Developing Policy on Digital Mental Health after the pandemic

A priority for *Sharing the Vision* and in the wider *Sláintecare* context

Mental Health Reform Analysis Paper

October 2021

Foreword

Since 2015, Mental Health Reform (MHR) has been exploring the role of technological innovation and in particular e-mental health initiatives to address key mental healthcare challenges in Ireland. In that time numerous key stakeholders, including the HSE, began also to explore the potential of e-mental health initiatives. This is evidenced in the increasing role of digital mental health envisaged in *Sharing the Vision.*

However, the unprecedented occurrence of the COVID-19 pandemic dramatically changed the narrative and context around e-mental health. Government announcements in March 2020 on restrictions to curb the pandemic meant that innovation was accelerated overnight and digital solutions soon became the reality across all three sectors of the ecosystem – public, private and voluntary/non-profit. The rapid switch to digitally based mental health services opened up the potential benefits of e-mental health initiatives for both providers and people accessing mental health services. Discussion has already begun on exploring hybrid models of care embedding e-mental health services as part of traditional pathways. This has been accompanied with a focus on the choice for service users and the challenges for many in accessing digital services.

Given this rapid change, it is important to take a moment of reflection to examine the growing role of digital mental health services within the bigger picture of mental healthcare reform in Ireland. In particular, what policy frameworks are needed to ensure quality-assured services for those accessing the supports. MHR has developed this paper as a starting point for discussions.

Prior to the publication of this document, we undertook consultation with a range of stakeholders, including MHR members, officials from the HSE and the Department of Health. In October 2021, we presented the paper to the National Implementation and Monitoring (NIMC) Committee of *Sharing the Vision*. As always, MHR values the reflections and experiences of those who participate in our consultative processes.

The digital mental health themes discussed in this paper require policy attention now, in the immediate COVID-19 context, as well as going forward in the *Sharing the Vision* implementation roadmap. This paper provides suggestions on how the policy framework might address them. Overall, the paper urges consideration be given to a coherent national policy perspective on digital mental health, which needs to cover the entire ecosystem and work towards ensuring equal access to quality-assured services, options, and choice for all.

Fiona Coyle, CEO

Contents

Executive Summary

This paper provides an analysis aiming to encourage and support development of a policy framework to address digital mental health as we emerge from the COVID-19 pandemic. It is relevant both for implementation of *Sharing the Vision* and in the wider *Sláintecare* context.

Prepared before the pandemic arrived, *Sharing the Vision* makes specific recommendations on digital mental health in two main areas:

- Domain 1: Promotion, Prevention and Early Intervention: Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports.
- Domain 2: Service Access, Coordination and Continuity of Care: The potential for digital health solutions to enhance service delivery and empower service users should be developed.

In the meantime, COVID-19 lockdowns and social distancing regimes have transformed how some forms of mental health services and supports are delivered. Many services moved to remote provision by phone or video connection, including services provided on a one-to-one basis (e.g., counselling and psychotherapy) as well as group support services. The speed of change has been remarkable and is visible across the entire mental healthcare ecosystem of HSE/public, voluntary sector and private sector mental health services. Of necessity, this has occurred mostly without policy oversight or guidance. As we move towards the 'new normal', it is essential to conduct a policy appraisal of these developments and establish a coherent and measured policy framework to ensure the positives are optimally leveraged and potential downsides minimized.

The paper identifies and briefly discusses some priority digital mental health themes that may warrant policy attention, focusing on those having relevance both in the immediate COVID-19 context and for more general follow-through in the *Sharing the Vision* implementation roadmap over time. These are:

- Remote consultation sessions ('telemental health') and other forms of remote engagement
- Digital divide and related access and equality issues
- Blended digital mental health support models
- Guidance and quality assurance for apps and other digital self-help tools
- Signposting and navigation support in the digital mental health ecosystem
- Digital empowering and supporting people with more severe and enduring mental health issues.

The paper discusses Irish and international developments and available evidence in these areas, and provides suggestions on ways a policy framework might address them.

The final Chapter of the paper presents a more high-level discussion of the systemic importance of digital mental health developments and the need to frame digital mental policy within the bigger picture of mental healthcare improvement and reform in Ireland. From a *Sláintecare* perspective, experiences across the entire health service ecosystem during the pandemic, mental health as well as physical health, have highlighted the importance of effective leveraging and interworking of all components of the system – public, private and voluntary/non-profit. In the mental health field, all three sectors have moved quickly to implementing digital mental health in various ways. A coherent national policy perspective on digital mental health needs to cover this entire ecosystem, and work towards ensuring equal access to quality-assured services, options and choice for all.

1 Introduction

'Digital Mental Health' and 'eMental Health' are commonly-used umbrella terms covering the broad spectrum of online and other technology-enabled approaches to provision of mental health services and supports. The new Irish mental health policy framework - *Sharing the Vision* - envisages an increasingly important role for digital mental health and addresses this theme in its implementation roadmap. Digital mental health developments are also very relevant in the wider *Sláintecare* context, especially the need for a policy framework that covers the three core pillars of the mental health system in Ireland - the public, private and voluntary/community sectors.

Meantime, the COVID-19 pandemic and the associated lockdowns and social distancing regimes have prompted rapid transfer of many mental health services to online and remote modes of delivery. Of necessity, this has occurred mostly without oversight or guidance from the *Sharing the Vision* implementation processes so far. As we move towards the 'new normal', it is essential to conduct a policy appraisal of these developments and establish a coherent and measured policy framework to ensure the positives are optimally leveraged and potential downsides minimized. This Mental Health Reform analysis paper aims to provide an initial orienting input to these processes.

