Telehealth and Mental Illness in Highland

Consultation Report

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March 2014
# Table of Contents

## EXECUTIVE SUMMARY

Background ........................................ 1
Evaluation methods ................................ 1
Sample ........................................... 2
Socio-Economic and Geographical implications .......... 2
Scottish Areas of Deprivation – consultation context .... 3
Remote and Rural influence .......................... 4
Analysis and presentation of the data .................. 5
Mental Illness – statistics for Highland ................. 5
Note on language ................................... 6
What will happen next ................................ 6
Policy context ..................................... 6
Equality Impact Assessment .......................... 8

## SUMMARY OF KEY FINDINGS – general ....... 9

## THEME – Concern ................................. 10

Conclusion ....................................... 13
Going forward ................................... 14

## THEME – Interest ................................. 16

Conclusion ....................................... 19
Going forward ................................... 21

## THEME – Suggestions ............................ 23

## THEME – Questions ............................... 24

## Web & Mobile Access .............................. 24

## Appendix 1 ....................................... 26

## Appendix 2 ....................................... 34
EXECUTIVE SUMMARY

Background
In August 2013 NHS Highland appointed HUG (Action for Mental Health), being a project of SPIRIT Advocacy, to find out the views of people with mental illness in Highland on the use of Telehealth * in the delivery of mental health services. Maggie Young – Freelance Researcher was appointed to develop a program that engages with HUG members and other people with mental illness to research their views on the acceptability of using the full range of current modern technologies to receive support from mental health services.

The report outlines the consultation process and highlights the themes emerging from the consultation discussions. It also includes an “easy to read” version of the report to encourage consultees to access the opinions of the Highland groups involved.

Maggie Young would like to thank all consultees who were generous with their input and applied themselves to understand telehealth.

* The telehealth that is referenced is both web and mobile technology; delivered via an internet connection.

Evaluation methods
The purpose of the consultation was to find out the views of people living in Highland with mental illness on telehealth to support and help with their treatment. It was decided to access existing support groups throughout Highland via HUG.

The meetings with the groups focused primarily on people’s lives and how telehealth could assist or otherwise. The data was analysed both quantitatively and, in the main, qualitatively.

A dedicated, custom designed website was created as a comprehensive centre point for all information on telehealth in general; in depth detail on what telehealth was currently available and how to get involved; along with a Members Forum to
Mental Illness and Telehealth in Highland: Consultation Report

encourage discussion within a safe and monitored community. The website can be viewed here http://www.yourvaluedviews.net till the end of Apr 2014.

Local media were also featured including an interview on Moray Firth Radio and various Press Releases in local, printed media throughout Highland.

To reach as far an audience as possible, Maggie Young sent out announcement literature to GP Practices throughout Highland and also to the groups directly; using accessible information brochures and announcement cards.

Consent was obtained together with the group and group leaders before any discussion took place. Meetings took place between October and Dec 2013.

Sample
Approximately 120 people with mental illness took part across the following areas: Wick, Thurso, Golspie, Alness, Dingwall, Nairn, Inverness, Fort William, Oban, Broadford, Portree and Poolewe. An approximation exists as some group members wished not to contribute.

There was balanced representation between genders. The youngest person was in their late teens and the oldest person was in their 80s. The sample consisted of people with a range of mental illness, from people who needed little support to people with high support needs.

Maggie Young had hoped to hold discussions with interested members of the public by promoting directly with GP Practices throughout Highland. However, interest in the consultation from members of the public was low.

Socio-Economic and Geographical Implications
The sample of people for the consultation was selected to represent a range of different situations, experiences and characteristics, including: age and gender, living situation (for example living with a family member, living independently, living in a group home, living in restricted settings) and type of area (urban/rural, level of deprivation).
Scottish Areas of Deprivation - consultation context

Please see Scottish Areas of Deprivation map (above) to highlight socio-economic deprivation in the areas visited.

The experience of poverty and economic inequality are associated with poorer mental health and well-being¹.

**Please note:** Quintiles are Statistics any of five equal groups into which a population can be divided according to the distribution of values of a particular variable.

¹ [http://www.sns.gov.uk/Simd/Simd.aspx](http://www.sns.gov.uk/Simd/Simd.aspx)
Over recent years, the rural population of Scotland has continued to grow at a faster rate than the rest of Scotland, mainly due to inward migration. However, mental health services and support have traditionally been centralised in urban areas. There has also been little work undertaken to help identify the key barriers and opportunities for people in remote and rural areas in accessing help for their mental illness. As evident from the map above; the Highland area is classed as Remote rural meaning those with a greater than a 30 minute drive time to the nearest settlement with a population of 10,000 or more.²

²http://www.scotland.gov.uk/Topics/Statistics/About/Methodology/UrbanRuralClassification/Urban-Rural-Classification-2011-12
Analysis and presentation of the data
An Excel worksheet was designed to include the data relating to five themes: Concerns, Interest, Suggestions, Questions and Web & Mobile access. The responses were input verbatim. The findings were summarised and the report prepared.

