



Digital Mental Health in the Wake of a Global Pandemic: Reshaping Service Delivery



Introduction

You are no doubt aware of the enormous impact the COVID-19 pandemic has had on mental health, both at an individual and a societal level. Thankfully there were some solutions being shaped before the pandemic that will help to mitigate the parallel mental health crisis. Now these digital health solutions have gone from not just an option but a necessity, and it is key that they are considered from all perspectives, from understanding the evidence base, to navigating the complex digital ecosystem on offer, and considering how service delivery must adapt to incorporate these solutions in an optimal way.

There are numerous challenges to meet as we aim to maximise the potential of digital mental health for reducing mental health symptoms in a more efficient and cost-effective way. Some of those challenges are short-term, such as responding to the mental health needs of a growing section of the population by scaling up existing solutions. Some are more long term, such as rethinking and reshaping how services implement and deliver such digital mental health solutions.

This whitepaper takes a deeper look at the impact the COVID-19 pandemic has had on mental health services, outlining some immediate actions taken as a result of increased needs to meet mental health demands. These are further broken down according to distinct stakeholders across the spectrum of mental healthcare. Importantly, the research that backs SilverCloud's digital mental health solution is presented, as providing an evidence-backed

solution is key to offering and implementing treatments.

Further, **this whitepaper explains some of the key considerations that are essential for integrating internet-delivered Cognitive Behavioural Therapy (iCBT)** within a wider delivery of mental health support in the future. A series of recommendations is made for reshaping the delivery of digital mental health therapy to create technology-enabled mental health services and processes, addressing current inequalities, and with built-in flexibility to withstand those challenges. Areas the pandemic has exposed as needing focus include ensuring services are evidence-based, offer compliance and have technical ability, and enable development of a continuous care model. Planning to enable rapid mobilisation of technology-based care and technology scale-up in a pandemic is also crucial in the future.

We are at a critical juncture now, but the challenges before us also present a unique opportunity. By the end of this whitepaper you will have gained new and important insights into re-evaluating and recalibrating how digital mental health services are delivered most effectively. In doing so, you and your organisation will be better equipped to respond to future crises and to meet the demands for mental health treatments at scale.

A handwritten signature in black ink, appearing to read "Ken Cahill".

Ken Cahill - CEO

Section 1: The impact of COVID-19 on mental health

The impact on mental health during COVID-19 has been stark – and continues to be so, with predictions at the outset of a “tsunami” of resulting mental health issues¹. In October 2020, results of a survey by the World Health Organization (WHO) revealed that the pandemic had disrupted or halted critical mental health services in 93% of countries worldwide, while the demand for mental health was increasing. The survey of 130 countries provided the first global data showing the devastating impact of COVID-19 on access to mental health services, underscoring the urgent need for increased funding². Amongst more extreme indicators was evidence that the incidence of people searching online during lockdown using self-harm terms, which can be an indicator for a higher risk of suicide,³ reportedly increased.

Subsequent data has confirmed the extent of the issue and the escalating need for mental health support. In April 2021, analysis by the Royal College of Psychiatrists showed that almost

400,000
children and
young people

and

2.2
million
adults

had sought mental health support to date during the pandemic⁴. In May 2021, the Office for National Statistics reported that around

One in Five (21%)
of adults

experienced some form of depression in early 2021.⁵ This was an increase since November 2020 (19%) and more than double that observed before the COVID-19 pandemic.

COVID-19 has not only impacted those of us who have struggled with the fallout from the pandemic and

fundamental changes to how we live but suffering the virus itself also has had an impact on mental health. Research shows that even suffering a mild form of COVID-19 can leave sufferers with longer-term mental health issues. For instance, [research](#) in Spring 2021⁶ supported by SilverCloud and undertaken in collaboration with digital therapeutics providers my mhealth, found that the mental wellbeing of patients recovering from COVID-19 was low enough on average to require assessment for depression. This was according to feedback from users of my mhealth's Covid Virtual Ward.

