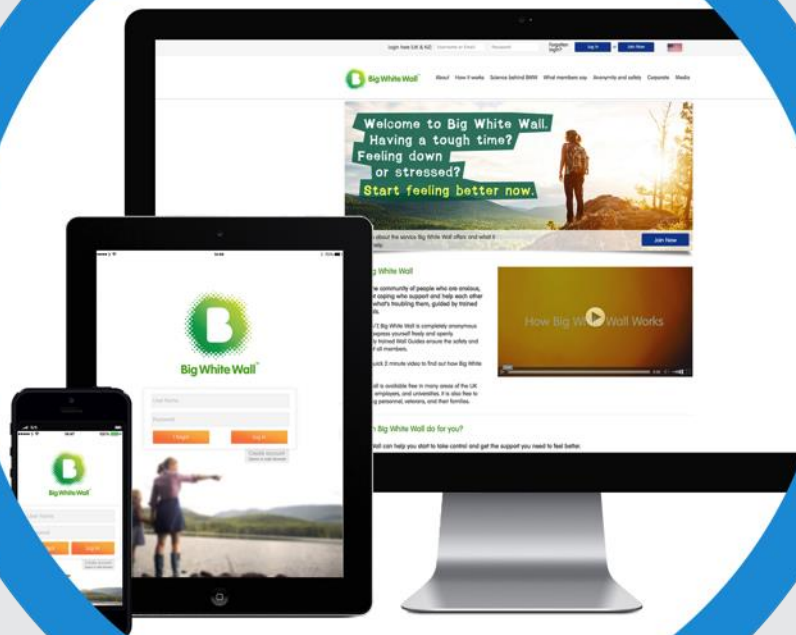


Mainstreaming Digital Solutions

In a digital world!

*Dr Peter ILVES
GP, commissioning and medical lead
BWW*



Questions for us to address together:



Is the current provision of mental health services and their configuration appropriate?

How and where should services best be accessed for early help, ongoing support and in crises and what changes would the senate therefore recommend?

What more is needed to support, develop and provide truly universal “at scale” population solutions?

The challenge for: The Public, Commissioners and Providers



The slope of awareness

The slope of evidence

The slope of engagement

The slope of innovation recognition

The slope of implementation

The slope of utilisation

Where do people spend their lives?

Delivering service where you are



Smartphones:

Where do we use them?

(weareapps.com 2012)

97% at home – 85% on the go – 72% at work

81% are on all the time

(Ofcom)

“The most vulnerable can be supported to gain access to appropriate services”

and

“The word Digital – often a catch-all... not a panacea for all ills and should complement other services”

(Transforming local public services using technology and digital tools and approaches: June 2014)

HOWEVER

For those who choose a digital solution or service

It can be the complete solution and achieve **better** outcomes



So... WHAT IS BIG WHITE WALL

A 24/7 end to end online mental health solution underpinned by a peer led support network which is fully anonymous

Easy to access – postcode

Easy to refer – instant referral

Fully personalised for each individual

SAFETY AS A PRIORITY
QUALITY AS A PRIORITY

Driven by the community, outcomes and coproduction

A suite of included services to include:

24/7 clinical cover and therapeutic intervention - wall guides

A library of health literature and psychoeducation

Materials to self test to include the **MDS** and much more

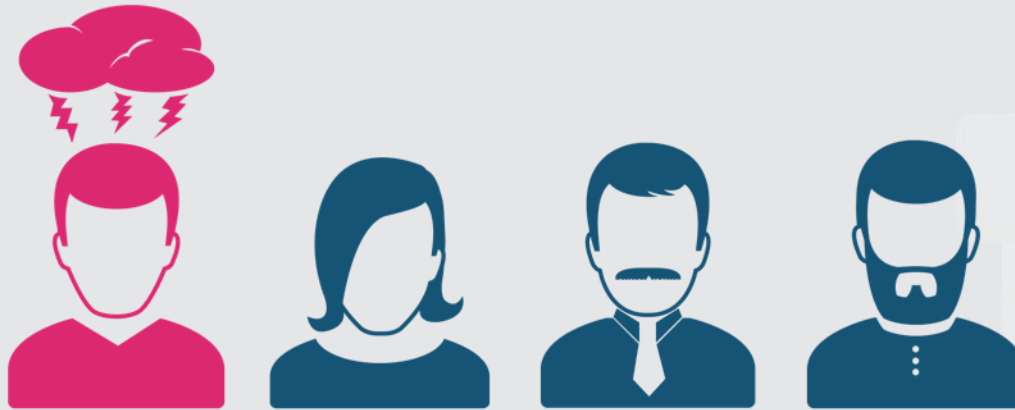
Guided support groups on a wide range of topics

- many IAPT aligned - including **lifestyle** and **workplace**

Live therapy deliverable wherever you choose – extended out of hours to 10pm and at weekends.

Fully capable of **supporting, reinforcing and working alongside** existing services and **independently**.