1.1 Mental Health Reform's work on eMental Health

Since 2016, Mental Health Reform (MHR) has been a partner in the "e-Mental Health innovation and transnational implementation platform North West Europe" (eMEN) project. eMEN aims to improve mental health in Europe through increased use of eMental Health innovations. Other partners are from the Netherlands, Belgium, UK, France and Germany, and include mental health service providers, eMental Health developers, and research institutions. MHR's involvement in eMEN has helped us become an important source of knowledge and support for innovation in the application of digital technology within the mental health system in Ireland.

In the first phase of eMEN (2016-2020), MHR supported two Irish eMental health initiatives - the Health Service Executive's (HSE) development of the eWell online CBT programme for adolescents; and upgrading of the university-developed Pesky gNATS programme utilising gaming technology. Within the eMEN framework and our broader work on digital mental health, we have also prepared a number of thematic briefing papers and reports:

- *eMental Health in Third Level Education settings* (Mental Health Reform, 2019)
- *The role of the Third Sector in eMental Health innovation and service provision in Ireland* (Mental Health Reform, 2020a)
- *Guidance on Telemental Health for mental health services and practitioners: Rapid Briefing for the COVID-19 crisis* (Mental Health Reform, 2020b)
- *eMental Health State-of-the-art & Opportunities for Ireland* (Cullen, 2018).

The current phase of eMEN is developing a substantial training programme on eMental Health that we will make available to Irish mental health service providers later in 2021. MHR has also begun a new series of innovation projects in the eMental Health field. One involves Irish localisation of online screening tools for trauma-related and other mental health issues, developed by centres of excellence in

the Netherlands. Another focuses on eMental Health capacity-building to support community and voluntary sector mental health organisations adapt and respond to the challenges posed by COVID-19.

1.2 Context for this policy analysis paper

The topics presented and discussed in this policy paper are relevant both for the immediate issues arising for the COVID-19 response and its aftermath, and for beginning work on the digital mental health theme in the implementation of *Sharing the Vision*. The wider issues regarding a policy framework covering all sectors of the ecosystem – public, private and voluntary/community – have important relevance within the *Sláintecare* context. More generally, digital mental health developments can contribute innovative ways to progress the *Healthy Ireland* agenda.

COVID-19

From a mental health perspective, COVID-19 has had major impacts in a number of ways. One impact has been on whether and how mental health services are accessed/provided during periods of lockdown and social distancing. The other concerns the wider mental health and wellbeing impacts of the pandemic.

Many services going online

The COVID-19 lockdowns and social distancing regimes have transformed how some forms of mental health services and supports are delivered. Many services moved to remote provision by phone or video connection, including services provided on a 1:1 basis (e.g., counselling and psychotherapy) as well as group support services. The speed of change has been remarkable and is visible across the entire mental healthcare ecosystem of HSE/public, voluntary sector and private sector mental health services. The focus so far has mostly been to keep services operational and ensure continuity of care for existing client bases. As we move on to the 'new normal' after the pandemic, there is a need for stock-take, reflection and strategic consideration of the opportunities and challenges these developments present for the mental health system.

Mental health impacts of COVID-19 pandemic and response

At the same time, appreciation is growing of the impacts of the COVID-19 pandemic on population mental health - for people directly affected by the illness and their families, and for the very many people affected by the social and economic disruptions arising from the national response to controlling the spread of infections. The pandemic has triggered a broad spectrum of mental health issues, including:

- Increased importance of promoting positive mental health, resilience and coping skills
- Greater prevalence of common mental health conditions such as anxiety and depression
- Emergence of specific conditions such as post-traumatic stress disorder (PTSD) amongst groups directly affected by COVID-19 related trauma
- Deterioration of mental health for people with severe and enduring mental health issues.

The HSE's framework on the psychosocial response to the COVID-19 pandemic has targeted some of these issues as the pandemic and the national response to it have evolved. Some of the themes covered

in this Mental Health Reform policy paper may be relevant for attention in any ongoing development of this framework as we move on in the 'new normal'.

Sharing the Vision & Healthy Ireland

Prepared before the COVID-19 pandemic arrived, *Sharing the Vision* makes specific recommendations on digital mental health in two main areas:

- Domain 1: Promotion, Prevention and Early Intervention: *Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports.*
- Domain 2: Service Access, Coordination and Continuity of Care: *The potential for digital health solutions to enhance service delivery and empower service users should be developed.*

The issues covered in this policy paper may be especially relevant in the context of the implementation processes around these digital mental health themes in *Sharing the Vision*. The focus of the paper is mainly on policy support for change and innovation within the mental health service ecosystem. A deeper analysis of the opportunities for broader leveraging of the potential offered by social media for population-wide mental health promotion and prevention was beyond the scope of this paper. This is an important topic for further attention in the policy context.

The *Healthy Ireland* framework also gives strong attention to mental health and wellbeing. Core indicators include positive mental health, probable mental health problem, and moderate/severe depression (aged 50+). Digital mental health has an important contribution to make in supporting efforts to promote better population health and wellbeing in these areas, through enhancement of positive mental health and reduction in prevalence and impacts of common mental conditions.

