

Digital Mental Health Services

The impact of COVID-19 on young people's mental health

CLARE WILKINS AND ROSE ANDERSON | FEBRUARY 2021



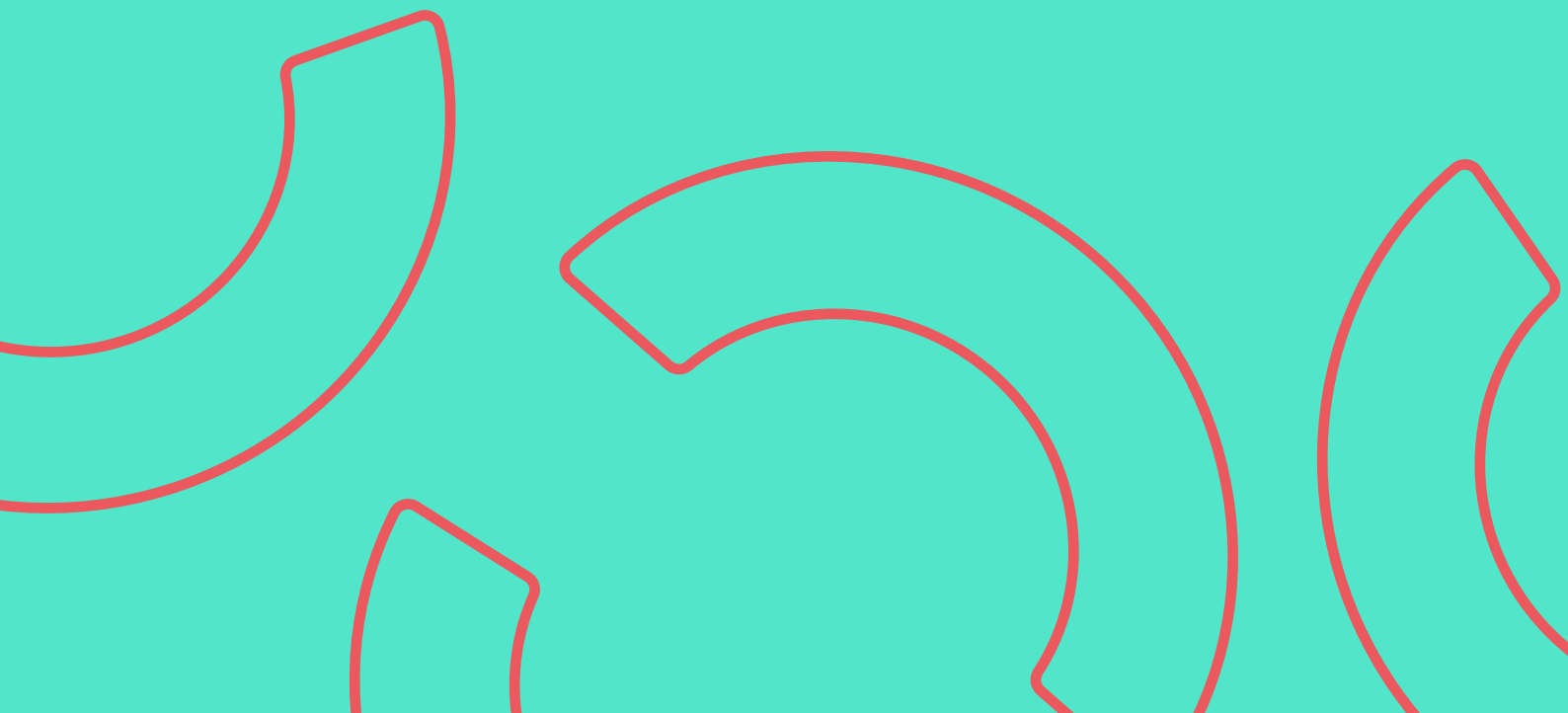
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Foreword from NPC

NPC is delighted to have this opportunity to build on our previous research on digital mental health services for young people, and we thank Nominet for all the support they have given to us and to the sector. Nominet's flagship #RESET Mental Health Programme has helped mental health organisations adopt and scale up their mental health support. But since publishing our report in 2019 and the #RESET Mental Health Programme launching, the environment for charities and young people has changed so much. Young people have had to cope with lockdown, being separated from friends, lack of activities, and exams being cancelled. Parents, teachers and charities have worked hard to support them through this. Charities have been incredible—rapidly adopting new technologies and services, scaling up what they had, and collaborating with others—to ensure that as physical worlds got smaller, there were still places that young people could get help. The effort all this has taken has been considerable.

The pandemic has shone a light on the importance of digital transformation—what it can do, how it can help charities reach different audiences as well as more people. But it has also made clear how vital digital capacity is for the sector. The challenges of digital means that it is not for every organisation—there is a cost to roll it out, staff training, and the need to make sure it's the right service for young people.

The scale up of digital mental health services needs to be balanced with in-person support where needed, and alternatives for people who can't access digital services. Charities need to focus on user involvement to properly gauge where their services best fit. Young people deserve the best services possible as they face an uncertain future. We hope that this report can help charities and funders to think through the benefits, challenges and opportunities that digital can bring to mental health services so that the sector can rise to the needs.

ANGELA KAIL
DIRECTOR OF CONSULTING

Foreword from Nominet

For many working across mental health support, the forewarning that the COVID-19 pandemic will be closely followed by a mental health crisis of similar magnitude, has been sobering. Already stretched in terms of meeting demand and adapting to digital, with then upended fundraising and delivery models, charities have had to find deep resolve to move forward in 2020. Whilst this foreword should be introducing the findings of the report, it is equally important to firstly say a heartfelt thank you and pay tribute to everyone working in such challenging and unprecedented circumstances over the last year.

When we first examined the digital mental health system with NPC 18 months ago, our intention was to understand the limitations, the gaps and the potential for expert charity organisations delivering blended support to young people needing mental health support.

It led to our flagship #RESET Mental Health Programme, and it led to us working closely with a group of inspiring and determined organisations.

For those we are working with, the progress has been significant, the learning steep and the services never more needed. But what this report also highlights is that the strength of the system is not simply in reaching as many young people as possible – but examining the model of delivery with and for young people. What role could and should digital play in the delivery of our services? What is lost when everything simply moves online? Who might be left behind, who is out of sight?

The report also examines where there are opportunities for increased cooperation and collaboration within the charity and funding sector that puts young people and their mental health at the very centre. How we share knowledge, resources, pathways and insight will define how we support young people effectively in the coming years.