Mental Ill Health



1 in 4 impacted

Depression will be the 2nd largest cause of disability by 2020 (WHO)

£105bn annual cost in UK

75% of those with a diagnosable mental illness receive no treatment at all

People with poor mental health die 15 – 20 years earlier

46% of GPs at high risk of burnout
June 2013

1 in 3 GP appointments involves significant mental health issues

Drivers to Mental Wellbeing

Reduce isolation

Develop relationships

Membership/patient led

Embrace complexity

Eradicate stigma

Identify to target population need

Create safe places: Stratify risk

Co deliver on physical health

Reduce diagnosis dependency

Easy and multiple access points

Personalisation

Unmet need

Peer/carer/family/community support

Understanding your condition and yourself

Compassionate places

Empowered
Capable
People
and
Communities

Self efficacy
Activation
Self management

*Delivery of service
"Right place – right time"*

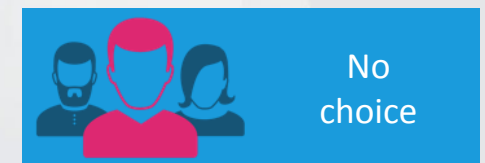
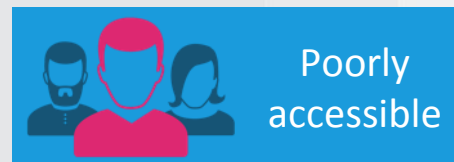
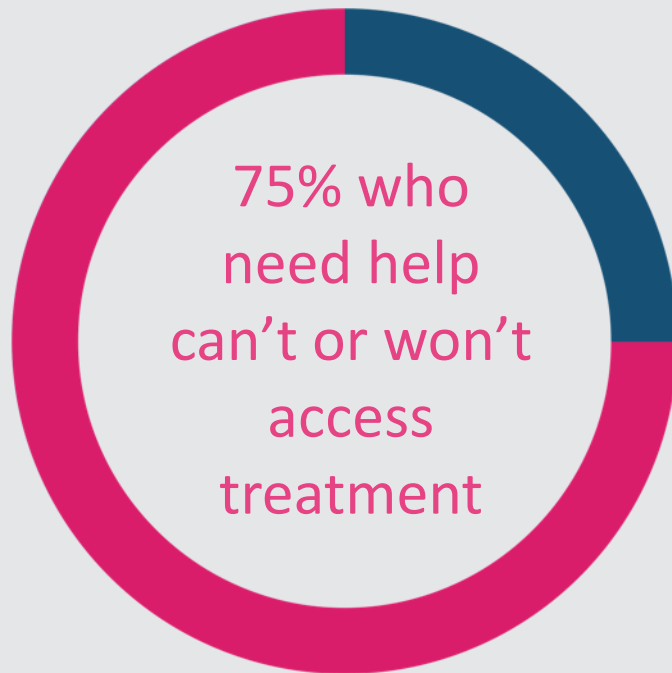
The context...



- “No health without mental health”: parity of esteem
- Election 2015
Mental health key election issue
All parties
- Time to change campaign:
Mind & Rethink – stigma
- Chief Medical Officer’s Annual Report:
focus on mental health
- London Health Commission:
Exemplar
Pan London access to digital support for
mental health
- “Personalised Health & Care 2020”:
digital access to the NHS
- “Five Year Forward View”: Digital inclusion
Supporting and delivering

- More than 80% of medical students with MH problems felt under supported; Student BMJ 2015;23:h4521; Sept 2015
- NHS Workplace stress could force 80% senior doctors to retire early – The Guardian Sept 2015

So why the need for transformation?



The traditional healthcare model doesn't work for this group

The transformation that digital brings



- Access 24/7 from wherever you are
- Part of a community, not isolated and lonely
- Addressing of needs and support in a social context
- One size fits all personalised support and programmes
- Waiting for expert opinion, professional advice 24/7
- PASSWE AND SUPPORTED

Who uses BWW?

Broad commissioning base:



access possible
for 29% of UK
adults

Increasingly popular:



3x more sign up
Q1 2013 to
Q2 2015

Widening access:



1 in 3 members
getting no other
help

Diverse membership:



average age 38, 53%
in paid work

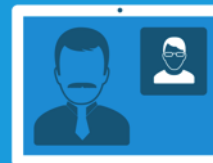


86% would
recommend
to family
and friends



57% report
reduced
isolation

LiveTherapy:



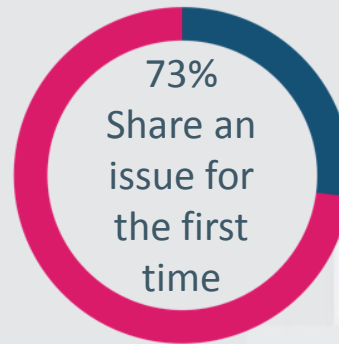
51% recovery and 62%
reliable improvement,
exceeding national average

GuidedSupport:



average anxiety score
reduced from 13.3 to 8.5

Achieving big results...



