

CHARITIES, YOUNG PEOPLE AND DIGITAL MENTAL HEALTH SERVICES

By Clare Wilkins, Oli Kelly-Dean and Angela Kail
April 2019

CONTENTS

Acknowledgements	3
Executive summary	4
Foreword from our partner.....	5
Introduction	6
About this report.....	6
Context: Children and young people’s mental health.....	8
What is the current state of young people’s mental health?.....	8
Government support for young people’s mental health.....	9
Digital mental health services	13
Growing importance of digital mental health services for young people.....	13
A spectrum of services.....	14
What are the challenges?.....	19
Funding challenges.....	19
Measurement and evaluation challenges.....	20
Access and signposting challenges	21
Challenges with securing digital skills and talent.....	22
What are the opportunities for funders?.....	24
Digital support to improve continuity of care at key points of transition	24
Better access points into crisis support	24
Building substructure and networks	25
Developing services at scale.....	25
Measurement and evaluation	26
Support for smaller charities.....	26
Conclusion	27
Endnotes.....	29

ACKNOWLEDGEMENTS

We would like to thank Nissa Ramsay at Think Social Tech for her support with this report. We would also like to thank the following people for giving their time and expertise:

Martha Young and Golsana Begum, Comic Relief

John Dunford, Developer Society

Vanessa Pinfold, McPin Foundation

Lucy Keith and Rebecca Priestly, Mental Health Innovations

Catherine Roche and Nicky Runeckles, Place2Be

Peter Jacobs, The Royal Foundation

Simon Stewart, Samaritans

Sarah Drummond, Snook

Christina Watson, UK Youth

Emma Thomas, Young Minds

EXECUTIVE SUMMARY

One in eight young people are classified as having a mental health issue¹, and over one in five children and young people have been found to have some evidence of mental ill health².

94% of 8–11 year olds, 99% of 12-15 year olds³ and 99% 16–25 year olds⁴ spend one or more hour(s) a day online and on their smartphones. Young people are looking for mental health support where they look for everything else, online. Digital mental health services give young people anonymity, privacy and convenience but there is little evidence of their efficacy at tackling mental health problems.

The market for digital mental health services has seen particular growth in quasi and non-clinical products in recent years. These are mostly generated by private companies and focused on the generalist wellbeing space, some with very large audiences. There are over 100,000 health apps (including mental health) available on the major app stores⁵ compared to 19 mental health apps in the NHS's official App Library.

Charities are not in the space in a big way, despite being important repositories of mental health expertise. Where they are, they tend to occupy a more specialist place in the market, addressing specific issues, crises and operating at a smaller scale. Although able to draw on expertise for product design and creation, charities often lack capacity for scaling and signposting their products, and this puts them at a market disadvantage.

To take advantage of the opportunities offered by the digital provision of mental health services, charities should aim to work together to share learning and ensure their services do not overlap. They need to connect better with services created by private companies, and work to forge connections and referral pathways into those services.

Our research has shown that funders can help charities in this field by following the principles below. We have now reached the point where it is impossible to avoid engagement with digital services. That engagement can seem daunting. But when the need is so pronounced charities and funders alike need to be awake to the benefits

Useful questions for funders to ask when getting into digital mental health services

- **Do you have to fund a service?** You can support digital adoption in this space without funding a service. Charities need infrastructure and network building support too. Skills and capacity building can also have a big impact. All of which will indirectly support the development of digital mental health services.
- **If you want to fund a service, does it need to be a new service, or can you scale an existing one?** You do not want to duplicate an existing service. Many great services are out there but need help to grow. However, in some cases a new service will be required.
- **What type of mental health issue do you want to address?** This will influence the type of intervention and the role of digital in it. Do you want to focus on mild mental health issues or severe and enduring? Depression and anxiety or something else? Prevention or crisis support?
- **How do you want to fund?** Funding digital services and capacity building within charities is challenging. Funders should think in the long term, be flexible with their grantees and collaborate with each other to achieve best results.

FOREWORD FROM OUR PARTNER

When we examined the multitude of different issue areas for Nominet's new programme to help 1 million young people thrive in a digital age, it became hard to ignore mental health and the critical digital services needed to provide essential support for people in crisis.

As one of the earliest funders in the techforgood landscape we're used to exploring how emerging technologies can rapidly change the dynamics of a system—how they can be used to positively transform an existing vital service or reduce the cost of reaching those who need help. It's probably less common for us to see evidence of a social issue itself—mental health—demonstrably worsening.

The report that follows, for which we must thank many people for contributing, takes a snapshot of the severity and scale of mental health issues affecting young people. We know too, that this is an incredibly complex system where quick fixes and simple solutions can have unintended consequences.

Yet there is hope. The research gives us and other funders strong recommendations about where we can offer core support for organisations with deep expertise addressing mental health and wellbeing. It suggests how we can leverage the power of digital and data to foster effective continuity between providers. It points to how we can and must support organisations to scale services that can lead to recovery.

Whilst the paper is intended to inform our own programme design and funding strategy here at Nominet, we're publishing it in full, with our partners NPC. We hope it allows all those directly supporting young people; charities, clinical professionals, social entrepreneurs and funders, to draw their own insights and interpretations and work together to ensure digital interventions that address mental health and moments of acute crisis put young people at the centre of our activities and actions.

Chris Ashworth

Head of Public Benefit, Nominet



NOMINET

INTRODUCTION

The number of 4–24 year olds reporting a longstanding mental health problem has increased six fold in the last twenty years.⁶ Many experts now suggest that we are entering a ‘mental health crisis’⁷ for young people. This has drawn the attention of civil society, government and the media, all seeking to understand what is causing the trend and what can be done to support the young people affected.

We have seen a rapid digitisation of society at the same time—with services, information and social interactions increasingly conducted online. Young people, often described as ‘digital natives’ or ‘digital by default’, are at the forefront of this change, with 99% of 12-15 year olds⁸ and 99% of 16-25 year olds⁹ spending more than one hour a day online and on their smartphones.

In this context, young people are increasingly turning to online and digital services to discuss their mental health and they are more likely than any other age group to do so.¹⁰ New technologies have the potential to deliver instantly available content and support, especially in times of crisis, with clear pathways to professional help where needed. Services can range from online information about mental health support through to fully integrated services offering crisis textlines and connections with practitioners.

But there is a ‘widening gap’¹¹ between demand for services and what the NHS and charities can offer, and the market is filling this gap with a series of quasi or non-clinical offerings. Many charities recognise this and are urgently mobilising to provide digital mental health services but they are constrained by issues such as funding structures or lack of digital expertise. Still more charities are not involved in this form of provision at all. It is important that charities engage with digital mental health services, and work with the NHS to provide well signposted support that draws on their hard-won practical expertise.

Although there are many barriers to entry, there are also significant benefits to be realised from ‘going digital’, and now is the time for charities to make the move. Digital services can provide excellent opportunities for charities to fulfil their duty of care to the people they serve. They can support reach at scale, facilitate immediate contact with those in crisis, and provide data to enable greater learning and improvement. Funders can play a big part in supporting charities to move into this space, but they need to consider flexing their support to enable both innovation and scaling of viable digital services.

About this paper

This discovery paper looks at the landscape of the charity sector and others working on digital services that support children and young people with mental health issues.

This paper partially rests on two assumptions. The first is that effective digital mental health services do have the ability to help young people to address mental health issues. This assumption is not in any way intended to diminish the important role of expert face to face and practitioner support, especially for severe and enduring mental health issues. Instead, our intention is to recognise the scope for digital mental health services to complement in-person services, add capacity into the system, or provide tools to help young people manage lower level issues such as mild forms of anxiety.

The second assumption is that charities with long-standing in-house expertise in young people and mental health are better equipped to develop effective services than private sector counterparts lacking in such expertise. We recognise that there are of course exceptions to this assumption—some charity services are ineffective and some

private companies are drawing heavily on practitioner and clinician expertise in their service development. But we believe that charities approaching the market with an impact rather than a profit motive, and with existing in-house expertise, are generally more likely to provide a service that integrates well with existing services, and that works.

The paper is based on an extensive literature review and a series of interviews with experts in the field and is designed to be of particular use to donors with an interest in funding organisations working in this space. In the paper we present:

- **Key contextual information on children and young people's mental health.**
- **An overview of the types of digital mental health services available for young people.**
- **Challenges facing charities wishing to do more in this space, and the key barriers preventing development of services.**
- **Opportunities to support youth charities with their digital mental health services.**
- **Opportunities for funders.**

CONTEXT: CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Some key figures about young people's mental health

- Around 1 in 8 (12.8%) 5–19-year olds had a mental health condition when assessed in 2017.¹²
- Over 1 in 5 (20.35%) children and young people shows some evidence of mental ill health.¹³
- 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.¹⁴
- 75% of mental illness begins before the age of 18.¹⁵
- The average maximum waiting time for a first appointment with Child and Adolescent Mental Health Services (CAMHS) is six months and nearly 10 months until the start of treatment.¹⁶
- 94% of 8–11 year olds, 99% of 12-15 year olds¹⁷ and 99% of 16–25 year olds¹⁸ spend one or more hour(s) a day online and on their smartphones.
- There are over 100,000 health apps available on the major app stores.¹⁹ It is not clear what percentage are specifically for mental health because many wellbeing apps apply to both mental and physical health.