Sláintecare - a wider policy framework to cover all sectors (public, private and voluntary)

So far, mental health has arguably not had much attention within the *Sláintecare* framework. Implementation of Sharing the Vision and the COVID-19 response provide important opportunities to address this. Key *Sláintecare* principles in this context include timely access for all based on need, as well as access to care at the most appropriate and cost-effective service level with a strong emphasis on prevention and public health. Developments during the pandemic suggest that mental health in general, and digital mental health in particular, should have greater visibility and attention as core themes in these contexts.

Experiences across the entire health service ecosystem during the pandemic, mental health as well as physical health, have also highlighted the importance of effective leveraging and interworking of all components of the system – public, private and voluntary/non-profit. In the mental health field, all three sectors have moved quickly to implementing digital mental health in various ways. A coherent national policy perspective on digital mental health needs to cover this entire ecosystem, and work towards ensuring equal access to quality-assured services, options and choice for all.

2 Some suggested priorities for policy attention and action

This chapter identifies and briefly discusses some priority digital mental health themes that may warrant policy attention, focusing on those having relevance both in the immediate COVID-19 context and for more general follow-through in the *Sharing the Vision* implementation roadmap over time. These themes are:

- Remote consultation sessions ('telemental health') and other forms of remote engagement
- Digital divide and related access and equality issues
- Blended digital mental health support models
- Guidance and quality assurance for apps and other digital self-help tools
- Signposting and navigation support in the digital mental health ecosystem
- Digital empowering and supporting people with more severe and enduring mental health issues

This listing does not imply an ordering in priority of importance. However, we begin with remote mental health sessions (telemental health) because this has been the most dramatic area of digital mental health adoption during the COVID-19 crisis.

2.1 Remote sessions ('telemental health') and other forms of remote engagement

The COVID-19 crisis and associated lockdowns and social distancing regimes precipitated a major move to digital and online provision of mental health services and supports. One very noticeable change has been the shifting of many 1-to-1 and group therapy/support services to remote modes of delivery. The pace of change and scaling up of activity in this domain has been much faster than would otherwise have occurred. Both phone and video connections have been widely utilized for these purposes, with video sessions now quite commonly offered as an option. In addition, remote engagement with service users by text-based media (email, instant chat, SMS) has become increasingly utilized. These bring both opportunities and challenges for mental health service provision systems and for service users, and require focused policy attention and guidance.

Service innovation & Scaling-up potential

COVID-19 experiences have shown the opportunities telemental health provides for mental health service innovation, both within the mainstream services and for specific sectoral systems. An example of the latter has been the provision of remote addiction counselling by Merchants Quay Ireland to prisoners during the COVID-19 period. The logistical flexibility of telemental health opens up many such opportunities for providing services to hard-to-reach groups through in-reach/out-reach service innovation and other approaches.

The more general potential to support rapid scaling-up of publicly-funded, low-intensity, mental health therapy services for common mental health conditions (e.g., mild to moderate anxiety and depression) is an important opportunity. Pilot projects are already providing quite large volumes of video consultations in the context of the Counselling in Primary Care (CIPC) service, and this may provide an efficient avenue for increasing access to CIPC and reducing existing long waiting times. However, the pre-COVID evidence base indicates remote sessions are not for everyone (Cullen, 2018). This underscores the importance of ensuring continued availability of more traditional face-to-face modes of

service delivery/access, and that this is an equally accessible option when COVID-19 social distancing restrictions are lifted.

New forms of engagement and support

Other opportunities and challenges arise around changes and adaptations that have occurred in channels utilized for first line engagement with people seeking mental health information and supports.

Mental Health Reform research on impacts of the COVID-19 lockdown period indicates an increased importance of voluntary organization phone-lines for first line information and sign-posting, with service users often seeking more interactive and supportive forms of engagement during such calls (Mental Health Reform, 2021). Although a welcome opportunity to reach and help people who may be struggling, this can be challenging for services where the original 'scope of practice' and associated staffing and staff training profiles are not set up and resourced for this mode of engagement and support.

Another development has been the increasing engagement with service users by text-based media, including email, instant chat, SMS, online text-based discussion forums etc. Again, this presents positive opportunities for reaching and better supporting people with mental health issues. However, engagement through these media has its own characteristics and requirements different to engagement through voice/video. Many organisations have expressed interest in further developing skills in these modes of engagement with service users, and in accessing guidance on best practices in this area.

Quality assurance issues

To optimally leverage the opportunities and ensure availability of choice through multi-channel access options, practice guidance and appropriate quality assurance systems are required for these modes of therapy delivery and engagement. Before the COVID-19 crisis, professional practitioner bodies in some countries had already produced some guidance for this field (e.g., the IACP in Ireland, BACP and BPS in the UK, and the two APAs in the United States). During the crisis, some of these organisations updated and/or expanded their guidance and others produced guidance for the first time. An Irish briefing document prepared in early May 2020 provides a useful overview of guidance approaches and documents available at that time (Mental Health Reform, 2020).

Although national and international (health) data protection legislation had applied and continues to apply to activity in this field (e.g., GDPR in the EU and HIPAA in the US), specific codifications of requirements for digital mental health sessions were not well-developed. During the COVID-19 crisis, some national regulatory bodies relaxed the strictness of application of compliance requirements for remote mental health services (e.g., to allow usage of video communication platforms already widely-used for social connection that would not normally be in compliance for healthcare purposes). The Irish briefing document also references some of these.