The presentation of the information involves quantitative and mostly qualitative (in the main) data. Quantitative information features including the number of comments within each of the above themes is and an access to Web and Mobile technology %.

Given the nature of the consultation, the main focus of the analysis was qualitative. The presentation of the material reflects this analysis, focusing on highlighting the overall themes and the range and depth of views expressed in relation to each. The report uses qualitative terms such “general consensus”, "the majority"; "a small number"; "several"; "a few" etc.

In presenting the qualitative data, the wording used in the report sometimes follows the wording used in a response closely; to reflect consultees’ intended messages and preserve the sense of the point. As such quotes are featured throughout. Please note this report clearly cannot present all of the individual points made by every respondent, nor can it provide a compendium of the material.

Mental Illness – Statistics for Highland
Taking the Local Authority model; statistics below show Highland is below the Scottish average in 2012 for patients prescribed drugs for anxiety/depression/psychosis. However for patients with a psychiatric hospitalisation (2009) and deaths from suicide (2010), Highland is above the Scottish average. 3

<table>
<thead>
<tr>
<th>Condition/s</th>
<th>Year</th>
<th>No.</th>
<th>Highland</th>
<th>Indicator</th>
<th>Scottish Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients prescribed drugs for anxiety/depression/psychosis</td>
<td>2012</td>
<td>33,538</td>
<td>14.4</td>
<td>%</td>
<td>16.2</td>
</tr>
<tr>
<td>Patients with a psychiatric hospitalisation 1, 2</td>
<td>2009</td>
<td>2,227</td>
<td>336.6</td>
<td>Sr3</td>
<td>320.3</td>
</tr>
<tr>
<td>Deaths from suicide 1, 2</td>
<td>2010</td>
<td>207</td>
<td>18.2</td>
<td>Sr3</td>
<td>15.0</td>
</tr>
</tbody>
</table>

1. Three-year combined number, and 3-year average annual measure. 2. The ESP2013 has been used to calculate the rate for this indicator. sr3 = age-sex standardised rate per 100,000 population to ESP2013.

3 ScotPHO Health and Wellbeing profile 2014 Highland
Mental Illness and Telehealth in Highland: Consultation Report

Note on language
Terminology is important but difficult. The term “mental disorder” is recommended for use; as defined within “The ICD-10 Classification of Mental and Behavioural Disorders” published by the WHO. However, as requested by HUG (Action for Mental Health), the term “mental illness” will be used.

What will happen next
NHS Highland will analyse all the comments from the consultation. This report will also inform the NHS Highland Strategy Groups thinking on how to develop the use of web and mobile technology in supporting people with mental illness in Highland in the future.

Policy context
The consultation aligns closely with current Scottish Government agenda including:

- National Performance Framework
The National Performance Framework underpins delivery of the Scottish Government’s agenda which supports the outcomes-based approach to performance.

- Mental Health Strategy 2012-15
The Mental Health Strategy 2012-15 sets out the Scottish Government's priorities and commitments to improve mental health services and to promote mental wellbeing and prevent mental illness.

- National Telehealth and Telecare Delivery Plan for Scotland to 2015
This Delivery Plan sets out six work streams, each with specific actions to be delivered by 2015. This includes an increased focus on prevention, advocated in the Christie Commission’s report on the future delivery of public services, prioritising those services which help to reduce the likelihood of negative outcomes.

- Department of Health Information Strategy 2012
The Department of Health’s Information Strategy published in May 2012 sets a ten-year framework for transforming information for the NHS, public health and social care. The Government says that implementing the strategy will mean enabling greater individual control and fostering the development of an information-led culture.

- Future Vision Coalition (2009) A future vision for mental health
The Mental Health Network was a founding member of the Future Vision Coalition. In their 2009 report: A future vision for mental health, they set out the need for a new relationship between mental health services and those who use them.

- Scotland’s Digital Future: Delivery of Public Services
In September 2012 the Scottish Government, jointly introduced by Ministers and COSLA, published the strategy, Scotland’s Digital Future: Delivery of Public Services. The aim of Scotland’s Digital Future: Delivery of Public Services strategy is for the people of Scotland to find it easy to access digital services and be confident in doing so.

- Public Service Reform 2011 - Future Delivery of Public Services
The Scottish Government set up the Christie Commission to develop recommendations for the future delivery of public services in the context of falling funds and rising need. The resulting Public Service Reform 2011 document signals the Government’s response to the Christie report and describes their approach to public service reform. The four pillars of reform identified in Renewing Scotland’s Public Services whereby opne aligns closely with this consultation:

No 4. A sharp focus on improving performance, through greater transparency, innovation and use of digital technology.

Please see Appendix 1 for further information.
Equality Impact Assessment
This consultation is exempt from carrying an Equality Impact Assessment as it is not to aid revision of policies or services within the public sector, and/or related to responsibility for delivering on the race, disability and gender equality duties (Race Equality Duty, Disability Equality Duty, Gender Equality Duty).
SUMMARY OF KEY FINDINGS – general
Maggie Young thought it might be helpful to NHS Highland to reflect on some of the general or overarching comments and observations.