The significant impact on mental health from COVID-19 infection was also underlined by research published in April 2021 in the Lancet Psychiatry Journal, revealing that people diagnosed with Covid-19 in the previous six months were more likely to develop depression, dementia, psychosis and stroke.⁷

Lee Wignall, 38, a graphics motion designer and editor, of Slough, Berkshire:

"The impact from COVID-19 has had a huge effect on everyone's mental health. Some people have had a horrendous time of it. At the outset of the lockdown I found my anxiety started to flare up. I had low moods and was irritable and wasn't dealing with my emotions in the right way, causing me to shout and have outbursts. Someone locally called social services and I was referred to the SilverCloud programme. I have found it very helpful in getting me to manage my emotions, particularly the idea of putting your thoughts in a courtroom-type setting where you try to get a perspective on your behaviour and why you have acted the way you have, whether it is justified, what the external influences are and how you can eliminate them."

¹ JIMR Mental Health May 2020: 'Early warning signs of a mental health tsunami: Initial data insights from digital services providers during COVID-19.'

² WHO survey (05/10/2020): 'COVID-19 disrupting mental health services in most countries'

³ NHS Confederation (12/08/2020): 'Mental health services face 'rising tide' in demand due to coronavirus'

⁴ Royal College of Psychiatrists (08/04/2021): 'Country in the grip of a mental health crisis with children worst affected, new analysis finds.'

⁵ Office for National Statistics (05/05/2021): 'Coronavirus and depression in adults, Great Britain: January to March 2021.'

⁶ 'Covid-19 patients' mental health and wellbeing low enough to require depression assessment, says new data.'

⁷ The Lancet Psychiatry (01/02/2021): 'COVID-19 and mental health'

Section 2: Responding to the mental health support needs of COVID-19

Developing the right model and helping 20 million people

It is critical that during any mental health response the needs of the individual are met and a clear understanding of the drivers to the challenges they are experiencing are identified. It is also essential that normalisation occurs and it is recognised that often the emotional reaction is a normal response to an abnormal situation.

The removal of social interaction, limitations on movements, the ceasing of day-to-day activities, the uncertainty and presence of a virus that may result in illness or death – these are all unusual and significant threats to our personal integrity and the “fight or flight” response associated with fear and danger is a normal and natural response.

As such, when defining those who may be mentally affected by the pandemic and likely to need mental health support, we should look broadly at four key groups of people:

- Those feeling the stress and strain of the pandemic and the change to their daily lives, including the threat and danger from the pandemic;
- Those who have contracted COVID and had a significant physical effect that may result in fear and uncertainty around the disease progression;
- Those that have been at the forefront and been exposed to significant danger, loss, or exhaustion, such as frontline care workers;
- Those who had pre-existing mental health conditions, where the symptoms may have worsened due to the pandemic, or those that may have reduced access to therapy.

Guided by the above, the response should be tailored and incorporate everything from prevention and wellbeing, and developing coping strategies, to early intervention for trauma reactions and formal mental health treatment. We need to be careful not to “pathologise” and label normal stress reactions and adjustment processes to life stressors as mental health conditions, and equally we should make sure not to dismiss those that need more fundamental intervention and mental health support.

As such a **continuous care model** needs to be developed, whereby people can access support for themselves to ‘top-up’ their resilience and protective coping mechanisms, but are also able to opt-in for further support at any time should they need it.

SilverCloud’s response to COVID-19

Guided by this, SilverCloud responded in several ways to the pandemic:

1. **The development of a specific and tailored programme to deal with challenging times:** *Space from COVID*. This programme introduced helpful coping strategies that did not rely on social proximity to others, such as mindfulness and relaxation. It also tackled areas such as financial worries, sleep, stress and dealing with grief and loss. This was designed as a wellbeing programme and for use as self-help, to increase a person’s ability to manage the stressors and strains of the pandemic.

SilverCloud demonstrated the power of agile software development techniques and built the programme in two weeks, tested and released to market within three weeks, and had it in circulation to all 300+ customers within 21 days of the start of lockdown. The programme was continuously monitored and updated, again in line with sprint methodologies and several thousand people have benefited. It was released at no charge to the public at www.spacefromcovid.com without the need for a formal GP or other NHS referral.

2. **The design of a continuous care pathway** that allows a person to start with self-help but based on their needs be escalated to a coached approach, where a trained mental health professional supports the person remotely. The continuous care approach also allows the person to opt-in to more support at any time and also switch between programmes.