What is the current state of young people's mental health?

How are different types of mental health issues classified?

Like adults, children and young people can experience a range of mental health issues, but it can be hard for professionals to make a diagnosis of their health condition until later in life. Even for those young people that have been diagnosed, there can be at least two ways of classifying their mental health issues. These include:

Classification based on severity of symptoms

Less severe forms of depression and anxiety are classed as mild and moderate mental health issues.²⁰ Other mental health problems such as schizophrenia and bi-polar disorder present stronger symptoms so are classed as severe and enduring. The third, separate, category that underpins the previous two is *crisis*. Young people experiencing crisis require urgent support, regardless of the severity of their mental health issue.

Classification based on behaviour

According to the NHS, mental health issues can also fit into one of four categories²¹ based on the type of behaviour they cause: emotional problems such as a depression and anxiety; behavioural problems characterised by repetitive and persistent patterns of disruptive and violent behaviour; hyperactivity problems such as ADHD; and other less common mental health issues such as anorexia.²² Some children and young people may be

classed as sub-clinical meaning they show some evidence of a mental health issue but it is not severe enough for a medical diagnosis.

Rising numbers of young people reporting mental health issues

We have seen a 'striking increase'²³ in the number of reported long-standing mental health issues. Now one in eight (12.8%) children and young people is classed as having a medical mental health issue.²⁴ Demand for counselling services are increasing²⁵ and more and more young people are reporting instances of self-harm.²⁶

Emotional issues such as depression and anxiety account for a large part of the increase over the last twenty years in reported numbers of young people experiencing mental health issues.

Rates of depression and anxiety in young people have increased by 70% in the last 25 years.²⁷

We do not know if this represents a rise in the number of people with these conditions, as the reported increase in mental health conditions may simply be a 'narrowing of the gap'²⁸ between problems that exist and problems that are reported. Factors such as reduced stigma, increased help-seeking, improved screening or reporting of behaviours previously considered normal could all be contributing.²⁹ Campaigns such as [Time to Change](#) and [Heads Together](#) have also been effective in educating the public on the issues and challenging the stigma surrounding mental health. Inevitably this rise in reporting among the first 'digital native' generation has led many to ask if digital technology is itself to blame.

Government support for young people's mental health

CAMHS

The UK's [Child and Adolescent Mental Health Services \(CAMHS\)](#) is a specialist NHS mental health service that focuses specifically on the needs of children and young people—typically helping young people aged up to 18 years. It is funded by the NHS, which spent a total of £641m on CAMHS last year.³⁰ In 2015, as part of its [Long Term Plan](#), the NHS committed £1.4bn towards young people's mental health from 2015–2020.³¹ Despite this, CAMHS suffers from long-term underfunding³², leaving it poorly equipped to meet the needs of children and young people.

Only 8% of the mental health budget is spent on CAMHS³³ despite children and young people making up over 20% of the population.³⁴ Adult mental health receives 15 times more funding than child mental health.³⁵

CAMHS turns away nearly a quarter (23%) of children referred to it for treatment by concerned parents, GPs, teachers and others because the young person's condition is not considered serious enough.³⁶ For the children it works with, the average maximum waiting time for a first appointment is 6 months, and nearly 10 months until the start of treatment. Collectively this is causing a 'widening gap'³⁷ between this rising demand and what NHS services can offer. Charities have sought to try and bridge this gap through a range of services, but they also do not have the capacity to meet demand. Get Connected found that:

54% of 5,000 young people surveyed felt there was 'no adequate support'.³⁸

The unmet demand for mental health services has serious consequences for young people, including suicide, attempted suicide³⁹ and a worsening of their mental health whilst they wait for treatment.⁴⁰ Suicide rates are increasing among young people in the UK⁴¹, despite broader UK trends showing rates decreasing in the

population as a whole.⁴² There is a pressing need to find solutions that can reach large numbers of young people, and many in the sector feel that technology has the potential to help close the gap in provision.

Digitisation of some mental health services gives a great opportunity for the NHS and charities to achieve the Triple Aim: better health, better healthcare, and lower cost.⁴³

Beyond CAMHS

The NHS recognises that CAMHS are struggling to meet growing demand from young people for mental health services and it is increasingly exploring how digital technologies can help them support young people in a less resource intensive way—especially where young people do not need the level of help that CAMHS provides.

The NHS is making a big effort to take forward digital transformation through the newly formed NHSX, which aims to bring the benefits of new technologies to its staff and patients. More specifically, the NHS has rolled out [Children and Young People Improving Access to Psychological Therapies \(CYP IAPT\)](#). These are Cognitive Behavioural Therapy (CBT) techniques aimed at young people with anxiety and depression. As the reported rise in mental health issues is mostly because of cases of depression and anxiety, online CBT treatments such as CYP IAPT are welcome additions. The rolling out of CYP IAPT and other third-party CBT apps will allow the NHS to provide some mental health support to young people where CAMHS does not have the capacity to support face-to-face.

However, although useful technology is available, there are still challenges with practitioner adoption.⁴⁴ Practitioners may be enthusiastic about digital services in principle but hardly any practitioners use them in practice.⁴⁵ The NHS and others have responded to this with a variety of interventions, including their [Building a Digital Ready Workforce](#) programme, the [NHS Digital Academy](#) and the Royal College of Nurses' [Every Nurse an e-Nurse](#) programme. This is a meaningful step in the right direction, but it does not solve the immediate capacity issues.

The NHS is developing multiple interventions to engage practitioners with digital services. But issues remain around young people's knowledge of available services, insufficient supply of face-to-face services or services that mix digital and face-to-face services, and lack of support for those experiencing a mental health crisis.

NHS Apps Library and distribution of types of services

The NHS has developed an [Apps Library](#), a directory with (at the time of writing) 19 mental health apps on it developed by third parties which support patients with wellbeing, CBT and peer-support networks. Apps on the platform meet standards designed by NHS Digital around areas like clinical safety, usability and security⁴⁶, but the apps on there still only represent a tiny segment of the landscape.

Launched as a beta site in 2017, the Apps Library was formally launched by NHS Digital in early 2019. NHS Digital is now working with third party [Orcha](#) to source and assess more applications with a view to building the size of the Library as quickly as possible.⁴⁷

Despite the value of the Apps Library in acting as an assurance mark and quality filter for consumers, it is poorly signposted and not as prominent as it could be. Our initial review discovered that most of the apps support self-management and self-care. None are targeted at people in crisis that are in immediate need of support and very few provide e-therapy or integrate with a formal package of care led by a mental health practitioner (we are calling this blended care, described in detail later in the report) (see Figure 1).

Looking at the landscape, there may be a number of reasons for this:

- The market for self-management tools is much larger as they do not cater to specific mental health issues. User motivations for using these tools may range from desiring a wellbeing supplement to their physical health activities, to a need for help with managing low-level mental health issues, to a wish for support on more severe and enduring mental health conditions. Self-management tools therefore benefit from a 'catch all' position in the market that other tools are unable to replicate in the same way. By contrast, e-therapy, blended care and crisis tools are by definition more segmented, and tend to cater to more specific mental health issues that require specialist support. They therefore, as a general rule, have much smaller target audiences and lower market penetration.
- Self-management tools are, in clinical and design terms, much simpler. They do not require some of the service integration mechanisms and practitioner buy-in that, for example, an effective blended care or crisis app may need. There is also much less of an imperative for these tools to be co-developed with clinicians or be highly effective, as the risks of unsupervised usage for their generalist audiences is, on the whole, much lower. They therefore tend to have more freedom in terms of content, design and service capacity.

Overall, the NHS Apps Library reflects the landscape of digital provision for mental health, in which generalist self-management tools are relatively prevalent, whereas tools that meet more complex and immediate needs are fewer in number and lower in uptake—particularly as you move towards crisis-oriented services.

To some extent, market forces rather than need dictate what types of services are provided by which type of organisation. Market observations indicate that there is a natural division in where services are generated, with tools at the self-management end of the spectrum tending to be created by private companies with lower levels of mental health expertise, and more specific (and potentially less lucrative) tools at the crisis end of the spectrum tending to be generated by charities. We anticipate there is a valuable role for private companies to integrate signposting to charity services at the crisis end of the spectrum—making use of charity expertise in this area.

