

# Report on HIN South London Support to Oxleas NHS Foundation Trust on Implementing Lumi Nova for Children and Young People's Mental Health

December 2024

# About Us

Health Innovation Network (HIN) South London is one of 15 HINs across England. As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

This means we are uniquely placed to identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations.

Our staff bring together a broad range of skills including clinical and lived experience partners, and subject matter expertise in commercial, digital transformation, quality improvement, user involvement, communications and engagement, community and capacity building, research and data analytics, project, and programme management.

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# Executive Summary

**In 2019 the NHS Long Term Plan set out the goal for digitally enabled care to be included in the mainstream offer across the NHS and that same year the NHS Mental Health Implementation Plan included an ambition to increase and improve access to mental health services for children and young people.**

*Lumi Nova: Tales of Courage* is an engaging child-led, parent/guardian supported therapeutic intervention, and one of four guided self-help digital CBT technologies included within the NICE early value assessment for use as an initial treatment option for children and young people (C&YP) with mild to moderate symptoms of anxiety or low mood.

In June 2022 Oxleas NHS Foundation Trust (Oxleas) Children and Adolescent Mental Health Services (CAMHS) embraced the potential benefits of digital mental health interventions by commissioning *Lumi Nova Tales of Courage*. In 2023 the roll out of *Lumi Nova* was extended for use by Mental Health Support Teams in schools (MHST) in the London boroughs of Greenwich and Bexley. In response to an observed increase in uptake by Bexley MHST, it was decided to refocus efforts and try to more thoroughly embed the product in one care pathway. It was during this process that Oxleas CAMHS started to explore opportunities for this work with the HIN South London.

The objectives for the project built upon existing evidence for the drivers and barriers to engaging with digital interventions.

The project's objectives were to:

- understand the current operating procedure for *Lumi Nova* within the Bexley and Greenwich MHSTs;
- test knowledge, attitudes and beliefs of practitioners about digital interventions for mental health;
- develop a series of recommendations for the implementation of *Lumi Nova*;
- create resources for practitioners to support implementation and familiarity with *Lumi Nova*, including a digital app implementation process map.

Project activity has included stakeholder engagement and interviews, surveying practitioners, a workshop with practitioners, and the development of resources:

Insight has shown that knowledge and confidence, alongside practitioner training, the clinical pathway and perceptions of digital all influence practitioners' decision-making in addition to a baseline lack of consensus amongst practitioners on the safety of *Lumi Nova* and its value

compared to face-to-face interventions.

Recommendations have been made based on the insights obtained. These have been categorised within a framework of five themes that include:

- embedding Lumi Nova into the clinical pathway;
- providing adequate and appropriate resource for professional development of practitioners within digital therapeutics and Lumi Nova;
- supporting practitioners to critique and reflect on their practice and clinical judgements through clinical supervision and peer support;
- equipping practitioners with appropriate and easily accessible resources for them to confidently recommend and use Lumi Nova with families;
- communicating regularly about Lumi Nova with the trust board, and within teams and with families.

Oxleas have been trail blazers in commissioning Lumi Nova, and concerns and reservations about digital interventions by practitioners are common barriers to widespread adoption across NHS teams. However, if practitioners perceive digital as 'second-best', then it is likely that families will too. Changing workplace cultures and behaviours can be a slow process and requires effort at all levels from senior leadership to frontline practitioners. The outputs of this work will require input at all levels to implement the recommendations, and utilise the resources created for practitioners.

# 1. Introduction

## 1.1 Background and rationale

The *NHS Long Term Plan*<sup>1</sup> of 2019 set out the goal for digitally enabled care to be included in the mainstream offer across the NHS and in the same year the *NHS Mental Health Implementation Plan 2019/20 - 2023/24*<sup>2</sup> set out the ambition to increase and improve access to mental health services for children and young people (C&YP).

### 1.2.1 Schools

Mental Health Support Teams (MHST) provide additional capacity for early support and meeting the mental health needs of C&YP in primary, secondary and further education settings.<sup>3</sup> They are a relatively new workforce of Educational Mental Health Practitioners (EMHP), who work alongside senior clinicians, therapists and other professionals and integrate with existing mental health and wellbeing support in and around schools and colleges. To qualify as an EMHP, individuals must undertake a year-long training course, which typically combines: academic and theory elements delivered by a local university; self-study; and work-based placements in, for example, schools and/or colleges, special schools or pupil referral units.<sup>4</sup>

### 1.1.2 Digital Mental Health Interventions

*Lumi Nova: Tales of Courage* is an engaging child-led, parent/guardian supported therapeutic intervention that can be used on most smartphones or tablets. It facilitates graded exposure - the active ingredient of Cognitive Behavioural Therapy - via an immersive, app-based mobile game, with psychoeducation to empower 7-12-year-olds with mild to moderate needs to learn to self-manage their fears, worries and anxiety.<sup>5</sup>

