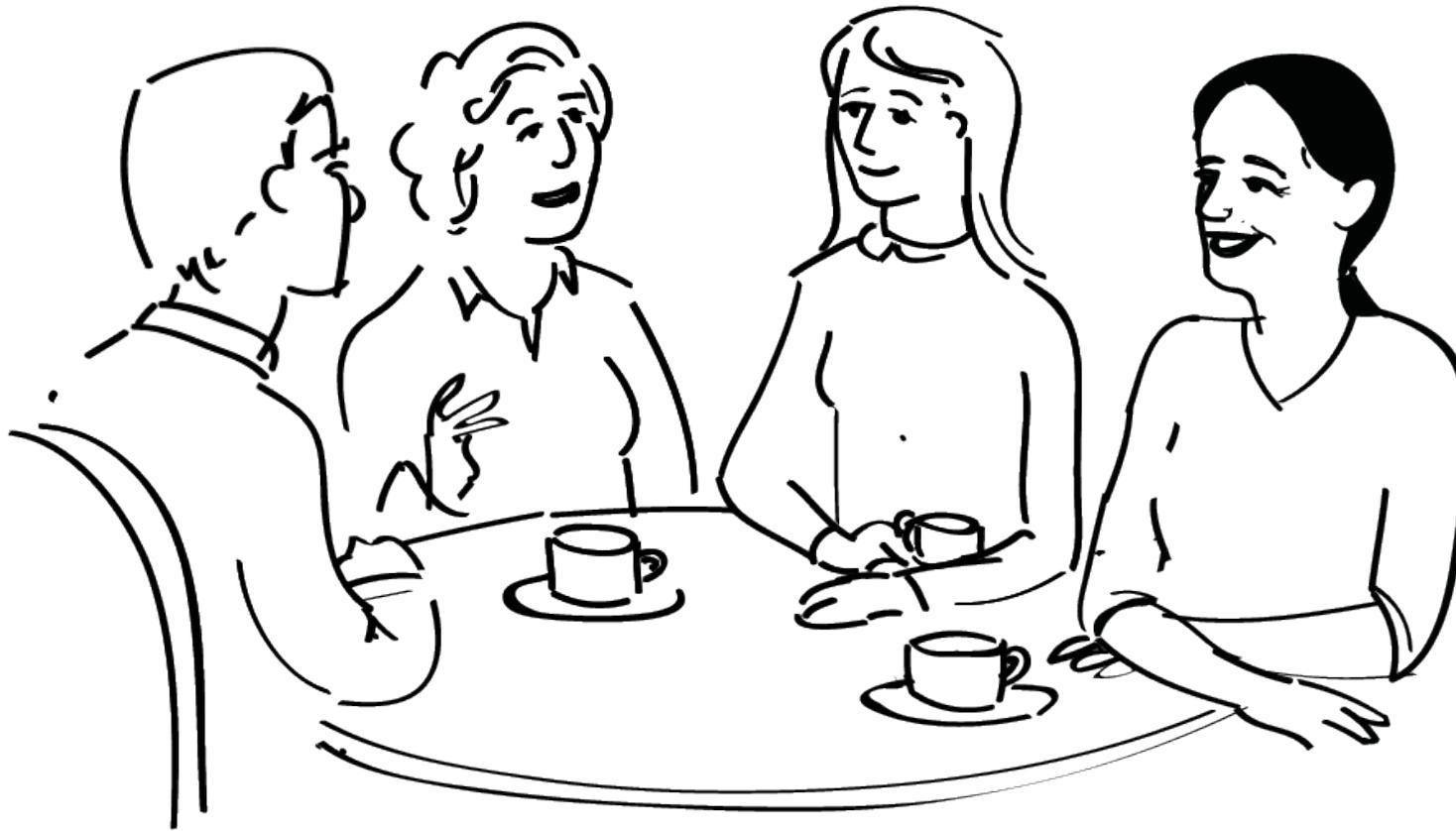
14. Panvi follows a link on Facebook to the local spirituality meetup page. Eventually she joins and meets with other people in her area.
15. Later at home she shares her experience from the meetup on Facebook.
16. Resulting from a conversation on Facebook, she connects with the carer Facebook group. They plan to meet for a tea in the local community centre.