£37,000 saved per
100 members

Available to 29% of UK
adult population

67% report reduction in
mental health related sickness
absence

63% of students used BWW
outside 8am-6pm, Mon-Fri

...for big organisations



Armed Forces



Universities



Health and Social Care



Employers



Whose lives does it really impact?

Case 1:

22 year old lady
OCD
Housebound
Lives with her mother
“Isolated”
Only contact GP

Case 2:

38 year old lady
3 children
Postpartum
History of recurrent
“anxiety”
Labile moods
No diagnosis
“Struggling”

Case 3:

Student, 20 years old
First year
October
Away from home
Scared and lonely
Ambivalent about course
Not good at making friends

Case 4:

32 year old
Veteran
Lower limb injuries
PTSD
Anger issues
Disrupted family
Online is a “life line”

Case 5:

GP
50 years old
Excessive workload
Episodes of depression
Symptoms of burnout

Case 6:

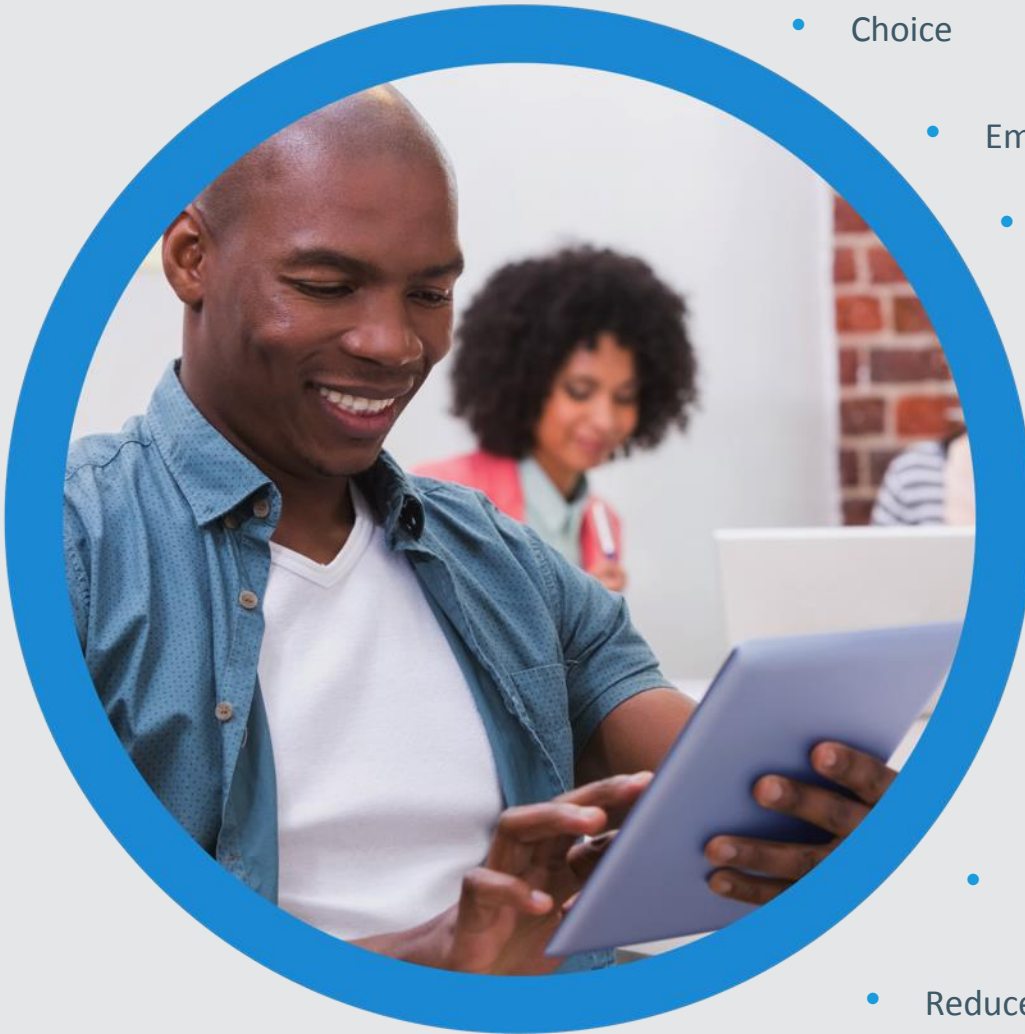
65 year old lady
Housebound
Isolated
Alcohol problems
Depression
Multiple long term conditions

Case 7:

47 year old man
Undiagnosed Borderline PD?
Recurrent contact with CMHT
Recurrent attendance to A&E
Poor impulse control
Social phobia
Suicidal ideation
Multiple medications

IMPACT...

- Accessible 24/7
- Choice
- Empowerment
- Immediately available – no waiting
- Positive patient experience
- Meeting unmet need
- People access support earlier – before gets worse
- Reduction in recurrent GP visits
- Reducing acute psychiatric care and admission
- Reduction in A&E attendance / use of walk-in services
- Reduced absenteeism and presenteeism





Contact

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