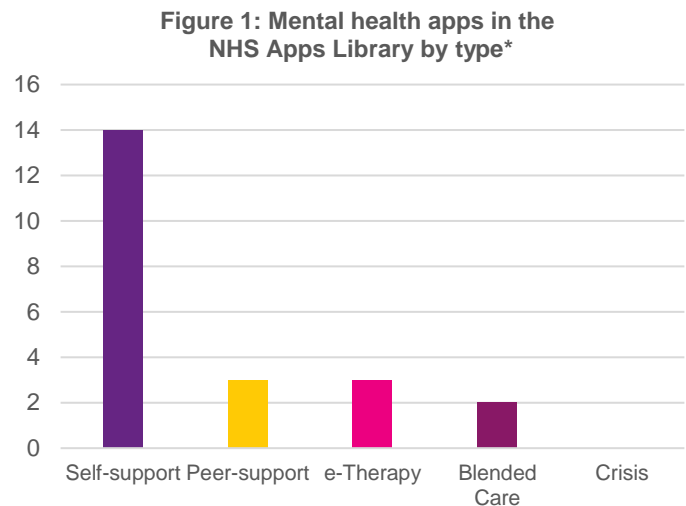
The funding environment for digital mental health

Private philanthropic funding

It is difficult to get an accurate picture of the philanthropic funding landscape specifically for children and young people's mental health, but by looking at the wider mental health funding picture we can see some general trends. Between 2016 and 2017:

*This includes apps providing more than one type of service, for example both self-management and e-Therapy. Apps that sit across multiple categories have been counted in all categories they sit in.

†This data is only representative of funders that have published their data on 360Giving and does not capture the entire philanthropic landscape.



- 1,800 grants worth £155 million were made to mental health projects.⁴⁸
- Time to Change was the largest funded project with a total of £7.5 million received from two major funders, the National Lottery Community Fund (formerly known as the Big Lottery Fund) and Comic Relief.
- Two thirds of mental health grants to charities were for between £1,000 and £10,000.
- 80% of grants came from the National Lottery Community Fund.

This snapshot of the funding landscape indicates that a lot of small grants are going to small organisations. These grants may be suitable for or dedicated to providing face to face and offline work, but they leave little flexibility for grantees to invest in developing their digital capacity. There are few dedicated funds or core funding opportunities for designing, developing and delivering specialist digital work—and even fewer large funding opportunities which are needed for scaling and reaching as many people as possible.

Funding for research

Studies into the prevention, diagnosis, and treatment of mental health conditions are underfunded, especially when compared to physical health. In order to design, develop and deliver effective digital mental health services for young people, quality research is needed into what services work best, for whom, and in what contexts. A big part of this is conducting general research to understand more about mental health issues and how digital technology can address them.

Funding for mental health research has remained flat over the ten-year period 2008–2017.⁴⁹

Only 26% of grants for mental health research goes towards projects on children and young people. Only 3.9% of funding⁵⁰ goes towards research into the prevention of mental illness.

The need for unrestricted funding

The grants towards mental health recorded on [360Giving](#) (an online platform where organisation can publish their grants data) are generally low in value and volume. Whilst there are growing numbers of funders open to providing digital funding, few or none are dedicated to mental health at present and general digital funders have been highly competitive⁵¹ or over-subscribed⁵². This indicates that restricted grants towards digital service development for mental health are likely to be very small in both number and scale—and certainly not enough to support digital service design and roll out in any meaningful way. This means that charities who develop digital services are likely to be doing it using their wider unrestricted funds.

If we accept that charities are having to rely on their unrestricted funds to resource digital service development, then bigger charities undoubtedly have the advantage. Compared to their smaller counterparts, bigger charities with larger fundraising operations often have bigger pools of unrestricted funds to draw on and much greater capacity to focus discretionary spend on building their digital capacity.

Funders interested in supporting digital service development should consider loosely restricted digital funding options as part of their grant-making portfolio. Those interested in supporting charities to grow their digital capacity should consider exploring unrestricted funding options with grantees.

DIGITAL MENTAL HEALTH SERVICES

Growing importance of digital mental health services for young people

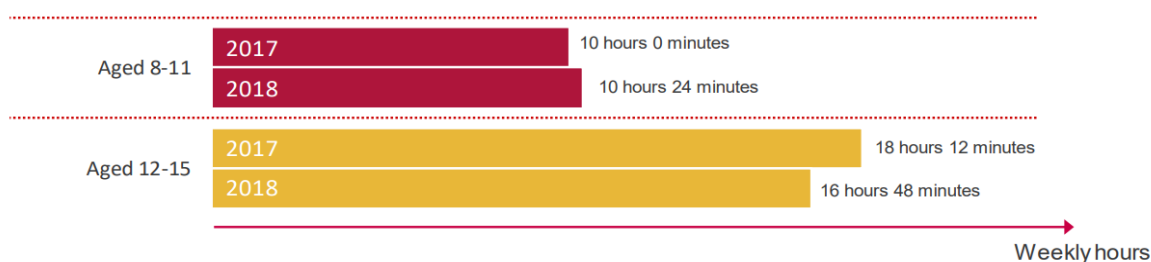
In the context of mental health, good digital services have the capacity to support reach at scale, provide immediate touch points for those in crisis, and in some cases independently meet the needs of users without having to draw on the capacity of mental health practitioners. Although not a ‘silver bullet’⁵³ for those with mental health issues, digital services increasingly need to be part of an evidence-based programme of care.

Digital services have an ‘indispensable role’⁵⁴ for many people with mental health issues.

For some people, such as those with mild anxiety or wellbeing issues, support via digital services alone may be all they need. For others that require more comprehensive care, digital services can provide a ‘powerful complement’⁵⁵ to one-to-one practitioner support. They can allow medical professionals and charities to support children and young people beyond face-to-face interaction and provide more wraparound care.

This is increasingly significant for young people. Young people today are increasingly comfortable with using digital tools to access content. 94% of young people aged 8–11 are now online and 99% of young people aged 12–15.⁵⁶ Although high levels of digital adoption do not necessarily equate to digital expertise, there is no denying that young people are using digital tools to access information and find services that meet their needs. This trend remains consistent when it comes to mental health support.

Figure 2: Estimated weekly hours of mobile phone use by age: 2017 and 2018



Source: OFCOM Children and Parents: Media Use and Attitudes report annex 2018, p 19

This high level of adoption shouldn’t be mistaken for universal accessibility. We know many young people, particularly the most vulnerable, face cost barriers to having and using technology and digital tools. There is a movement to address this and provide universal and equitable access to digital tools and online content in schools and at home. For example, initiatives such as the [Digital Access for All taskforce](#) launched by Nominet and the Learning Foundation are leading the way in this area.

The anonymity and privacy that characterise online services allow young people to ask address issues that might be embarrassing or difficult to discuss, such as mental health problems. Some organisations have seen traffic move from being on the phone to being online, suggesting that young people are more comfortable with an online first approach.⁵⁷

Young people are likely to seek help via the types of services that they use regularly, such as apps and websites. It is important that content, interaction and support is available on those regularly-used services, so that they are easily and naturally accessible for young people when they need and want them. This is also significant from a resource perspective. With data showing us that demand for mental health services from children and young people is outstripping supply, charities and funders have a duty to explore ways of filling the gap in services—and digital mental health services are an important part of the picture.

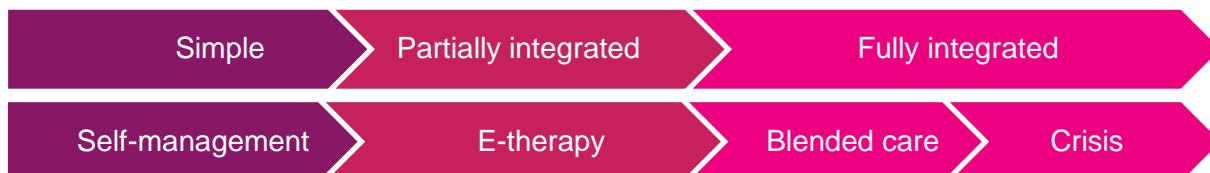
A spectrum of services

Digital mental health services come in a wide range of formats and provide a large degree of choice for users. Users can identify and connect with what works for them, from support with wellbeing to services that help in times of crisis. The range of services has scope to help people seek support on issues from wellbeing questions, to complex, enduring and severe mental health problems.

We took information from the NHS⁵⁸, the [Mental Health Foundation](#)⁵⁹, Shift Design⁶⁰ and interviews with experts in the field to map digital mental health services along a spectrum. The spectrum ranges from simple through to fully integrated support, with simple, low-intensity and lower cost provision being by far the most common.



Simpler services tend to rely on users self-managing their mental health issues through online information and peer-support networks. These types of services will usually be designed to support users with mental wellbeing or mild mental health issues. Partially integrated services tend to include services such as e-therapy, which have the capacity to link people into more formal care provision. Fully integrated support blends information sharing with professional or trained support such as online counselling or integrated apps. These services are typically aimed at young people with specific, severe and enduring mental health problems or those experiencing a mental health crisis that requires urgent intervention.



Self-management



Within the spectrum of digital mental health services, self-management tools are by far the most prevalent. Their primary focus is on how the user can help themselves, rather than supporting users to access more formal provision. Self-management services tend to focus on wellbeing or low-level mental health issues and deliver assistance through two main routes: self-support and peer-to-peer support.