Meet up group
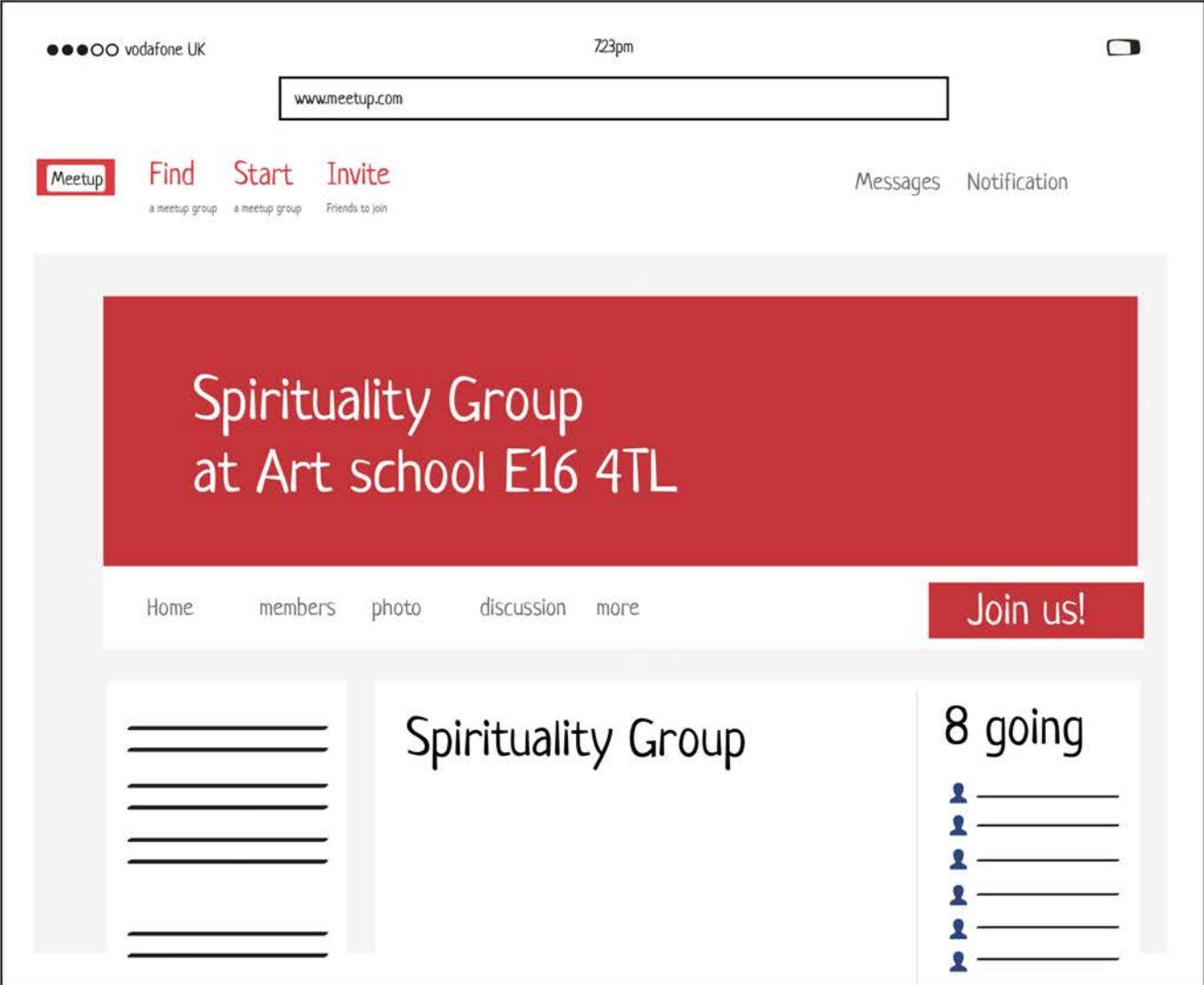
Local Carer Facebook group
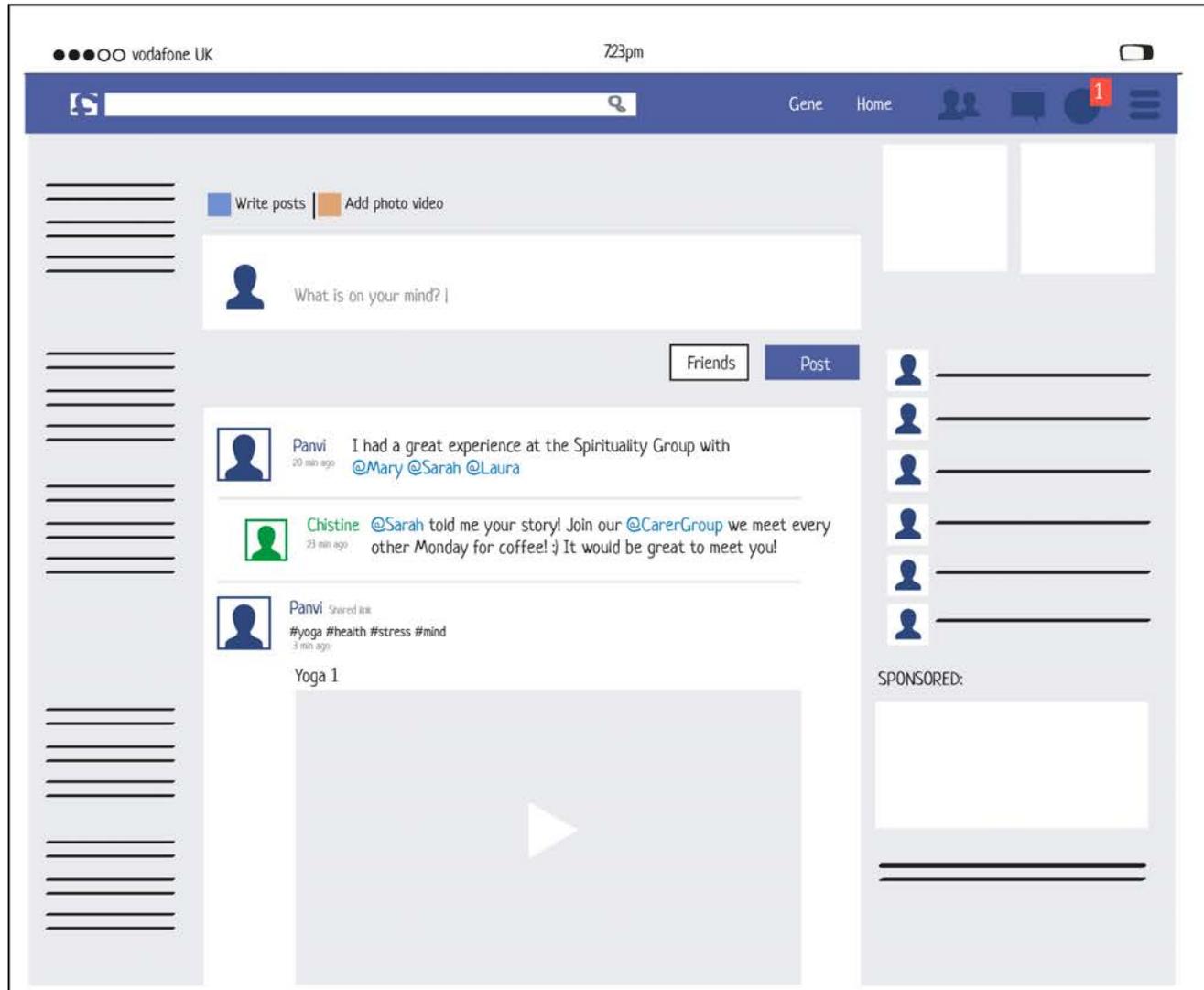
INCIDENT

17. A few weeks later, Panvi gets extremely overwhelmed by work stress and seeks moral support in the carer Facebook group.