Experience during the current crisis indicates a need for further work on quality assurance and guidance in this field in Ireland. This includes concrete guidance on issues such as security/privacy when selecting a video platform as well as training materials/programmes to develop 'digital competencies' of mental health practitioners. Related to this is the need for a stock-take on current patterns of usage of different video platforms across the mental healthcare ecosystem in Ireland. HSE developed internal guidance and protocols on this during the pandemic, with particular platforms (e.g., Attend Anywhere) selected and deployed for its services. In the wider ecosystem, a broad range of platforms have been utilized

during the pandemic (e.g., Zoom, WhatsApp, Google Meet, and others), not all of which may be fit-for-purpose for sensitive applications such as counselling/psychotherapy sessions etc. This may also present challenges for users to make informed choices, as well as practical difficulties because of having to use different video platforms when engaging with different mental health services.

Guidance on determining when remote sessions are appropriate in a therapeutic process, and for what service users, is also important. Specific guidance and skill development around effective engagement via text-based channels is also required, drawing-on and further developing earlier Irish material in this area (e.g., Chambers and Murphy, 2015).

More generally, recent experiences have highlighted the importance of risk management around potential security/privacy threats. This perspective needs further attention in the fields of telemental health and more general online engagement with mental health service users.

Policy approach?

In the *Sharing the Vision* implementation context, it would be timely to begin to take stock of this area and commence the process of formulating national quality assurance and guidance for Ireland. This might consider both issues for attention now (during the ongoing and dynamic COVID-19 situation) and for an optimal approach going forward.

A starting point could be to bring together relevant stakeholders to share knowledge and experience, and collaborate to ensure availability of the most useful forms of regulatory and other practice guidance for this field. This might include HSE, professional bodies for relevant practitioner groups (psychologists, psychiatrists, counsellors/ psychotherapists, and others), voluntary sector organisations active in the field, and remote consultation platform providers.

One issue for attention is development of guidance for services and practitioners on whether, when and how to offer video/phone sessions for delivery of therapy. Regulations in some countries before the COVID-19 pandemic were quite specific on this (e.g., requiring the first session to be face-to-face; for reimbursement purposes, limits on the percentage of a service provider's sessions that can be by phone/video instead of face-to-face). Such a strict regulatory approach may not necessarily be appropriate in the Irish context, but the broader issue does require policy consideration and formulation of guidance by the relevant stakeholders.

Development of curricula and ensuring availability of training in conducting therapy by video/phone is also important, including in initial education/training for practitioners and as part of continuing professional development. This includes skills for doing therapy via these media, as well as the various practical considerations for individual practitioners and service provider organisations. In this context, for example, experiences during the COVID-19 pandemic indicate a need for practical guidance on factors to consider in selection of video platforms for conducting remote therapy sessions, both for service providers and for people seeking services.

In parallel, a focused effort to leverage the potential of telemental to support service innovation for hard-to-reach groups would also be useful. This might start by collating examples that emerged during the pandemic (e.g., for prisoners, homeless, and other vulnerable groups) and engaging with stakeholders to identify the opportunities to build-on and encourage wider exploitation of the potential in this area.

2.2 Digital divide & related access/equality issues (digital exclusion)

Digital divide and related access/equality issues arising from digital exclusion have come to the fore with the rapid increase in utilization of digital mental health during the COVID-19 crisis, especially the shift to provision of mental health sessions in remote mode. Remote sessions are sometimes the only possible approach when higher levels of lockdown are in place, and more generally provide potential benefits of convenience and flexibility for users as we return to the new normal. It is essential that people who need these services do not experience barriers due to lack of access to the necessary technology. Likewise, service providers must be able to equip themselves to operate in remote mode.

Double jeopardy for vulnerable and disadvantaged user groups

On the user side, a potential double jeopardy arises for vulnerable groups where digital divides result in 'digital exclusion' from digital mental health services, thereby exacerbating existing inequalities in access to and/or utilization of mental health services. The special module on health from the Quarterly National Household Survey (QNHS) in 2015 shows that likelihood of having a consultation with a mental health professional is lower amongst older people, unemployed or inactive persons, people with disabilities, non-Irish nationalities, and lower income groups (Cullen and McDaid, 2017). These groups are also at additional risk of digital disadvantage through lack of access to the Internet and end-user equipment and/or barriers due to affordability of connectivity and usage costs.

There has been growing appreciation of the digital divide issues affecting access to digital mental health services during the COVID-19 pandemic. These include lack of access to broadband connectivity in the first place, as well as unaffordable usage charging arrangements for using fixed and mobile services for phone/video consultations. On the service provider side, the voluntary/community sector organisations providing services for disadvantaged groups face in-house barriers such as limited existing technological infrastructure, costs, and lack of expertise are barriers commonly reported across this sector.

A cross-sectoral issue

The mental health sector needs to give consideration to the implications of these digital divide issues for access to digital mental health services, and seek to alleviate them as much as it can within its own sectoral scope (e.g., providing multi-channel access options; factoring-in the needs of disadvantaged groups when designing and offering online/digital services, so they are as accessible and affordable as possible).

Other sectors (e.g., telecommunications, income supports and allowance schemes) also need to give attention to the increasing importance of digital access and affordability issues arising for low-income groups if they are to avail of essential health and mental health services. In the earlier phases of the pandemic, the telecoms sector (ComReg and service providers) began some initiatives on aspects of access and affordability for essential services. However, growing anecdotal evidence suggests that very concrete infrastructure and cost barriers continue to affect access to remote mental health services for vulnerable groups.