- All participants were concerned to ensure that whatever follows the consultation; that their current care packages remain the same or are enhanced through any future arrangements.

- Most expressed that their ability to use technology would be limited dependant on what stage and level they were experiencing their mental health disorder.

- The majority of participants expressed concerns over being safe using mobile and web technology i.e. bullying.

- Access to technology was an issue irrespective of location or socio-economic position.

- There was a similar amount of interest in telehealth as there were concerns.

No of Comments by Type*

*Please note that there were many people with the same comments and they have been groups to be counted as one
Mental Illness and Telehealth in Highland: Consultation Report

**THEME - Concern**

There was a general consensus that the success of telehealth very much depended on the point of intervention i.e. not when in crisis.

> “The time to get used to is not when you need it - we need to play with it until it is natural” [Anon]

The majority of group members expressed that the very nature of living with mental illness would make using telehealth difficult i.e. increasing paranoia, fear of technology, lack of empathy etc.

> “I can see how it [telehealth] can work for physio or a physical problem but mental illness requires a different approach……..for me many of these solutions would make me feel ten times worse” [Anon]

With existing financial cut backs such as TAG units being threatened with closure, all group members felt they would lose the value of somewhere like drop-ins and TAG where they feel safe, included and free from discrimination.

> “I benefit so much from this group……..constantly having the threat of closure is uncomfortable as I feel so much better just knowing it’s here for me each week”. [Anon]

In general, there was a concern that telehealth would replace existing care packages.

> “If they [healthcare providers] go to telehealth and the like they will absolve themselves of responsibility for seeing us face to face”. [Anon]

A large amount of consultees were concerned about their lack of knowledge or familiarity with IT in general.

> “We often don't know what the day of the month is……..sometimes they [health professionals] need to take into account that we cannot use IT”. [Anon]

Many consultees felt that telehealth such as Skype and video conferencing would increase symptoms like paranoia.

> “I have paranoia - I wouldn’t do a video conference”. [Anon]

The majority felt strongly that if they were having a bad day they would not engage in any way with web or mobile technology.

> “When I am having a particularly difficult time the last thing I’d want to do is fill out an online diary”. [Anon]
<table>
<thead>
<tr>
<th>Many of the consultees have no interest in IT.</th>
<th>“I’ve never had any interest in computers or fancy mobile phones so I’d never benefit from this type of treatment”. Anon</th>
</tr>
</thead>
<tbody>
<tr>
<td>The majority of respondents were aware that the internet can be unreliable; therefore telehealth not being available when needed.</td>
<td>“What if you’ve got your appointment with your psychiatrist and you can’t get your internet to work? That would make me feel worse”. Anon</td>
</tr>
<tr>
<td>The majority felt that technology excludes certain age groups.</td>
<td>“I’m thinking about my mother who has dementia….there’s no way she would even know where to start. She’s from the era of letter writing”. Anon</td>
</tr>
<tr>
<td>Most felt that safety was a concern such as bad experiences with Facebook and unmonitored chatrooms.</td>
<td>“The internet isn’t well monitored and there are dangers. It’s the world in your home and they can tell you anything”. Anon</td>
</tr>
<tr>
<td>A small amount of consultees expressed that they would be self-conscious and feel a lack of inclusion when using Skype and video conferencing.</td>
<td>“I don’t like to see myself on screen. Constantly looking at it would be hard”. Anon</td>
</tr>
<tr>
<td>From previous experiences many consultees advised that available therapies like DBT or CBT requires commitment and there was a real risk that when doing alone via web or mobile technology of not following through; especially if reading and writing was involved.</td>
<td>“I need help as I struggle with reading so I couldn’t do anything online myself”. Anon</td>
</tr>
<tr>
<td>It was expressed by approximately half of consultees that technology could worsen conditions like agoraphobia.</td>
<td>“Isn’t there a risk that you might become more isolated and lost in cyberland?”. Anon</td>
</tr>
<tr>
<td>A small number of consultees expressed that they could not use telephone telehealth as it would increase their anxiety.</td>
<td>“The mental health lines that you phone I couldn’t use because of my anxiety and the response I got”. Anon</td>
</tr>
<tr>
<td>One consultee tried distance befriending using email and mobile phone but it confirmed their need for face to face contact.</td>
<td>“Recently had a Befriender via email - thought it would be brilliant but it wasn’t. I need face to face contact”. Anon</td>
</tr>
</tbody>
</table>
To ensure that people have a choice depends on the person’s CPN really listening and respecting that it should be a choice to use telehealth.

“My CPN’s lovely so I’m sure she’d not push me to do anything I didn’t want to do. But I’m not sure they’re all like that”. Anon

Many consultees agreed that with the physical symptoms of mental illness such as tremors etc that texting, typing and the like would be very difficult.

“There’s loads of little things like shaking, tremors that I just couldn’t use finickity technical stuff to help me”. Anon

There was a general concern that crucial decision could be made like Sectioning via Skype and that this would not be appropriate.