Carer Facebook group
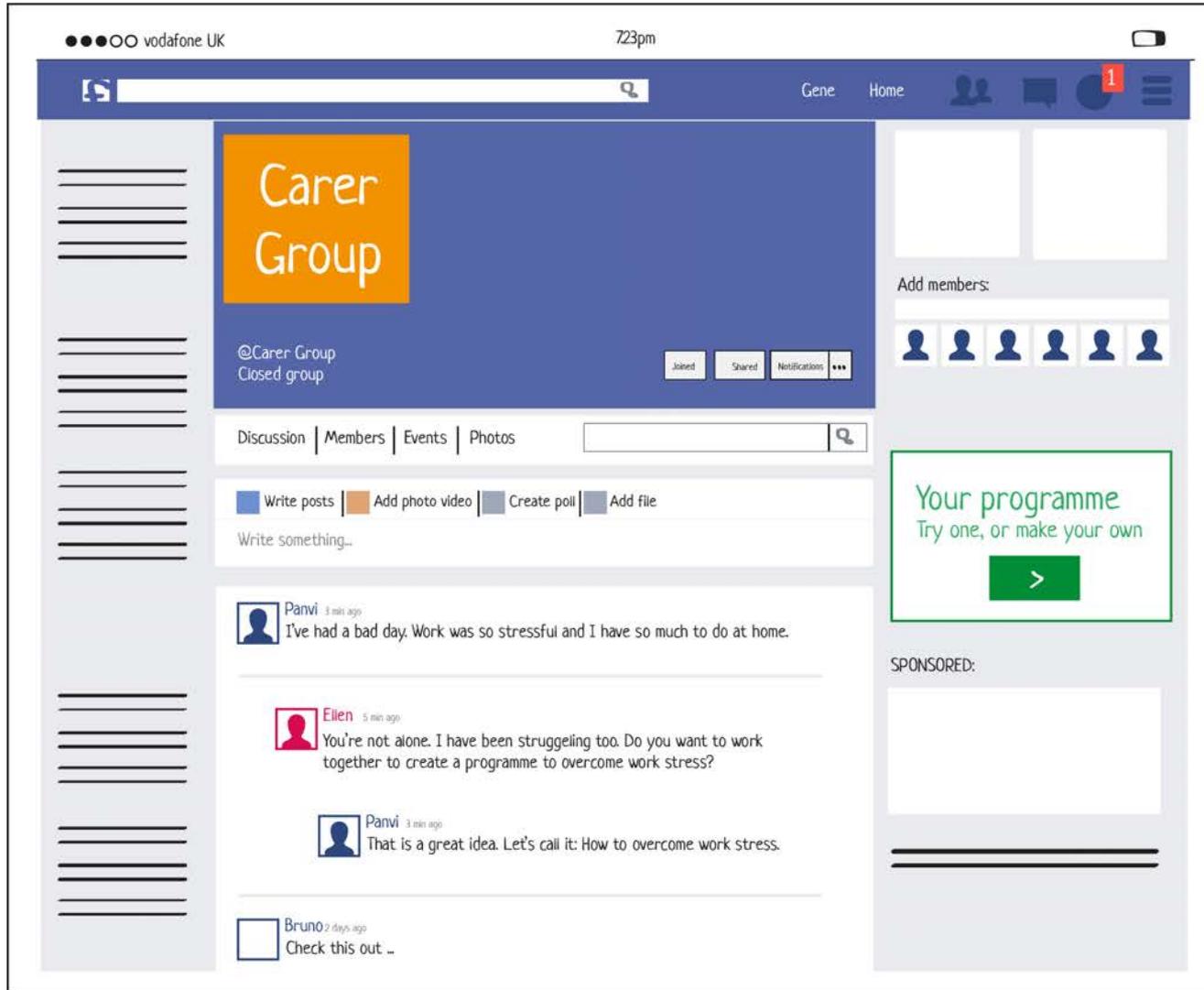
MAINTAIN

18. Panvi teams up with a group of carers to launch a new programme on how to overcome work stress.

TOUCHPOINT

Programme creation tool
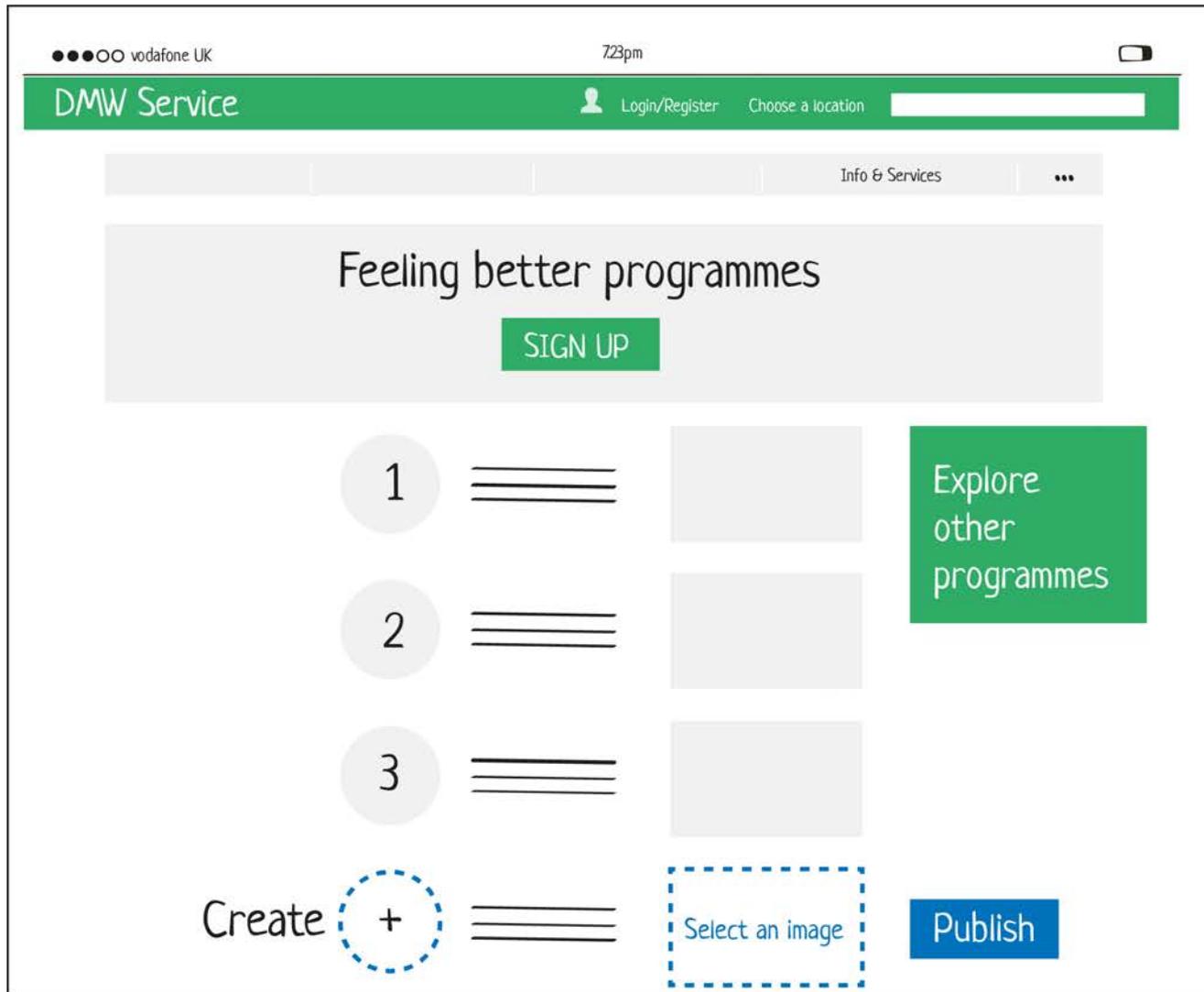
Don's journey

1. Don did not sleep well for a couple of weeks. He goes to the website of his GP and books an appointment online to get a referral to IAPT.

UNAWARE

2. Don also notices a '5 tips for better sleep' advertisement on his GP's homepage and is interested in learning more. He clicks the link.

GP homepage sleep advertisement
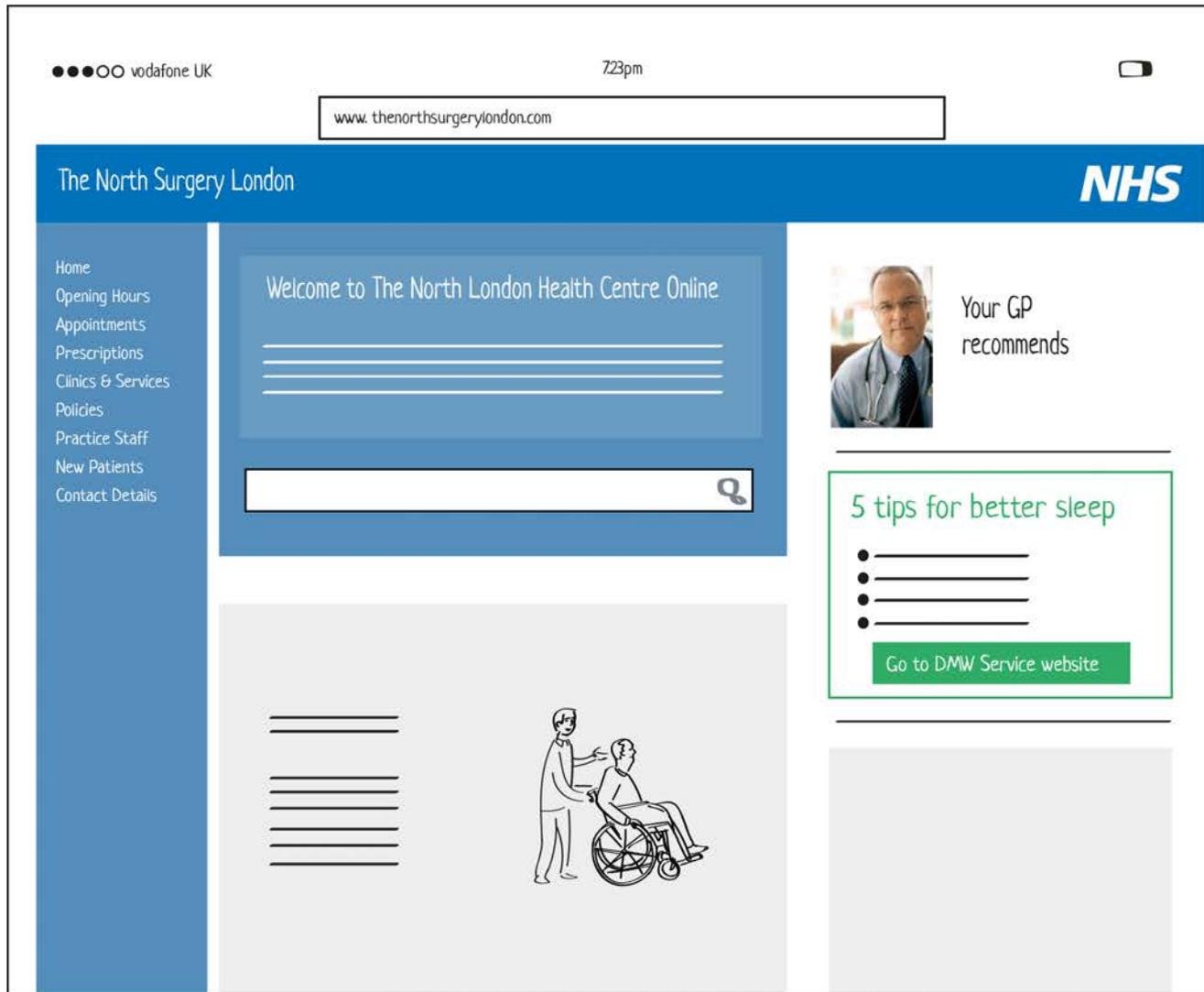
AWARE

3. Don gets redirected to the DMW service website where he learns about tips for better sleep.
4. He joins the forum and creates an anonymous account.