A range of approaches developed in other countries (e.g., provision of smartphones or tablets for disadvantaged groups, vouchers and other mechanisms to make usage costs affordable) provide

examples of what can be done[1], as well as initiatives taken by some voluntary sector organisations in Ireland (e.g., ALONE projects making smartphones and tablets available to older persons).

Apart from practical barriers posed by lack of connectivity and costs, initiatives in this area can also provide a vehicle for addressing ongoing issues affecting under-utilisation of mental health services by some groups (e.g., stigma, lack of awareness of need and/or available services, logistical barriers to getting to traditionally organized services). Efforts to increase both general mental health literacy and digital mental health literacy are important in this context.

Policy approach?

A two-pronged policy approach may be most useful in addressing these issues connected with digital divides and access to mental health services.

One initiative could focus on what the mental health sector to reduce the barriers for low income and other disadvantaged user groups. Establishment of a working group with involvement of all three pillars of the mental healthcare ecosystem – public, private and voluntary/ community sectors – would be very useful for this. The voluntary/community sector has considerable knowledge and reach amongst disadvantaged groups likely to be at risk of digital divide and related barriers. High-volume HSE-funded services for medical card holders (e.g., CIPC) also need to ensure that remote/online options are offered and accessible for the user groups they target. The large numbers of private counselling/psychotherapy practitioners/practices also need support to give attention to these issues, perhaps through the efforts of their professional bodies.

A parallel initiative could establish a cross-sectoral forum/group to examine the role and contribution of other sectors (telecommunications, income support/allowance schemes, etc.). The initial attention to digital divide issues by ComReg and other during the early stages of the pandemic appears to have lost momentum, and now warrants revisiting and re-energising in appropriate ways. National analysis and solutions to digital divide issues more generally, such as highlighted in the recent NESC report on digital inclusion, could expand to give more focused consideration to access to mental health services.[2] Any updating of the Department of an Taoiseach's national digital strategy also needs to give attention to these issues.

2.3 Blended digital mental health support models

'Blended' mental health support models are an important area of digitally-enabled innovation in mental healthcare. These approaches combine online programmes (that deliver structured psychoeducational and/or therapeutic materials for service users to work through themselves) with varying levels of support from professional or other trained mental health personnel as required.

A spectrum of blended approaches

Depending on the needs of service users and the service provider's goals, blended approaches may have application in different ways and for different purposes. At one end of the spectrum are models where the service user works with the online programme to augment their treatment plan, but the backbone is still a substantial number of 'talking therapy' sessions between the practitioner and service user. At the

[1] http://files.nesc.ie/nesc_background_papers/154_background_international%20examples.pdf
[2] http://files.nesc.ie/nesc_reports/en/154_Digital.pdf

other end are models where the core of the therapeutic approach is the service user's work with the online materials, and the mental health service support personnel mainly provide guidance and motivational supports.

Qualifications of those delivering the human support may vary (depending on levels of need, intervention intensity or other relevant factors), with the spectrum potentially encompassing clinical and other fully qualified psychologists and counsellors/psychotherapists, new and emerging practitioner groups such as assistant psychologists in Ireland and 'psychological wellbeing practitioners' in the UK, and other staffing profiles. In the Irish voluntary sector, trained volunteers are also utilised in this role.

A growing body of scientific evidence indicates that blended approaches are both effective and acceptable for many service users for treatment of a range of mental health issues, including high prevalence conditions such as mild-to-moderate anxiety and depression. Usage of these blended approaches is growing in many countries and in a range of mental healthcare settings. In the UK, blended digital mental health now has a prominent place in the Improving Access to Psychological Therapies programme, where data indicates that more than one-quarter of appointments are linked to guided or unguided self-help interventions involving books or computerized/online programmes. In Ireland, some of the third level student counselling services have been at the fore in offering supported online CBT programmes as an option, and some voluntary sector organisations (AWARE and Bodywhys) have developed and implemented their own online programmes, all involving an Irish-developed platform/service (Silvercloud).

HSE primary care psychology services have begun to incorporate a blended approach in their adult services. In-house, HSE has also been developing a programme for adolescents (eWell) and has plans to introduce a blended care option with assistant psychologists providing support to the young people using the programme. Initiatives to further develop the utilization of these online CBT programmes within HSE services are now underway. In parallel with the HSE services and the HSE-funded CIPC service, voluntary sector organisations also provide large volumes of counselling/psychotherapy services. It is important that these organisations also have the opportunity to avail of platforms for blended programmes where these can add-value to the services they offer their clients.

Policy approach?

From a policy perspective, support for further deployment of online programmes within blended care models is an important area for attention. It has relevance both in the immediate context of COVID-19 and for the ongoing efforts to increase access to mental health services for common mental health conditions and needs. The blended approach also lends itself well to delivery of (primarily self-administered) psychoeducational programmes for the large numbers of people who experience common mental health symptoms (e.g., anxiety or depression) at sub-clinical levels, and for population-based programmes to promote positive mental health and resilience-building. Applications of digital mental health for screening and assessment purposes could be very useful in this context as well, such as for PTSD screening/assessment. The eMEN project is currently examining some tools developed in the Netherlands for possible localization and usage in Ireland.

With two Irish-developed programmes already available (Silvercloud and eWell), we are well-placed to begin greater leveraging of the opportunities in this field. As an increasing number of programmes/ platforms are becoming available in this field internationally, it may also be important to develop national guidance and quality assurance frameworks to help selection of evidence-based and cost-

effective offerings. The approach developed by NICE/NHS in England may provide useful pointers in this context.[3]

Various applications of blended approaches may come to have an important role in large-scale ramping-up of access to low intensity psychological therapies as a first line treatment option. HSE is already developing this area through funding access to such services on referral by a GP or other practitioner. The policy framework should give attention to ensuring that voluntary sector organisations have access to the online programmes/platforms to deliver these, so they are equally available as an option for users of their services.