“Can you imagine a decision like that being made about you when you’re looking at a TV screen? So much harder to understand and accept”. Anon

The majority of consultees were not aware of existing web and mobile technology.

“I’ve no idea what’s out there…….first time I’ve seen stuff was on Maggie’s website”. Anon

Each consultee expressed strongly that telehealth must be complimentary to existing care package.

“My worst nightmare would be that all this technology was going to be looked at as a replacement for what I have now”. Anon

The majority of consultees expressed their concern over the new technology move like public access PCs for Council Service Points and DWP is not suitable for mental health issues.

“There’s no privacy at some of these points and I wouldn’t use them in case someone seen my money details. There’s no way I’d talk about my feelings there”. Anon

Almost half of respondents felt that web/mobile technology was not suitable for phobic people.

“I am phobic of phones and hate speaking on them so I wouldn’t get the help other people were getting”. Anon

It was suggested by several respondents that the preparation and organisational ability of the person would influence the success of telehealth.

“When you’re not feeling well combined with being unorganised you need face to face support to help you use telecare”. Anon
Conclusion
Nearly all consultees expressed a need for formal training in the use of web and mobile technology. Training would be required to be tailored to people with mental illness. Suggestions were made on several occasions to have training delivered onsite i.e. TAG units.

By consulting with consultees it is clear that a “one model fits all” approach to telehealth would not be welcomed. An example is when telehealth is delivered to aid practical ailments such as physiotherapy via video conferencing facilities.

On the same note as above it was mentioned that physically using telehealth would prove difficult for people experiencing the physical symptoms such as tremors and blurring of vision. Telehealth would need to be suitable for all abilities.

The majority thought the more social telehealth, similar to Big White Wall, would be preferred to lone telehealth such as Cognitive Behavioural Therapy. This indicates the need for human contact in the treatment of mental illness.

It was expressed by the majority that telehealth would not be suitable when in times of crisis. It was viewed by the majority as telehealth’s most realistic potential would be for general, everyday support.

Just over half consultees expressed concern about the quality of internet provision in areas of Highland. For example if they were speaking with their CPN over Skype and they lost their internet connection. This possible situation could exacerbate a person’s condition.

It was acknowledged that people with mental illness can struggle to organise themselves and commit to a routine i.e. VC appointments, self-directed CBT online.

Almost all consultees expressed concern over internet security and the potential to be bullied or harassed online. This is a real concern if using unmonitored or non-specific telehealth such as Facebook or Google Plus.
The majority felt passionately that their Care Team needed to respect their choices in whether they choose to use telehealth, and really listen to the persons choices. If the choice was to use it then the effectiveness should be monitored and evaluated regularly and thoroughly.

Many consultees have been through the Sectioning process or are familiar with it. They expressed concern that telehealth may be used to make critical decisions. This possibility visibly upset some people.

From the Public Services Reform public services i.e. DWP and Council Service Points are advocating digital access to services. As a result web access has been provided in DWP offices and library facilities. Due to the nature of mental illness and the issues of privacy and confidentiality; the majority of consultees would not be confident or comfortable using telehealth in public.

A cultural change is recommended with both professionals delivering care and service users receiving mental illness care. Current Scottish Government policy is looking to the future for digital integration. It would be recommended to acknowledge that telehealth may be integrated into standard care in line with policy.

**Going forward**
Formal training would be welcomed to fully realise how each telehealth approach could benefit a person in their everyday life.

It is advised that telehealth for mental illness support is to be treated with particular sensitivity as it is not so much about the practical care but psychological. Therefore examples from practical telehealth should be viewed with caution.

Telehealth should come in accessible formats for equality and accessibility.

It is asked that web and mobile telehealth be monitored by a professional body so to protect vulnerable people.
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It would be beneficial if telehealth was designed to connect people and not to isolate. For example safe, monitored online environments where people can connect and share.

The use of telehealth in everyday support could prove a useful tool in a person’s recovery; if promoted correctly. A clear definition of what is available and what it is used for would alleviate this concern.

A person’s choice must be listened to by all healthcare professionals; with no pressure applied.

In order to get the best out of their treatment, face to face support could be required to ensure a person is organised before their telehealth session.

It is important to note that current public access points for people to access telehealth are not suitable. Not only due to not being designed for healthcare, but sessions are timed. In some cases 30 minutes is the maximum time allocated in one session.
THEME - Interest

The majority of group members thought that to have the ability to text and/or email their Community Psychiatric Nurse (CPN), Mental Health Officer (MHO) or Psychiatrist would be helpful.

“It could give you more time. Being with the Psychiatrist can be emotionally draining and you’re conscious they are pushed for time. . . . . . . maybe email contact before could be good. You don’t have to justify yourself like being on the spot.” Anon

Group members from remote areas expressed interest to use telehealth for routine appointments and keeping in touch (in general).

“Would be good for distances - I am diabetic and they used to have a clinic where I live and if we had a tablet or Skype it saves travelling” Anon

A very small number had experienced positive video-conferences within healthcare settings.