Sleep tips
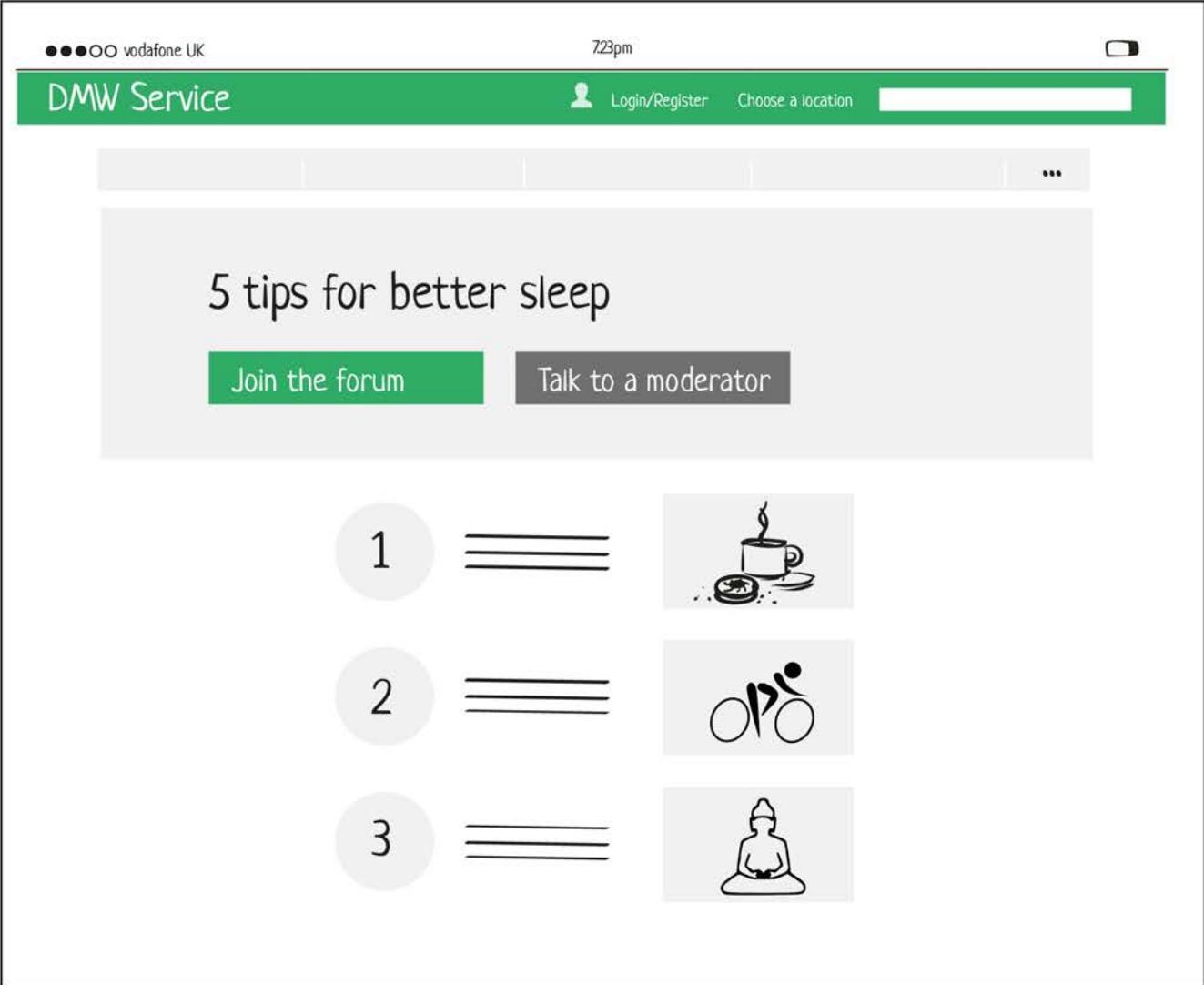
Forum login
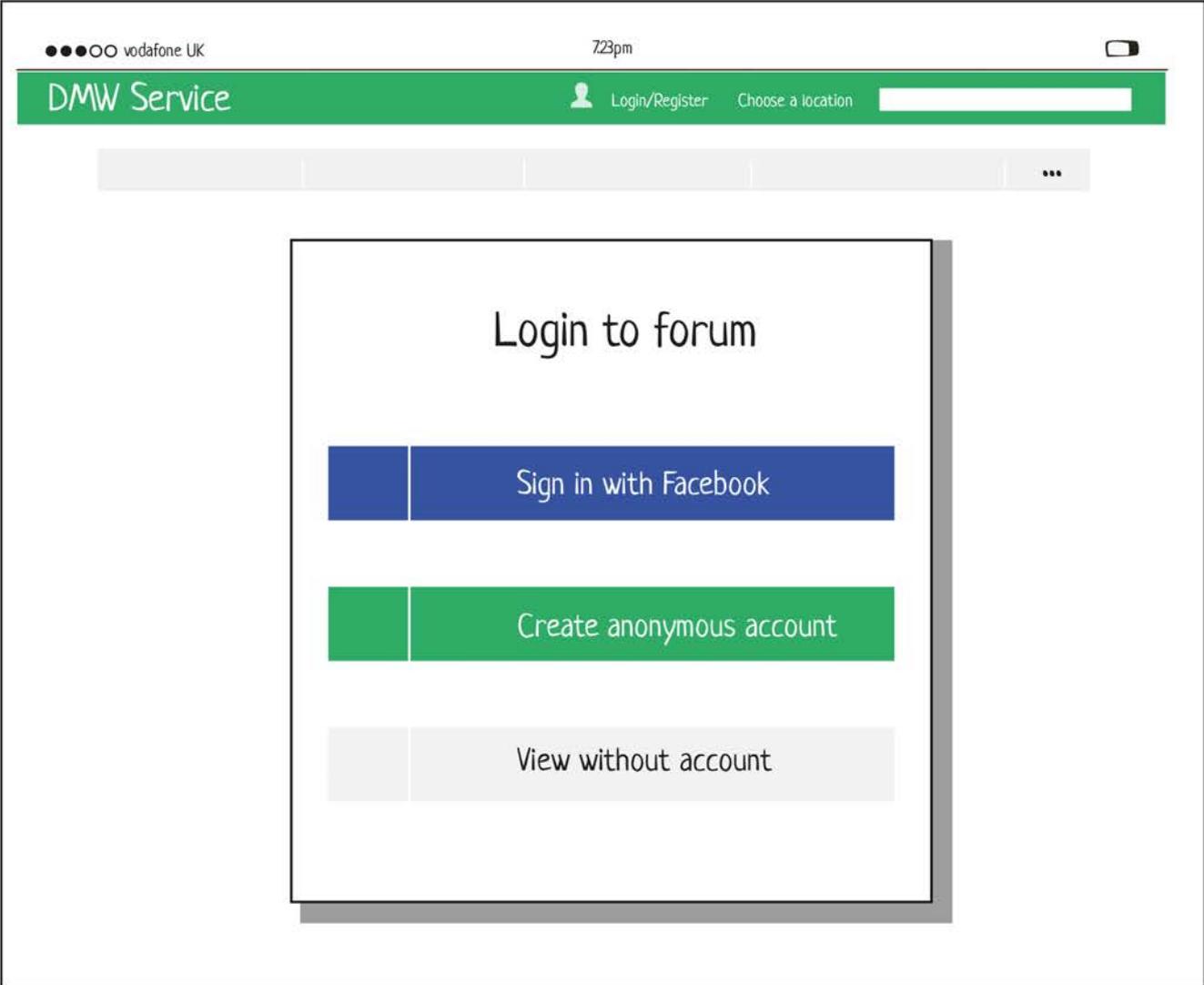
DISCOVER
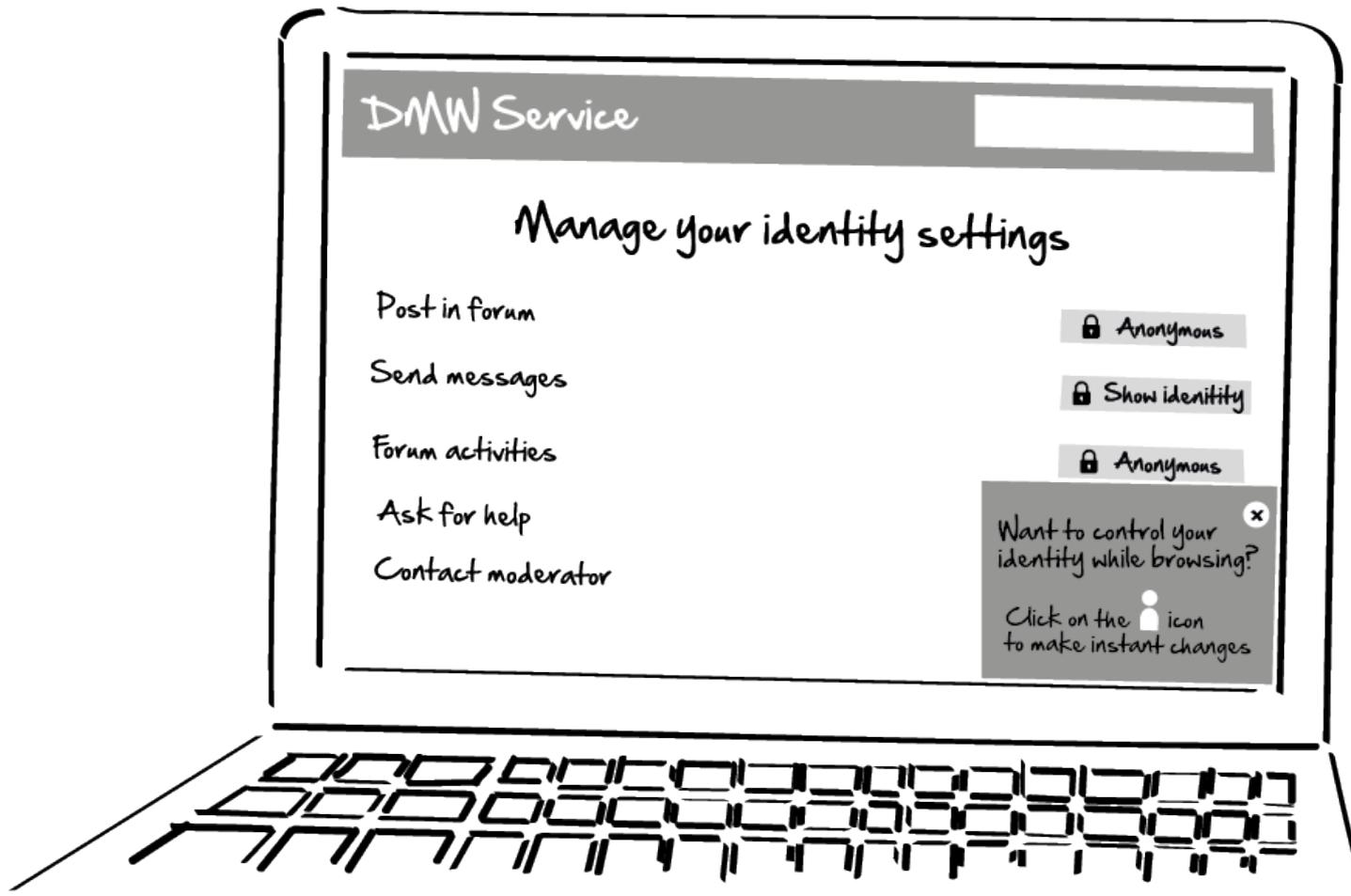
5. Don discovers the possibility to manage his identity settings. He also learns how to control his identity while browsing on the website.