Importantly, the policy approach also needs to give attention to how such online programmes are incorporated as an option within mental health services and care pathways. A first step might be to establish a specific multi-sectoral programme or project on this topic, bringing together the relevant mental health organisations across the ecosystem. Such a forum could quickly review the possibilities and create momentum for accelerated deployment in ways that can help address important challenges facing mental health service delivery and access in Ireland.

The types of structured, protocolized approaches (especially CBT) they deliver are not for everyone or every mental health difficulty, so effective targeting towards those who may benefit the most is important. This can be challenging in organizing high-volume services for common mental health conditions such as mild-to-moderate depression and anxiety, where demand for access to low intensity services (traditionally delivered as a series of counselling/psychotherapy sessions) massively outstrips supply and waiting times are often very long.

2.4 Guidance and quality assurance for apps and other digital self-help tools

Two sides of the mental health app domain need further attention in the Irish context. One aspect is support for development and deployment of quality-assured apps for implementation by mental health services as part of their own repertoire of supports. Some activity in this area has been emerging in various parts of the Irish mental health ecosystem, for example, the Samaritans Self-Help app.[4] More widespread attention to the possibilities in this field across the sector would be useful.

In the wider world, Android and iOS online app stores contain a very large number of apps addressing health and wellbeing. Many of these apps target aspects of mental health and wellbeing and are widely used. This is a mostly unregulated field, especially for apps that do not fall within the definition of medical devices, and evidence points to the need for effective quality assurance and user guidance in this domain. Internationally, a variety of approaches have emerged to address aspects of this, including national or sectoral listings of recommended apps, professional-led app review programmes, and a wide range of user-led review and rating processes. So far, there has been little focus on this unregulated area of digital mental health in the Irish policy context.

A need for action

Scientific reviews of available apps, even ones listed by public health services, suggest that quality is very variable and often low (Leigh and Flatt, 2015). Problems include lack of privacy policies, failure to

[3] https://www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/improving-access-to-psychological-therapies--iapt-/submitting-a-product-to-iapt#published-IABs

[4] https://www.samaritans.org/ireland/how-we-can-help/contact-samaritan/self-help

adhere to core psychoeducation principles and best practice guidelines, and lack of important features in self-monitoring and self-assessment apps. A review of mindfulness-based apps found that many claiming a mindfulness approach were not accurately described as such (Mani et al, 2015). Other research highlights the challenges facing users in finding quality-assured apps in online app stores and the importance of improved certification frameworks in this field (Shen et al, 2015). Users need help to find suitable products and assess their quality, and developers launching apps need guidance on quality standards and appropriate certification frameworks (Bakker et al, 2016).

Irish evidence suggests that the levels of usage of apps for mental health and wellbeing have increased substantially during the COVID-19 lockdown period amongst demographics such as the core 18-24-years third level student age group (Mental Health Reform, 2021a). This study found two apps – Headspace and Calm - were most commonly used by the student-age sample, with about 10% of respondents using one or other of these during the period after the first COVID-19 lockdown commenced in late March 2020. Internationally, these are also amongst the most widely utilized apps for psychosocial wellness and stress management across the population, with some evidence for positive benefit in areas such as stress and affect as well as improved mindfulness (Lau et al, 2020). However, although many of the users in the Irish study found these apps useful, not all did, and other research has reported some users may experience raised anxiety or a lowering of self-efficacy if they find the app is not working for them (Clarke and Draper, 2019).

A systematic review and meta-analysis of evaluations of standalone smartphone apps for adults with higher levels of mental health symptoms found only limited evidence of efficacy and, where found, effect sizes were considerably lower than for digital mental health interventions delivered via the internet (Weisel et al, 2019). The authors raised a concern that some people who would benefit from more structured treatment support (face-to-face or online) may delay or avoid seeking such help by relying on less efficacious standalone apps.

Policy approach?

Given the apparent popularity and increased usage of self-help apps during the COVID-19 lockdown periods, it would be timely to focus policy attention towards development of guidance and quality assurance for this field in the Irish context. A useful approach might be to establish a specific project on this, with involvement of a range of stakeholders from relevant sectors (including user organisations, mental health services, professional bodies and others). Approaches developed in other countries may provide useful pointers, as well as structured clinical-review services now emerging (e.g., ORCHA).[5]

2.5 Signposting and navigation support in the digital mental health ecosystem

The mental health ecosystem of services and supports in Ireland is complex and heterogeneous. It encompasses a broad range of treatment, support and informational services offered by a variety of public, private and voluntary sector organisations of varying sizes and missions.

Need for further development

This complexity and heterogeneity pre-existed the proliferation of online and digital services and supports in recent years, but the rapid developments in this area have increased the challenges facing

[5] https://orchahealth.com/services/digital-health-libraries/

users wishing to navigate the available options and find the right service/support for their situation and needs. At national level, the HSE has been developing and expanding its information and signposting through the *yourmentalhealth.ie* website and information phone line. Other initiatives include SpunOut.ie's work on dynamic signposting. Whilst these are useful sources of support and innovation, implementation of the *Sharing the Vision* policy will require considerable further development of signposting and navigation supports.

