

Executive Summary

Overview

Covid-19 has meant significant changes in how mental health services have been delivered. Appointments that would normally have taken place face-to-face have had to be moved to video or telephone consultations.

These changes are likely to have had an impact on all the people involved in mental health care. There may have been positive and negative effects, or unexpected consequences. Currently, however, there has been no comprehensive evaluation of these effects.

This project is led by the three south London NHS Mental Health Trusts, working in conjunction with service users and academia to develop the evidence base in this area and form a learning healthcare system.

Through conducting a robust evaluation of the current evidence and identifying any potential gaps, the project aims to guide ongoing research, disseminate best practice, and inform the delivery of services now and in the future.

This report details phase one of this project with the thematic analysis of the findings from the three workstreams- systematic evidence reviews; a synthesis of patient, carer and staff surveys and a survey of ongoing evaluations across the system.

Key findings

- Two evidence reviews have been completed. An Umbrella review of pre-COVID literature- Please see [<https://www.jmir.org/2021/7/e26492>] to access the paper and a systematic review of COVID literature from during the pandemic- due to be published shortly. Overall, the literature suggests that the delivery of telemental health has been largely successful within the context of a pandemic, but longer-term evaluation and better evidence is needed as restrictions on physical distancing between people evolve.
- A thematic analysis conducted to synthesise the questions and findings across four organisation wide surveys revealed several common themes- convenience, environment, choice, openness, and resourcing. There were a few important gaps identified including lack of demographic information and combining this with knowledge about the survey sampling and distribution methods, we are able to conclude that respondents are not representative of the population and as such the findings of the thematic analysis may not be generalisable. Further work is ongoing to generate a common set of survey questions for future use and close some of the gaps.
- The results of the e-survey describe 32 projects with a focus on patient and/or staff perspectives on experience and/or access via surveys or interviews.

The report describes a number of commonalities across workstreams.

- Perspectives are not universal. There is no 'one size fits all' and an individualised approach will always remain the gold standard.

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- Remote service delivery can be acceptable at least in the short-term. Levels of satisfaction may be higher when video calls are used as opposed to telephone calls. However, the likelihood of non-response bias is a key caveat here.
- For those with diverse communication needs, the widespread adoption of remote technologies removed choice and reduced the accessibility. However, the report provides a number of case studies of innovative ways to engage service users in remote consultations.
- Convenience and technological challenges were key themes.
- The evidence suggested that for some people it is possible to develop a good therapeutic alliance remotely, although it is perceived that therapeutic alliance may be better when services are delivered face-to-face. There was some suggestion that therapeutic alliance may develop more easily in consultations held using video-conferencing as opposed to the telephone.
- Findings raise the possibility that many people may have been excluded from accessing mental health services. However, we do not have systematically collected data to demonstrate the extent of digital exclusion or to draw conclusions about which groups of people are most adversely affected. All three workstreams likely under-represent the voices of those who are least likely and able to engage remotely which represents a significant and worrying gap in the available evidence.
- Responses to staff surveys indicated that staff would appreciate clear guidelines on how and when to offer remote consultations as opposed to face-to-face.
- We are currently unable to draw conclusions about whether perceptions in relation to remote working are changing over time nor whether viewpoints will evolve as we move beyond the acute phase of the COVID-19 pandemic. Longitudinal data are needed to inform future choices and investments.
- The pre-COVID-19 umbrella review demonstrated that remotely delivered services can be as good as face-to-face appointments in improving clinical outcomes in some circumstances, we cannot say with certainty whether this finding holds true in the case of fast and widespread implementation due to the pandemic.
- Little is known about the cost effectiveness of remotely delivered mental health services.

Recommendations

The report makes several recommendations:

- Further research is required to better understand under which circumstances remote working is beneficial, for whom, and why, to make evidence-informed offers regarding the mode of service delivery and to provide increased choice. This research should purposively seek to tap the views of under represented populations and do deep dives within clinical populations.
- A set of questions to be routinely asked as part of future projects should be developed. This work has commenced by the project team please check for updates.
- Future research and evaluation strategies should specifically target the groups who have been under-represented in the data sets analysed to date, including but not limited to older adults, children and young people, people with learning disabilities, people with an autism spectrum disorder, inpatients, drug and alcohol clients, prison leavers, homeless people and carers.

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- Organisations and services should ensure that the NHS Mandatory Accessible Information Standards are adhered to when offering remote consultations or indeed when staff are engaged in remote work more broadly. We need to be asking service users and carers about their capabilities and confidence and addressing this.
- The co-creation of research/evaluation and service delivery strategies to help understand and address digital exclusion and inequities will be vital and careful consideration will need to be given to assess how best to involve those who are under-represented and/or digitally excluded within the development of these strategies. Engagement from a variety of services, for example, assessment centres, food banks, probation services, supported accommodation and community charities may be needed to reach those who are under-represented. It is acknowledged that this work would be challenging, but it will be essential for services where digital is the primary route to care.
- It may be beneficial for those who are developing new guidance on video-based consultations within mental health services to draw upon the recommendations made within the systematic review by Sansom-Daly et al. (2016)
- Research is needed to evaluate the implementation of new pathways including hybrid/blended approaches to service delivery and de-implementation of old ways of working.
- It is important that future work addresses questions of clinical effectiveness and better ascertains for which groups of people and which clinical pathways remote consultations are and are not effective before being routinely offered as the norm post-pandemic.
- Further research regarding costs and cost effectiveness is needed, particularly as video-conferencing software is now more widely and cheaply available.

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