Identity settings
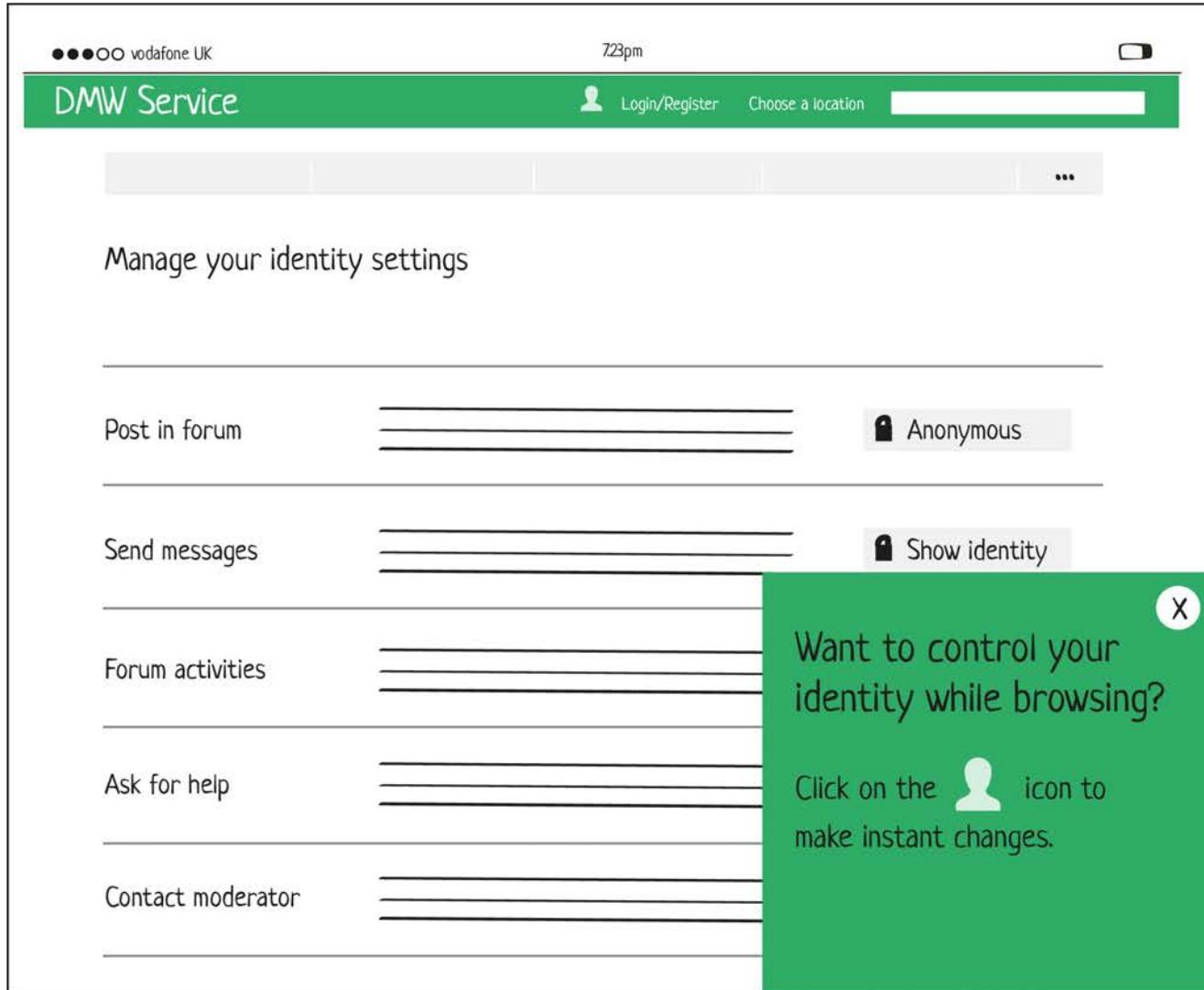
INFORM

6. Later that week Don is browsing Instagram and sees an advertisement for sleep meditation.
7. He clicks the link, arrives at a meditation information page and choses to view the information in 'bite sized' chunks.
8. He uses the app discovery tool and choses to download a community approved meditation app.