CHRIS ASHWORTH
HEAD OF PUBLIC BENEFIT,
NOMINET



Background

Building on previous insights

In April 2019, NPC published a discovery paper, commissioned by Nominet, which looked at the landscape of the charity sector and others working on digital services to support children and young people with mental health issues. The paper used an extensive literature review and expert interviews to help donors interested in funding organisations working on digital mental health services. We presented 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; and opportunities for funders to support youth charities with their digital mental health services.

Nominet used this research to launch the #RESET Mental Health Programme, a large-scale grant funding programme. Nominet's approach was to fund two key areas:

- **Digital services:** Supporting digital mental health services by increasing the digital capacity of mental health charities working nationally in the UK
- **Digital patterns and pathways:** Supporting broader digital initiatives that boost collaboration and service quality across the mental health sector

This report

Recognising the impact COVID-19 has had on the social sector, in the autumn of 2020 Nominet asked NPC to update our original research. This report reveals how the landscape has changed amidst the pandemic, and what challenges and opportunities there are for charities and funders to support young people with mental health issues. We share insights from experts in the field about what to expect in 2021 and beyond.

We are grateful for the time that many people have given to this research, and for the insights they generously shared with us. We hope this work helps charities and their funders to alleviate some of the pain young people have suffered in this unprecedented time.

Introduction: A massive disrupter

COVID-19 is a massive disrupter. Digital transformation is no longer a side project for charities or funders. It has become integral to how charities operate and will remain so. Charities and funders alike need to adjust how they think of digital. Digital now threads through all elements of service delivery and charity operations; it must be recognised and resourced accordingly.

From a digital perspective, charities who were already moving towards developing digital services have had to dramatically accelerate their efforts in deference to the demands of lockdowns, social distancing and remote engagement. Charities with no plans to move to digital yet (or at all) were compelled to consider a move to digital as the only way to continue engaging their service users, even if they expect to mostly return to face-to-face services when the pandemic is over. Many charities are discovering that moving to digital is enabling them to scale their services quite economically. However, they are also grappling with a tension between scale and depth; many charities need to answer this question in the months and years ahead.

From a funding perspective, COVID-19 is an exacerbator. Any precariousness in business plans, income generating activity or diversity of funding streams have been laid bare by the pandemic, with some charities exposed to worrying risk and uncertainty. But at the same time, we have seen some promising changes in funder behaviour, such as more willingness to fund unrestricted, openness to funding digital activities and better understanding of the need for flexibility. We hope this will continue beyond the pandemic.

In terms of young people's mental health, the charities we spoke to identified common and concerning trends, such as rises in depression, anxiety and loneliness. The underappreciated peer social networks that support young people have been disrupted, and many young people feel disparaged and blamed for the spread of the virus. Alongside this, were very real concerns about the health of loved ones, and what their future might bring in terms of their education and careers.

Referral pathways for young people have been thrown into disarray. There are far fewer opportunities for 'eyes on' vulnerable children at school or in youth clubs. Child and Adolescent Mental Health Services (CAMHS) have had to reduce staffing and allow clients and practitioners to accommodate self-isolation. Community visits have been cut, with many only taking place in situations deemed urgent or high risk, raising the risk of some cases falling between the cracks¹.

The charities we spoke to identified steep rises in engagement from young people. It is hard to say if this is due to rising need, narrowed alternative support systems or better awareness of services and high general digital engagement. What is clear is that through the pandemic many services have noticed a step change in the numbers of young people engaging through digital pathways. Whatever the motivations for young people seeking support, it is vital that they find support where they look for it, and that the support provided can safely and suitably meet their needs.

¹ <https://www.camhsnorthderbyshire.nhs.uk/covid19>

Our approach to this research was to ask two questions:

- What do we think is happening now?
- What do we expect to happen next?

We unpack these questions through the lenses of general landscape, service delivery models, charity operational models and funder behaviours.

We recommend funders ask themselves:

- How much unrestricted funding can you give?
- Do you have to fund a service, or could you provide more backend support?
- What are the opportunities to support blended care services?
- How could you encourage user-led design?
- Could you be doing more to facilitate collaboration and information-sharing between charities?
- Where could there be better signposting between charities?

Understanding the landscape

What are digital mental health services?

The heading of 'digital mental health services' includes a wide variety of services. In our previous report, we mapped digital mental health services along a spectrum, ranging from simple through partially integrated to fully integrated support.



Simpler services tend to rely on users self-managing their mental health needs through online information and peer-support networks. These services support users with mental wellbeing or mild mental health issues. Other examples of simpler services would be websites or databases that signpost readers to useful organisations or resources, such as the [Hub of Hope](#) run by Chasing the Stigma. The Mix have piloted a [Triage Tool](#) which can be embedded in the websites of schools and universities, giving young people a shortcut to accessing the charity's services.

Partially integrated services tend to include approaches such as e-therapy. There are multiple ways in which digital mental health therapies are being offered. One option is

online video 'face-to-face' therapy, which is the most similar to seeing one's therapist in person and uses the same sorts of therapies as one would in person, such as talking therapies². Another option is blended therapy, with some face-to-face interaction and some time spent online. The patient might download an app that is open for most of the day and helps them to do 'homework'. An example of this is the SlowMo therapy offered by King's College London to people diagnosed with schizophrenia who experience paranoia. They have fewer and briefer face-to-face sessions, but do online 'homework' in between to help them put into practice the techniques they are learning³. A third option is having 'a therapist in your phone'⁴, either as an app or as online therapy, enabling people to help themselves and

² Davenport, F. and Wykes, T., [Spotlight on COVID: Digital therapies for mental health: opportunities and challenges](#), Video on King's College London website, 26 May 2020.

³ Davenport, F. and Wykes, T., [Spotlight on COVID: Digital therapies for mental health: opportunities and challenges](#), Video on King's College London website, 26 May 2020.

⁴ Davenport, F. and Wykes, T., [Spotlight on COVID: Digital therapies for mental health: opportunities and challenges](#), Video on King's College London website, 26 May 2020.

teaching them new techniques to try out. There might be a human involved, 'watching over' the service user and giving hints and tips, but in most cases the information is held within the app and is used by a programme (usually governed by artificial intelligence which adjusts the programme to the progress being made).

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. Fully integrated services can also be designed for people experiencing a mental health crisis that requires urgent intervention.

These categories are not exhaustive, and there may be services which exist in the gaps between them. For example, [Nominet is funding Barnardo's and Snook](#) to expand their online library, 'Design Patterns for Mental Health', which contains best practice guides to help organisations develop digital mental health services. This is a digital mental health service,

but the focus is on ensuring that new services are developed with better clinical evidence, rather than delivering a service directly to young people.

The mental health charity Mind has adopted a definition of 'digital and remote provision' which includes telephone appointments; video appointments, such as through Skype or Zoom; computerised Cognitive Behavioural Therapy (CBT) and counselling courses, often used by Improving Access to Psychological Therapies (IAPT) services; and online prescribed guided self-help information and advice⁵.