Self-support

Self-support services are the most common form of digital services and tend to include websites containing information for users, signposting to useful resources and other supportive services, and toolkits designed for users to help themselves. The websites of many leading mental health charities such as Mind, Samaritans and Young Minds would all fall into this category. Beyond the provision of information on ways to deal with mental health problems on websites, organisations like Young Minds have also produced more specialist pages.

Headmeds

Headmeds is a website curated by the charity Young Minds providing specific information on various mental health medications that young people may encounter. It is designed to make information on mental health accessible to young people and to answer questions they may not want to ask their parents or GP, without being for or against these medications. Users can search for medications or conditions, read case studies of young people who have used them, or look up terms in their 'jargon buster'. The information on the website has been produced from Patient Information Leaflets (PIL) and Summary of Product Characteristics (SPC) or from NICE, giving it a high degree of credibility.

Looking more broadly than charities, many general wellbeing apps⁶¹ would also fall into the self-support category. These digital services use a variety of techniques such as meditation, mindfulness or journaling to help users manage their problems.

Headspace

Developed by a private company, and with some features locked behind a paywall, this app is a form of wellbeing app that uses meditation techniques. Users are taken through a series of guided meditations that focus on breathing techniques and mindfulness to make them feel more prepared to deal with feelings of stress, anxiety and depression. Headspace is arguably the best-known of the apps available with over 16 million downloads worldwide.⁶²

Peer-to-peer support

Digital services enabling peer-to-peer engagement are focused on connecting multiple users dealing with the same issues and establishing a community of support. This form of digital service usually involves forums or chatrooms specifically designed to give young people a safe space to learn about their challenges and ask questions of people living with similar mental health issues.

Online peer-support networks can create a feeling of social connectedness, group belonging, and practical coping strategies.⁶³ However, there are concerns about the potential for misinformation or negative feedback between users. There are efforts to use peer-support networks to challenge misinformation that may have been found on other websites and overall, the benefits of online peer-to-peer support services such as Elefriends are generally considered to outweigh the potential risks.⁶⁴

Elefriends

This online peer-support network was developed by the mental health charity Mind and is targeted at young people aged 18 and over. The site provides space for young people to share their experiences and listen to others who may be going through similar challenges. The community is moderated by the staff at Mind to ensure a respectful environment and accurate information.

E-therapy



E-therapy services use websites and apps to deliver a series of online therapy sessions to the user, often collecting information on the user to direct them to the most appropriate material or support. These services most commonly adopt CBT, a recognised form of talking therapy that translates well into digital format and is often used to treat anxiety and depression but can also be useful for other mental health issues. E-therapy services are usually interactive and with a trained professional, but not necessarily a doctor, and may be delivered through an instant messenger or via video-link with the therapist providing feedback.

E-therapy interventions have been shown to deliver considerable benefits. For depression and anxiety sufferers, internet-based self-help services showed 'significant symptom reductions as compared with the wait-list'.⁶⁵ In the context of stretched CAMHS, where 32% of referrals were still awaiting treatment after a year⁶⁶, these types of services are likely to become increasingly relevant for treating less severe mental health conditions.

Big White Wall

This website and app offer a 'closed garden' for users, allowing them to have a private (moderated) online space where they can share questions and information relating to a range of mental health issues. Big White Wall also provides online counselling with trained counsellors, available 24/7. Users can speak via text, audio or secure video. This service is not aimed at those in crisis but it has been commissioned by the NHS for use with patients and is sometimes used as part of a formal care package. Developed by a private company, it is free to users.

The NHS has adopted several digital CBT services to help it deal with the level of demand for mental health support. This recommendation gives people with mental health conditions options about how they can manage their conditions. Big White Wall and [leso](#) are two examples of where the NHS has provided this endorsement.

leso

leso is a digital service that uses CBT to help people change the way they think and feel about things. It is targeted at people with mental health problems such as depression and anxiety, obsessive compulsive disorder, phobias and stress. The difference with other digital services is that leso uses an instant messenger service with a therapist, with the flexibility to schedule sessions at any time of the day, including evenings and weekends. Users can access the service from a computer, tablet or smartphone. The benefit of using a text format is that users can revisit their notes between sessions to remind themselves of what they have learnt. It is currently being used in several areas by the NHS.⁶⁷

Blended Care



Blended care services offer a combination of two things: a formal package of care led by a mental health practitioner, and digital services that are designed to be complementary to that package of care. The digital element is often recommended to the user by the practitioner and will support the ongoing care plan. The digital

service may collect data from the user to direct the user to the best resources, and is also likely to involve a diagnosis of the problem with the option to be referred to face-to-face support with an NHS professional.

Apps that work alongside mental health practitioners are more than twice as likely to be effective⁶⁸ as those that are not supported. A good blended care package can deliver several benefits:

- Helping practitioners ease their caseload by transitioning some aspects of support away from face-to-face services and into the digital space. This could include digitising some content and tools, or using the digital service to taper users towards more self-management driven support—something particularly useful for health issues such as depression and anxiety which are on the rise.
- Delivering more clinical pathways to support and ensuring people do not fall through the gaps.
- Increasing capacity of services otherwise struggling to meet demand, such as CAMHS and the NHS.

For these reasons, we have seen a range of products developed in this area by the NHS, private companies and charities. A prime example is the NHS's Children and Young People Instant Access to Psychological Treatments (CYP IAPT). Other examples include the online digital counselling service Kooth, which has been rolled out by many NHS Clinical Commissioning Groups.

Kooth

Branded as the 'UK's leading mental health & wellbeing platform for children and young people'⁶⁹, Kooth is an online counselling service that uses CBT techniques to support young people experiencing mental health problems. Users can anonymously chat via messenger to counsellors during the 'online' periods of time (12pm–10pm Monday to Friday and 6pm–10pm Saturday to Sunday). It is currently being used in more than 95 Clinical Commissioning Group areas and with 40% of all 11–18 year olds in England. Kooth is one of the most widely used digital mental health service with 1,500 active user per day.

The NHS has also begun to use apps to support users in-between face-to-face appointments as part of its core offering. These can be simple tools that use journaling to record feelings, or stress management strategies or even tools to help young people manage urges to self-harm. The Calm Harm app, which has been developed by the charity [Stem4](#), is an example of an app used by the NHS to support people dealing with urges to self-harm.

Calm Harm

Calm Harm supports young people dealing with urges to self-harm. Designed by a clinical psychologist, the app uses Dialectical Behavioural Therapy to help young people resist self-harming. The app takes users through a process of Comfort, Distract, Express Yourself, Release, Random and Breathe. Other features of the app include the option to personalise your experience and track progress over time. Calm Harm is used by the NHS to support young people in between face-to-face sessions, but it can also be downloaded from the app store by anyone. It has sought to fill the 'gap between referrals and access'⁷⁰.

Crisis



Crisis services share many characteristics with self-management, e-therapy and blended care services but are subtly different due to the type of need they address. Children and young people engaging with these types of

services need urgent help regarding their mental health, and these services therefore have a higher level of immediacy, using forms of instant communication such as phonelines, text services and webchats.

Users are generally able to communicate with a trained volunteer with the option to be referred to a trained professional. In extreme cases, the counsellor will arrange for a physical intervention such as an ambulance pick up if they believe the young person is in danger. Examples of this type of service are long-standing services such as Childline and Samaritans.

Samaritans

The charity Samaritans has long been providing support to people in mental health crises, particularly those at risk of suicide, via its phonenumber counselling service. However, due to changing technology and the preferences of their user groups it has now broadened its service offering to include an email service as well. This change was made because many young people prefer to write than speak on the phone, meaning they may be dissuaded from using the phone-only service in times of crisis.

Developments in app and AI technology have paved the way for newer services such as the UK's crisis text line, Shout, developed by Mental Health Innovations. This can help provide a new line of communication for young people who feel like a 999 call is not 'for them'.

Shout

Shout is a free text messaging service for young people experiencing a mental health crisis. The service uses AI technology to scan text messages it receives, assess the urgency of the situation and prioritise cases accordingly. Prioritised cases are then triaged by trained volunteers who engage in text conversations with those in crisis. Unlike some other mental health services, Shout is available 24/7. The service has already been in use with users through a white labelling option with The Mix, Young Minds and Place2Be. Whilst Shout is primarily being used by charities and universities the service is based on a commercial model, owned by Mental Health Innovations.

Services working at the crisis end of the spectrum undoubtedly meet a need in an important but underpopulated place in the market. But there are big challenges to working in this area arising from the vulnerability of the user groups. Providers need to consider how they will integrate with parents, schools and the NHS to ensure a networked approach to supporting young people in crisis, how they might integrate with face-to-face providers to give personalised support, and how they can transition young people into emergency services where necessary. Funders should be aware to these challenges, and work with their grantees to ensure that the right questions are being considered as part of the service design process.

WHAT ARE THE CHALLENGES?