In an Early Value Assessment published by *NICE* in 2023, *Lumi Nova* was one of four guided self-help digital CBT technologies recommended for use, while further evidence is being generated as an initial treatment option for C&YP (aged 5 to 18) with mild to moderate symptoms of anxiety or low mood.<sup>6</sup> The possible benefits of early access to these digital interventions outlined by *NICE* include: access to support for those unable to access other treatment or on a waiting list; clinical benefit (i.e., improvement in anxiety symptoms; prevention of worsening of symptoms and a reduction in demand for other options such as face-to face treatment); and promotion of equality as these digital options may be used remotely, which could be preferred by some (C&YP).

A recent I-DIGIT report, (not yet published and shared in confidence with HIN south London by NHS England mental health digital team), evaluated engagement with *Lumi Nova* and

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<sup>1</sup> NHS Long Term Plan (2019)

<sup>2</sup> NHS Mental Health Implementation Plan 2019/20 - 2023/24

<sup>3</sup> Gov. UK Promoting and supporting mental health and wellbeing in schools and colleges

<sup>4</sup> Education mental health practitioner

<sup>5</sup> About *Lumi Nova*

<sup>6</sup> Guided self-help digital cognitive behavioural therapy for children and young people with mild to moderate symptoms of anxiety or low mood: early value assessment

its clinical outcomes for children. Evaluation included quantitative analysis of anonymised Lumi Nova data in addition to multi-stakeholder focus groups and surveys. Key findings evidenced that Lumi Nova is a good treatment option for some children and could particularly benefit those with additional needs and from less advantaged backgrounds. The paper noted that co-ordinated efforts are urgently required to realise the potential of digital therapeutic interventions, which can offer a promising solution to the challenge of accessing mental health care for C&YP. The findings highlighted several themes that can influence the implementation of Lumi Nova including:

- stakeholder attitudes and perceptions of digital;
- the integration of Lumi Nova within a pathway;
- the need for dedicated digital leadership within teams;
- the need for evidence and guidance for practitioners to inform implementation.

## **1.2 Aims, Objectives and Project Activity**

In June 2022 Oxleas NHS Foundation Trust (Oxleas) Children and Adolescent Mental Health Services (CAMHS) embraced the potential benefits of digital mental health interventions by commissioning *Lumi Nova Tales of Courage*. In 2023 the roll out of Lumi Nova was extended for use by Mental Health Support Teams in schools (MHST) in the London boroughs of Greenwich and Bexley. In response to an observed increase in uptake of Lumi Nova by Bexley MHST, it was decided to refocus efforts and try to more thoroughly embed the product in one care pathway. It was during this process that Oxleas CAMHS started to explore opportunities for this work with the HIN South London

The short-term aim of this fourteen-week project was to explore and address attitudes and beliefs about digital interventions and Lumi Nova; and to identify recommendations around what needs to happen for Lumi Nova to be embedded within the Oxleas' EMHPs business as usual activity. It is anticipated in the medium-term that the project outputs will enable the increased uptake and utilisation of Lumi Nova by Oxleas' EMHPs; and subsequently fulfil the longer-term aim of improving mental health for C&YP in Greenwich and Bexley.

*It is important to note, that an evaluation of any changes due to the delivery of this project was not included within the scope of this project.*

The potential for practitioners' attitudes to be a barrier towards digital intervention implementation is certainly not unique to either of the Oxleas MHST teams but rather a common issue in its widespread adoption across NHS organisations and teams. Building upon existing evidence for the drivers and barriers to engaging with digital interventions, and focusing on the need to address staff attitudes, training and embedding the app in practice, the project's objectives were to:

- understand the current operating procedure for Lumi Nova across both MHSTs;
- test knowledge, attitudes and beliefs of EMHPs around digital interventions and Lumi Nova;
- deliver a workshop (informed by evidence and stakeholder engagement), to develop a series of recommendations for implementation of Lumi Nova specifically for Oxleas EMHPs;
- support EMHP familiarity with the Lumi Nova app through developing resources for EMHPs that include case studies;

- create a process map illustrating the recommended route to using Lumi Nova with C&YP and their families.