“I did the CRPD exercising at the hospital with a link between the hospital and ***** and that was good”. Anon

The majority had experienced difficulty with verbally explaining how they were feeling; whether at home or in care. Being able to type an email or letter could enable people to better explain and not take away time from their appointment.

“We freeze up - it would be good to be able to use email as we can take years before we speak. It was only by email that I gained the confidence to communicate.” Anon

Many of the consultees said that it took a long time to be able to communicate how they felt. Web/mobile technology could assist with their communication.

“I’d never been able to get across to my CPN what was going on with me……I just felt embarrassed so my friend suggested I type it out. There’ wasn’t any email back then but it could be used now though”. Anon

The majority of consultees thought that web technology like Skype could be good for routine appointments.

“Skype would be very good for me as at the moment I have to travel 360 miles to see a Psychiatrist” Anon

The majority of consultees thought that appointment reminders from CPN etc would be useful.

“I’m really forgetful when not doing well….gentle reminders would be great. Not just for appointments but medication reminders”. Anon

The majority felt that texting was good for all types of contact as it is cheap and easy.

“I use texting a lot and it’s nice to know I have contact with the outside world when I want to stay indoors” Anon
The majority of consultees felt that web and mobile technology could be good for rural, busy people if there is no other contact alternative i.e. due to bad weather.

“Skype would be better up here [Wick] because we have to travel up and down the road all the time. This could avoid 6 hours travelling and bad”. Anon

At a critical moment almost half of consultees felt that web/mobile contact could be beneficial.

“I remember when I felt really bad so I called NHS 24…oh I wish that I could’ve got support direct from my CPN”. Anon

A large number of respondents though that web/mobile could be good to meet other groups across the UK.

“It’d be great to see and speak with other groups like ours….imagine how cool that’d be”. Anon

A large number of people felt that a follow up summary via an online platform or email of their psychiatrist appointment to document what was discussed.

“Sometimes when I am trying to process what was said at my appointment I can’t remember clearly; especially if I’m not feeling well”. Anon

Consultees from remote areas thought telehealth would be good to inform and reassure.

“If it [telecare] can help me feel less isolated then I would try it depending on what’s around”. Anon

The majority of consultees felt that texts such as “Good morning, how are you today” and “How are you feeling this evening” would be really helpful.

“I’d like friendly texts….they’d make me feel better. My family texts me and I’d like that with my CPN too”. Anon

The majority of respondents agreed that telecare could be very useful for an emergency response when in distress.

“I’d rather speak to someone via any means than no one at all”. Anon

It was suggested by several people that Skype would be helpful for accessing a deaf signer or advocacy.

“It’s hard of hearing and although I don’t need sign language I would think that Skype would be good; especially for remote areas”. Anon

The majority thought that an updateable online profile would be helpful for familiar and unfamiliar healthcare professionals to access to avoid the need to explain repeatedly.

“It’s exhausting having to go over your history time and time again. I know I have medical records but I think a summary profile would take up less of my time with my CPN or GP”. Anon

A small number of respondents thought that if the right technology is available then it is worth trying.

“If the technologies there then use it”. Anon
There was a general consensus that it can be easier to meet people by using web/mobile technology; therefore reducing isolation.

“When I was suffering from agoraphobia my only contact with the outside world was through MSN chat and it helped me enormously”. Anon

One respondent had a positive experience with guided self-help NHS telecare.

“I think ‘Living Life to the Full’ is great but the site is a little difficult to navigate”. Anon

A small number of respondents thought that virtual peer support was a possibility.

“I can see virtual peer support could compliment face to face support too”. Anon

The majority of respondents felt that a main, online website with all available resources, not only telehealth, would be helpful and aid people accessing services.

“I wouldn’t know where to start trying to find out what’s out there that could help me like groups, money advice and things”. Anon

A small number of respondents felt that online and mobile diaries to gauge mood levels may be helpful.

“They seem like a good idea; especially if you are recovering or changing your medication”. Anon

A small number of respondents thought that therapy via Skype may work effectively.

“Depending on how I was feeling I’d try it out”. Anon

A large amount of respondents were interested in the possibility of a 24 hour internet or mobile service offering various kinds of support.

“That’d be really reassuring to know we can speak to someone at any time of the day……..even by email of texting”. Anon

A small amount of respondents agreed that online therapy like accompanied CBT could be useful on the Islands.

“It’d be quite good to have the option to do CBT together with my GP…it’s not so readily available on the Islands so I’d be excited about trying it”. Anon

A small amount of respondents commented that they can feel guilty when their CPN or Support Worker has to travel many miles to see them for a routine appointment. A web or mobile solution would be welcomed.

“I feel guilty when my Support Worker has to drive to see me and sometimes I get anxious especially in bad weather…I’d hate to be responsible for anything happening to her”. Anon

About quarter of respondents would use a purpose-designed, monitored online chatroom as existing social media is no secure or monitored.