However, to help us think about what is happening in such a rapidly changing sphere, we think it is important to recognise the range and breadth that digital mental health services encapsulate. Some digital mental health services are merely informative, whereas others are more interactive. There is a clear distinction between a webpage of links to articles about different mental health conditions and an online CBT course with another human being at the other end of the video call.

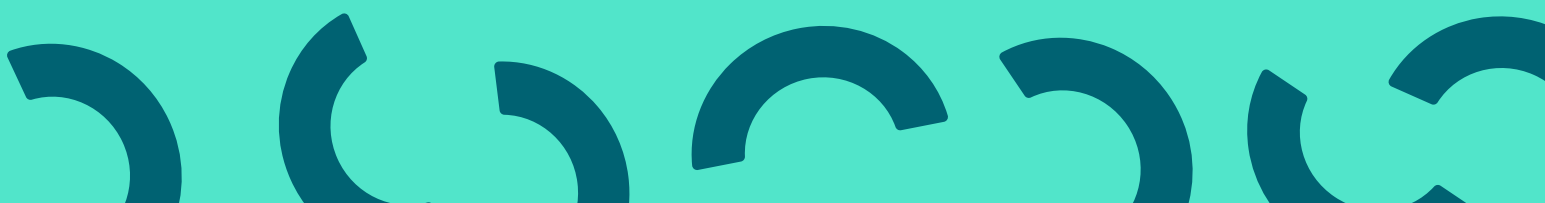
Case Study: Shout

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 have 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.

Case study: 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. Their practical guidelines allow for the building of services or 'bits' of services, while ensuring consistency and a degree of evidence. The patterns were developed with consideration for the user's entire journey, from awareness to completion. Only phase one has been completed in the patterns library so far, providing four design principles, but phase two is under construction with eight more principles, including human signposting.

⁵ Mind (2020) Briefing from Mind: [Digital services for people with mental health problems and digital exclusion during the coronavirus pandemic](#).



Anxiety and depression are on the rise

'COVID is a public health issue, but I think it will be remembered as a mental health issue... We've got another two years of this tale to go, and it'll be a mental health tale.'

MENTAL HEALTH CONDITIONS

Surveys from before the pandemic show that one in eight children (12.8%) had a mental health disorder⁶. These include anxiety disorders, depressive disorders, eating disorders and behavioural disorders. Rates of depression and anxiety in young people have increased by 70% in the last 25 years⁷.

Since the pandemic struck, it has been widely reported that mental health conditions have been rising faster due to the fear of COVID-19 itself, the strain of living in lockdown and fear for the future. The rising mental health issues we were already witnessing before 2020 have accelerated⁸.

Across all the charities we spoke to, the biggest increases in need from young people were related to anxiety and depression, both in terms of demand for services and online searches. Anxiety typically arose from worries about the future, financial pressures, and prevailing uncertainty.

One charity we spoke to said the young people they supported were experiencing 'skin hunger', yearning for the physical contact (e.g. hugs) they used to have with others. Scientists have explained that a lack of human touch can lead to negative physical and mental health consequences, including stress, a weakened immune system and poor sleep⁹.



Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (**54.1% of 11 to 16-year-olds, and 59.0% of 17 to 22-year-olds**) than those unlikely to have a mental disorder (**39.2% and 37.3% respectively**).

'Young people were missing contact with other people. They become sloppy in their routine, their eating habits, their sleep schedule—all things that become related to long-term mental health.'

⁶ NHS Digital (2017) *Mental Health of Children and Young People in England 2017: Trends and characteristics*.

⁷ Baroness Stroud, P., and Brien, S., (2018) *The Maker Generation: Post-Millennials and the future they are fashioning*.

⁸ NHS Digital (2020) *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey*

⁹ Medaris Miller, A., 'People are experiencing 'skin hunger' after months without touching anyone', in Insider, 9 June 2020.

Young people are aware of the link between their physical health and their mental health. They have expressed concerns to charities about living a more sedentary life and not going out as much as they used to, and what that could mean for their mental wellbeing. Engaging in solo leisure activities at home, rather than going outdoors or taking part in activities with others, is associated with a more negative effect on wellbeing. This may get even worse if these leisure activities involve excessive smartphone and/or social media use; both were found to predict psychological distress in primary school children in China during the pandemic¹⁰. Interestingly, [a recent study by Oxford University](#) suggested that playing video games could be beneficial for mental wellbeing, but the research only studied two games that were suitable for all ages. It also suggested that a player's attitude to their gaming could affect its impact on mental health; players who felt bullied into playing the game, either by other players or by the game itself, would not have such a positive experience.

Many children and young people who already had diagnosed mental health conditions before the pandemic are now seeing their mental health worsen. Some have reported elevated symptoms of existing conditions, such as PTSD and other trauma-related conditions, due to their support being restructured. More than half (58%) of young people reported disruption to the mental health services they were receiving before the pandemic¹¹. Accessing therapy sessions and medications was particularly difficult due to the reduction and/or stopping of these treatments.

Young people with pre-existing mental health difficulties, such as anxiety and depression, were more likely to report changes in their general living situation during the pandemic than those without these mental health difficulties¹². There may be multiple reasons for this, relating to adjustments around their care or financial pressures, such as having to move back in with family.

Self-harm and suicidal thoughts are a major concern. Before COVID-19, only 38% of people who self-harmed received medical and/or psychological support¹³; there were fears that this could be made worse by the current crisis, as accessing support becomes more difficult. Charities are concerned about potential increases in self-harm, which is a risk factor for suicide. Research by the Mental Health Foundation in June 2020 found that the proportion of young people reporting suicidal thoughts or feelings (22%) was more than double that of the population as a whole (10%)¹⁴.

Intriguingly, research from high-income countries indicates either no rise in suicide rates (e.g. in England) or a fall in suicide rates (e.g. in Japan and Norway) in the early months of the pandemic¹⁵. This may be linked to an initial feeling of 'pulling together' to get through the crisis. However, looking only at overall suicide rates ignores the trends within certain groups. The National Child Mortality Database identified concerning data suggesting that deaths by suicide among under-18s in the UK may have increased during the first phase of lockdown¹⁶.

10 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

11 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

12 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

13 Samaritans (2020) [Coronavirus, young people and self-harm.](#)

14 Mental Health Foundation (2020) [Coronavirus: The divergence of mental health experiences during the pandemic.](#)

15 John, A., Pirkis, J., Gunnell, D., Appleby, L. and Morrissey, J. (2020) 'Trends in suicide during the covid-19 pandemic'. *BMJ*, 371 (4352).