This approach allows a continuum of experience to be fully acknowledged, rather than the traditional siloed approach, recognising that we move up and down the continuum of mental health and wellbeing, with the digital platform able to flex to these changes.

With these developments and the extensive digital platform of over 30+ programmes, SilverCloud was able to have specific responses to different cohorts. For example, a workforce solution for a major supermarket chain, saw the deployment of the wellbeing solution. They took a multi-channel approach to driving awareness and normalising responses, including posters on the back of toilet stall doors, with QR codes to access SilverCloud's suite of wellbeing programmes.

Frontline Care Workers

For frontline care workers, SilverCloud made available its wellbeing solutions and supported a national roll-out in each of the home countries of the United Kingdom (England, Wales and Scotland), as well as in Ireland. SilverCloud was available to all NHS and social care workers, plus their families, from the NHS, Department of Health and Social Care and the Health Service Executive (HSE), covering approximately four million people. SilverCloud delivered this service at no cost and helped deliver unique roll-out and implementations across these different geographies and organisations.

NHS mental health services

This response was different to that for existing NHS mental health services that needed a variety of responses due to the local impact on their service delivery. SilverCloud made the platform available to **all** mental health services in the NHS, not just the traditional primary care mental health service, Improving Access to Psychological Therapies (IAPT). Some IAPT services had to close due to staff redeployment and relied solely on SilverCloud to maintain a minimal coverage, whereas others extended their reach of digital but were able to support people on the platform.

There was also a scaling up of digital across some services that had not used online therapy programmes before. For example, several NHS Mental Health Trusts made SilverCloud available at a secondary care level for more

complex presentations, such as for people with bipolar disorder, post-traumatic stress disorder, personality disorder and substance abuse, amongst others. This was used as a blended approach to supplement the move to remote video consultations and maintain continuity of care. Programmes, such as our Space for Resilience, supported a multidisciplinary approach and enabled and empowered service users to benefit from evidence-based digital treatment. This scaling up of digital resources happened across a large part of England, including Devon, Cornwall, the Avon region, Berkshire, the Midlands, North-East London and has been further extended to the North-East of England and Staffordshire.

Population approach to mental health and wellbeing – national and regional

To truly break down the barriers and offer a population approach to mental health and wellbeing, some areas took a regional or national approach to digital therapy. This approach ensured there was equity of access for the entire population and helped break down the barriers to gaining support. In Wales, Eluned Morgans, the Mental Health Minister announced a multi-million package of support for digital therapy, using SilverCloud across the country. The same response was followed by Scotland, where a multi-year roll-out plan of all digital therapy programmes from SilverCloud has been progressed and includes access to the children and young people programmes.

Within England there was a more regional response.



Whilst Merseyside took a unique approach and developed a central hub called 'Amity', built by Mind Waves, made available to the public and frontline health and care workers, and had a curated library (developed by Orcha) of digital solutions, where SilverCloud was the main mental health and wellbeing support.

These regional responses took a variety of deployment approaches, from a central hub and spoke model (Wales), to a disorder-specific approach

(Scotland), a service-led design (Greater Manchester), a preventative, population-led strategy (Merseyside) and a capacity management need (HSE). These offer unique insights into scaling the use of digital and reaching different cohorts and demographics, and addressing the needs of the most vulnerable.

Lastly, there were specialist local and national responses that were truly tailored to the unique circumstances of different people. For example, National Ugly Mugs is a charity to support the mental health of sex workers and made the digital wellbeing programmes available to their members. Sovereign is a housing association and also rolled out support for their tenants across Yorkshire. Mind, the mental health charity, made SilverCloud and other solutions available to people seeking information and support.

For instance, [Carlisle Eden Mind in Cumbria](#) has used the programme as a key part of its provision of mental health support to teenagers. Lindsey Eland, service manager and trainer at Mind, said: "We use it as part of a blended approach as we are really keen to offer choice to young people so they can turn to other means of support, especially if their first experience of support has not been right for them. There is definitely a place for a digital offer as young people experience an improvement from it and it provides flexibility in terms of when they access it."