For the envisaged tiered levels of support and stepped care models, further development and deployment of digital mental health screening and assessment tools may offer useful opportunities to support navigation for service users. Digital mental health may also offer opportunities for more effective cooperation and cross-referral between service providers.

Policy approach?

Implementation of this dimension of *Sharing the Vision* requires simultaneous consideration of: a) the policy's envisaged structural and operational framework for the mental healthcare system; and b) its objectives to ensure easy access for people to the right services and supports. As the current mental healthcare ecosystem in Ireland is a complex and not well-formed mixed-economy, work on developing signposting/navigation support frameworks needs to go hand-in-hand with system/service restructuring, and vice versa. This applies right across the spectrum, including lower tier services for people with sub-clinical issues, primary care level services for people with common mild-to-moderate conditions, and provision of recovery-oriented supports for people with more severe/enduring conditions.

A useful policy initiative might be to establish a project to identify and flesh-out a broad series of 'user journeys' through the Irish mental healthcare services for a range of user needs and circumstances, looking both at typical experiences under the current system and how to optimise these in the envisaged improved/reformed system. Some work in this area has been underway in the HSE and may provide a useful starting point for the policy work needed. Such an exercise would provide an informed basis for system improvement/reform and navigation/signposting for users within it, and align well with the goals of *Sharing the Vision* in this area. The agility and new possibilities presented by digital mental health approaches can facilitate this in a variety of ways.

An important aspect for attention in this context concerns how best to conceptualise the broad range of voluntary sector services and supports that complement and work with the public (HSE) system. This includes what they do and where they fit in the overall ecosystem, and how best to effectively sign-post people to quality-assured supports. A forthcoming report from the Brave New Connections project will provide an analysis of the sector that can help underpin the policy work in this field (Mental Health Reform, 2021b).

2.6 Empowering/supporting people with severe & enduring mental health difficulties

Although much of the focus of digital mental health has been on ways of addressing the sheer scale of the challenges to meet treatment gaps and unmet need relating to common mental health conditions (e.g., mild-to-moderate anxiety and depression), there has also been growing attention to its role in supporting the very many people with more severe and enduring mental health difficulties (e.g., psychotic, bipolar and major mood disorders). In Ireland, a project developed under the eHealth strategy is addressing eMental Health for persons with bipolar disorders. This Bipolar 'Lighthouse

Project' includes a portal giving users access to their care plan; early warning sign monitoring; a means of contacting service professionals via the portal; and a healthcare professional portal.

Growing number of apps and an emerging evidence-base

A recent international review identified a range of technologies and applications in this field, grouping these into four categories (Naslund et al, 2015):

- Condition self-management and relapse prevention
- Promoting adherence to medications and/or treatment
- Psychoeducation, supporting recovery, and promoting health and wellness
- Symptom monitoring.

It concluded that these interventions were generally feasible and acceptable to users with serious conditions, but the evidence on clinical outcomes was variable. However, a more-focused systematic review of features and content quality in available apps targeting bipolar disorder found many had significant limitations (Nicholas et al, 2015). Another systematic review examined online, social media and mobile technologies for psychosis treatment and also concluded that these applications were generally feasible and acceptable to users (Alvarez-Jimenez et al, 2014). Although again noting the evidence base is generally limited and of low quality, the review presented preliminary evidence showing promising potential of both web-based and mobile interventions for impacting on psychotic symptoms, hospital admissions, socialization and social connectedness, depression, and medication adherence. A review of text messaging in mental healthcare management found a range of usage contexts, especially substance abuse, schizophrenia, and affective disorders (Berrouiguet et al, 2016). Applications included reminders, information, supportive messaging, and self-monitoring procedures. Some guidance is emerging in the field, for example European Psychiatric Association guidance on the quality of eMental Health interventions in the treatment of psychotic conditions (Gaebel et al, 2016), and further development of appropriate and effective quality assurance frameworks is important.

Potential to help address specific challenges in the Irish context

Evidence from a large-scale survey of mental health service users in Ireland found lack of access to psychotherapeutic and psychosocial supports was commonly reported (Mental Health Reform, 2019). Another frequently mentioned issue was not having continuity of engagement with a psychiatrist, and associated barriers to accessing effective and dynamic support for medication management. Some of the digital mental health applications discussed earlier for high-volume common mental health conditions (e.g. remote consultation and blended models) may also present useful opportunities for addressing these systemic challenges facing people with more severe and enduring mental health difficulties. Potential applications include new ways of enabling more frequent engagement for medication management purposes, better access to supports for 'negative symptoms' of psychosis, and improved access to talking therapies for comorbid conditions such as depression.

As well as teleconsultation through 1:1 sessions, some countries have considerable usage of video platforms to enable bringing-in of real-time specialist support (e.g., telepsychiatry) during consultations at primary care level (e.g., with a GP or other primary care mental health service). Another area for attention is the potential role digital screening/ assessment tools might play in core parts of the user journey, for example in identifying people who may be showing early signs of psychosis and linking them in with Early Intervention in Psychosis teams.

Policy approach?

A specific policy initiative and work-programme on leveraging the potential of digital mental health in this area would be very useful. An overarching theme could be the role that digital tools and applications can play in helping to empower people with ongoing mental health issues, particularly through opening-up new frameworks for continuity of engagement with, and better interworking between, both formal mental health services and voluntary sector / peer-led recovery support programmes. A useful starting point might be establishment of a working group of specialist mental health services, voluntary and community sector organisations providing recovery support services, and the relevant professional bodies.