16 Odd, D., Sleep, V., Appleby, L., Gunnell, D. and Luyt, K. (2020) [Child Suicide Rates during the COVID-19 Pandemic in England: Real-time Surveillance.](#) National Child Mortality Database.



SCHOOL, UNIVERSITY AND EMPLOYMENT

The phrase 'young people' is a broad one, encompassing pupils still at school, students going to or already at university, and those making the transition into the jobs market (either instead of university or following university). Each stage of life brings its own unique mental health challenges¹⁷.

With the closure of schools, children have lost the coping mechanisms — private conversations with friends, sports and other hobbies, access to mental health support at school, etc. —that might have helped them maintain their emotional wellbeing and reduce anxiety¹⁸. They might not even have realised that their peers were their support network until they were gone.

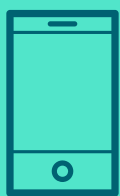


About **six in ten (62.6%)** children aged 5 to 16 years with a probable mental disorder had regular support from their school or college, compared with **76.4%** of children unlikely to have a mental disorder.

'Young people are realising that what they originally didn't see as coping mechanisms were actually coping mechanisms. If they coped by always being busy and sociable, losing that was like pulling a rug out from under their feet.'

For school aged children, there may be a mixture of mental health benefits and stressors resulting from COVID-19 and the associated school closures. On the one hand, charities are reporting a reduction in calls and queries relating to peer conflict, such as bullying. On the other hand, young people are also losing the connections they had to their friends and to their teachers.

School-age young people have been deeply affected by disruption to their education:



The charity Mental Health Innovations reported that **51% of young people** using their free text messaging service Shout indicated that they contacted Shout because **'they didn't have anyone else to talk to'**.

'The education seesaw has been really tricky for young people to navigate. The abrupt disruptions and closures, the important milestones being changed or cancelled, the lack of Internet education, the period of uncertainty at the start of the pandemic—it was really difficult for young people to manage. And coming back to school again was also a big change.'

¹⁷ NHS (2020) *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey*.

¹⁸ Samaritans (2020) *Coronavirus, young people and self-harm*.

Charities are seeing an increase in calls relating to familial conflict; tensions rise when everyone is confined together and there are fewer activities happening outside the home and so less opportunity for young people to get away. Schoolchildren are more exposed to family challenges, such as financial troubles, and are increasingly expressing concern for their parents and other family members¹⁹.



Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (**16.3%**) than children unlikely to have a mental disorder (**6.4%**).



Among 11 to 16-year-old girls, **63.8%** with a probable mental disorder had seen or heard an argument among adults in the household, compared with **46.8%** of those unlikely to have a mental disorder.

Going to university usually promises the opportunity to meet new people, which now cannot happen (in person) due to COVID-19 restrictions. Students sense that they are missing out on the promised university experience.

'People are going to university and trying to have their worldview expanded while being locked in their rooms... We [also] know recessions are bad for people's mental health, and a lot of the risk factors around suicide will be increasingly prevalent if we're going into a severe recession.'

Feeling trapped and feeling like you do not belong are two key risk factors for suicide. Both are present in students; not only are they locked in their rooms, they are also being attacked by the media. Many interviewees noted that the vilification of young people in the press—through the stereotype that students are going out and partying and not socially distancing—will certainly not be improving their mental health.

Among school leavers and new graduates, there is a sense of pessimism around getting a job in a COVID-19 world or post-COVID-19 world. Samaritans' research has found that young people are concerned about what the future holds, and especially worried about job losses and missing out on educational and professional opportunities due to coronavirus²⁰.

¹⁹ NHS (2020) *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey*
²⁰ Samaritans (2020) *Coronavirus, young people and self-harm*.

GROUPS DISPROPORTIONALLY AFFECTED

Children and young people who have been disproportionately affected by the pandemic will face their own mental health challenges. These groups include young people with existing mental health conditions, autism spectrum conditions and physical health conditions; young people experiencing socio-economic disadvantage and social care needs; young people of colour; young carers; and LGBTQI+ youth, especially those with non-binary or genderqueer identities²¹. There also appears to be a gender divide, as young women have been found to experience more of a psychological impact than young men in countries such as China, Spain and the UK. This may be the result of the disproportionate economic impacts of the pandemic on women, as well as the reportedly poorer mental health that young women displayed pre-COVID-19 in comparison to young men²².

A study by Kooth, investigating the use of their online wellbeing community, showed an increase in use by children and young people from BAME backgrounds in the first few months of the pandemic. The mental health of young people from these ethnic backgrounds had deteriorated more than that of white young people, which is to be expected when the pandemic has disproportionately affected BAME people in terms of deaths, illnesses and economic hardship.

The frequency of reported anxiety and stress increased from the previous year to the time of the pandemic by 11.4% for service users from BAME backgrounds, compared to a 3% increase for white service users²³. Suicidal thoughts increased by 26.6% for service users from BAME backgrounds, compared to an 18.1% increase for white service users during the lockdown²⁴. Issues around family relationships, sleeping difficulties, and school and college concerns had all increased by 27%, 200%, and 159% respectively for young people from BAME backgrounds²⁵.

Intriguingly, there are some young people who have actually experienced positive changes to their mental health during the pandemic and the lockdowns. For example, a UK survey of parents and carers of children with autism spectrum conditions revealed various factors that were having a positive effect on the mental health of autistic children, including a lack of school stressors, more time to invest in leisure activities, successful routines at home, and not having to struggle to meet the expectations of teachers and peers²⁶. However, the positive impact on some young people's wellbeing may ultimately be influenced by additional factors such as housing conditions. A separate survey of parents and carers of children with ADHD in France noted that optimal living conditions (e.g. having a garden at home) seemed to compensate for the negative impacts on ADHD symptoms such as inattention and hyperactivity²⁷.

21 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

22 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

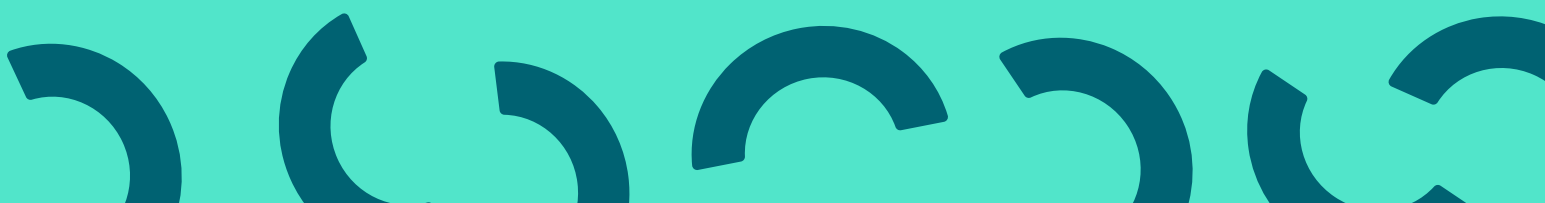
23 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

24 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

25 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

26 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)

27 Evidence Based Practice Unit (2020) [Emerging evidence: Coronavirus and children and young people's mental health, Issue 4, 21st October 2020.](#)



New anxieties will emerge as the pandemic ends

The overwhelming impact of COVID-19 will deeply damage the nation's mental health. The Centre for Mental Health estimates that in England up to 10 million people (almost one in five) will need either new or additional mental health support, of which 1.5 million will be under 18²⁸. Most will need support for depression or anxiety, or both. Others will need help for PTSD, trauma and grief.