In total, SilverCloud was able to support more than 20 million extra people in the UK and Ireland throughout this difficult period and the vast majority of these were helped at no cost to the organisations during the pandemic.

Case study spotlight on Space from Covid

With the strength of the impact of the COVID pandemic on people's wellbeing and mental health, SilverCloud took the step of developing a new online programme specifically to address particular issues that were emerging during the crisis in the UK.

Led by Professor John Sharry, Clinical Director and Co-Founder of SilverCloud, the team drew on their experience of dealing with anxiety, depression and other mental health conditions and best practice thinking on how to deal with crisis situations and how they impact on mental health. As a result they built the **Space from COVID** programme, a six-module online package, addressing issues people were experiencing due to the pandemic.

Each module provides clinically-backed support for issues such as trouble sleeping, coping with stress, developing mindfulness, financial worries and experiencing grief and loss, and offers practical tools, tips and suggestions for managing mental health difficulties.

In an entirely non-commercial move, SilverCloud also has made the modules available free to anyone in the UK aged over 18 and due to the nature of the support, access does not require a GP or other NHS referral as with most SilverCloud digital therapy. The average module takes 30 minutes to complete and is accessible 24/7 from a smartphone, tablet or computer.

Professor Sharry explained the programme and its objectives: "We knew that during the pandemic there is a lot we could not control and so we try to help people focus on the things we can control - including how to respond to what is thrown at us. The aim of the programme is to help people manage better in the moment and is not about going back to the old normal as that is not possible.

"We provide users with a wide range of tools and techniques which they can try to build into their daily lives - into their everyday routines. A lot of what we recommend is common sense but not always common practice and focuses on self-care and on trying to calm yourself if you are feeling stressed."

The programme recognises that each of us will be impacted differently by the pandemic but also incorporates some key messages relevant to all users:

- **Acknowledge what's happening** - recognising that this is a stressful and difficult time and that it's ok to be feeling anxious - anxiety is there to help us survive an emergency.
- **Self-compassion** - compassionate self-talk is anything supportive, kind, helpful, caring, encouraging or soothing you say to yourself. We encourage users to 'talk to yourself as if you were talking to someone you love dearly'.
- **Reach out for support and build and maintain social connections** - in a time of crisis staying connected to your social network is especially important. We know that maintaining this network can be challenging but research suggests that the happiest, most satisfied people are those who regularly support and help others.
- **Self-care** - airlines advise you to put on your own oxygen mask before helping other people. The same idea goes for self-care - you need to look after yourself first, in order to be there for other people. Self-care includes looking after your health and spending time on activities that you enjoy and provide you with comfort and happiness.
- **Journaling** - getting thoughts out of your head and onto paper can be a hugely helpful way of calming your mind and acknowledging your feelings.

Section 3: Reshaping delivery of mental health support

The key steps and considerations to integrating digital Cognitive Behavioural Therapy (CBT)

