Case Study

Digital mental health provision for Children and Young People

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BACKGROUND

Professor Alka Ahuja is a Consultant Child and Adolescent Psychiatrist at Aneurin Bevan University Health Board and an Honorary Professor at the University of South Wales.

Prior to the COVID-19 pandemic, her team had been piloting video appointments for young people with mental health problems. This is something they had long been keen on as they engage with family and friends this way.

They carried out a user consultation/evaluation, focusing on how young people were using it and asking young people, family and medical professionals about their experiences. In March 2020, when COVID-19 began to spread across Wales, they needed to ensure they could offer remote care and support to the public while protecting themselves and other patients, as well as treating and supporting those who tested positive for COVID-19.

They started engaging with GP practices and primary care colleagues from different departments – e.g. researchers, project managers, trainers, informatics – who had never met before, to form a team to drive forward the digital appointment model.

AIMS

The small team worked long hours to develop a high-quality technical toolkit, clinical toolkit and training that could be rolled out to thousands of people in GP practices across Wales.

Mike Ogonovsky was tasked with the role of senior responsible officer and the team met virtually every morning to discuss daily goals and deadlines. Under normal circumstances, it would take a couple of years to roll this programme out, but COVID-19 accelerated the need/demand.

They started roll-out in primary care and within six weeks had implemented the solution across 90 per cent of GP practices. GPs could now offer flexible ways to engage with patients who really needed appointments, which meant the GPs could work either from home or their practice – GP staff themselves had times when they needed to self-isolate. The team then rolled it out for all hospital and community care appointments, and subsequently across all NHS Wales Health Boards and the Welsh Ambulance Service NHS Trust, enabling them to also offer virtual video or telephone appointments instead of the usual face-to-face.

Care home residents became the most vulnerable and fragile people, living in communities who were not getting the support they needed, so the team provided training and equipment to staff/residents so that they could still attend GP appointments.

The solution was then made live in dentistry, optometry and pharmacy so they too could offer video consultations as an alternative to face-to-face appointments.

From October 2020, they started offering health and care engagement with schools so children and young people could maintain access to the healthcare they needed for their physical, mental and emotional well-being.

CHALLENGES

They faced several challenges, for example rolling out to patients with mental health conditions who were initially quite worried. Staff equally shared concerns on the ability to assess things like non-verbal communication, body language and other behaviours. This was overcome by developing clear guidance and strategies.

Another challenge was negotiating the 'red tape' and usual decision-making protocols, although this appeared to be a lot easier during the COVID-19 pandemic.

"There were often times the workforce themselves fell ill which had a negative impact on the momentum. The challenge of working within a team that had never met

before was quite difficult but having daily virtual meetings kept them very focused, offered clarity and bonded us together."

Identifying resources was also a challenge. Equipment like headsets and cameras was limited as everybody was transitioning to video appointments, along with the additional complexity of the service going live on a mass scale.

Working with different Health Boards and encouraging adoption presented multiple challenges as it cannot be done by the switch of a button. New processes had to be incorporated into workflows for frontline staff, along with raising their awareness and knowledge of the revised service engagement so they could make patients and families aware of the changes.

OUTCOMES

Initially, the team was unsure of the success of virtual/digital appointments. There is some evidence from people engaging in health services this way in countries like Canada and Australia and so now they are looking to evaluate and generate evidence of where this approach works and where it doesn't – as, to date, they have limited knowledge as to how these methods compare to face-to-face.

Having conducted over 100,000 digital/telephony consultations in the last nine months, they have now gathered evaluation data from more than 26,000 people who have been willing to tell them what is working, what isn't working and where. They have interviewed 300 professionals, patients and families which is going to evidence the successes and inform how they sustain and continue to develop the service for the future.

There were a number of positive experiences which commenced with Welsh Government recommending a single designated platform for patient digital engagement, Attend Anywhere. This approved, safe and secure platform is user friendly, has a virtual waiting room and the patient doesn't need to download an app.

Wales's population and healthcare staff are widely spread across a rural and urban split. The team found clear and frequent engagement with those further into the implementation process was very positive, and considerable sharing of good practice or learning from others' mistakes extremely beneficial.

There were minimal negative experiences – more frustrations when it came to rolling out the service and some resistance from clinicians, but not from patients or families. There was also nervousness on managing risk and identifying who responsibility and accountability sat with but as it grew and became a national programme, they identified that people would either be on board or do nothing.

The team did experience some negativity when commencing evaluation because a lot of people didn't understand its value. In response, they published a newsletter to disseminate why they were doing it, and share hints/tips and what others found helpful, which eliminated the negativity.

One final negative they found was that those in health settings struggled with things like Wi-Fi bandwidth, and patients struggled with Wi-Fi connection or not having the capability, although the team felt these were beyond their control.

In the last few months, the team has been awarded a number of prestigious awards which mean so much to them and acknowledges the work they are doing. It also reinforces the message that they are providing high-quality work that is recognised nationally and internationally.

NEXT STEPS

In summary, the team managed to develop a tool for the clinicians of the future and collated evidence to show what works and where. It will not replace all face-to-face consultation but will be an alternative, flexible option that can be offered to patients who are restricted from attending consistently face-to-face, and also benefit patients who need more time to be seen face-to-face and ultimately improve patient outcomes as well as reducing impact on the carbon footprint.

The team had one patient with a cancer diagnosis who didn't want to attend the appointment on his own. His children joined the video call from London and Singapore which would not have been possible with a face-to-face appointment.

Organisationally, they learned that with a common goal and clear communication channels a lot of things can be done. Having trust in the team and belief in the people you work with is critical, especially when you've never met them before.