LONDON DIGITAL MENTAL WELLBEING

CONTENTS

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

DEFINITION OF **MVP**

WHAT IS A "MVP"?

A Minimum Viable Product is the first version of a new product. It is a "skeleton" product which uses the minimum amount of functionality and content to provide a user with a complete journey and experience. This enables a team to collect the maximum amount of validated learning about their users in order to develop and iterate the product into a fully functioning and populated solution that successfully meets their audience's needs.

The reason for using this method is to ensure that no time, money or work is wasted; each assumption, insight and decision is thoroughly tested, validated and built upon.

AGILE PROJECT FRAMEWORK

By employing Agile thinking, and Scrum methodology, we can allow for rapid development, testing and iteration to ensure a quick and effective method of creating a successful product.

We recommend that this project is completed in 12 x 2 week sprints, with a fully user tested release at the end of each sprint.

OUR CORE AGILE PRINCIPLE:

END USERS FIRST

Scrum is not about the team. It is not about the client. It is not even about the product. It is about being relevent to the end-users.

THE AGILE MANIFESTO:

We have come to value:

Individuals and interactions
over processes and tools

Working software
over comprehensive documentation

Customer collaboration
over contract negotiation

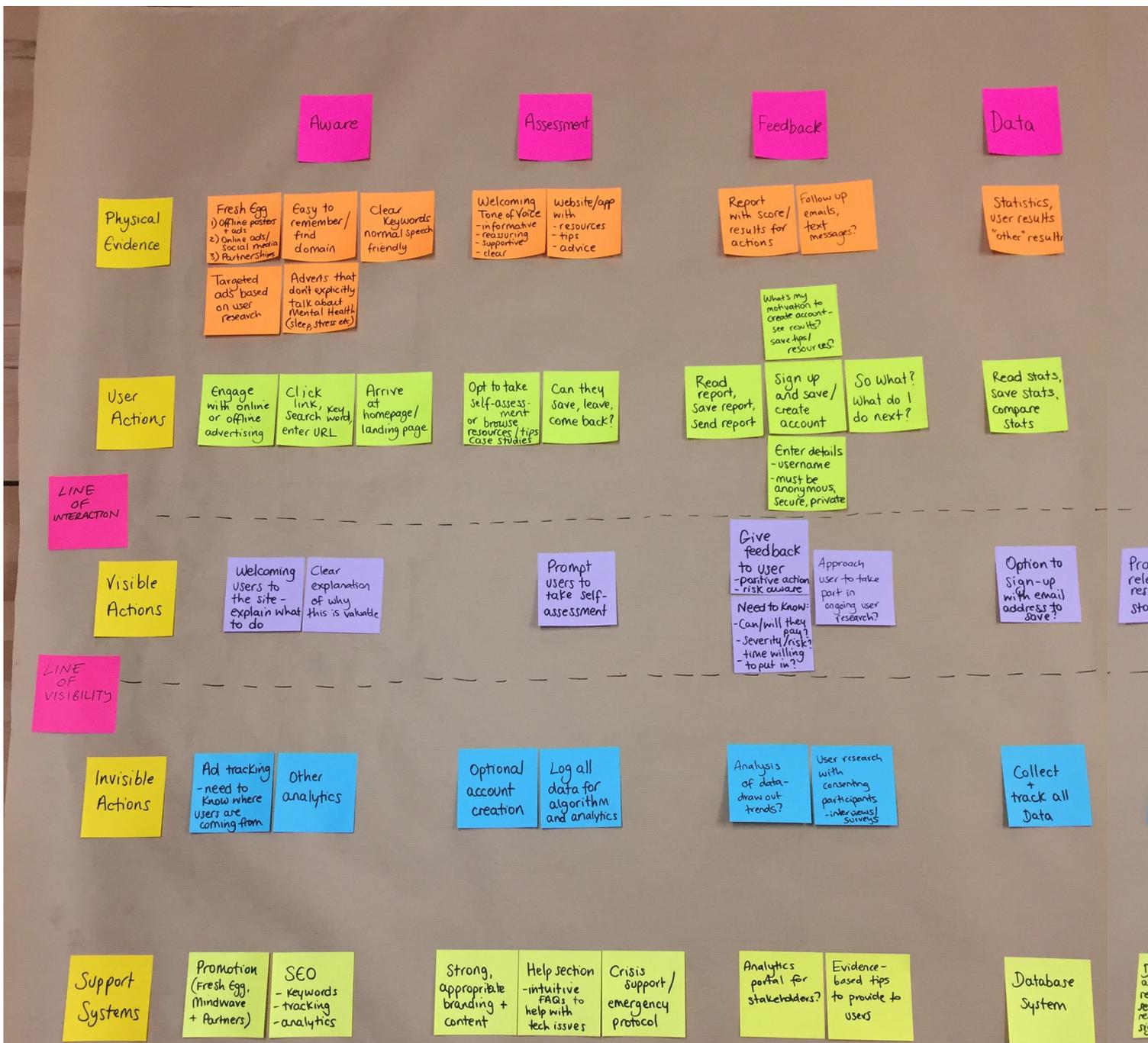**Responding to change**
over following a [set] plan