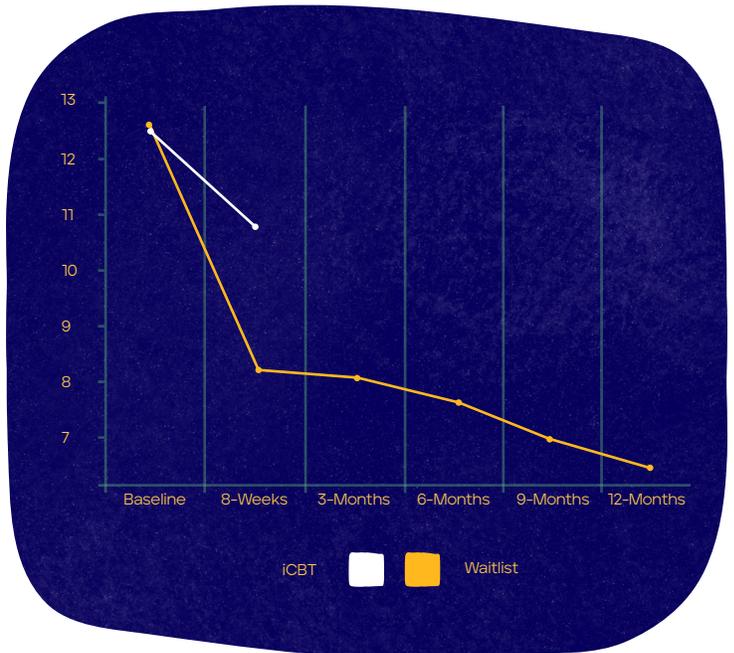
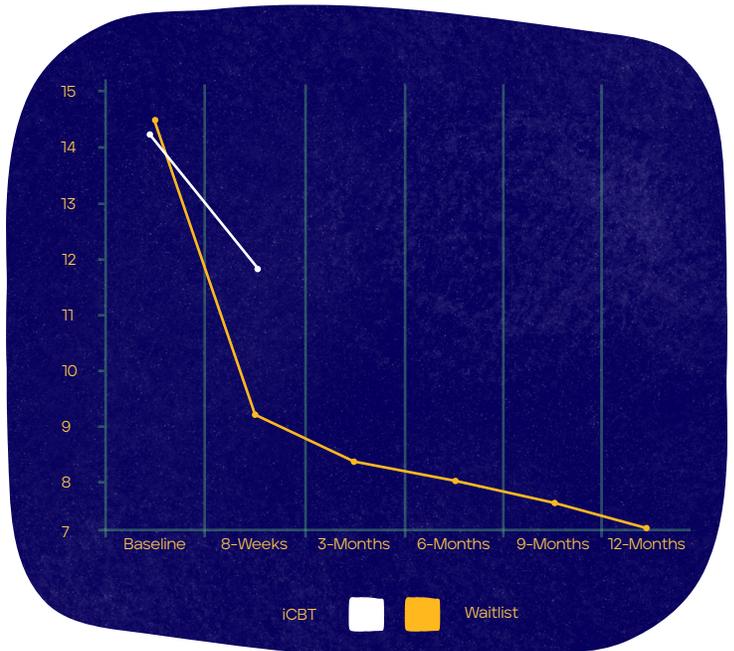
1. Ensuring the evidence-base: Addressing the Wild West of apps

When the initial crisis hit with COVID-19 there seemed omnipresent advertising from digital technology suppliers being the supposed answer to everyone's problems. With this noise it is difficult to differentiate between the quality and evidence-based solutions and the 'vaporware' looking to get a foothold in the NHS or other healthcare providers. This noise saw some proven interventions overlooked and others rapidly scaled without evidence to demonstrate their impact. This was addressed, to some extent, much later into the pandemic, with the creation of a dynamic purchasing framework where proven digital solutions could be catalogued and then implemented locally, but so far this has not been used for mental health delivery planning.

Despite this, digital mental health and internet-based Cognitive Behavioural Therapy (iCBT) is one of the most investigated and academically studied areas in digital health and SilverCloud has more than forty peer-reviewed published papers and book chapters detailing the use of digital mental health and evidence behind its platform. SilverCloud has conducted five independent randomised-controlled trials (RCTs), including the only long-term follow-up trial in iCBT in IAPT, published in Nature ([see here](#)). This was a pragmatic RCT evaluating the effects of SilverCloud platform when deployed in a real-world healthcare setting (IAPT) and offered with support from on-site clinicians. This study has shown significant improvements in depression and anxiety symptoms over a waitlist control group. There are also significant improvements from discharge to 12 months follow-up, showing the longevity of treatment gains and clinical impact associated with iCBT. These findings have been confirmed in numerous settings (including Step 3 IAPT) and duplicated in numerous trials. There are currently four open trials and a feasibility study, including a retrospective study exploring data from the last four years from Berkshire Healthcare, to identify relevant factors associated with clinical improvements.

Whilst the holy grail is to demonstrate the efficacy of a digital solution through gold standard randomised controlled trials, more recently the National Institute of Health and Care Excellence (NICE) has launched additional criteria in the form

of MedTech evaluations to assess the real-world impact. These have been used to assess digital solutions' existing evidence-base or, where this exists, has seen independent real-world trials conducted by NICE.