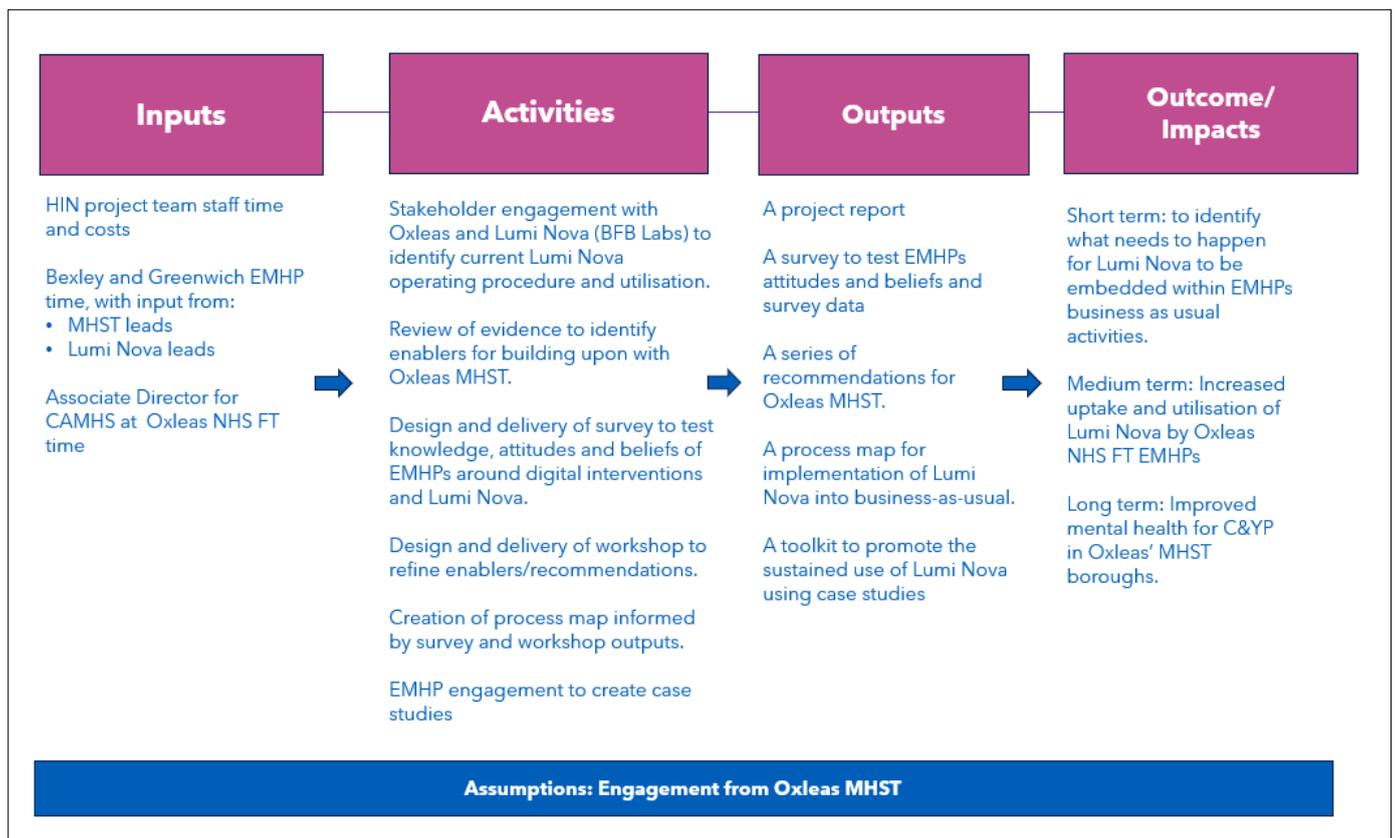
Project activity included:

- stakeholder engagement and interviews,
- surveys with EMHPs,
- an in-person workshop with eighteen EMHPs,
- the development of a toolkit and a process map to support the EMHP-led implementation of Lumi Nova.

The outputs of this project include:

- a project report,
- survey data of EMHPs,
- a series of recommendations for Oxleas MHST across stakeholders,
- a process map (see Appendix A),
- a toolkit of resources for EMHPs including Lumi Nova success stories from Oxleas EMHPs.

Figure 1 Project logic model



# 2. Methodology

The project design has followed a mixed methods approach, and activity has included:

- stakeholder engagement and interviews;
- surveying EMHPs;
- an in-person workshop with EMHPs;
- the development of resources: a toolkit and a process map to support EMHP-led implementation of Lumi Nova.

## 2.1 Stakeholder engagement

To understand the current process of implementation of Lumi Nova across the boroughs, the HIN met with MHST team leads, Lumi Nova leads, Lumi Nova BFB Labs and the Associate Director for Child and Adolescent Mental Health Services (CAMHS) at Oxleas NHS FT via MS Teams. These meetings involved the exploration of several perceived limiting factors to implementation and the insights gathered enabled the current pathway to be mapped.