*'There are pockets of excellence, but the sector is behind the curve'*⁷¹

Anonymous report interviewee

Some charities already provide digital mental health services to their users, but many others encounter serious issues when it comes to developing new services or scaling existing ones. Recurring challenges include: **funding and scaling, evaluating** digital services; young people **accessing** these services; and charities **upskilling** their staff in digital.

Funding challenges

Funding is necessary to design, develop and deliver digital services. Developing a digital offer can strain already-stretched charity finances, and particularly on precious unrestricted 'core' funds. The need for charities to be supported with core funding is not new, but fully embracing digital may require many organisations to reinvent themselves 'from the centre outwards.'⁷² Integrating digital services into the core DNA of an organisation cannot be achieved through a one-off project, grant or digital tool. Charities therefore need core funding to help them meet the costs arising around the development of new systems and process and the upskilling of staff, as well as loosely restricted funding to pilot, develop, research and test new ideas or services.

Alongside funding to develop products, charities need resources to sustain a service, especially where it is offered to users free of charge. This need to resource ongoing digital work can force many charities to choose between doing more in digital or pursuing other work, and put off smaller charities from doing anything at all. Even free tech costs charities time and resources to adopt—training staff and beneficiaries in how to use it and adapting policies and processes to support the new delivery method⁷³

These challenges are not helped by the NHS commissioning model in mental health, which focuses on short term delivery and immediate impact and is therefore ill-suited to developing social tech projects.⁷⁴ Social tech projects need a longer-term, iterative process that collaborates with and includes stakeholders. Patient grant-funding from individuals, companies, trusts and foundations that takes a design-led approach can therefore be a powerful tool in helping charities to embrace digital, particularly when it follows the [Better Design Principles](#) in funding practices and choices.

The cost of achieving scale

The charities that do manage to develop good digital mental health services often struggle to achieve scale and can lack capacity, resulting in large numbers of early stage products that have very low market penetration. As a result, even promising new products can remain as early stage minimum viable products (MVPs) rather than being developed further.

[Innovation Labs](#) estimates that it can cost £5,000– £25,000 to prototype and produce a minimal viable product like a web or mobile app. By contrast, following an MVP launch, delivery can cost upward of £100,000 and even as much as £250,000.⁷⁵ Costs can rise even further when it comes to scaling and sustaining services.

Funders are often criticised for wanting to fund something that is ‘shiny and new’⁷⁶ rather than looking at where the gaps are, or indeed where there is already something promising in the early stages of development that could be scaled. This could be for a number of reasons. Charities can end up developing products in siloes rather than working collectively to put forward shared products. Funders may just like the excitement of seed funding new products, but they also may also lack the confidence and investor sophistication to make savvy judgements about which existing products present the best offer for young people, and therefore the best funding opportunity.

‘The funding structure seems to privilege groups that have the time or understanding to get involved in it.’⁷⁷

Anonymous report interviewee

These issues are further exacerbated by the cost gradient of the development process, which grows more expensive as products mature. The higher level of financial commitment needed as the product is developed can put off some smaller funders who feel it is beyond their capacity. It can also generate an element of risk that many funders are not comfortable with.

There are currently few opportunities for funders to come together to overcome the financial, comfort and sophistication gaps through collaboration, pooled funding and knowledge sharing. This is something that funders need to consider if they are to help charities offer effective and adequately-resourced products for young people.

Measurement and evaluation challenges

Lack of evidence about what works is a fundamental issue and it can be difficult to assess how digital mental health services translate to ‘tangible and meaningful improvements... in the offline world.’⁷⁸ This is further exacerbated by the sheer range of products on offer, which makes establishing a robust set of standard metrics very difficult.

The NHS has sought to assess the apps on its library through a series of criteria but the lack of a clear evidence base has become a ‘perennial problem’.⁷⁹ The NHS are trying to speed up the process of approving apps on their library⁸⁰ but the success of this effort remains questionable.

For the majority of apps the clinical value is currently ‘impossible to determine.’⁸¹

The problems around ‘lack of evidence of clinical effectiveness’⁸² extend beyond the NHS. Concerns around the ‘quality of what is being released’⁸³ have been raised by organisations working at the intersection between charities, digital services and children and young people’s mental health. The apps with the highest downloads have not been developed by the NHS or charities but rather commercial entities. For many, the only quality control on the major app stores is word-of-mouth or user ratings—but it is still possible that ratings for older versions of apps aren’t visible to users, resulting in smaller banks of reviews in some cases.

The widespread use of Randomised Controlled Trials in testing clinical health treatments can be a barrier to more diverse assessments. Medical professionals may be accustomed to this form of measurement, but it can be expensive, time-consuming and not conducive to agile product development. The sector therefore needs to find alternative means to testing their products that satisfies medical professionals and are more workable in a digital context.

Organisations are working to evaluate a small number of mental health apps⁸⁴ and come up with a set of shared design standards⁸⁵ that could be acceptable to both for-profit and not-for-profit organisations. These standards could help shape future development but as a society we still need to decide what level and what kind of

regulation we want to see—a focus on efficacy and clinical outcomes, data privacy and anonymity, or integration with face-to-face services. However, there is still the question about which organisation will take ownership of this.

Design Patterns for Mental Health

Snook and the Public Policy Lab have sought to overcome common design problems with digital mental health services by creating a set of design patterns to guide research and development. These practical guidelines allow for the building of services or ‘bits’ of services, while ensuring consistency and a degree of evidence across digital services. The patterns were developed with consideration for the users entire journey, from awareness to exiting a service. Only phase one has been completed in the patterns library so far, providing four design principles, but phase two is under construction and will provide organisations with eight more principles, including human signposting.

Establishing clinical buy-in

Although not a universal challenge, some mental health practitioners believe young people are best served by personalised and in-person support from a mental health professional and are sceptical of the value of digital services. This can result in missed opportunities to signpost clinically recognised digital mental health services. It is therefore important that a solid evidence base around the impact of digital services is established—an evidence base that balances a desire for RCTs with a lower cost but still rigorous alternative. This could ultimately help practitioners to confidently filter and signpost digital services to young people.

Access and signposting challenges

94% of 8–11s are now online and 99% of 12–15s.⁸⁶ 33% of respondents used the internet as the main source of information about health.⁸⁷

Virtually all young people in the UK are online and use it as their main daily source of information and communication; however, only 17% of young people in the UK would check information they found online with another source.⁸⁸ In comparison with other European countries, young people in England stood out as being more trusting of information online. This raises the question of quality control in the context of digital mental health services because of the volume of digital mental health services out there, and the potential impact if improper advice is given and followed.

‘There is so much information out there, it is impossible to know what it is good advice and what isn’t’.⁸⁹

It is essential that young people feel they have a portal through which to access appropriate digital services around mental health and wellbeing—that can match their needs with the right service. Although there are a small number of platforms to signpost people towards clinically approved digital mental health services, such as the [NHS Choices App Library](#) and the [My Health Apps library](#), these resources aren’t yet go-to directories, and young people can still be overwhelmed by the range of choice available. Young people need help to support them with navigating the 100,000+ health and wellbeing apps on the major app stores⁹⁰, many of which are not clinically driven and approved, or produced by charities.

45% of young people didn’t know where to go for help.⁹¹

Although efforts have been made to create signposting directories, the directories themselves are poorly signposted. The NHS Apps Library, for example, is not as prominent as it could be and still needs to be more heavily populated with options for users. Things like better search engine optimisation, awareness raising

activities in schools and online forums and disseminating links could help young people see these signposting services.

Beyond the issue of signposting, charities and the NHS also need to find ways to make sure young people use the tools that they develop. Young people often have a select number of apps they trust and 'getting them to interact with new tools is difficult'.⁹² Charities need to understand how young people access information and work with them to design their products accordingly, both for the benefit of users and so effective charitable tools are able to compete with better funded private services.

Childline

Children and young people spend most of their time either at home or school. These are both difficult locations to make a sensitive phone call so the option of other formats of digital services, for example websites or apps, is essential. This shift to accessing information online rather than over the phone or face-to-face has ramifications for the way charities engage young people with their services. The case of Childline illustrates this well.

Childline is a household name in the UK and has been serving children for decades. The service is available to anyone under the age of 19 and provides broad mental health support, as well as help for young people experiencing a mental health crisis. The service began as a phoneline but has since evolved with technology and the needs of its users to include a webchat service. Now 73% of its contact comes through its website (emails and webchat).⁹³ This is an important development as many young people may not be comfortable or able to speak over the phone.⁹⁴ In this shift away from phone calls instant messaging services are becoming an important way of engaging the broadest range of young people.

Challenges with securing digital skills and talent

If we compare charities with their equivalent sized private sector counterparts (small and medium enterprises or 'SMEs'), we see that charities are not far behind in terms of digital capabilities. But we also know that start-ups operating on a commercial model, not charities or the NHS, are the leading providers of digital mental health services. This is partly due to the view that commercial entities arguably offer greater chances of financial return on investment, and are therefore more attractive to investors.⁹⁵ It also indicates that there is more depth and breadth of digital skills in the private sector—which is often better able to pay the higher costs of recruiting and securing digital talent.