While the italic items of this list carry value,
we value the bold items more.

Extract from "GET AGILE! Scrum for UX, design & development"
By Pieter Jongerius et al.

SERVICE
BLUEPRINT

A blueprint is an operational tool that should visualise the components of a service in enough detail to analyse, implement, and maintain it. Blueprints show touchpoints, processes, and technology both frontstage and backstage.

This blueprint highlights decisions to be made before the MVP is delivered. Such as, which method(s) should be used to communicate and motivate the users? What is the available ongoing budget to disseminate messages and what means is most likely to engage the target group?

5 Key (accepted by NHS) programmes for self-mgmt

CCBT Ltd (Fear Fighters) Wellmind/Be mindful Sleepio Silvercloud Breaking free

Not just NHS/GP. What else?

Yoga, dance therapy, ? Meet-ups. Sports etc

TBC

Peer to Peer Support

MVP Feedback

Signposting

Supported Self-Management

Signposting to Services

Ads, links to all resources, websites etc

Progress emails, encouragement motivational messages

New apps! download/ websites! visit

Ads, links to all resources, websites, Phone numbers

Form asking for Feedback

Texts/emails for informal feedback

Opportunities to engage users for formal evaluation?

Big White Wall or Bespoke?

Provide Feedback about mental health experience

Provide Feedback to Mindwave about experience on the site

Share site with others online and offline, talk positively about it

Browse stories/links, Save stories/ links

Order/ download recommended books/go to local library

Download recommended apps

Visit recommended websites

View suggested local services - NHS + beyond

Actively manage mental well-being + encouraging others to do same

Continued engagement with our site and resources suggested to them

Do recommended Activities - journal - tracking etc

Receive motivational emails, updates encouragement

Linking users to each-? other

mote evant ources/ ries

Display personalised content based on user's results?

Give actions, information, support

Encourage use...? - When? - how often? - how to? - tracking

Asking for feedback on services

Offline Links

Ask for Feedback

Create reports and analysis for improvement

Continuous user testing

Continuous monitoring of capacity of services

User feedback and testing - are they adequate - are they helping MWB

Iterating and improving based on user insights

Database of pproved, commended lf-management ources to gn-post to

Content management system

email system

User support FAQs etc

Database of services to sign-post to

Need to be mindful of capacities of these services

Resources and team available to do iterations

DEFINING
THE **MVP**

—

WHAT DOES "MVP" MEAN FOR THIS PROJECT?

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

For this project, the MVP will focus on men aged between 18 and 45 years old who are having trouble sleeping. This does not mean that other audience groups can be forgotten; they must be considered in terms of wider project development, and it must be ensured that they are not excluded from the service. Focusing on this specific audience means that existing discovery work can be used, and clinically validated algorithms can be utilised as a basis for the self-assessment journey.

KEY:

MUST HAVE
SHOULD HAVE
COULD HAVE
WON'T HAVE

A DIGITAL SERVICE

"Personalised landing page"

- Dependent on search term

- Dependent on location (HYPERLOCAL)

- Entry point (Facebook group, targeted ad, forum...)