Instagram advertisement

Bite-sized information

App discovery tool

USE

Speech bubble content:
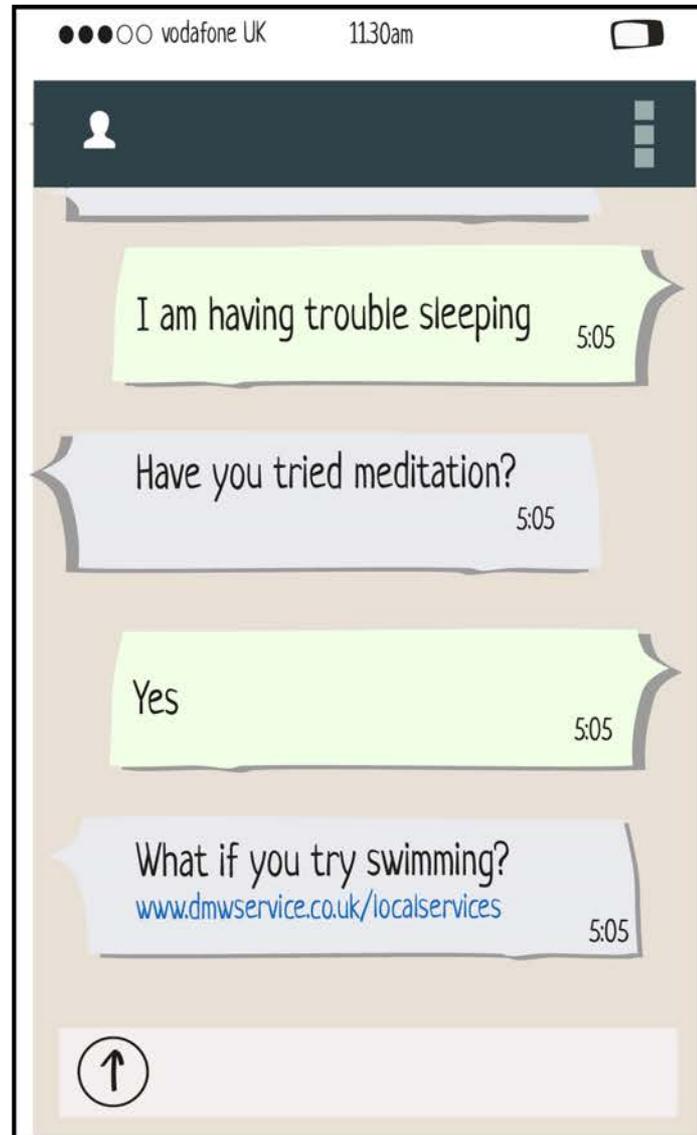< Chats **Moderator** 📞 ⬤