Lack of digital skills and talent has been identified by charities as a key barrier to digital development, and especially to charities creating fully integrated products and services over simpler offerings.⁹⁶ Whilst charities should not necessarily be expected to become digital developers, a minimum level of digital capacity is necessary in order to accommodate and use digital products and services.

Collectively, charities have made significant progress to develop their digital skills: since 2014 the number of charities considered to have high digital capability has increased from 54,000 to 140,000.⁹⁷ But it is not the end of the journey. 30% of charities have low digital capability,⁹⁸ 27% of charities still do not have a website and only 8% of charities have taken the step to optimise their services for mobile use.⁹⁹

What prevents charities developing their digital skills and talent?

Many larger charities have improved their digital skills at an organisation level but in smaller organisations 'the level of digital knowledge and skill is not yet good enough to support the scale of associated ambition.'¹⁰⁰ Within many charities we often find that 'digital' sits with just one person, or at most a small number of people.¹⁰¹

There is a lack of digital leadership in the charity sector¹⁰² and charities often lack leaders that can deliver a vision that integrates digital with the organisational mission. Charities may have a ‘single trustee’¹⁰³ who has digital expertise but they are limited in what they can do. The sector needs bold leaders who can make the case for digital development and put it higher up the agenda. Youth charity leaders need to not look at digital as a siloed category but instead think about how it can ‘crosscut all of their work’.¹⁰⁴

Some mental health organisations are still sceptical about the value of digital, and there is a cultural reluctance to fully embrace new services. In a survey of mental health providers, 80% said they had recommended a form of web or mobile based resource to their patients¹⁰⁵; however, only 3.7% said they currently use internet sites with their patients and only 0.9% of respondents said they use mobile apps. ‘Digital fear’¹⁰⁶ needs to be overcome in organisations to realise the benefits digital can bring in certain contexts. The clearest way to do this is to support organisations and their staff with digital understanding, backed up by strong evidence of impact.

The cost of securing digital service development talent should not be underestimated. The sheer level of competition and demand for people with digital skills, and especially for people working at developer level, means that charities often can’t offer the remuneration packages needed to attract, recruit and retain digitally skilled staff.

CAST Digital Fellowship

The Centre for Accelerating Social Technology (CAST) is seeking to tackle the digital leadership deficit in the charity sector through a comprehensive learning programme for digital leaders. Charity leaders participating on the programme will gain a better understanding of digital innovation and the potential use of tech in their organisations, with the hope they will become not only better leaders, but also further the digital development of the charity sector. This programme sits alongside CAST’s tech accelerator programme and design workshops, which look at how charities can integrate digital into their services.

Summary

There are a number of challenges for charities and funders in this field—partly stemming from how the field is funded, which leads to sustainability and capacity issues, as well as those challenges that are common to emerging practices, such as measurement difficulties. The combination of these challenges makes it difficult for charities to scale good innovative services. This means that as young people are increasingly turning online, they are turning to privately developed services that don’t necessarily have the bedrock of years of evidenced practice that charities have.

WHAT ARE THE OPPORTUNITIES FOR FUNDERS?

Digital mental health services for young people is a fast-moving area with plenty of opportunities for funders to make a real difference in how young people are supported. Increasingly young people are moving online, and if charities are not able to provide them with a suitable service, they will turn to other services which may not be as well-evidenced. Funders working in this area, should pay attention to CAST's [Better Design Principles](#) to make sure that the digital services that they are supporting are likely to be successful. As well as funding digital services in general, there are also specific areas that provide interesting opportunities for funders.

Digital support to improve continuity of care at key points of transition

When young people go through points of transition in their lives they are at risk of 'fall[ing] through the gaps' in service provision. Moving home, schools, university or even changing between NHS services can create risks or act as 'shock points'¹⁰⁷. About a third of young people get lost in transition between CAMHS and adult mental health services.¹⁰⁸ This can have serious consequences for the safe and effective care of young people. One example was the suicide of an 18-year-old boy who committed suicide shortly after transitioning from CAMHS to adult mental health services. An investigation into this case by the Healthcare Safety Investigation Branch identified possible issues regarding the transition process.¹⁰⁹

Charities have called for a mental health passport for young people to improve 'continuity of care'.¹¹⁰ This tool would be a digital record of a young person's condition and summary of service, allowing young people to 'own and communicate their story'¹¹¹ and ensure a 'smoother transition'¹¹² between life events and services, reducing the risk of young people missing out on support. Funder engagement with this idea could help kick-start the conversations about implementation and delivery needed to move the concept forward.

Better access points into crisis support

*'How do we stop digital disruption leading to fragmentation of experience?'*¹¹³

Anonymous report interviewee

We are seeing rising demand for crisis support¹¹⁴ but young people are now seeking crisis support through multiple channels. Longstanding phone services have been available to young people experiencing mental health crises, but these services have been forced to evolve with their users and the technology to include access points such as texting and web chat. Different services will be better for different young people so it is important that charities can offer a range of choice—especially in moments of crisis when the risks are high.

Charities need funding to provide digital channels into crisis services, and to ensure that users are appropriately triaged and smoothly directed to the right person or place for help. A quality user experience can ensure that users have a joined-up response to their crisis, and do not drop out of pathways that could lead them to the best help. Funders should consider working with crisis support providers, especially those offering 'integrated' digital services, to ensure they are offering young people the best routes into support, and the clearest pathways of care.

Building substructure and networks

‘...it is especially hard to find funding that supports networks, or network-based activity’¹¹⁵

Anonymous report interviewee

Underpinning all service provision is the need for well-funded sector substructure to help charities ensure that there are no gaps in support for young people, and so that charities can support and learn from each other. Initiatives such as [The Hill](#) in Oxford are good examples of these, and provide an opportunity for people from healthcare professionals, to developers, to researchers, to investors, to come together to co-develop solutions to big challenges in healthcare.

Networks are a ‘proven method for fast-tracking ideas’¹¹⁶ but on the whole they are not being sufficiently funded. The consequence of this is that the ‘expertise to support young people is...fragmented’.¹¹⁷ It is important that funders support the sector with funding that can help charities to come together, share ideas and learn from one another—this could also help to reduce duplications of services.

Funders also need to invest in capacity building in this area—too many charities lack the skills needed to succeed in a digital world. This investment could include providing funding for capacity building, facilitating peer-to-peer learning, providing assistance and advice, or paying for services. NPC’s [report on capacity building](#) can provide ideas of how funders can ensure that their funding goes further.

Better signposting

Funders should also consider supporting signposting services that could help young people to access the right, clinically driven mental health support service, that will work better than young people trying to make their own judgement based on app store rankings. There are a small number of these available at the moment, but they are themselves poorly signposted and more needs to be done to elevate their visibility for people seeking supportive services.

Funders need to encourage organisations to come together to provide one definitive list, whether in partnership with the NHS or otherwise, and be adequately resourced to keep on top of new products and approaches so they do not stagnate. This list then needs to be supported by search engine optimisation and awareness raising activities in schools and online forums.

Developing services at scale

‘There are a lot of services being created but not that many are being scaled or maintained’¹¹⁸

Anonymous report interviewee

One of the key benefits of digital services is that they offer a wide range of choice but, thanks to good availability of seed funding, there is now ‘lots of duplication’¹¹⁹ instead of filling of gaps or scaling of existing good products. More now needs to be done to scale effective and clinically approved services, focusing on later stages of the development pipeline. This will ultimately help digital services to fulfil their potential of increasing mental health support capacity and helping young people at scale.

However, funders are often concerned that scaling apps requires more funding and knowledge than they have—especially in mental health, where the risk of promoting the ‘wrong’ service are high.

Greater collaboration between funders can help them bridge these gaps. Through greater collaboration, funders can share experiences and draw on networked expertise—including drawing on recommendations of clinicians. Pooling funds could both reduce the potential risk exposure for funders of making specific grants and help funders to collectively offer the quantum of support necessary for charities to scale and sustain their digital services.

Measurement and evaluation

Funding the development of a dynamic set of metrics to measure and evaluate the wide range of mental health digital services would meet a big need. Straightforward digital services such as online counselling have been found to have numerous benefits¹²⁰ but the sheer variety of formats and mental health needs they address mean that it is not known what works and in what contexts.

Evaluating digital products and services against offline services is also key to making sure users are connected with the best intervention.¹²¹ Different metrics are applicable to the two types of service, but it is essential we fund and find ways to compare them. Organisations are developing a series of design principles¹²² and others are seeking to develop criteria to evaluate the effectiveness of these apps.¹²³

Without trusted evaluation, expertise, resources, metrics and standards, charities will not be able to attract the funding or NHS buy-in necessary to scale effective digital services. Funders could help in this area by supporting measurement-focused initiatives that will establish shared metrics and greater understanding across the sector of what works, how and why.