The HIN met with Lumi Nova BFB Labs to gain insight into the Oxleas pathway to implementation and understand more about the support that Lumi Nova provides to the MHST. In addition, the HIN attended a Lumi Nova discovery day-long workshop hosted by Lumi Nova, which included presentations from child psychiatrists, experts in design and gaming, and NHS trusts that had successfully implemented Lumi Nova.

To inform the design of the surveys and workshop, the HIN met with academics and authors of the previously mentioned I-DIGIT report (awaiting publication) to discuss their findings, particularly around the themes developed from focus groups to explore participants' experiences of implementing digital therapeutic interventions and the barriers and facilitators in doing so.

## 2.2 Surveying EMHPs

Surveys were informed by the stakeholder engagement phase of project activity and designed to test EMHP knowledge, attitudes and beliefs about digital mental health interventions and Lumi Nova. Survey questions were sense-checked with MHST and Lumi Nova leads, who were able to share the link to the survey over a four-week period with their teams. EMHPs were sent frequent reminders to complete the survey during this period. Survey questions are listed in Appendix B

## 2.3 Workshop for EMHPs

An in-person workshop for EMHPs was designed with input from HIN's involvement team and lived experience expert. The objective of the workshop was to enable EMHPs to identify tangible and realistic recommendations (informed by the existing evidence of enablers) to support them to implement Lumi Nova. The workshop was held at Queen Mary's Hospital in Sidcup, a location provided by Oxleas, both local and accessible for both MHSTs.

## 2.4 Development of resources

Informed by the workshop outputs, additional interviews with EMHPs and 'success story' case studies, a toolkit has been produced for EMHPs alongside a process map to support the implementation of Lumi Nova. The process map can be found in Appendix A.

# 3. Insights

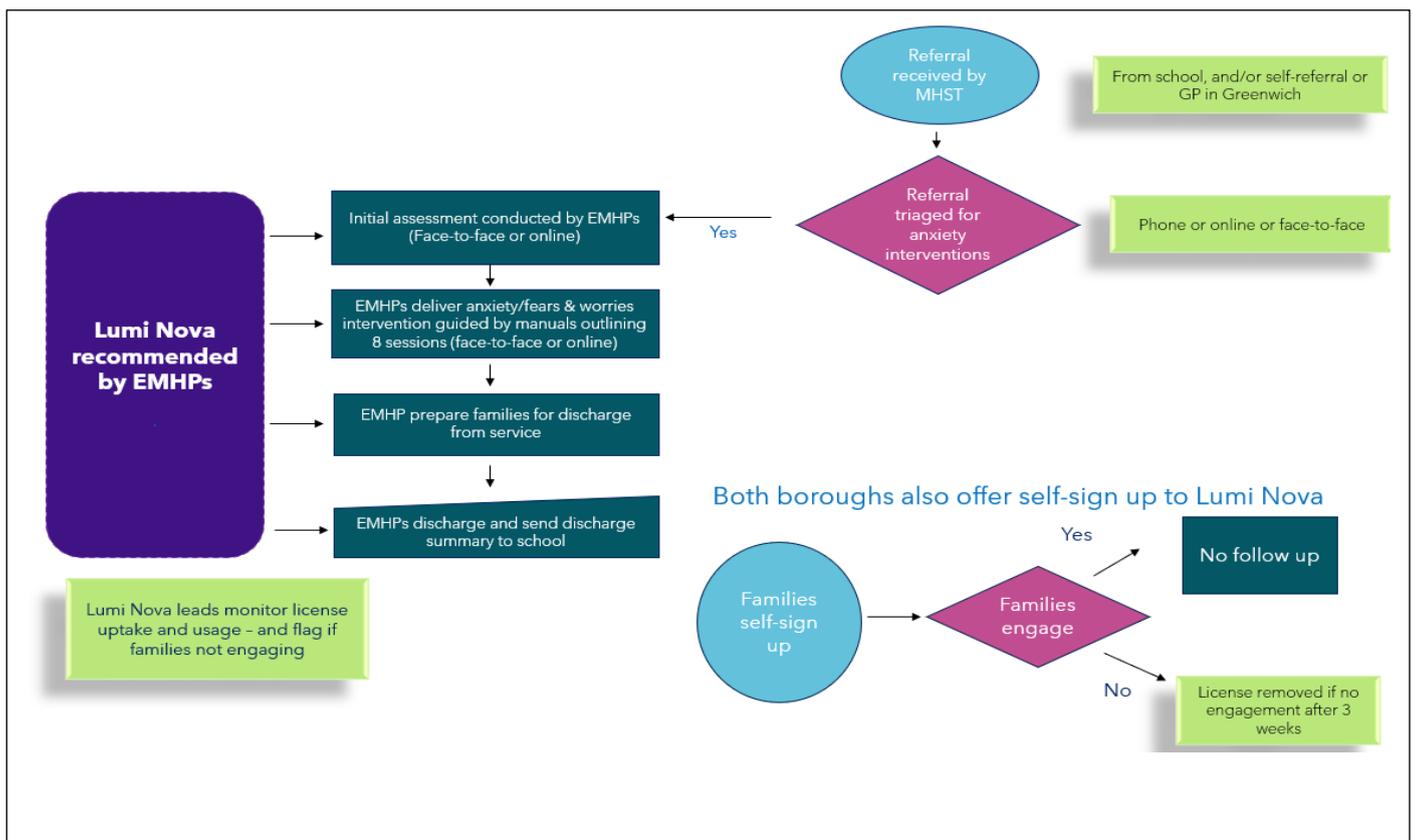
Project insights have been captured from:

- stakeholder engagement and interviews,
- surveys with EMHPs,
- an in-person workshop with EMHPs.

## 3.1 Stakeholder engagement insights

The HIN met multiple stakeholders including: MHST team leads, Lumi Nova leads, Lumi Nova BFB Labs, the Associate Director of CAMHS at Oxleas NHS FT and academic researchers. This engagement enabled the identification of the current operating procedure, from which a model illustrating the existing process for implementation of Lumi Nova was mapped out (figure 2). This process map was sense-checked with both MHST team leads and Lumi Nova leads and shown to EMHPs at the workshop. A key finding to emerge from consultation with stakeholders about the pathway was the lack of consistency in when in the pathway Lumi Nova is offered. It was suggested by one team lead that when it is offered too late, it is perceived as an optional 'nice-to-have' rather than a primary intervention that families are expected to engage with.

Figure 2 Existing Process Map for Lumi Nova



Of note, from engagement with Lumi Nova (BFB Labs) and with both MHSTs, it was highlighted that Oxleas offered an additional route of self-sign up to Lumi Nova, in addition to the practitioner-led pathway. The rationale for offering this additional route to sign-up was based on historic low uptake via the practitioner route. The option of self-sign up has previously been promoted via school newsletters, and families can sign up, without being known to the MHST service. If families do not engage with Lumi Nova after several weeks, the license is removed. One MHST acknowledged that some EMHPs have been directing families to self-sign up as they approach discharge from the MHST, rather than guiding families through the practitioner route. Due to the absence of follow-up provided to families who self-sign up, there is a higher likelihood of lack of engagement because these families' engagement with Lumi Nova is not monitored by EMHPs. Whilst acknowledging the value of self-sign up for some families, after sense-checking with the CAMHS Associate Director at Oxleas, it was confirmed that the focus of this project is to improve the practitioner-led pathway.

Another significant finding from our stakeholder engagement was the issue of EMHPs training and the training manuals they are provided with. It was reported that these manuals can be prescriptive in nature and rigid and do not consistently align with Lumi Nova. Additionally, EMHPs can feel pressure to deliver the manual content rather than consider additional options; this rigidity can influence decision making and clinical judgement.

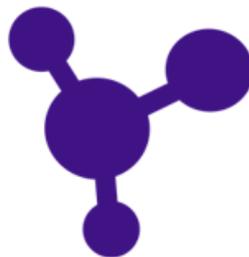
#### **Key findings: Engagement with MHST and Lumi Nova leads**

- All EMHP have received Lumi Nova training, and Lumi Nova BFB Labs is responsive and helpful in providing support to EMHPs.
- Using Lumi Nova does not feel organic or natural with respect to a process or pathway, but more so an 'add-on' intervention.
- EMHPs often ask Lumi Nova leads what to do if a family is interested - because they are themselves unsure how to guide families thorough the sign-up process.
- EMHPs are dipping in and out of Lumi Nova infrequently - it isn't embedded enough in the clinical pathway for them to remember it and how to talk about it.
- EMHPs tend to focus on their training manual content, which is quite rigid, and Lumi Nova does not always align with it.
- It is important families understand the purpose of the intervention rather than the game itself.
- Families with more complex needs may not always align or fit into the Lumi Nova goals.
- EMHPs need clarity on when to recommend Lumi Nova and anecdotally have been suggesting self-sign up towards the end of the intervention.

After capturing the outputs of engagement with all stakeholders, four themes emerged strongly, outlined in table 1, which informed the design of the workshop for EMHPs.