I'm having trouble sleeping. 10.05 ✓✓
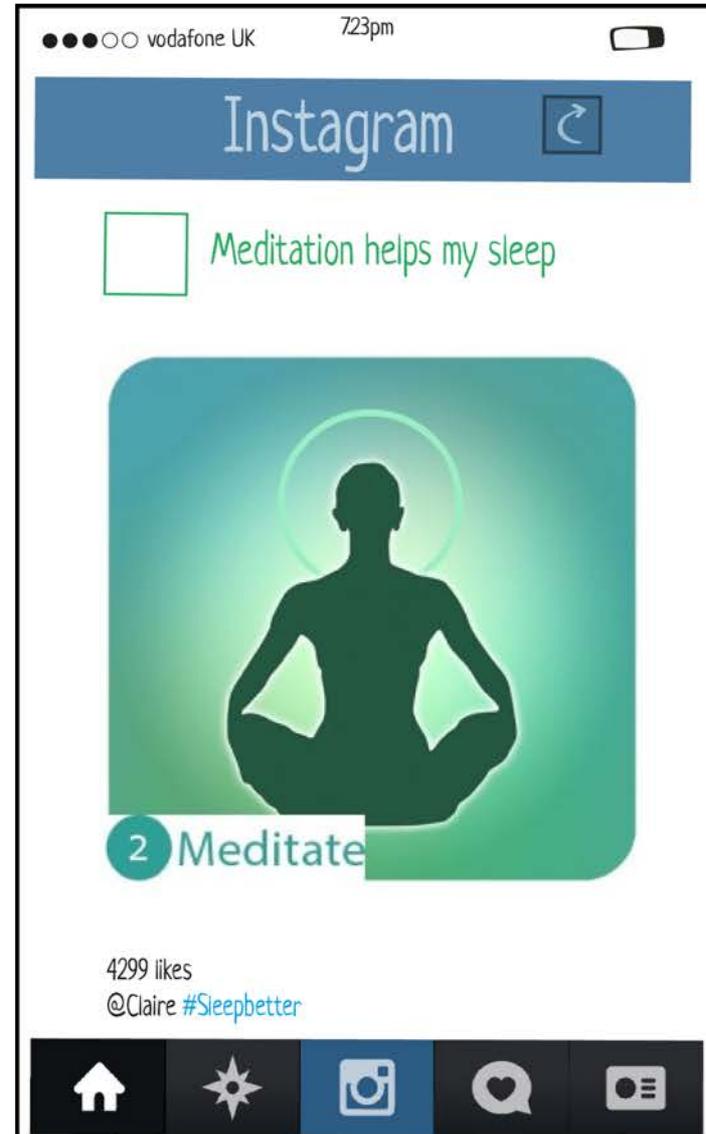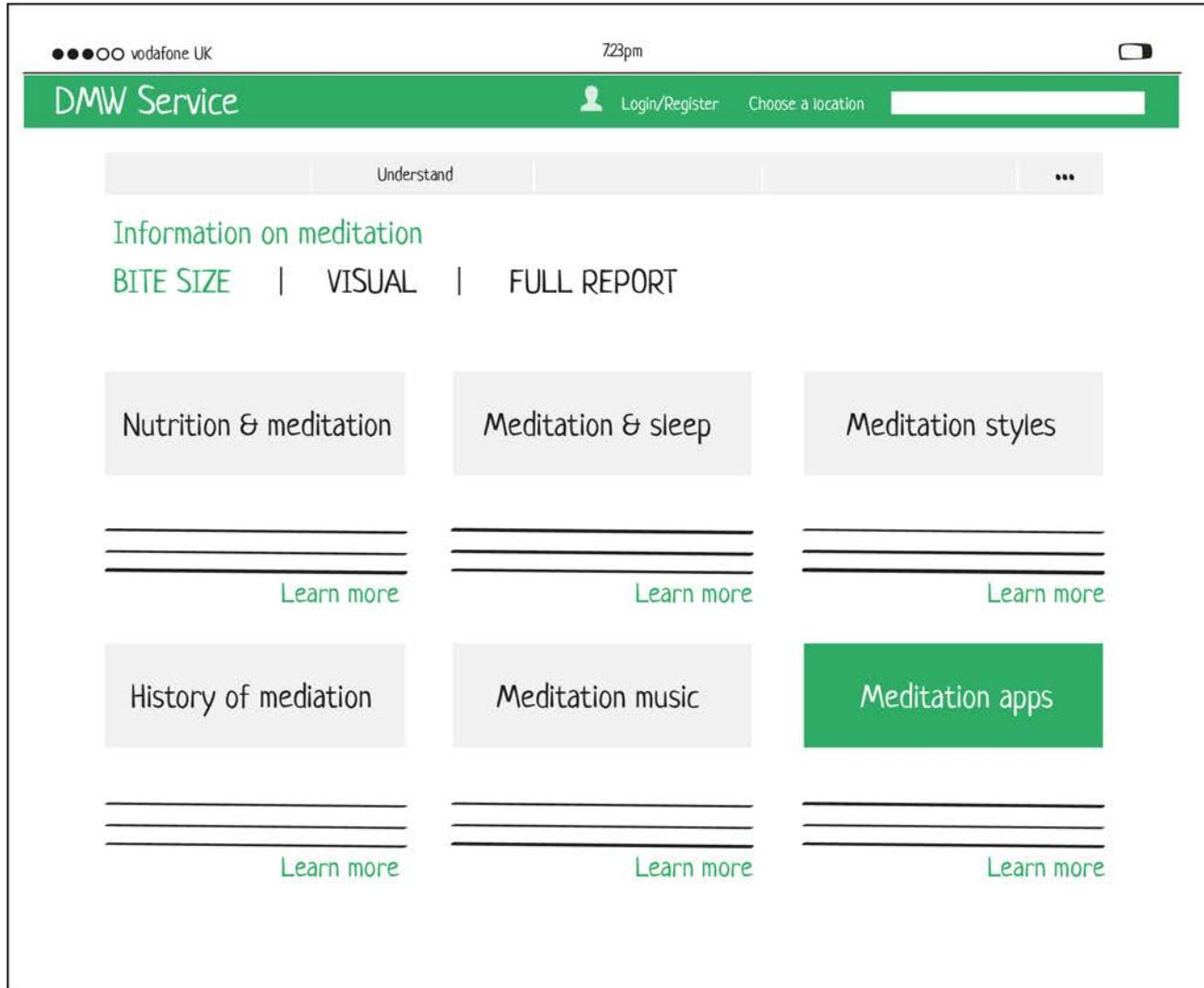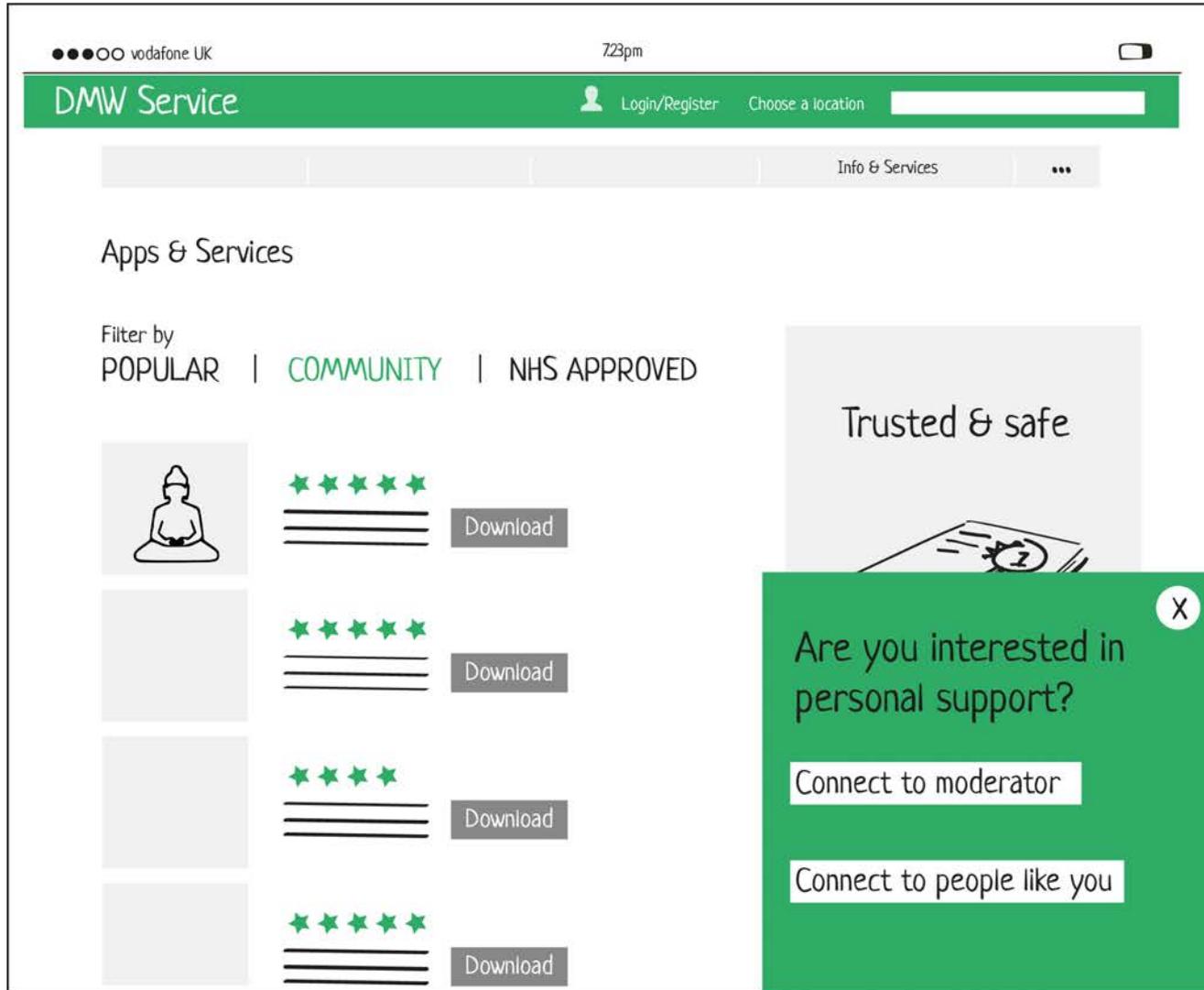
9. After downloading the app, Don clicked on 'connect to moderator.' He lands on a page where he can choose between a clinical and a volunteer moderator.
10. He selects a volunteer moderator and decides to connect on Whatsapp.
11. During the course of the day he receives a WhatsApp message from the moderator, who suggests he try swimming in his local area.
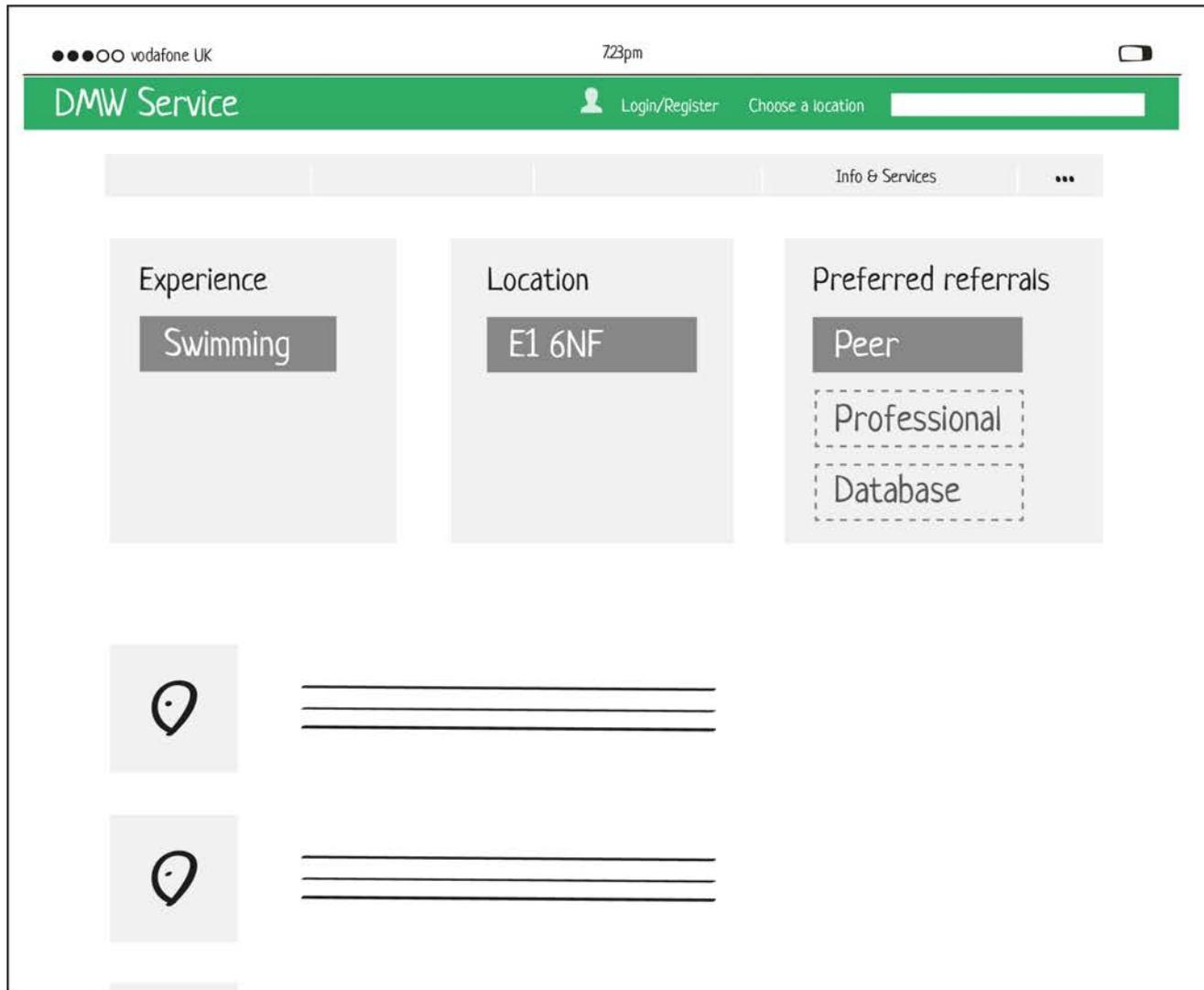
Moderator selection
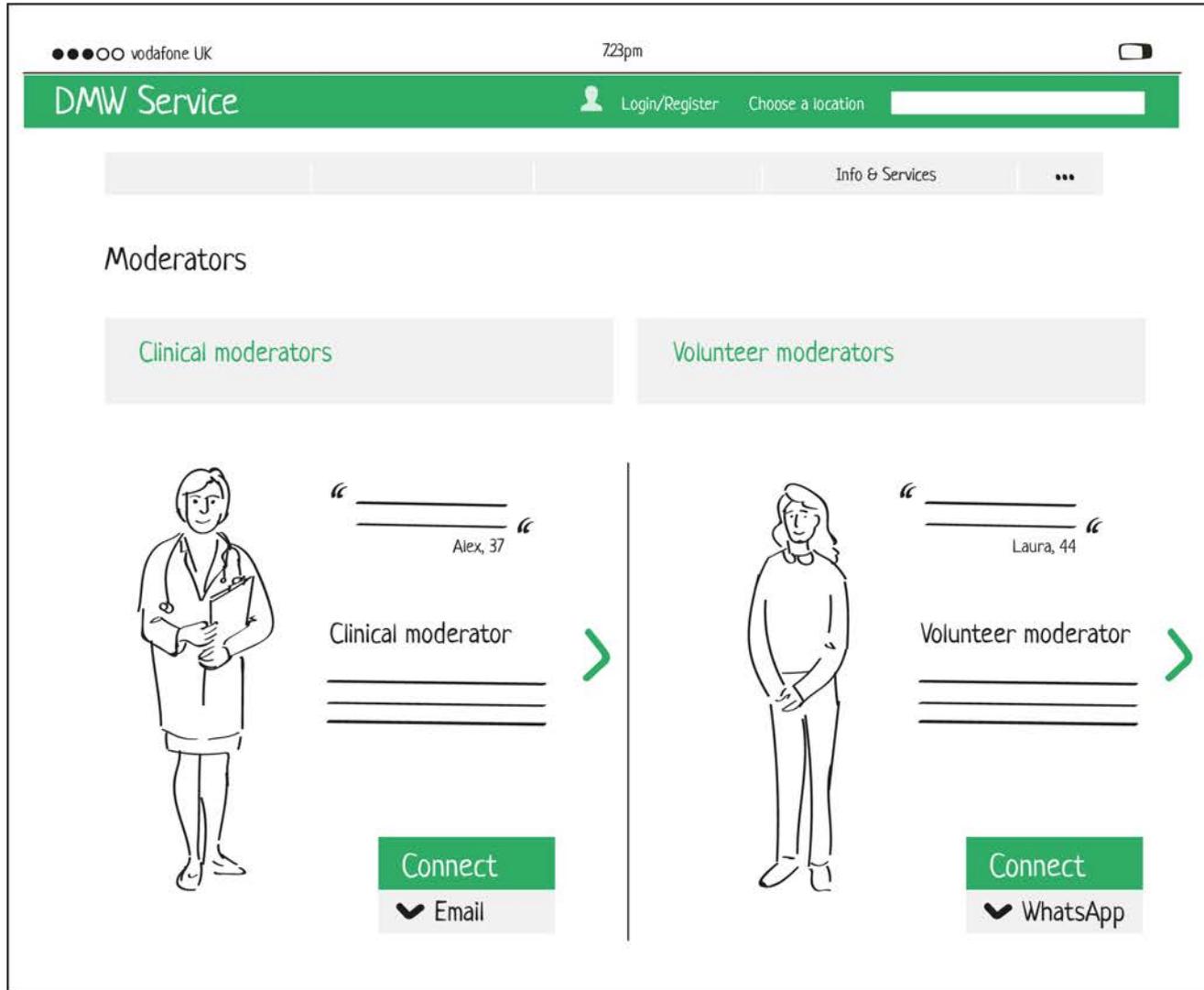
Whatsapp