Support for smaller charities

New digital services often have to be developed by larger charities because they have the resource, skills and brand to sustain a service. However, small charities can be very close to their beneficiaries and should not be overlooked in the digital landscape. 'Smaller charities deserve support and digital expertise to develop their work'¹²⁴ and reflect their frontline practices in a digital offer. This can be as simple as making sure that charities have a website, or online booking available for appointments.

Smaller charities may consider adopting the [Digital Capability Framework](#) to assess their current digital capacity, where they want to get to, and how they can get there. This could provide them with clearer operational direction, and also clarity on their requirements which they could in turn communicate to their funders.

Funder support for small charities wanting to do more in digital could go a long way, and ensure that we do not develop a two-tier system of digital services that is dominated by larger and better resourced charities. This could be enhanced through collaboration between larger and smaller charities, or potentially with unique collaborations with commercial organisations with the resources to create consumer focused digital tools.

Summary

Digital mental health is still a relatively young field, and it is an exciting time for funders to engage with this space and help to shape the provision of digital mental health services for young people. There are many opportunities for charities and funders, and nearly all of these relate back to a need to invest in infrastructural areas, such as signposting to directories, collaboration, and understanding what works and achieving scale on those things.

It is important that funders engaging with this space think about both what they wish to fund, but also how they are going to fund. Long-term and flexible funding in this space is vital, and charities will be best supported by grants that are unrestricted, or at least loosely restricted, so they have the freedom to do what is needed to build the field, innovate, collaborate, and trial and improve their services with a view to achieving scale.

CONCLUSION

The landscape for digital mental health services has changed rapidly over the last few years, and it is fast becoming something that charities and funders are unable to ignore—especially those intending to help young people. This is especially the case in the context of low CAMHS capacity, where there is now a growing need for digital services to fill gaps in capacity. Digital penetration has already reached the point where young people expect to find supportive services online and via digital tools. Drawn by the anonymity, privacy and convenience, young people are now accessing digital mental health services in unprecedented numbers. Digital tools are fast becoming go-to resources, bringing with them an expectation for good user experience and immediate responsiveness. It is vital that charities and funders respond to ensure that those services are well signposted, high quality, effective, and available where and when people want them, or need them. Otherwise, charities will find that young people are turning elsewhere—perhaps to less effective methods.

There are of course many challenges with engaging in the digital mental health space, partly due to cost, partly because it is a relatively young field for the charity sector and lacks infrastructure, and partly because the private sector has already made substantial inroads. Issues of sustainability, capacity, measurement, quality control and scaling all need to be addressed. The sector needs to carve out a position for itself in the market, and charities need to decide whether they wish to compete with well-funded private companies in the generalist self-management space, or focus resources and expertise on smaller audiences further along the spectrum of services that meet more specific clinical needs through specialist and integrated care. Where appropriate, charities also need to become comfortable with assessing existing products and working in partnership on effective services, in order to avoid duplication of effort in service development.

To overcome the challenges in this space, funders need to consider adopting long-term and flexible funding models, and find ways to work together to establish collaborative funds that better support the infrastructure the sector needs. This includes supporting networks, directory signposting, charity collaboration, NHS integration, and learning and development. In turn, charities need to commit to learning from each other and working together to build the field and drive understanding forward.

The rewards for driving the field forward are considerable. Reach at scale, facilitating immediate contact for those in crisis, and providing data to enable greater user feedback, learning and improvement in both digital and offline services are all potential ‘wins’—for funders and charities, and ultimately for the young people they support.

Further research

The intention for this report is for it to be a tool for funders seeking to engage in digital mental health for young people for the first time, or to make a step change in their giving. But we recognise that further research and conversations will be needed for funders to engage effectively in this space. Beyond the scope of the report, we would recommend that funders consider further research in the fields of user experience and user pathways through mental health services, as well as conversations with clinicians on their views on (and usage of) digital services as part of their work.

Useful questions for funders to ask themselves

- **Do you have to fund a service?** You can support digital adoption in this space without funding a service. Charities need infrastructure and network building support too. Skills and capacity building can also have a big impact. All of which will indirectly support the development of digital mental health services.
- **If you want to fund a service, does it need to be a new service, or can you scale an existing one?** You do not want to duplicate an existing service. Many great services are out there but need help to grow. However, in some cases a new service will be required.
- **What type of mental health issue do you want to address?** This will influence the type of intervention and the role of digital in it. Do you want to focus on mild mental health issues or severe and enduring? Depression and anxiety or something else? Prevention or crisis support?
- **How do you want to fund?** Funding digital services and capacity building within charities is challenging. Funders should think in the long term, be flexible with their grantees and collaborate with each other to achieve best results.

ENDNOTES

¹ NHS Digital (2017) [Mental Health of Children and Young People in England 2017: Trends and characteristics](#).

² ONS (2016) [Selected children's well-being measures by country](#).

³ Ofcom (2017) [Children and Parents: Media use and Attitudes report](#).

⁴ ONS (2018) [Internet users, UK: 2018](#)

⁵ NHS Confederation (2014) [The future's digital: Mental health and technology](#).

⁶ Nuffield Trust (2018) [Striking increase in mental health conditions in children and young people](#).

⁷ Rethink Mental Illness (2018) [New report highlights the mental health crisis in young people](#).

⁸ Ofcom (2017) [Children and Parents: Media Use and Attitudes Report](#).

⁹ ONS (2018) [Internet users, UK: 2018](#)

¹⁰ Mental Health Innovations (2018) [The case for digital innovation](#).

¹¹ Campbell, D., 'Mental health issues in young people up sixfold in England since 1995', in *Society Guardian*, 11 September 2018.

¹² NHS Digital (2017) [Mental Health of Children and Young People in England 2017: Trends and characteristics](#).

¹³ ONS (2016) [Selected children's well-being measures by country](#).

¹⁴ Green, H., et al (2005) [Mental health of children and young people in Great Britain, 2004](#). Palgrave MacMillan.

¹⁵ Kim-Cohen, J., Caspi, A., Mott, T.T., Harrington, H.L., Milne, B.J., Poulton, R. [Prior Juvenile Diagnoses in Adults With Mental Disorder Developmental Follow-Back of a Prospective-Longitudinal Cohort](#). *Arch Gen Psychiatry*. 60(7):709-717 (2003). doi:10.1001/archpsyc.60.7.709

¹⁶ Frith, E. (2016) [CentreForum Commission on Children and Young People's Mental Health: State of the Nation](#).

¹⁷ Ofcom (2017) [Children and Parents: Media Use and Attitudes Report](#).

¹⁸ ONS (2018) [Internet users, UK: 2018](#)

¹⁹ NHS Confederation (2014) [The future's digital: Mental health and technology](#).

²⁰ NICE (2011) [Common mental health problems: identification and pathways to care](#).

²¹ NHS Digital (2017) [Mental Health of Children and Young People in England 2017: Trends and characteristics](#).

²² *Ibid.*

²³ Pitchforth, J., Fahy, K., Ford, T., Wolpert, M., Viner, R., & Hargreaves, D. (n.d.). [Mental health and well-being trends among children and young people in the UK, 1995–2014: analysis of repeated cross-sectional national health surveys](#). *Psychological Medicine*, 1-11. doi:10.1017/S0033291718001757.

²⁴ NHS Digital (2017) [Mental Health of Children and Young People in England 2017: Trends and characteristics](#).

²⁵ Whyman, C., 'Rise in demand for private counsellors as patients say NHS waiting lists are too long', in *Mental Health Today*, 19 July 2018.

²⁶ Boateng, A., and Marsh, S., 'Quarter of 14-year-old girls in UK have self-harmed, report finds', in *Society Guardian*, 29 August 2018.

²⁷ Baroness Stroud, P., and Brien, S., (2018) [The Maker Generation: Post-Millennials and the future they are fashioning](#).

²⁸ Pitchforth, J., Fahy, K., Ford, T., Wolpert, M., Viner, R., & Hargreaves, D. (n.d.). [Mental health and well-being trends among children and young people in the UK, 1995–2014: analysis of repeated cross-sectional national health surveys](#). *Psychological Medicine*, 1-11. doi:10.1017/S0033291718001757.

²⁹ Collishaw, S (2015) [Annual research review: Secular trends in child and adolescent mental health](#). *Journal of Child Psychology and Psychiatry* 56, 370–393.

³⁰ Children's Commissioner (2018) [Children's mental health briefing](#).

³¹ Independent Mental Health Taskforce to NHS England (2016) [The five year forward view for mental health](#).

³² Anonymised report interviewee.

³³ Young Minds (2018) [A new era for young people's mental health](#). Data taken from NHS England, Five Year Forward View for Mental Health Dashboard, Q1 & Q2 2017/18; the NHS Digital, Mental Health Services Data Set, April-May 2018; and responses to Young Minds Freedom of Information requests. Data refers to 2016-17 the last year for which full figures were available.

³⁴ NHS England (2016) [Children and Young People's Mental Health Services Baseline Report](#).