“There’s no way I’d use Facebook…..I’m scared of being bullied or someone targeting me”. Anon
The majority of respondents felt that web/mobile technology could be a good back up if an unexpected event like your CPN being off sick i.e. accessing a CPN from another area.

“I think that I’d be chuffed to have a service that changed to suit me….not the other way round”. Anon

**Conclusion**

The possibility of email and/or texting was welcomed by the majority of consultees. The simplicity and accessibility of both types of telehealth appealed mainly due to existing familiarity with that technology. There were various types of email and text possibilities identified that would be useful for consultees.

Remote and rural consultees expressed more interest in telehealth. This was particularly evident when discussing routine treatment such as regular appointments. The nature of their geography exposes those consultees to a higher risk of isolation; therefore it was expressed that telehealth, provided correctly, could provide them with reassurance and information.

An interesting opinion expressed by the majority of consultees was that many had or have difficulty in expressing themselves verbally. This pertains to all stages of their mental illness. Written communication could be a medium that telehealth can embrace to reach out to people who find verbal communication difficult.

Although consultees in remote and rural areas expressed an interest in the potential of telehealth; it was also expressed that it would be accepted as a ‘back-up’ measure only, for example in case of bad weather.

The majority acknowledged the potential of telehealth and web and mobile technology to increase their social circle, and in particular, mix and meet with UK-wide groups. This could increase the feeling of acknowledgement and curtail the feeling that the world is a small place with only these issues [mental illness] prevalent in Highland.
A large number of consultees felt an online profile would be useful. This would empower the person to update as they feel and for the psychiatrist to see prior to appointments. The main part of this was to alleviate pressure of remembering what was discussed at your appointment; or being able to remember how the person has really been feeling in the lead up to appointment.

The ability to get help when in crisis was an issue that was raised in some way or form by the majority of consultees. They expressed a genuine worry of sourcing support when in crisis. A telehealth solution could be in place, and the impact from the realisation that was available would be positive for people and increase confidence.

It was mentioned by several consultees that telehealth has the ability to tailor to all needs and abilities. It can be flexible enough to accommodate a large range of both mental illness, learning and physical disabilities.

As evidenced with existing web and mobile technology it is easier to meet people on an individual's terms. The capacity of telehealth to address isolation is an exciting prospect. A person can do so if they wish in a way that suits their needs.

Although interest in telehealth was positive; before telehealth is looked at being part of the standard care package; it should be determined if the current telehealth out there at the moment is fit for purpose. It should be noted that not all telehealth is non-profit, and private sponsorships can be involved such as onsite adverts not related to mental illness.

It is complex in the web and mobile world too actually research what is available, what is the background to the particular telehealth approach and what is safe to use. If telehealth is not safe and secure; this could have dire consequences regarding a person’s recovery.
Mental Illness and Telehealth in Highland: Consultation Report

It was evident that consultees needed to know they had support when they needed it; 24 hours a day. Telehealth has the potential to be able to offer this, not just based from Highland only, but Scotland-wide.

Going forward

Being empowered to contact your CPN or Psychiatrist was welcomed; allowing for more time in actual appointment for support. “How are you” texting was considered a positive support in everyday living.

Telehealth has the possibility to connect people that otherwise are geographically challenged. There was trust that if proper technology was in place; consultees would consider using tailored telehealth as part of their support package.

Written communication was discussed; and it was suggested that it should be encouraged as part of standard care. Technology could incorporate a specially designed programme that would support people in expressing themselves with the written word.

Telehealth as a face to face back-up; appears to be a reasonable way to progress with possible telehealth benefits; however the same familiarity and training (as part of standard care) would need to be in place. There is the capacity that if it is treated as a back-up then it will not attract the same level of professional support.

The benefits of Highland support groups meeting UK-wide groups has the potential to reduce isolation, increase interest in a person’s recovery, and a chance to share good practice. This model of telehealth could take place via support groups or in the persons own home.

Online profiles could be anything from case history to keeping a diary. It is could be an effective form of self-empowerment and confidence builder. Importantly a person’s history and current state can be seen instantly by any healthcare professional the person wishes; alleviating the need to explain time and again. An
online profile has limitless potential if it adheres to proper information and governance standards.

Emergency response telehealth is potentially an approach that could prevent the person actually deteriorating; a form of health promotion. It has the capacity to stop a person actually requiring hospitalisation and aligns with the Health Promotion philosophy.

With regards to the equality aspect of telehealth, sign language interpreters could easily be sourced remotely. This principle of using remote support has high potential to limit exclusion if a person has a learning or physical disability.

Isolation was a key state that was mentioned frequently. Telehealth could provide safe online environments to meet people from all over the world, or just to chat (type, talk, text) at a pace that suits. This could also support virtual peer support.

The ability for telehealth to respond to people remotely such as always having access to a professional from anywhere in Scotland is an exciting approach. This resource in Highland alone would be a drain on resources; however if a shared partnership approach was applied then the positive effects on people’s support and recovery would be a move in the direction of Government strategy.

A study of available telehealth and assessment is recommended prior to influencing policy change in NHS Highland.
THEME – Suggestions

An unexpected yet very welcome part of this consultation allowed consultees to make suggestions as to what would encourage them to use telehealth in their support and recovery.