About two-thirds of people who will need support already have existing mental health needs, including severe mental illness²⁹. These already high figures could rise even higher in future forecasts, as the model accounts for increases observed in BAME communities, people in nursing homes who have experienced COVID-19 outbreaks, and people with learning disabilities. The points at which this new level of demand will emerge may vary over time, with increasing demand relating to anxiety and depression expected over the next year, and increasing demand relating to PTSD more likely to follow later.

As the vaccine is rolled out and people return to schools and workplaces, new anxieties are likely to emerge around the safety of re-entering spaces that have been 'off limits'. Having spent months being told not to go to certain places (at least not without wearing a mask and keeping one's distance), training oneself to feel safe in these spaces without such precautions may be a challenge. This will impact how charity services are accessed. Even if service users have confidence in the charity's infection control measures, concerns about the risk to their family may continue.

COVID-19 will continue to have an impact on schools, especially on exams. Already, we have seen the announcement that GCSEs and A Levels in Wales have been cancelled for 2021. While assurances are being sought that universities will not discriminate against Welsh students, there may continue to be uncertainty. Young people in Wales are seeking more details about how the replacement system is going to work.

28 O'Shea, N. (2020) Covid-19 and the nation's mental health: Forecasting needs and risks in the UK: October 2020. Centre for Mental Health.

29 O'Shea, N. (2020) Covid-19 and the nation's mental health: Forecasting needs and risks in the UK: October 2020. Centre for Mental Health.

How delivery models are changing

Moving towards digital delivery

The lockdown meant many charities moved their services online for the first time or deepened their digital offer. More precisely, charities are taking their existing face-to-face services and transferring them to a digital format, rather than starting from scratch and creating new 'digital-first' services. This is understandable; it enables charities to continue to provide their usual offer and make the switch to online quickly. However, it does raise questions about how effective these transplanted activities will be in their new setting. As one interviewee put it:

'You don't take the 6 o'clock news off the telly, put a 30-minute video on Twitter and expect people to still watch all that.'

The content being put online or in an app needs to be appropriate to the format. This takes time to think how best to use the new medium, which may not be viable if charities are in survival mode.

When developing and using digital tools, the priority is to make sure they are effective. Davenport and Wykes have identified some flaws in current practice (also present before the pandemic) which can hinder the process of creating effective digital mental health tools. Some mental health apps are made with the help of advisors, but others simply copy an existing online therapy model into an app. This latter method can be problematic because the way apps are used is completely different to how online content is accessed. Apps are generally only used for ten minutes at a time (e.g. while on the bus), whereas online therapies are more structured and can take between 30 minutes and an hour to complete a session³⁰.

Under COVID-19 we are seeing shortcuts around service user testing, adjustments, and feasibility checks before an app is launched to check its effectiveness³¹. This has arguably been necessary because of the pace at which charities needed to respond to need and changes of delivery, but it remains important that service users and mental health practitioners continue to be involved and consulted to ensure that digital approaches are accessible, clinically suitable, safe and effective. For Nominet, this has been core to their #RESET Mental Health Programme partners, and their work continues to be boosted further by the Design Pattern Library.

Digital mental health services will not be suitable for everybody. Samaritans' letter-writing service has seen a big increase in users since the first lockdown, and the biggest increase has been among those under 25. This may be because it is easier to get a sense of human contact (a key value of Samaritans) by writing a letter than by sending an online message.

It would be overly simplistic to say that young people love digital services and know how to use them just because they are young. Whether a young person would rather contact a mental health charity over the phone or via its online chat function depends on numerous factors. Some would prefer the online chat because they are worried about their family members eavesdropping on a phone conversation, or because they have a condition (e.g. autism) which makes a phone call more anxiety-inducing. Others would favour a phone call because they find reading and writing more difficult (e.g. because of dyslexia). Charities should ensure that there is a choice available to young people, even during the pandemic.

'There's a range of views and needs, and while making things more digital is good, you need to pay attention to who's being left behind by that. Not everyone needs to be made digitally native; for some, it's just too anxiety-inducing.'

DIGITAL ACCESS (AND EXCLUSION)

Although we found that 94% of 8–11s and 99% of 12–15s were online last year³², there has still been a problem with digital exclusion among young people during the pandemic. As many as one million children missed out on online learning during the first lockdown because they had poor access to technology³³. This might be due to a lack of equipment, or not having enough equipment (e.g. having to share a single computer with parents who need it to work and siblings who also need their education).

31 Davenport, F. and Wykes, T., [Spotlight on COVID: Digital therapies for mental health: opportunities and challenges](#), Video on King's College London website, 26 May 2020.

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

33 Mind (2020) Briefing from Mind: [Digital services for people with mental health problems and digital exclusion during the coronavirus pandemic](#).





The likelihood of having access to the internet from home increases along with income, such **that only 51% of households earning between £6000-10,000** had home internet access compared with **99% of households with an income of over £40,001**.

(CAMBRIDGE UNIVERSITY, "[PAY THE WIFI OR FEED THE CHILDREN](#)": [CORONAVIRUS HAS INTENSIFIED THE UK'S DIGITAL DIVIDE](#))

therapeutic relationship can be developed online, as this is believed to help people to engage more with the service and get more out of it. It is not yet known what difference it makes to access therapy online rather than face-to-face, but there are concerns around how it is more difficult to give or pick up on nonverbal communication when you can only see a person from the neck up³⁶.

'With regards to counselling, relationships are really important, and they're easier to build face-to-face. Online, it can be much more difficult as you can't see or hear as well or see expressions in the face.'

In Mind's June 2020 survey of people who had accessed or tried to access mental health support during lockdown, 17.7% said they had difficulties accessing support because they were unable to use, or uncomfortable with using, phone or video-calling technology³⁴. This 'digital exclusion' is likely to exacerbate existing health inequalities.

Many people who were accessing digital support told Mind that they felt their GP did not have a sense of what was available—only 3 in 10 were told about the support they accessed by their GP, and only 4 in 10 felt their GP had a good knowledge of the support available³⁵. Service users often had to do their own research.