DEVELOP

12. He follows the link to the DMW Service website, searches for services near him and eventually goes for a swim.
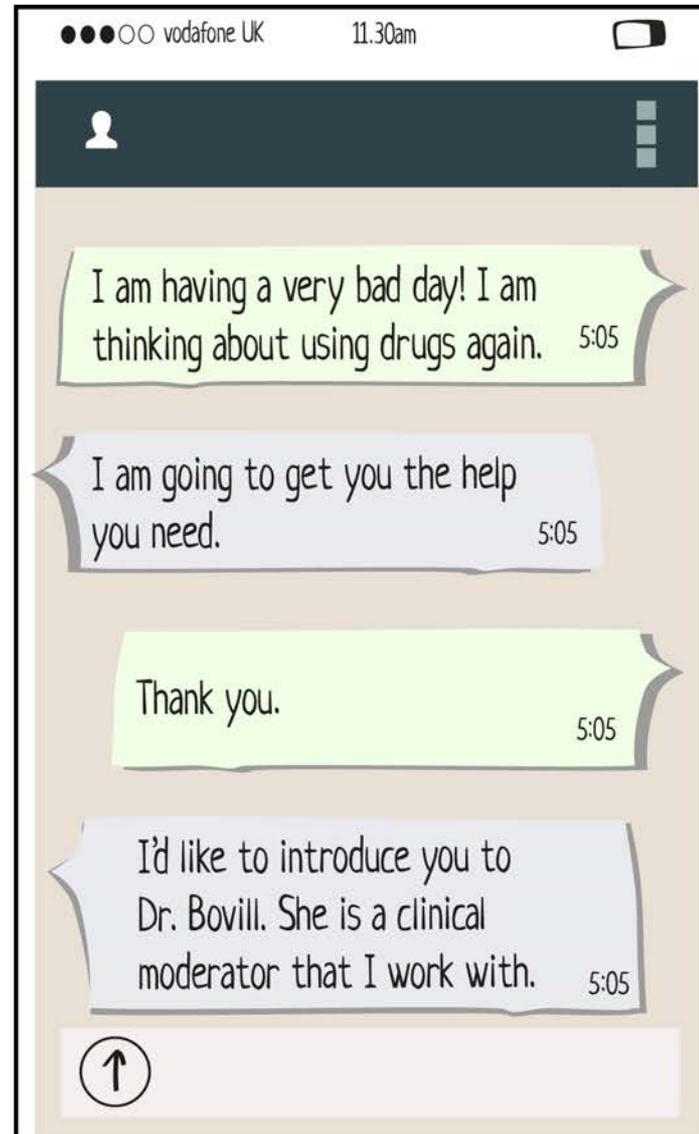
Localised services search tool

INCIDENT

12. A week later, Don has a bad day. He contacts his moderator who connects him with a clinical moderator and alerts his GP.

Whatsapp

MAINTAIN

13. While going through IAPT talk therapy, Don shares his strategies and experiences on Twitter.
14. He decides to share his life story to show others how they can overcome their difficulties.

Twitter

TOUCHPOINT

Forum

Thank you

CONTACT

Ben Reason

ben@liveworkstudio.com

07989524789

www.liveworkstudio.com

live|work