Cost-effectiveness of digital therapy

SilverCloud demonstrates the potential of digital therapy to be cost-effective over a one year period. The importance of local factors in determining quality of outcomes, which is true of any intervention, are the key criteria for the widespread adoption of SilverCloud (there are local variances on clinical recovery rates across England as reported by the National Minimum IAPT Dataset). It also shows that there is the potential for digital to reach and impact a greater number of people, with:



In summary, in the Wild West of apps, solutions and promises, make sure the evidence matches the impact in the setting in which you are providing the digital service.

2. Ensuring compliance and technical ability to scale

There are currently no mandatory requirements for digital health tools in the NHS. Whilst there are a suggested set of requirements, these are fragmented, advisory and ever changing. For example, there is an array of standards for data security (DCB0086, ISO 27001), medical device regulation (ISO13485, CE marking, EU MDR and MHRA MDR), digital and clinical 'requirements' (DTAC), NHS listing (NHS Apps Library), Frameworks for procurement (e.g. HSSF, GCloud, LPP, SBS), accreditation and certification (ORCHA).

Whilst it is essential to assess digital solutions in light of the above, the risk is that vendors 'slip through the net' of these regulations and for the commissioning process not to be in line with them. A solution's evidence, clinical impact, technical robustness, data security and return on investment need to be properly evaluated before a purchase.

Due to this lack of coherence around compliance, technical ability and regulations, it is often evaluated by price, but it is impossible to compare like-for-like in this scenario. Often a more expensive solution is thus because it has invested millions in attaining these standards and collating the evidence-base, market forces tend to prevent price gouging and so typically the cost of a solution is determined by quality.

Lastly, there is also no central information governance process, meaning a solution will need to go through a Data Protection Impact Assessment and information governance process for every single NHS service. With 106 Clinical Commissioning Groups and approximately 200 hospital Trusts, this could lead to an eye-watering amount of duplication.

3. Driving more value from your digital estate

Many NHS organisations have an extensive list of digital assets, from electronic medical records, workflow tools and digital therapeutics. To avoid the unregulated, problematic approach to drastically increasing the range of fragmented and disparate tools, is there a way to leverage and repurpose these digital solutions, beyond their initial intended use - 'sweating your assets'?

These solutions will have already undergone extensive procurement processes and due diligence, from a financial, clinical and technological perspective. To redo this every time a new solution is proposed, rather than going to your existing estate, is costly in resources, time and money. Whilst it might not be appropriate, as often these 'bolt-on' adaptations may be inferior to specific and dedicated solutions, they should still be evaluated first for any new area of need.

One example comes from SilverCloud, where the digital therapy platform has traditionally been used for mild to moderate mental health in IAPT services and has a very strong evidence-base. More recently there is growing support for its use in other contexts like a prequel intervention for face to face therapy for more complex cases of depression and anxiety or as an add-on intervention for secondary care services. During the pandemic a number of mental health trusts leveraged their existing digital asset and repurposed SilverCloud across their whole organisation as an enterprise solution, allowing any service to utilise the 30+ programmes. This meant that there were minimal deployment times, the existing Data Protection Impact Assessments could be utilised and contracting was much quicker. From an embedding perspective, as the solution was familiar and trusted, it was adopted quicker and therefore realised its potential faster.

It is therefore recommended that a digital asset register is created, disseminated to all clinical teams and for every newly identified need there is a quick review of the register to see if any digital solutions can be repurposed quickly.

4. Reducing fragmentation: Creating an ecosystem

Despite the above, most NHS organisations and individual clinicians do not know the extent of their own digital library that is available to them. Most teams work in silos and even within them, the digital solutions are not joined up in a coherent unified pathway. This digital fragmentation often results in double or even triple entry of data, printing off materials and increased manual workflow. This guarantees that these digital solutions are not used or embedded, and culminates in low adoption. It is too difficult for clinicians to replace existing ways of working with digital and becomes an 'extra thing to do'.

It is therefore critical that digital solutions integrate with core systems, utilise single-sign-on, and that there is one place for clinicians to find and use digital services. SilverCloud has addressed this through integrations with core systems such as IAPTus, PCMIS, Cerner and Epic, with ongoing work to embed within RiO. With data exchange and single-sign-on this reduces the manual workflow and mandatory datasets can easily be collected and synced with national requirements and systems.