- Tracked data

- Prompts

Option to self-assess (see more below)

Personalised content following self-assessment

Local resources - support groups, meet ups, services etc

Events (option to save to Google / Apple / other calendar)

"People who read X, then read Y"

Optional user account creation

- Bookmarking to save resources to account

- "Dashboard" to update details and view saved and
  contributed content

Sharing events to the platform (moderated)

Contributing own user generated content (moderated)

Talking to others on the service (forum)

Rate and review content

"Others like you found XYZ useful"

DEFINING THE **MVP**

SELF DISCOVERY & DECISION MAKING

Clinically validated sleep algorithm
Identification of "red flags" and high risk users
Additional algorithms

TIPS, RESOURCES & SELF-MANAGEMENT TOOLS

From NHS (eg NHS Choices) / PHE / .gov etc
From other clinical services
From mental health charities
From wellbeing platforms
From other users
From app stores
Curated UGC from other platforms (manual import)
Curated UGC from other platforms (dynamic import)
UGC created on platform

CONNECTING PEOPLE

User generated content, eg stories, tips, reviews, ratings etc (for
MVP - curation of content specifically relevant to 18-45yo men but not
excluding other audiences)
Routing to existing support groups and forums
Option to contribute content
        - Ability to rate and review resources on the platform
Forums

CLINICAL SUPPORT

Clinically validated sleep algorithm and outcomes
'Red flag system'
Medical information (curated from NHS resources or other - specific to 18-45yo men struggling with sleep)
Other medical information (curated from NHS resources or other)
Additional algorithms and outcomes
Bespoke medical advice / information / directory

SIGNPOSTING TO SERVICES

For high risk users
For clinically diagnosed users

*WE ESTIMATE THAT MVP WILL TAKE
12 X 2 WEEK SPRINTS TO DESIGN AND BUILD*

PERSONAS

KNOWING OUR AUDIENCE

With an audience as broad as "Londoners", the typical
user centric design method of persona creation becomes a
challenge. We don't have a clear categorisation requirement
that includes or excludes particular groups of people.

Because of this, it seems restrictive to create a manageable set
of personas that encompasses everybody that we are trying to
reach. Instead, we have created 5 "persona categories". From
this, we can start to think about the different characters that
make up the people in these groups.

The categories we have designed focus on groups of people at
a particular point in their journey - a snapshot in time. We can
use them as a foundation on which to build a comprehensive
set of requirements throughout a user's journey.

PERSONAS
CATEGORY 1

—

THE 'GUILTY' PRIVILEGED

BACKGROUND & RELATIONSHIPS

This group are often middle class and have supportive parents and family.

There can be an element of resentment towards their privileged background and upbringing as this is the reason for their feelings of guilt.

This group are usually in full-time work.

This group tend to be single, with the reason being that they don't feel deserving of a partner.

" "

Depending on how hungover I am, I'll go to the gym. Or generally in those situations, I'm just sitting here on my own, and thats when I don't feel very good. I've got lot of hang ups. Like I don't feel like I've ever had to work for anything in my life.

COPING STRATEGIES

Because of their perceived "privilege", they tend to feel guilty if they start to struggle with their mental wellbeing and can end up showing self destructive behaviours such as habitually using alcohol and drugs.

They know the risks of pursuing these "dangerous" activities, yet continue with them anyway.

They are aware that ultimately, these activities will negatively impact upon their mental wellbeing - eg a hangover will make them feel worse mentally - but engage in them anyway as the immediate effect has an element of escapism that allows them some respite from any negative state.

LEVEL OF STIGMA

When characters in this group are struggling with their mental wellbeing, they often have a lot of self-blame - "I shouldn't feel like this, I'm fortunate with my life and circumstances"; the stigma they feel tends to be self-imposed.

❝❞

So its like... why am I so lucky... I find it quite hard to accept that... Spoilt little rich boy syndrome, but not necessarily behaving like one. Just sort of hating myself... seeing myself as one. I know that I'm not one but I worry that other people see me like that and I hate that.

PERSONAS
CATEGORY 2

—

THE STRUGGLING DIAGNOSED

BACKGROUND & RELATIONSHIPS

This group tend to be from a lower-middle class family.
They often have broken relationships with their parents, who
are unsupportive and don't feel that mental health conditions
are "real".