Table 1 Themes from stakeholder engagement

Theme	Justification
1. Knowledge and confidence	<ul style="list-style-type: none"><li>• EMHPs who are generally early in their careers might lack confidence in clinical judgement around recommending Lumi Nova.</li><li>• Some EMHPs might not be confident to use/ log in to/ talk about Lumi Nova.</li></ul>
2. Training manuals	<ul style="list-style-type: none"><li>• EMHPs training manuals can be quite rigid and may not always align with Lumi Nova goals, especially for families with more complex needs.</li><li>• This rigidity could have the potential to influence critical thinking and clinical judgement and autonomy.</li></ul>
3. Pathway and embedding	<ul style="list-style-type: none"><li>• Lumi Nova, when it is recommended, is done so at various points in the pathway; It's unclear where in the pathway it could work best.</li><li>• If it is used infrequently, users might not remember passwords/ log in information or the language to use to recommend it to families.</li></ul>
4. Perceptions	<ul style="list-style-type: none"><li>• Lumi Nova can feel like an 'add-on'- and sometimes a burden for EMHPs.</li><li>• EMHPs can feel pressure to 'sell' Lumi Nova to families</li></ul>



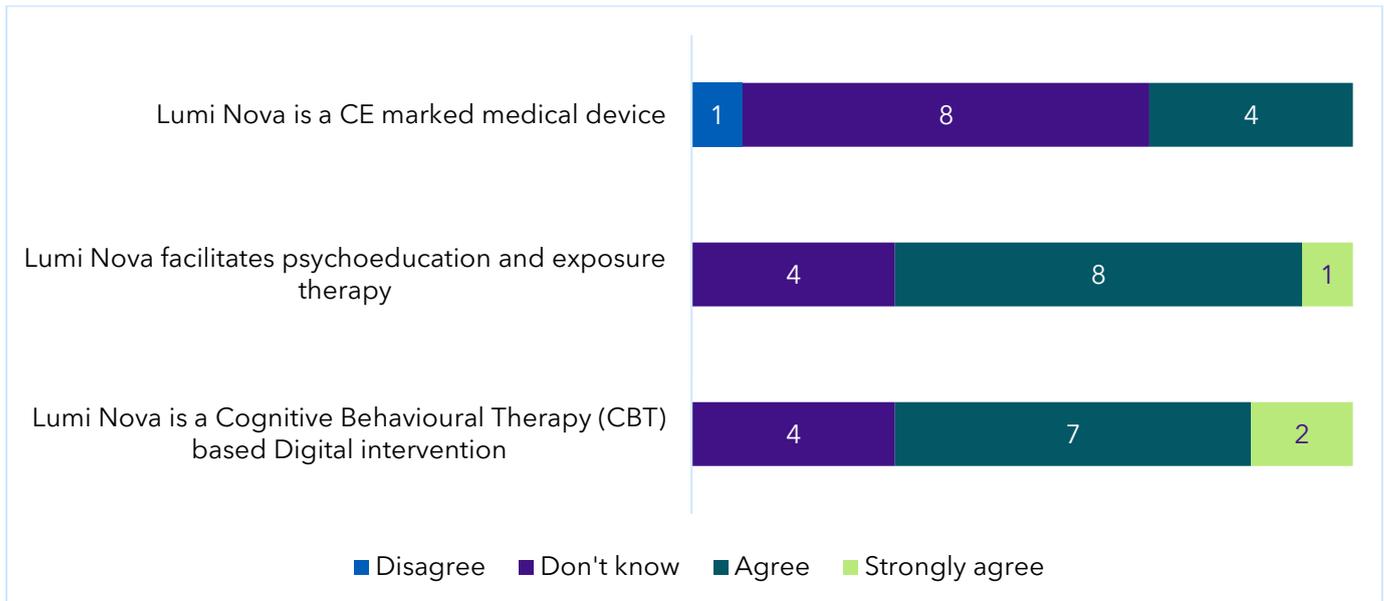
### 3.2 Survey findings

EMHPs completed an online survey to capture knowledge, attitudes and beliefs about digital mental health therapies and Lumi Nova. Thirteen EMHPs started the survey; 12 completed it. Survey questions can be found in Appendix B.

#### Questions 1-3

Approximately a third agreed Lumi Nova is a CE marked medical device.

Most EMHPs who responded seemed aware of how Lumi Nova works (via psychoeducation and exposure therapy) and that it is a CBT intervention.