The limitations of digital-only services

There are issues around the implementation of digital services, including online video therapy. Research is still happening on how a good

Generally speaking, people do not necessarily observe guidance on self-help apps, but do observe guidance more (and get more out of it) if a human being is involved³⁷. The sector needs to know more about how much human input is required so that mental health apps can be made as good as possible and achieve better outcomes for people with mental health problems.

Wykes suspects there will always be a need for face-to-face therapy; conversations with people with more digital skills (typically young people) have revealed that they are concerned that they use their phones too much, so they would rather receive help 'from a human being'³⁸. It is important to get the balance right and to know how much can be done online. If digital mental health therapy shows itself to be effective, it could become a way for the NHS to provide therapy when it lacks building space to provide a face-to-face offer to everyone³⁹.

34 Mind (2020) Briefing from Mind: [Digital services for people with mental health problems and digital exclusion during the coronavirus pandemic](#).

35 Mind (2020) Briefing from Mind: [Digital services for people with mental health problems and digital exclusion during the coronavirus pandemic](#).

36 Davenport, F. and Wykes, T., [Spotlight on COVID: Digital therapies for mental health: opportunities and challenges](#), Video on King's College London website, 26 May 2020.

37 Davenport, F. and Wykes, T., [Spotlight on COVID: Digital therapies for mental health: opportunities and challenges](#), Video on King's College London website, 26 May 2020.

38 Davenport, F. and Wykes, T., [Spotlight on COVID: Digital therapies for mental health: opportunities and challenges](#), Video on King's College London website, 26 May 2020.

39 Davenport, F. and Wykes, T., [Spotlight on COVID: Digital therapies for mental health: opportunities and challenges](#), Video on King's College London website, 26 May 2020.

Case Study: Place2Be

At the start of the lockdown, Place2Be shifted to phone support with young people directly, and with younger children's parents. Phone support was chosen because the charity felt it could rely on everyone having a phone of some sort (which cannot be assumed about online access).

Place2Be partnered with others to increase the range of services it can offer digitally. It has partnered with Healios and XenZone to provide immediate support to children at home. Healios, a provider of NHS specialist digital mental health, autism and ADHD services, offers [ThinkNinja](#), a mental health and emotional wellbeing app designed to help young people manage their own anxiety. The app has been designed with self-management skills and interactive educational content, as young people move around the app with the guidance of a virtual avatar called Wise Ninja. It has received over 4,000 downloads since the start of lockdown. Place2Be has been working with Healios on creating more content, such as guidance on the transfer from primary to secondary school.

In addition, over 250 users have registered with Kooth (XenZone), an online community where children aged ten and older can access online counselling and wellbeing support, as well as receive help from a library of content or from peers. Kooth created a channel on their platform for Place2Be, so the children that Place2Be worked with had a recognisable name signposting them to Kooth. The charity trained its staff on what the tool was and how they could promote it.

These new tools complement Place2Be's existing partnership with Shout, which provides pupils with 24/7 crisis support via a textline. Place2Be promoted the Shout textline more widely during the pandemic.



The challenges charities are facing

Operational challenges under COVID-19

We identified several key areas where organisations are experiencing challenges. These are outlined below. By 'organisations' we mean registered charities in the UK who are providing mental health support to young people during the pandemic despite any changes to delivery methods.

FINANCIAL CHALLENGES

The financial security of individual charities is very dependent on their funding model. Charities with high levels of government funding, whether that be grants or contracts, or strong fundraising from independent foundations, are so far relatively secure, whilst others may be struggling. Funding for digital services continues to lag behind need, although many funders now recognise the need to fund digital work.

Charities that previously didn't have a big digital offering have needed to proactively fundraise, ask donors to de-restrict gifts, and divert unrestricted resources to building up a digital service so they can continue to help the people they work with.

CHALLENGES WITH STAFF AND VOLUNTEERS

Many of our interviewees identified the wellbeing of staff and volunteers as a big issue. Although there can be benefits to working from home, there are specific challenges for those offering services such as counselling. Staff and volunteers may find themselves engaging in distressing or difficult conversations in their own homes, with reduced delineations between their work and personal lives or a reduced ability to 'switch off'. Staff and volunteers may also find it hard to secure private and quiet spaces at home in which to talk with services users as they wish to.

Normal team-based support systems and mechanisms for flagging up concerns about colleagues are hard to replicate in distributed teams, making it tough to identify where support is needed or provide a naturally supportive wraparound environment. This potentially jeopardises the ability of staff and volunteers to properly meet their service users' needs, and may undermine the volume and quality of service user interactions. Samaritans, for example, has lost volunteers during the pandemic due to other requirements such as childcare responsibilities. It can be difficult for them to find and train up new members to a level that they feel reflects their service offer.

Although many charities have gone to much effort to ensure high standards of safeguarding and data protection, it has been harder for them to do this with distributed teams, equipment and working environments. Real-time oversight of individual conversations can be challenging, and charities—like other employers—need to take a certain amount on trust, including around areas such as confidentiality. This can be particularly tricky with new staff members who are unfamiliar with the charity's working practices and who are not 'known' to the wider team, or when asking people to pivot to activities that they aren't as familiar with.

What challenges are ahead for charities?

FUNDING CHALLENGES

Looking ahead, it can be helpful to identify where we think funding may come from, and where it may fall. It is generally accepted that money from government is likely to drop in the years ahead. This goes beyond direct money from government contracts or grants. It is a reasonable assumption that schools and local authorities will have less money to spend on engaging with charities, so charities should recognise ahead of time that these funding streams are likely to diminish.

This makes it very important that charities have strong diverse income streams from independent sources that may help them to weather the challenges ahead.

Although the vaccine promises an end to COVID-19 on the horizon, we should not assume that business as usual will resume come spring 2021. Charities will almost certainly have to make further adjustments to the services they deliver, and how they deliver them. They are also likely to face increasing challenges with areas such as staff wellbeing and safeguarding—particularly if they experience staff or volunteer burnout or disengagement.

COORDINATION BETWEEN CHARITIES ON SERVICES THEY OFFER

'If I cut two services, I need to make sure I'm not cutting the same services as everyone else, and that's hard to do without sector collaboration. We can't all cut our helplines and just have online chats. We need to coordinate our actions for the sake of our service users.'

When choices are being made about which services to continue and which to stop, charities should coordinate so that not everyone is discontinuing the same kind of service. Many charities are being pragmatic about funding challenges ahead and responsive to feedback from service users, building in flexibility and the ability to pivot services into their approach. In some cases, this may mean closing some services. If charities are going to do this, they need as much information as possible to ensure their closure is not leaving an important gap in provision for those who rely on it.