Because of the lack of support, they avoid any conversation with
their parents regarding their mental health condition as it adds
another layer of stress to their situation. They are much more
comfortable talking to friends and actively do so.

Their mental health condition affects their circumstances - they
are often signed off of work, or in some situations have been
let go due to their health conditions - which exasperates the
relationship with their family who have a "strong work ethic".

❝ ❞

We have a very strong work ethic in our family so anything that stops you
going out and getting paid is bad so I was really ashamed about having
to have time off... My parents would be like, "you have to pull your socks
up and get on with it", but when you can't and you can't explain why you
can't... It was easier for me to just block them out.

COPING STRATEGIES

This group have been diagnosed with a mental health condition.

They are reliant on mental health services such as CBT or counselling - or medication.

LEVEL OF STIGMA

This group don't necessarily blame themselves; in fact, they tend to be confused about their situation and have a "why me?" attitude. They feel unlucky; that the world is against them. A common view is that "the only person you can rely on is yourself".

The only stigma that affects them is from their family - but they feel there is little they can do to change this attitude and have resigned themselves to this.

This group tend to be single, with the reason being that they feel they are "too crazy for a partner".

" "

It took a long time to get the medication. A long time. And I was pretty out of control and crazy. And horrible to everybody. But eventually I got the right medication. And I was a lot better.

PERSONAS
CATEGORY 3

—

THE LET-DOWN & ALONE

BACKGROUND & RELATIONSHIPS

This group tend to be from a working class family. They often have fraught relationships with family, who are not only unsupportive, but often openly and aggressively critical of those struggling with mental health conditions.

Their mental health condition affects their circumstances - they are often out of work and sometimes homeless due to the effect of their mental health on their relationships. This in turn has a negative impact on their mental wellbeing.

This group have a real lack of support available to them and often feel let down by health services. They see accessing support as a "postcode lottery".

This group have the view that until their mental health condition becomes severe enough, they will not be taken care of; they are not a priority to receive help unless they are in a severe state of suffering, such as suicidal, or "at death's door".

❝ ❞

I was a volunteer and an ambassador for Crisis, and there was a guy there who was suffering with mental health issues. He was just sitting there and he wanted to jump off the building. He said, "my medication has run out and I need it and they won't help me. If i jump off the building, they'll come running".

COPING STRATEGIES

Because of their background, lack of support network and often poor financial circumstances, they seek help from free resources such as charities, support groups, community groups - and even free activities such as visiting art galleries and museums.

Connecting with others face-to-face is really important to this group.

LEVEL OF STIGMA

This group don't blame themselves; they feel that they have been let down by society and "the system", but they do feel the most stigma - and because of this may not seek the help and diagnosis that they need.

"

You're not bad enough so you're not a priority. I've been homeless in different boroughs. Its a political thing that has nothing to do with the individual. One was really clear about the policy, what you have to have to be regarded as a priority, the other one was a mystery - what on earth do I have to do [to get help]?

PERSONAS
CATEGORY 4
—

THE 'COPING' IN-DENIAL

BACKGROUND & RELATIONSHIPS

It goes without saying that this group are the hardest to gain insight from and validation for. We know that they are out there, and even though they may be a challenging group to target, they are key with regards to early intervention and prevention.

This group are more likely to be male. They are a high risk group as they don't like to talk about their health - mental or physical. We know that many more men than women commit suicide, and of those that do, over 70% haven't spoken to a medical professional about these feelings in the year before their death, giving us clear evidence that these high risk individuals don't seek mental health support.

They have amicable to close relationships with family, but would be reluctant to talk about mental health with them, regardless of any prompting or encouragement. Some of this group see it as "opening a can of worms that they might not be able to close again", whereas others simply don't think it will help.

❝ ❞

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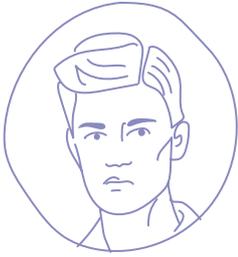
COPING STRATEGIES

This group cope with their mental wellbeing mostly through distraction techniques. They will compartmentalise and try to keep any thoughts or worries about their mental wellbeing at the backs of their minds.