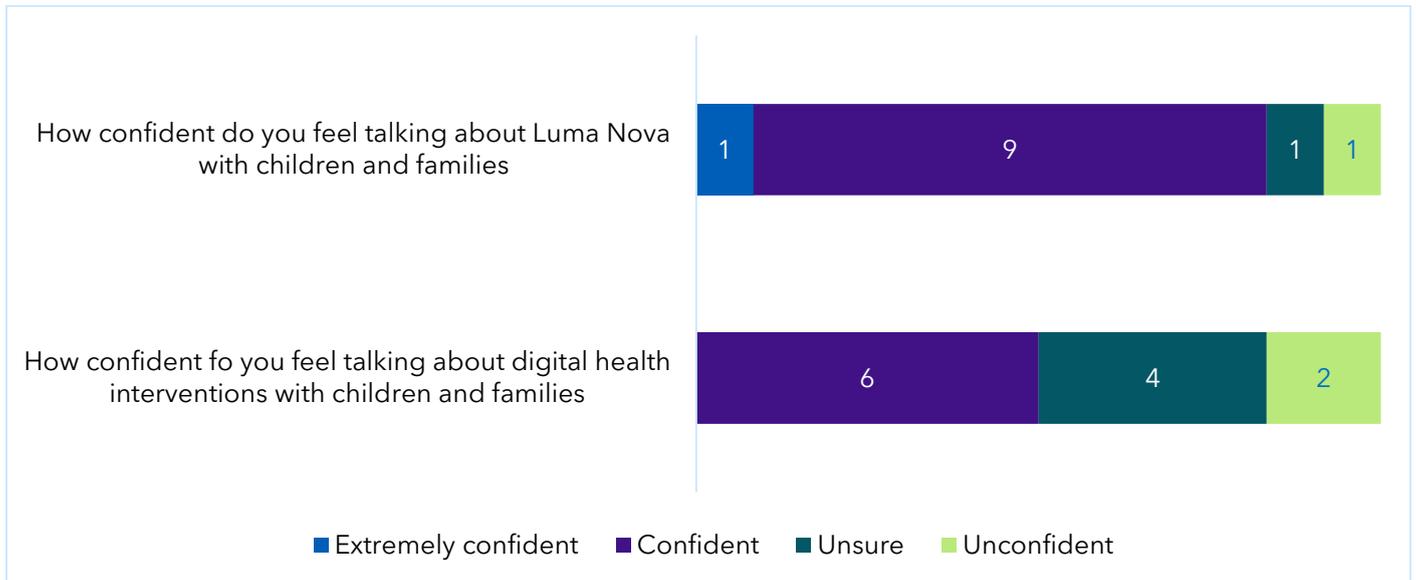
#### Questions 4-6

A third of respondents stated they do not direct families to any guidance or support about Lumi Nova. Just over half of those who responded stated they routinely discussed Lumi Nova and most EMHPs reported they had previously recommended Lumi Nova with families.