However, technology must go further than this minimum requirement and move "beyond the walls" of a single trust to take a unified and ecosystem approach, whereby clinicians and patients – safe in the knowledge of interoperability and ease of use – can find digital technology from multiple vendors in a single place. This ambition was realised during the pandemic when Merseyside wanted to embed SilverCloud as the showcase solution within a digital library provided by ORCHA and make this easily available from a personal health record from Mind Waves – this project was named 'Amity' and brought together multiple suppliers to offer easy access to mental health and wellbeing support for both frontline care workers and the general population.

Another example is in North East London where SilverCloud is being integrated with RiO and will be accessible to patients with complex mental health needs from their own personal health record, provided by **Patients Know Best** (this link goes to a local file please provide working URL), alongside care plans and the ability to communicate and share information with anybody involved in their care.

5. From 'treatment' to prevention – towards a continuous care model

A key lesson from the pandemic has been that the NHS was not prepared for the scale of the COVID-19 virus. Future recommendations are centred around core planning of services and, perhaps for the first time, this is seen on the frontline as a move from reacting to acute medical

conditions towards preparing for future 'waves', variants and mass roll-outs of booster vaccinations.

Within mental health it is now agreed between experts that there is a tidal wave of mental health needs that will follow the virus. The impact from COVID, as already discussed, will be long lasting on the nation's mental health. As such, it was heartening to hear in May 2021 the Queen's Speech and the government's commitment to addressing mental health as both treatment and prevention. This latter point is key, it is well understood that the sooner you provide the necessary skills and support to a person with challenges to their wellbeing, the less likely they will go on to develop mental health problems.

Intervening early in a preventative approach is core to any preparedness strategy. This may lessen the impact of the incoming tidal wave of mental health problems, especially for younger people. It is therefore critical that the rhetoric of speeches is translating to ringfenced spending on preventative approaches, using digital solutions that have an evidence-base and that may already be used in other workstreams. This is more easily achieved at a national level, removing the 'postcode lottery', and allowing a single-entry point to find useful tools and services. Whilst some may cry 'foul' through lack of market competition or barriers to entry, it is easy to add to this marketplace once some showcase digital solutions are embedded.

Wales, Scotland and Ireland have begun this journey through the central commissioning of SilverCloud to offer a population solution and allowing both a treatment and prevention approach. Being available to the general population as well as those coming for treatment allows the health service to flex around the needs of their citizens.

Through implementation at scale, there are economies of scale across the board, from deployment, support, training, embedding, availability, to cost and impact. Using a per capita subscription approach ensures that costs are fixed and fair and can flex up and down according to need without impact. The continuous care model from SilverCloud ensures the technology also flexes to the person's needs through the ability for an individual to start their journey unsupported, as self-help, but to escalate to a coached service at any stage.

This population approach is not only seen within public health systems but can also be implemented in private insurance and health care, both at an individual member or corporate level. As can be seen from Bupa's B.Well service, SilverCloud is available as a preventative approach for every member before any claim, as well as part of a formal episode of care. This ensures quicker, ease of access and reduces costs for all parties.

6. Planning for services and technology

Health systems have had years of planning for different scenarios, from winter pressures to critical incidents and disaster planning. However, all of these plans rely on people and places, and at its simplest are about increasing bed capacity and staffing numbers. COVID-19 highlighted that whilst this was essential to deal with the surge in patients with infectious diseases, it did not meet the needs of all the other patients requiring health care services that could no longer see a healthcare professional (HCP) face-to-face or come into a building for tests. The critical measure of the impact of COVID-19 – excess deaths – is testament to this lack of planning and in the future should take a holistic view and include the rapid mobilisation of technology-enabled care and processes. The scale up of technology is currently overlooked in incident planning. Digital replacements were seen as 'nice to have' and not as part of critical infrastructure.

This has unfortunately been seen in mental health services, where staff were redeployed, and the most vulnerable were often unable to receive their normal level of care. Suicide rates have increased and are likely to continue to increase and peak much later than the lifecycle of COVID-19.