Playing games, drinking alcohol and humour are all important for this group.

LEVEL OF STIGMA

The stigma this group feels is usually imposed upon themselves. They feel a lot more self blame than the other groups (when they do acknowlege their feelings). They feel that they "just need to man up".

"

I think when you think about mental health, you always go to the extreme of crazy people. There isn't that middle ground for people like me who just maybe don't necessarily have healthy mindsets. You always just think someone is insane.

PERSONAS
CATEGORY 5

—

THE PRO-ACTIVE RECOVERERS

BACKGROUND & RELATIONSHIPS

This group are less definable by their socio-economic background.

This group tend to have had some kind of traumatic event in their lives and understand that it is something that has happened to them and not something that they need to be ashamed of.

They have a supportive network, and close relationships with family and friends and openly encourage others to try and better manage their wellbeing.

❝ ❞

I don't know if its down to stigmatism that people would be like that, but because mental health is so insular, you're just telling yourself its just you, you beat yourself down with it. You don't really understand its something different. "Its in my mind, its me." Which is not the case.

COPING STRATEGIES

They are often independent and proactive; actively seeking out new ways to improve their mental wellbeing. They like to track their progress and set goals, acknowledging their achievements and personal successes along the way.

Once they have found techniques and strategies that work for them, they may have lapses and will revert to old behaviours.

The more self-aware will be disciplined enough to form habits and look for more ways to continue with their "recovery".

LEVEL OF STIGMA

This group's defining feature is that they have consciously removed any aspect of blame towards themselves or others for their mental state. This allows them to move on and begin to "treat" their mental wellbeing in the same way as they would a physical health condition.

They understand that there can be stigma around mental health but have chosen not to let it affect them.

"

Mental health is totally not the fault of the person. You wouldn't just go and break your arm for nothing, do you know what I mean? Its an influence out of your control.

BRAND
GUIDELINES

—

VISUAL BRANDING

A thorough competitor analysis should be conducted to ascertain successful and unsuccessful design traits in mental health - and general health - services, applications and content.

We suggest that moodboards be created in order to gain agreement on the direction of the visual identity, and then style tiles to be created to determine and agree upon a more defined route. Colours throughout should be calm, subtle and cheerful.

This work should be an integral part of the design and development of the service and must draw on work already carried out during the earlier stages of the project.

FOR ALL CONCEPTS, IMAGES SHOULD BE:
- Bright
- Calm
- Inspiring
- Cheerful

IMAGES SHOULD CONVEY LONDON AT ITS BEST:
- Togetherness
- Support
- Community
- Calm
- Peace
- Opportunity
- Diversity
- Culture
- Nature and green spaces

CONTENT BRIEF & MAPPING

PURPOSE:

To engage the users and make them feel that they have come to a safe place, where they can remain anonymous should they wish. They need to feel informed, relieved, welcomed, safe, secure and connected to others.

TONE OF VOICE:

LDMW's digital service should use non-clinical language and engage with Londoners on a personal and approachable level, to inspire trust and a portray a community feeling.

The language must not be patronising or condescending. It must to be accessible to all users. The service must have enough authority to command respect and trust.

TARGET AUDIENCE:

For the MVP, this product will initially be targeted at men aged 18-45 who present with common issues such as sleep problems.

Further down the line, this service will target many more user groups, and so it is important the the language used is one that is accessible to and engages all types of users.

The algorithm for the self-assessment tool allows for different 'languages' to be set, so for example there could be a specific way of talking to 18-45 year old men, and a rather different way of talking to teenage girls in terms of language and tone of voice.

BRAND
GUIDELINES

___

CONTENT MUST BE:

- Simple (no jargon)

- Inclusive

- Everyday language (non-medical/clinical)

- Supportive

- Friendly and welcoming

- Non-judgemental

- Approachable

- Informative

- Discreet

- Positive

- To the point

CONTENT REQUIREMENTS

PERSONALISED LANDING PAGE

- Content for a welcoming, friendly homepage that:

- Introduction to the project

- Describes the resources available, the simple self-
  assessment process and any other relevant steps for the user

- Related content 'people who found this effective, also read..."