It is asked that the following suggestions are considered as a positive way to embrace the change in standard healthcare delivery in terms of web and mobile technology.

<table>
<thead>
<tr>
<th>Security and monitoring should be clearly explained and transparent.</th>
</tr>
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<tbody>
<tr>
<td>Need to be vigilant to find people who can't use it and have never taken the first steps.</td>
</tr>
<tr>
<td>Make it fun.</td>
</tr>
<tr>
<td>A quiet room in a drop in with the technology available would encourage use and limit isolation.</td>
</tr>
<tr>
<td>Training should be specifically targeted for people with mental disorder.</td>
</tr>
<tr>
<td>Creation of an online profile that can be populated by both the service user and their care team.</td>
</tr>
<tr>
<td>Main-hub website with details of services in Highland.</td>
</tr>
<tr>
<td>A 24 hour service including live chat and chatrooms delivered via web/mobile technology.</td>
</tr>
<tr>
<td>Telecare could be an opportunity to share creativity with other people via blogs, chatrooms etc.</td>
</tr>
</tbody>
</table>
An email or online platform to contact with their psychiatrist before their appointment.

**THEME – Questions**

Specific questions were raised, not only by individual consultees but by large numbers expressing the same questioning of a possible new approach.

It is advised that the questions below are acknowledged.

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will this be funded?</td>
</tr>
<tr>
<td>Is this a cost saving exercise?</td>
</tr>
<tr>
<td>Does it encourage us to become more distant and further divorced from reality?</td>
</tr>
<tr>
<td>How do we pay for it?</td>
</tr>
</tbody>
</table>

**Web & Mobile access**

Approximately 70 per cent (87) of group members did not have access to web or mobile technology; in particular an internet connection.

Public access points are available however it was clear from general opinion that group members would not be comfortable using telehealth in an unsecure location i.e. library where it is important to note that time is capped on a public PCs.

The majority of consultees did not have access to SMART technology that support mobile applications. A smartphone, or smart phone, is a mobile phone with more advanced computing capability and connectivity than basic feature phones.
Please note: Households in rural Scotland are slightly more likely to have home internet access than those in the rest of Scotland\(^3\). Households in accessible rural areas of Scotland are more likely to have home internet access and more likely to utilise a broadband connection. This presents an opportunity to ensure that people are able to connect with others and also access information about mental health. This may be particularly useful when considered alongside the challenges posed by visibility in rural communities. Internet-based mental health programs could become a powerful tool in the rural medical kit.

Readers are politely asked to note” Web & Mobile access” section on Page identifying contradictory evidence for Highland within a Mental Illness context.

\(^3\) National Statistics - Rural Scotland Key Facts, Scottish Government, 2011
Appendix 1

National Performance Framework

The National Performance Framework\textsuperscript{1} underpins delivery of the Scottish Government's agenda which supports the outcomes-based approach to performance.

There are 5 Strategic Objectives describing where we the Scottish Government will focus their actions; and 16 National Outcomes describing what the Scottish Government wants to achieve and the kind of Scotland they want to see, two of which relate directly to this consultation:

- We live longer, healthier lives.
- We have tackled the significant inequalities in Scottish society.

Within the 16 National Outcomes there are 50 National Indicators to track progress towards the National Outcomes, whereby the following 6 relate directly to this consultation:

1. Improve digital infrastructure
2. Improve the responsiveness of public services
3. Widen use of the internet
4. Improve the quality of healthcare experience
5. Improve support for people with care needs
6. Improve mental wellbeing

National Indicator “Improve mental wellbeing” is important as mental health is a priority issue. Addressing mental wellbeing is, therefore, a consideration in a range of government objectives. Mental health issues are often particularly acute with those on the margins of society and need to be tackled to improve progress on social inclusion objectives. Conversely, mental wellbeing is also influenced by a range of social factors, so is a reasonable indicator of broad government performance.
Mental Illness and Telehealth in Highland: Consultation Report

1 Recommended reading: An Introduction to Scotland’s National Performance Framework 2011. APS Group Scotland

Mental Health Strategy 2012-15
The Mental Health Strategy 2012-15 sets out the Scottish Government’s priorities and commitments to improve mental health services and to promote mental wellbeing and prevent mental illness.

The Mental Health Strategy identifies seven key themes, which emerged from the consultation process, which will be emphasised during implementation of the Mental Health Strategy, 2 of which relate directly to this consultation:

- Increasing the support for self-management and self help approaches
- Ensuring that we use new technology effectively as a mechanism for providing information and delivering evidence based services

The Mental Health Strategy includes four key change areas plus work to support implementation of the Strategy, 2 of which relate directly to this consultation:

- Rethinking How We Respond to Common Mental Health Problems
- Community, Inpatient and Crisis Mental Health Services

The Mental Health Strategy 2012-15 is available here

National Telehealth and Telecare Delivery Plan for Scotland to 2015
This Delivery Plan sets out six work streams, each with specific actions to be delivered by 2015. This includes an increased focus on prevention, advocated in the Christie Commission’s report on the future delivery of public services, prioritising those services which help to reduce the likelihood of negative outcomes.
Mental Illness and Telehealth in Highland: Consultation Report

Specific objectives and actions have been aligned with the six work streams to achieve focus and traction over the next three years.