³⁵ Children's Commissioner (2018) [Children's mental health briefing](#).

³⁶ Frith, E. (2016) [CentreForum Commission on Children and Young People's Mental Health: State of the Nation](#).

³⁷ Campbell, D., 'Mental health issues in young people up sixfold in England since 1995', in *Society Guardian*, 11 September 2018.

³⁸ Get Connected (2015) [Connected Generation Report](#).

³⁹ Hutchinson, S., 'Norfolk and Suffolk NHS Foundation Trust remains "inadequate"', in *BBC News*, 28 November 2018.

⁴⁰ Young Minds (2018) [A new era for young people's mental health](#).

⁴¹ Samaritans (2018) [Suicide statistics report 2018](#).

⁴² *Ibid.*

⁴³ M. Wachter, R. (2016) [Making IT Work: Harnessing the Power of Health Information Technology to Improve Care](#)

in England. Report of the National Advisory Group on Health Information Technology in England.

⁴⁴ *Ibid.*

⁴⁵ Betton, V., '[Mental health provider views about digital technologies in day-to-day practice](#)', on *National Elf Service blog*, 27 September 2016.

⁴⁶ NHS App Library website: <https://digital.nhs.uk/services/nhs-apps-library>

⁴⁷ Hughes, O., '[NHS Digital enlists Orca to populate their App Library](#)', on *Digital Health*, 24 September 2018.

⁴⁸ Kane, D. (2018) '[What does funders' data tell us about grants to mental health?](#)', on *360Giving blog*, 15 May 2018.

⁴⁹ MQ: Transforming Mental Health (2018) [UK Mental Health Research Funding 2014-2017](#).

⁵⁰ *Ibid.*

⁵¹ Tech for Good's Funding Programme website: <https://techforgoodhub.co.uk/funding>

⁵² Robinson, C., '[Digital Fund Week Notes 12 \(28th January – 1st February\)](#)' on *Medium*, 2 Feb 2019.

⁵³ Anonymised report interviewee.

⁵⁴ Betton, V., '[Mental health practitioners are the missing piece of the digital innovation puzzle](#)', on *Nesta blog*, 10 October 2017.

⁵⁵ Xenzone (2018) [Scaling Mental Health Services Through Digital Innovation](#).

⁵⁶ Ofcom (2017) [Children and Parents: Media Use and Attitudes Report](#).

⁵⁷ Ofcom (2016) [Communications Market Report 2016](#).

⁵⁸ NHS Confederation (2014) [The future's digital: Mental health and technology](#).

⁵⁹ O'Sullivan, C., '[The potential of digital in youth mental health services](#)', on *Mental Health Foundation blog*, 28 March 2014.

⁶⁰ Shift Design (2014) [Survey of products and services which promote wellbeing](#).

⁶¹ *Ibid.*

⁶² Griffith, E., '[Headspace Raises \\$37 Million to Expand Corporate Partnerships, Create More Content, and Go International](#)', in *Fortune*, 30 June 2017.

⁶³ Naslund, J. A., Aschbrenner, K. A., Marsch, L. A. and Bartels, S. J. [The future of mental health care: peer-to-peer support and social media](#). *Epidemiol Psychiatr Sci*. 2016 April; 25(2): 113–122. doi:10.1017/S2045796015001067.

⁶⁴ *Ibid.*

⁶⁵ Berger, T., Boettcher, J. and Caspar, F. [Internet-based guided self-help for several anxiety disorders: A randomized controlled trial comparing a tailored with a standardized disorder-specific approach](#). *Psychotherapy*, Vol 51(2), Jun 2014, 207-219.

⁶⁶ Campbell, D., '[What is happening with children's mental health?](#)', in *Society Guardian*, 22 November 2018.

⁶⁷ Ieso Website: <https://www.iesohealth.com/en-gb/patients>

⁶⁸ Richards, D., Richardson, T., (2012) [Computer-based psychological treatments for depression: a systematic review and meta-analysis](#). *Clin Psychol Rev*. 2012 Jun;32(4):329-42. doi: 10.1016/j.cpr.2012.02.004. Epub 2012 Feb 28. [PubMed abstract]

⁶⁹ Xenzone's (Kooth) website: <https://xenzone.com/kooth/>

⁷⁰ Anonymised report interviewee.

⁷¹ *Ibid.*

⁷² Dodd, J. (2015) [The New Reality](#).

⁷³ Banks, K. '[Yoti UK charity research reveals a sector not yet ready for digital identity solutions](#)', *Yoti blog*, 21 November 2018.

⁷⁴ Stanhope, N. (2017) [Driving continuous improvement: lessons from funding social tech](#). Shift.

⁷⁵ Broadwell, J., Roberson, J., (2014) [Learning from the Labs](#).

⁷⁶ Anonymised report interviewee.

⁷⁷ *Ibid.*

⁷⁸ Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., Bartels, S. J. (2016) '[The future of mental health care: peer-to-peer support and social media](#)'. *Epidemiol Psychiatr Sci*. 2016 April ; 25(2): 113–122.

⁷⁹ NHS Confederation (2014) [The future's digital: Mental health and technology](#).

⁸⁰ Hughes, O. '[NHS Digital enlists Orca to populate their app library](#)' in *Digital Health*, 24 September 2018

⁸¹ Leigh, S., Flatt, S. (2015) '[App-based psychological interventions: friend or foe?](#)' *Evid Based Mental Health*, November 2015 Vol 18 No 4, *British Medical Journal*.

⁸² Martin, J., Craven, M., Radin, P., et al., [Towards a framework for the appraisal of digital products for mental health](#). *Int J Integr Care* 2014; 14 (Inter Digital Health Suppl).

⁸³ Anonymised report interviewee.

⁸⁴ Broadwell, J., Roberson, J., (2014) [Learning from the Labs: How to fund and deliver social tech for charities and social enterprises](#).

⁸⁵ Design Patterns for Mental Health, pattern library website: <https://www.designpatternsformentalhealth.org/pattern-library>

⁸⁶ Ofcom (2017) [Children and Parents: Media Use and Attitudes Report](#).

⁸⁷ Di Antonio, E., (2011) [How young people look for information online: a survey of views in six European countries](#).

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

⁹⁰ NHS Confederation (2014) [The future's digital: Mental health and technology](#).

⁹¹ *Op cit.* (Di Antonio, E. *op cit.*)

⁹² Anonymised report interviewee.

⁹³ Hamilton, J., '[The Trailblazer: A conversation with Childline founder, Dame Esther Rantzen](#)', in *Happiful Magazine*, 19 December 2017.

⁹⁴ Noor, P., '[Can helplines survive our growing fear of the phone call?](#)', in *Global Guardian*, 19 November 2018.

⁹⁵ Anonymised report interviewee.

⁹⁶ Yoti (2018) [Challenges and opportunities for digital identity in the non-profit sector: Lessons from the United Kingdom](#).

⁹⁷ *Ibid.*

⁹⁸ *Ibid.*

⁹⁹ *Ibid.*

¹⁰⁰ Dodd, J. (2015) [*The New Reality*](#).

¹⁰¹ Anonymised report interviewee.

¹⁰² *Op cit* (Dodd, J. *op cit*).

¹⁰³ Anonymised report interviewee.

¹⁰⁴ *Ibid.*

¹⁰⁵ Schueller S. M., Washburn J. J., Price M. (2016) [Exploring mental health providers' interest in using web and mobile-based tools in their practices](#). *Internet Interventions*, Volume 4, Part 2, 145-151.

¹⁰⁶ Anonymised report interviewee.

¹⁰⁷ *Ibid.*

¹⁰⁸ *Ibid.*

¹⁰⁹ NHS Confederation (2018) [*The Healthcare Safety Investigations Branch \(HSIB\) detail the findings of their second safety investigation*](#).

¹¹⁰ Young Minds (2018) [*A new era for young people's mental health*](#).

¹¹¹ NHS Children and Young People Improving Access to Psychological Therapies Programme Website: <https://www.england.nhs.uk/mental-health/cyp/iapt/>

¹¹² Anonymised report interviewee.

¹¹³ *Ibid.*

¹¹⁴ *Ibid.*

¹¹⁵ *Ibid.*

¹¹⁶ Broadwell, J., Roberson, J., (2014) [*Learning from the Labs: How to fund and deliver social tech for charities and social enterprises*](#).

¹¹⁷ Anonymised report interviewee.

¹¹⁸ *Ibid.*

¹¹⁹ *Ibid.*

¹²⁰ Xenzone (2018) [*Scaling Mental Health Services Through Digital Innovation*](#).

¹²¹ Anonymised report interviewee.

¹²² Design Patterns for Mental Health, pattern library website: <https://www.designpatternsformentalhealth.org/pattern-library>

¹²³ Simons, L., Craven, M. and Martin, J. (2015) [*Learning from the Labs volume 2: Evaluating effectiveness, lessons and reflections*](#).

¹²⁴ Anonymised report interviewee.