How funders are responding

More unrestricted funding, but digital still lags behind

Across the social sector we are seeing some general shifts in how funders engage with grantees. These include more willingness to de-restrict funding or give unrestricted funding, and more open dialogue about charity needs and how to resource them in the immediate term. However, these changes are not universal, nor are they necessarily permanent. They also do not go far in addressing long-term challenges and how to overcome them.

Despite some positive signs, we heard from many interviewees that securing unrestricted funding remains a big challenge and can hinder their ability to flex services or fund infrastructural needs (such as computers for remote access or transitions to cloud-based working). Funders are being supportive where they can, but we are still seeing a tension between what funders are happy to provide, and the kind of funding that charities most want.

We are seeing funders do their best to respond to the immediate challenges posed by the pandemic. Many are giving generously, and others may be accelerating their grant decisions or frontloading multi-year gifts to provide short-term cash injections. This is valuable for the sector, but it does lead many charities to question how they will survive through 2021 and beyond. Some funders may not be able to sustain their current level of giving, which creates a challenge for charities in terms of projecting what resources they will have in the months and years ahead.

We are seeing more funders recognise the value and importance of funding digital work, although funder engagement with digital continues to lag behind need. Charities continue to struggle to secure funding for digital services, particularly in the long-term. This applies to charities with long-term digital engagement as well as those newly digitising their services. It has meant that many are having to repurpose other funding streams and turn to unrestricted funding to build out, maintain or deepen their digital offer.

COORDINATION CHALLENGES BETWEEN CHARITIES

Charities may, in the past, have been able to signpost users to a select number of other services they felt confident about or happened to know well. But with rapid changes in both the landscape and the scope of services offered by different charities, it can be hard for organisations to keep their sector awareness up to date and direct people accordingly.

There are already services, such as the Hub of Hope, that offer good signposting to recommended charities based on individual needs and location. We heard through our research that there is much value in these types of services, and that there may be opportunities to deepen their offering to provide the sector with bespoke inter-charity signposting opportunities. These bespoke tools could enable charities to confidently signpost service users to other charities and/or services where those services are more suitable or specialist.

A lack of in-depth knowledge of comparable services can make it hard for charities to decide what services to offer, or to plan how those services fit into the wider system of support.

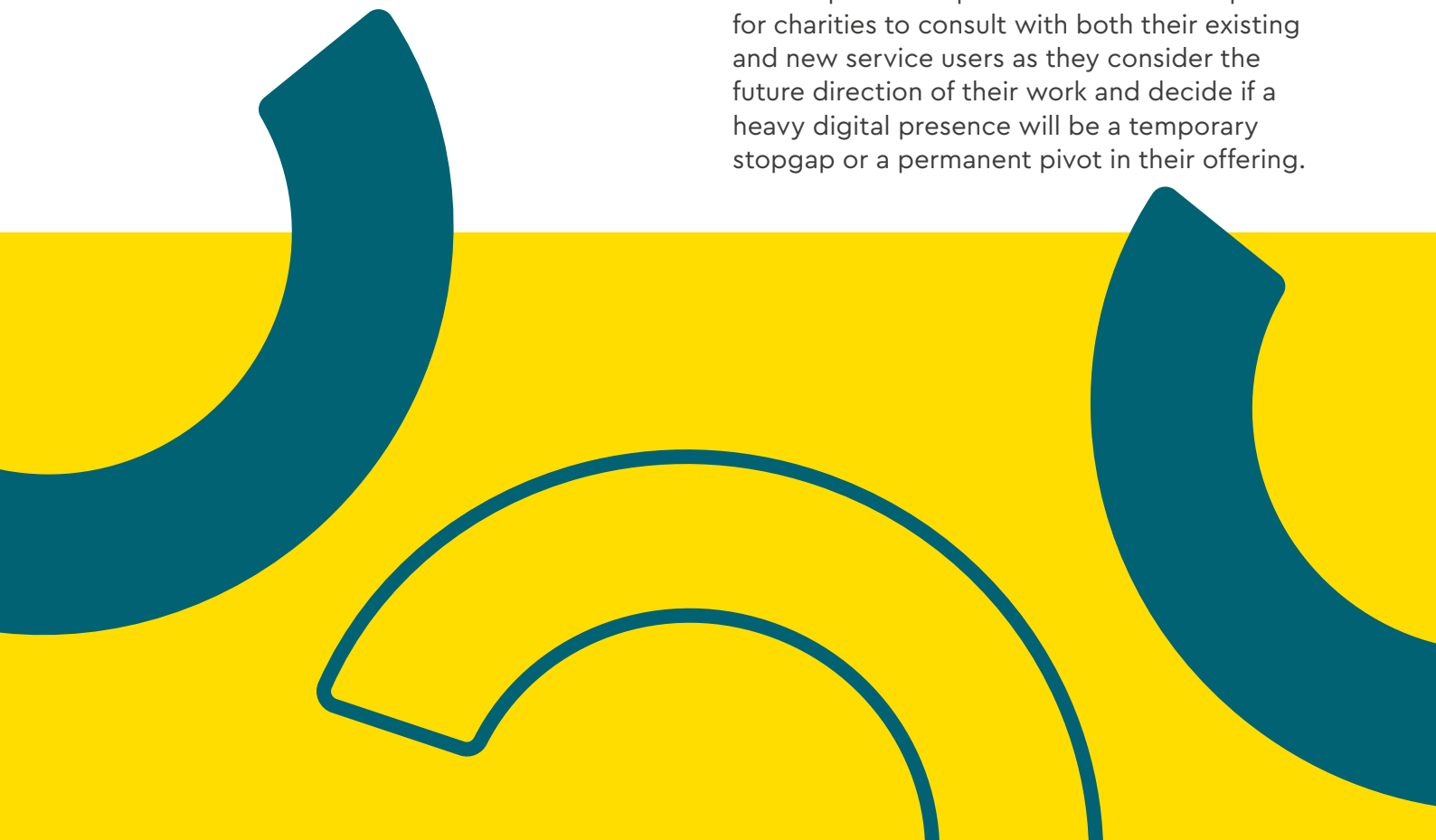
Identifying a new role for digital services

More than ever, funders need to educate themselves about what good digital behaviour is.

IS DIGITAL ALWAYS BEST?

Digital offers vital opportunities to support people through a variety of mediums at any time anywhere. Digital services are replicable and scalable, so can therefore bring great efficiencies. But there is a risk that, as charities and funders come around to the need to engage with and invest in digital services, opinion swings too far and other services start to be seen as too expensive, low in reach or unnecessarily intensive. The sector needs to continue advocating for approaches such as blended care and some of the more expensive kinds of support (such as one-to-one counselling), to ensure that quality and depth is not lost in a quest for reach.