Planning is also key for technology suppliers. For example, many digital therapy organisations saw a surge in usage, with one reporting in excess of 450% overnight increase. If sufficient headroom in capacity and bandwidth is not available then a service may fail, leaving patients unable to access critical services at a time of uncertainty and need. Load testing is essential, along with regular security testing. As can be seen from Zoom video conferencing and the trend of 'Zoom bombing', due to a weakness in its password and security protocols whereby a person could randomly guess a meeting ID and join a video tests and ensuring that the technology addresses [the top 10 risks](#) identified by the Open Web Application Security Project (OWASP) are essential. If technology is to be seen as part of critical infrastructure, then it can no more fail than the rest of the health system.

Gabriella, 28, an actress and writer:

"Being able to begin the programmes (Space from Anxiety and Space from Depression) immediately, access it anytime from my own home and connect with a coach for support, were what initially drew me to SilverCloud. It felt easily accessible and ready to help".

"With the worry tree I asked myself 'How do I cope with thoughts?' I put them down and I could see the positive and negative. It was a really great tool because I noticed as time went on, I went from bad, to OK, and finally, to good.

"The biggest thing that I've taken away from doing therapy was actually getting the thoughts out of my head and onto paper. I think it is a great coping mechanism in general. You've got these negative thoughts festering in your head. To this day, I say to people: 'Write it down.'

"I want to get across that therapy is a good thing to do, "I also think it's good for people to see that there are different options, not just face-to-face therapy sessions."

Final Summary

Digital transformation is difficult. At its most basic, digital solutions are meant to streamline workflow, deliver better outcomes, be more cost-effective and, essentially, replace and switch from current ways of working to digital processes.

This transformation is hindered because health care is continuously managing crises, from clinical emergencies to day-to-day care, bed planning, hitting targets and balancing the books of providing universal healthcare. Due to this, it is often the case that digital transformation does not replace current ways of working but gets layered on top of embedded processes. No healthcare worker has the capacity to do extra work however, so this then results in digital change being left behind.

At a time when we are now facing a tidal wave of mental health due to the impact of a global pandemic, digital mental health therapy has emerged as one of the big success stories. Usage of SilverCloud, for instance, has increased by more than



comparing the January to July period in 2021 with a similar timeframe before the pandemic.

At the same time there has been a



increase in engagement with therapy programmes by service users in terms of regularity of use, further indicating demand for mental health support. Recovery rates have also increased as a result.

The range of examples outlined in this report clearly demonstrate the positive outcomes for mental health support derived nationally, regionally and by different organisations from integrating digital therapy in their services. Our peer-reviewed published research provides the academic evidence for the benefits on the frontline.

Earlier this year, a note of caution was signalled with a survey by Mind revealing that one in four said their mental health had got worse after using remote mental health support on the phone or online. In fact, this should be

reframed as 75% did benefit from mental health support online or on the phone. This is a heartening picture for the continued digitisation of services. As such, we need to reach people earlier and shift the paradigm from managing crises through intervention, to taking a long-term planning and prevention approach and taking account of the key considerations for integrating mental health services outlined earlier in this report.

Digital health should always be complementary to a full range of health and care services and not a sole replacement. However, and with this in mind, the continued digital transformation of mental health should proceed unabated, ensuring that it is embedded as the treatment pathway and part of day-to-day care. Digital therapy should be available to all and commissioned at scale, so there is equity of access.

In conclusion, our whitepaper has aimed at highlighting the impact of Covid-19 on the delivery of mental health services, the immediate actions taken as a result, and the challenges both in the short and long term to maximising the positive impact of digital mental health which the crisis has clearly borne out. We outline recommendations for re-evaluating and recalibrating mental health services, with digital therapy now seen as having parity with other forms of intervention and having a key role in ensuring that future mental health services can be delivered at scale.

Feedback and how to contact us

We welcome your feedback and observations on this whitepaper. If you have views that you would like to share with us, please email info@silvercloudhealth.com. For further information about SilverCloud Health in the UK and Ireland, please go to our website. Or if you would like to talk to us about our range of digital mental health therapy and wellbeing services, whether you are representing the NHS, a private company or insurer, or from a higher education institution, please email uksales@silvercloudhealth.com.

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