ASSESSMENT ROUTING

- The sleep algorithm itself (and all of the content contained
  within it - including pathways to identify red flags and high
  risk users)

TIPS, RESOURCES, SELF-MANAGEMENT TOOLS
- List of .gov/PHE resources
- List of NHS resources
- List of other clinical services
- List of mental health charities' resources
- List of other wellbeing platforms/apps etc
- Curated, user generated content from other platforms
  (manually imported)

CONNECTING PEOPLE
- List of meetups
- List of charity/support groups
- List of social events in various areas across London
- List of clubs/classes around London
- List of sports teams around London
- Existing reviews of resources

CLINICAL SUPPORT
- The algorithm itself
- Content for 'red flag' system and emergency protocol
- Medical information (curated from NHS resources or other -
  specific to 18-45yo men struggling with sleep)

SIGNPOSTING TO SERVICES
- Lists and contact details of NHS services for high risk users
  in their area
- Lists and contact details of NHS services for clinically
  diagnosed users

INFORMATION & CLINICAL GOVERNANCE

The MVP and thus the full service will adhere to all **7 Caldicott principles**.

1. Justify the purpose
2. Don't use patient-identifiable information unless it is absolutely necessary
3. Use the minimum necessary patient-identifiable information
4. Access to patient-identifiable information should be on a strict need to know basis
5. Everyone should be aware of their responsibilities
6. Understand and comply with the law
7. The duty to share information can be as important as the duty to protect patient confidentiality

The users of the service must at all times be aware of how their data is being collected and used, and be clear on the consents they give and withdraw. They need to be in control and have confidence in the system.

At this stage the digital service will integrate with NHS health data, such as GP records.

There will be much that the user can do and gain from before having to register.

A clear and robust consent model will be implemented as part of the service.

Privacy and security notices will be provided, in context.

Whilst the service is open to all, it will not be targeted at children and adolescents. However, the necessary safeguards for those under 18 and those under 16 will be implemented.

Various reports that will be required for proper evaluation of the service following deployment of the MVP, will avoid the use of personally identifiable data in almost all circumstances. Where it is unavoidable to use the data, all appropriate safeguards and protocols will be put in place.

A suitable IG Toolkit will be developed as part of the MVP deployment to ensure clear and consistent assessment by the project teams and also to be transparent with users.

Although the users of the service are not patients, the basic principles of clinical governance will be followed - the approach to systematically maintaining and improving the quality of service to the user of the digital service and thus the impact on their wellbeing will be developed.

User will be kept informed throughout their journey on how their data is being used and why.

PRIVACY, SECURITY & **CONFIDENTIALITY**

In the National Data Guardian (NDG) Review, in summer 2016, Dame Fiona Caldicott said "people's confidential data should be treated with the same respect as their care".

The service will be architectured and developed with this principle at its core.