Charities that have made big adjustments to introduce new digital services will have to consider whether they continue to offer so much digitally, or whether they return to many of their previous operations. It will be important for charities to consult with both their existing and new service users as they consider the future direction of their work and decide if a heavy digital presence will be a temporary stopgap or a permanent pivot in their offering.



Funding opportunities

Through our research, we identified four funding opportunities for funders wanting to support digital mental health for young people. It should be noted that we chose these for funders seeking to be at the forefront of emerging issues in the sector.

1. Unrestricted support or loosely restricted support

It would be remiss of us not to mention the vital role that unrestricted funding plays and will continue to play in helping charities respond to emerging needs. Unrestricted funding is by far the most valuable kind of funding that can be offered to charities, especially now when organisations need to flex their services at speed and often in new directions. Unrestricted funding liberates charities to deploy resources where they are most needed.

We strongly urge funders who prefer (or are required by their governance structures) to give restricted gifts to make any restrictions as loose as possible. We also encourage funders to have transparent conversations with potential grantees about what their organisation really needs—both now and in the months ahead. Finally, funders that wish to pursue restricted grants should ensure that they are including reasonable cost recovery (11–15% is normal) as part of their grant.

2. Service user involvement in service design

A key opportunity we identified is to support charities with fully integrating service user-led design into their digital services. We recognise that many charities have made rapid changes, whether that be moving resources online or flexing how they are providing opportunities to talk. But in some cases, the need for such speed has meant that charities have been unable, or have neglected, to fully consult with their service users on what those new or adjusted services should look like.

This is perhaps understandable, as service user involvement can be time-consuming and (particularly under the current circumstances) harder to organise. However, charities should be awake to the need to keep their service users central to any decisions about service design and access. Funders can help by asking charities about their approach and how they are involving service users. Funders can also support this work by funding charities to better involve their service users in changes to digital service offerings—either ahead of any changes, or retrospectively to optimise adjustments that have already been made.

3. More in-depth signposting between charities

We know that there are existing signposting tools such as Hub of Hope that are working well. But we also heard from charities that deepening insights within these tools and building a more comprehensive offer could be useful. This could include a tool with additional data and functionality such as:

- Recommended charities with clinically suitable offerings
- Insight into an organisation's expertise on mental health issues (including how deep this expertise is and which mental health issues are covered)
- Format and location of support that specific charities can provide
- Updated information on each charity's capacity for working with new users

Such a tool could help to inform charities who feel they are not best equipped to meet callers' needs, and enable them to refer service users on to more appropriate support. Funders could help charities by supporting the development of a more comprehensive inter-charity signposting tool, whether that be a new tool or the further development of existing services. This would help charities to confidently pass service users over to more suitable services when it is needed.

A tool like this could help charities to work better as a single cohesive unit, distribute service users more appropriately, and provide

up-to-date sector insights into charity offerings at a time when many charities simply do not have the capacity to maintain a high level of sector awareness. It could also double up as a tool for helping charities to benchmark their offer and identify which services they most need to invest in and maintain so that, for example, the sector does not suddenly find itself with a shortage of telephone-based support services.

4. Continued support for blended care services

In amongst funding new opportunities, it can be easy to neglect continued funding for things that can work well, and that are particularly suited to flexing delivery methods. Blended care is one of these areas, so funders should not forget about it or allow themselves to be wholly diverted to supporting digital-only work.

Blended care is uniquely well-suited to the current environment. It enables people to access in-person one-to-one care where possible, and for their support programme to be supplemented by digital offerings that help to create continuity of care between appointments. Blended care has an inherent flexibility that lends itself well to a fast-changing environment, and it does not lean too hard on one type of service delivery.

Funders seeking to continue supporting existing work should talk with charities about their blended care models, to identify whether they need additional support, and whether there are any areas that need modernising or adjusting to meet changing demand.



Conclusion

The landscape of digital mental health services has changed considerably since the outbreak of COVID-19. New challenges for charities have arisen as a result of lockdown, including how to ensure confidentiality when talking to service users from one's own home, and how to promote and protect the wellbeing of charity staff when the boundaries between work and home are increasingly blurred.

Furthermore, problems that were already starting to affect the digital mental health sector before the pandemic have been magnified, and changes that began before the pandemic have accelerated. Recorded mental health conditions were already rising, as noted in our previous report, which may have been the result of reduced stigma and better reporting, rather than an actual rise in mental health problems. However, this rise became steeper as COVID-19 took its toll, which can be attributed to the stress and uncertainty of living through a global pandemic.

These issues may go on long into the future. While a vaccine is being rolled out, inspiring hope for an end to the pandemic, there will continue to be uncertainty for young people, especially around exams and career opportunities.

Mental health needs that have arisen through bereavement, job loss or disruption to education will need to be addressed, and mental health services and charities could be overwhelmed by the need. There could be a role here for digital mental health services to ease the pressure on in-person therapy, but more research is needed into how to build a relationship with a service user via digital means and how to pick up on warning signs when you can only communicate remotely.

The charities providing such services will almost certainly have to make further changes going forward, as they consider the sustainability of their funding sources and how to protect against staff burnout and volunteer disengagement. They will need to co-ordinate their efforts to ensure a good variety of services is offered to those who need it, and that interaction is not solely online or solely over the phone. Charities who shifted to digital delivery will need to decide whether to carry on with this march to digital or resume face-to-face services.

Now more than ever, funders need to educate themselves on what good digital behaviour is. Digital services can be useful in many ways, but they will not suit everyone, so funders should make sure they are protecting offline, in-person options for those who need it.

Useful questions for funders to ask themselves

How much unrestricted funding can you give?

This is the most useful type of funding for charities to have right now, as it enables them to be more flexible and redirect services to where they are most needed.

Do you have to fund a service, or could you provide more backend support?

It could be useful to earmark funding for safeguarding, data protection and/or staff wellbeing.

What are the opportunities to support blended care services?

Blended care options have proven themselves to work well, and their combination of in-person and online support means they can adjust their practices more easily as the situation changes.

How could you encourage user-led design?

Understandably, co-design with service users has not been at the forefront of charities' responses to COVID-19, but it is still important to involve them in the decision-making process. Funders can ask charities what they are doing to encourage engagement from their service users and offer to fund initiatives to include users when decisions have to be made about services.

Could you be doing more to facilitate collaboration and information-sharing between charities?

This would enable charities to understand what is happening in the wider sector and co-ordinate their responses.

Where could there be better signposting between charities?

There may be an opportunity for funders to support tools which enable service users to be referred on to other organisations. This would also further contribute to greater collaboration between charities.



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