3 Digital mental health policy and the bigger picture

This paper identifies and discusses a number of digital mental health topics that warrant policy attention now, as we move on to the 'new normal' after the pandemic. The analysis suggests this theme is of sufficient strategic and operational importance to require policy attention in a focused and coherent manner. This Chapter highlights three inter-linked aspects of the bigger picture that can help frame the policy approach and provide a starting-point for developing it:

- Implications of the large-scale shift to remote/virtual mental health services
- A policy framework for the entire population and all sectors of the mental healthcare ecosystem
- Leveraging the potential for positive (digital) 'disruption'.

Implications of the large-scale shift to remote/virtual mental health services

The biggest cross-cutting change during the pandemic has been the large-scale shifting from traditional face-to-face to virtual ways of offering and accessing mental health services, especially therapy sessions via video/phone. For better or worse, much wider utilization of remote/virtual approaches is likely here to stay as a core feature of the mental health system. The logistical flexibilities these approaches offer, if utilized appropriately and effectively, undoubtedly offer great potential to increase access, efficiency and flexibility in high-volume service areas. On the other hand, risks arise than an over-emphasis on the efficiency potential might lead to inappropriate over-utilisation and/or situations where these are the only options on offer for access to some services or for some service users. As well as the fundamental quality assurance required for the new ways of delivering services, therefore, a critical area for policy oversight concerns the ways these approaches are deployed and the options/choices available for service users.

The CIPC programme is a high-volume publicly-funded programme providing free access to counselling for medical card holders on referral from a GP. During the pandemic, a new funding/access route to dedicated video counselling services was set up for specific population segments. Now also available as an option for the CIPC target group is the newly-introduced referral system to online (guided) CBT. Given this emerging range of pathways and options, a key issue will be to develop effective frameworks for optimally offering the likely best option to each person to begin with, and to facilitate easy transfer to a different option if needed thereafter. Innovative forms of blended offers combining varying mixes and sequencing of face-to-face, video/voice sessions, and guided or unguided online programmes may offer new opportunities in this regard.

A policy framework for the entire population and all sectors of the mental healthcare ecosystem

These programmes and pathways are only available to eligible segments of the population, and the policy scope in this area needs to consider the needs and options for the entire population. This requires consideration of the three core service provider pillars of the Irish mental healthcare ecosystem – the public, private, and voluntary/community sectors – and the varying sources of financing for different sectors, organisations, types of service, and user groups. Financing sources include the public purse, user charging, reimbursement from private insurers, and fund-raising by charities, with variations in charging/eligibility/access across different segments of the population. To progress universality in access to mental health services (in line with the Sláintecare vision, for example), policy oversight and steering for implementation of Sharing the Vision requires attention to this mixed economy of services and access pathways in a coherent manner.

This perspective is also relevant for policy on digital mental health, and deeper reflection on the recent developments in online/digital mental health in day-to-day high-volume mental health services is important in this context. Apart from helping to position digital mental health policy within a universality perspective, analysis of digital mental health developments can also provide a useful 'lens' for better elucidation of the dimensions of the universality issue across the mental healthcare system more generally. Leveraging of the different sectors in the ecosystem, new commissioning/funding models, and the inherent logistical flexibilities and efficiencies provided by digital mental health are some key mechanisms for establishing momentum in this regard.

Given all this, it's the recommendation of this paper that the policy framework needs establishment within the Department of Health at an appropriate level, and with a remit to address the inter-linked issues of access, quality assurance and choice across the entire ecosystem. It should cover all segments of the population and service provider sectors, and all modes of access and associated financing mechanisms (public-funding, out-of-pocket payment by service users, and coverage/funding of costs by the private health insurance sector).

Leveraging the potential for positive (digital) 'disruption'

Finally, digital mental health presents many opportunities for positive 'disruption' and system change in the Irish mental healthcare ecosystem. The logistical flexibilities and potential efficiencies that virtual 'telemental health' connections offer is amongst the more significant of these. In its own right, the 'newness' factor in digital mental health can also stimulate new thinking and ideas for system innovation and improvement.

Telepsychiatry presents just one practical example of how digital mental health (through telemental health approaches) can support substantial systemic change and progress. It can dramatically increase access to scarce personnel to overcome existing blockages in the system and in specific localities. Somewhat more radically, virtual access to psychiatrists, clinical psychologists and other mental healthcare professionals could help transform current care and support systems for people with severe and enduring mental health conditions and empower service users in this context.

From another perspective, one feature of digital mental health developments in Ireland is the extent to which voluntary sector organisations are to the fore in development/deployment of innovative digital services. Some were already innovation leaders before the COVID-19 pandemic and their roles have further developed since. *Sharing the Vision* gives a prominent role for the voluntary sector as part of the mainstream publicly-funded ecosystem of services and supports envisaged. Digital mental health offers

significant opportunities for enhanced leveraging of the sector to address key gaps and personnel shortages in the HSE's in-house services.

The way mental health provider organisations and services have utilized online/digital approaches in responding to the challenges of the COVID-19 lockdown and social distancing regimes demonstrates how quickly the system can innovate and adapt when it needs to. It also shows that the old ways of doing things are not necessarily sacrosanct, and that some of the traditional resistance to change can dissipate when needs must. On the other hand, it is important not to get too caught-up in the hype that tends to accompany technological innovation. Not all technology-enabled or technology-driven change in mental health will automatically be positive for service users and outcomes, so a measured, evidence-supported approach is essential.

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