PRIVACY

All users are entitled to their privacy and must be in control at all times.
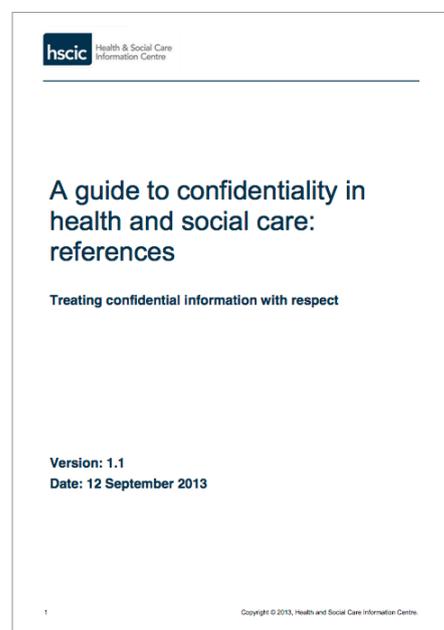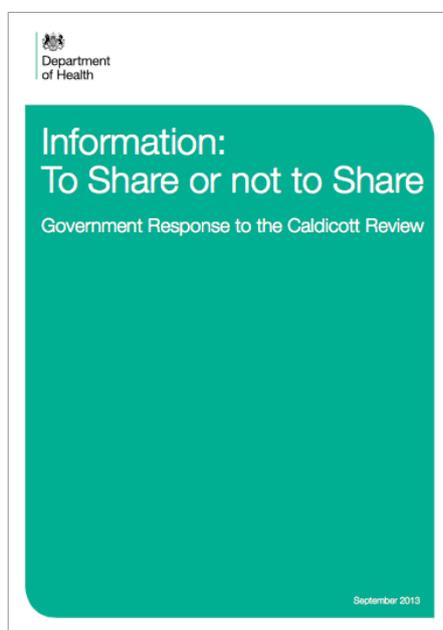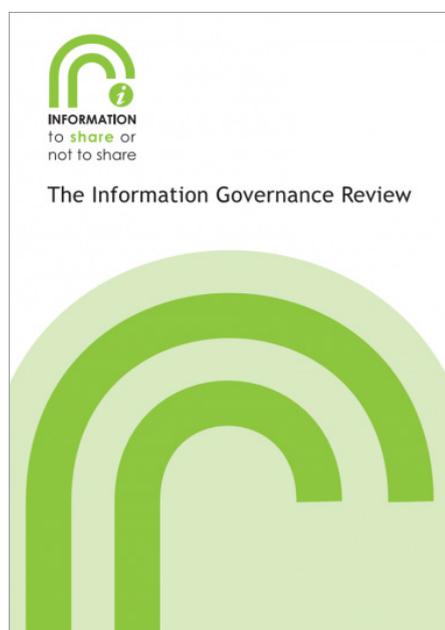
SECURITY

All systems and processes will be designed to meet all extant security standards. These will need to be published and be available to all users and stakeholders.

The security systems must be fully tested and results published to ensure that the public, users and potential users have full confidence in the service.

CONFIDENTIALITY

All staff who are part of the service delivery team will be appropriately trained in the laws and regulations governing confidentiality. It is most important that everyone is able to correctly interpret the rules to ensure confidentiality whilst providing the best possible personalised self-management support. The system will be carefully designed so as to allow for the appropriate confidentiality and use of personal data to tailor services, route maps and directions.

INFORMATION to **share** or not to share

The Information Governance Review

Department of Health

Information: To Share or not to Share

Government Response to the Caldicott Review

September 2013

hscic Health & Social Care Information Centre

A guide to confidentiality in health and social care: references

Treating confidential information with respect

Version: 1.1
Date: 12 September 2013

1   Copyright © 2013, Health and Social Care Information Centre.

DEVELOPMENT
PLAN

TEAM

The team to develop the MVP will require the following skills

User experience (UX) design
Service design
User interface (UI) design
Front end development
Back end development
Project direction and management
Scrum Master

Other consultants and advisors as necessary for various sprints. Digital marketing specialists to assist with reaching the target group - men aged 18 - 45.

With a delivery date of September 2017 in mind and the need for continuous user research and feedback, the following planning and sprint plan is recommended.

PLANNING PHASE

2 weeks - ideally beginning 13 March 2017

In this phase the project team including the product owner and the design and development teams will write up user stories and construct the sprint plans.

DEVELOPMENT PHASE

12 * 2 week sprints starting 27 March 2017.

Each sprint will start with a sprint planning meeting where the product owner and scrum master will, with the design and development team write up the user stories. These will be turned into tasks for the sprint.

At the end of the sprint there will be a demo and review of the outcomes. Whatever is developed will be taken to potential users for feedback as soon as practicable.

DELIVERY PHASE

Beginning 18 September 2017. The service will be live. With the majority of those using the service from the target group. Other will also have a suitable user journey through the service.

All online and off line services and background functions will be fully implemented.

The team will continue to monitor the uptake, user journey and feedback and tweak the service as required. All data will be collected to ensure that all lessons are learnt to benefit the full development and deployment of the service by April 2018.

LONDON
DIGITAL
MENTAL
WELLBEING

NHS

Public Health
England

LONDON
COUNCILS

Healthy
London
Partnership

fresh
egg

MINDWAVE

MINDWAVE

KUMAR JACOB - CEO
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ELLE LONG - PROJECT MANAGER
February 2017