<table>
<thead>
<tr>
<th>National Work streams</th>
<th>Objective</th>
</tr>
</thead>
</table>
| 1. Improve and Integrate Health and Social Care | 1.1 Help people with long-term conditions to live independently at home, by supporting them to manage their own health and care  
1.2 Embed telehealth and telecare within whole system pathway redesign to enable people to move smoothly through transitions between services  
1.3 Use telehealth and telecare within preventative care approaches  
1.4 Ensure appropriate synergies with the technical architecture identified within the national eHealth Strategy, including standards, principles and access to enabling technologies |
| 2. Enhance Wellbeing                         | 2.1 Expand innovative service models for community-based support and wellbeing  
2.2 Support people to be active participants in the design and delivery of their technology enabled services                                                                                                                                                                                                                       |
| 3. Empower People                            | 3.1 Raise awareness, evidence and share benefits for users and patients  
3.2 NA                                                                                                                                                                                                                                                                                                                               |
| 4. Improve Sustainability and Value          | 4.1 NA                                                                                                                                                                                                                                                                                                                                  |
| 5. Support Economic Growth                   | 5.1 NA                                                                                                                                                                                                                                                                                                                                  |
| 6. Exchange learning, Develop and            | 6.1 Recognise and meet the needs of health, housing, social care, independent                                                                                                                                                                                                                                                           |
Embed Good Practice and third sector providers for new skills, education and training

6.2 NA

6.3 Raise awareness, independently publish and promote innovative approaches, good practice and illustrative user/patient experiences


**Information Strategy**

The Department of Health’s information strategy published in May 2012 sets a ten-year framework for transforming information for the NHS, public health and social care. The strategy states that information must be viewed as a service in its own right, and is the basis for driving service and care improvement through research and measurement of electronic records. The Government says that implementing the strategy will mean enabling greater individual control and fostering the development of an information-led culture.


**Future Vision Coalition (2009) A future vision for mental health**

The Mental Health Network was a founding member of the Future Vision Coalition. In their 2009 report, *A future vision for mental health*, they set out the need for a new relationship between mental health services and those who use them.

Service users, carers and communities should be offered an active role in shaping the support available to them. Service users and their families have different expectations about how their relationships with services, and professionals, should be. Orientating services around principles of recovery and personalisation involves recasting relationships between service users and professionals as true partnerships.
The Future Vision Coalition (2009) *A future vision for mental health* is available here
http://www.nhsconfed.org/.../Future_vision_for_mental_health_FINAL.pdf

**Scotland’s Digital Future: Delivery of Public Services**

In September 2012 the Scottish Government, jointly introduced by Ministers and CoSLA, published the strategy, *Scotland’s Digital Future: Delivery of Public Services*. The aim of Scotland’s Digital Future: Delivery of Public Services strategy is for the people of Scotland to find it easy to access digital services and be confident in doing so.

Scotland’s Digital Future: Delivery of Public Services is available here

**Public Service Reform 2011 - Future Delivery of Public Services**

In November 2010 the Scottish Government recognised the need to address long-term pressures and wanted an expert, independent analysis of the issues to guide the key decisions that would clearly need to be taken following the May Scottish election.

The Christie Commission reported at the end of June in time to inform 2011 Spending Review and shape resource plans for the next three years. He Public Service Reform 2011 document signals the Government’s response to the Christie report and describes their approach to public service reform. The four pillars of reform identified in *Renewing Scotland’s Public Services*1 are of which the forth aligns closely with this consultation:

4. a sharp focus on improving performance, through greater transparency, innovation and use of digital technology.

Commission on the Future Delivery of Public Services is available here

Renewing Scotland’s Public Services Priorities for reform in response to the Christie Commission is available here
Appendix 2 – Definitions

“Telehealth” is the provision of health services at a distance using a range of digital and mobile technologies. This includes the capture and relay of physiological measurements from the home/community for clinical review and early intervention, often in support of self management; and “teleconsultations” where technology such as email, telephone, telemetry, video conferencing, digital imaging, web and digital television are used to support consultations between professional to professional, clinicians and patients, or between groups of clinicians.

“Telecare” is the provision of care services at a distance using a range of analogue, digital and mobile technologies. These range from simple personal alarms, devices and sensors in the home, through to more complex technologies such as those which monitor daily activity patterns, home care activity, enable ‘safer walking’ in the community for people with cognitive impairments/physical frailties, detect falls and epilepsy seizures, facilitate medication prompting, and provide enhanced environmental safety.

“Telehealthcare” is used as an overarching term to describe both telehealth and telecare together.

Produced for HUG (Action for Mental Health) by Maggie Young (03/2014)

Published by Maggie Young, March 2014