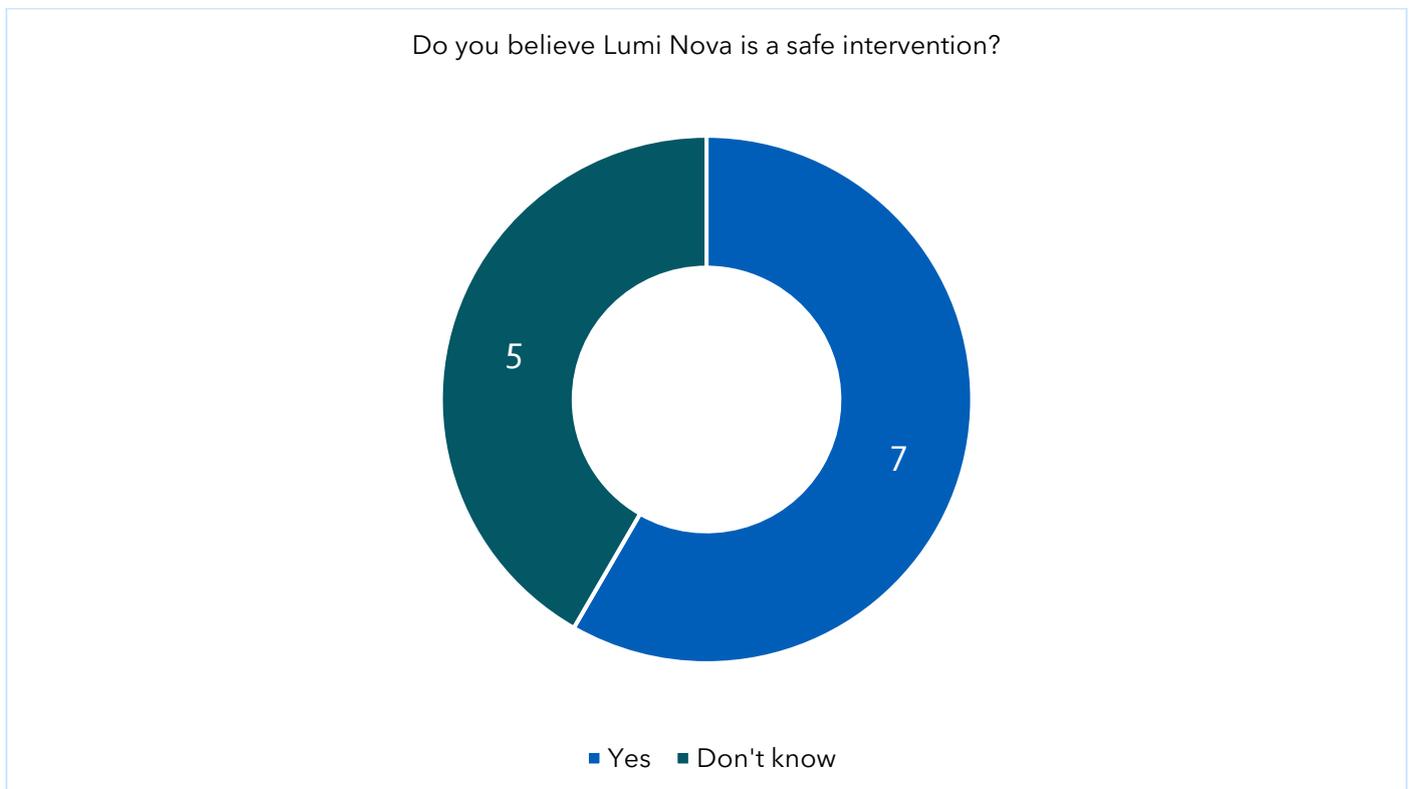
### Questions 7 - 8

Most respondents suggested they felt confident talking about Lumi Nova, just one respondent admitted to feeling unconfident. Fewer respondents agreed they felt confident talking about digital therapies more broadly - a third of which were unsure.



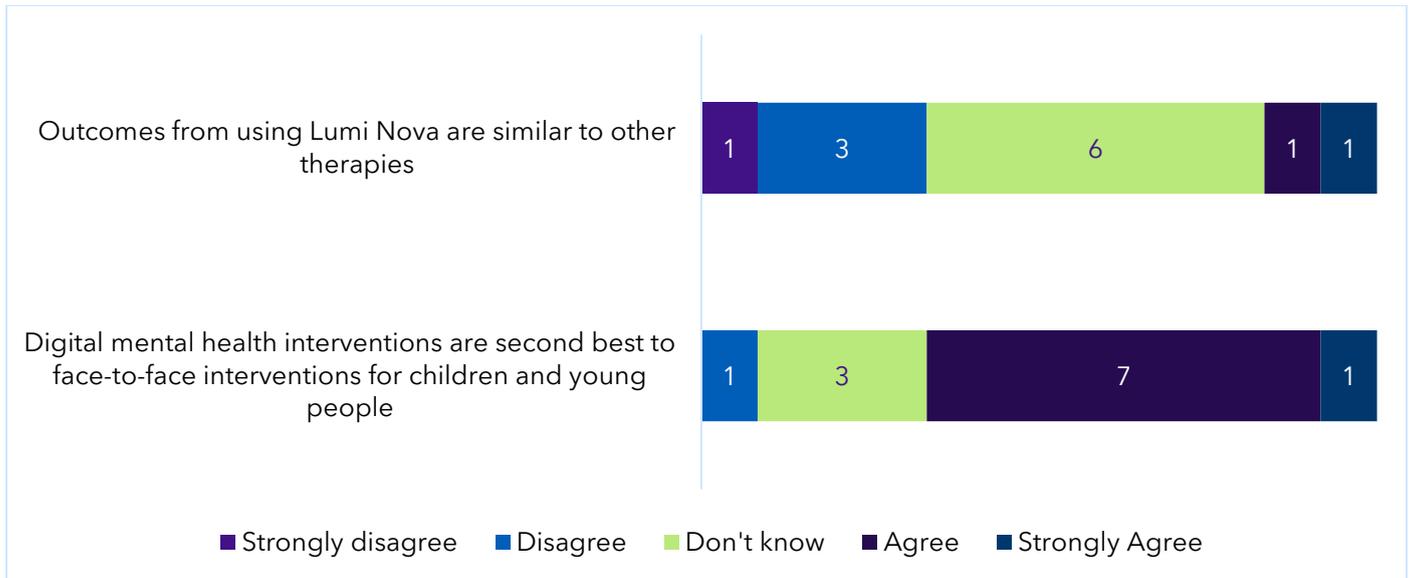
### Question 9

Just under half of respondents stated they did not know if Lumi Nova was a safe intervention.



## Questions 10-11

Half of respondents reported that they didn't know if Lumi Nova outcomes were comparable to other therapies and just over half reported that they agreed that digital therapies were second-best to face-to-face interventions.



### Survey respondents' additional comments:

- "Lumi Nova can be a challenge to engage a lot of our families due to deprivation, chaotic lives and not having the time, headspace or technology to devote to digital solutions."
- "Neurodiversity is a challenge."
- "Lumi Nova needs to be discussed repeatedly with families to get engagement"
- "It would be interesting to learn about any different cultural approaches to digital interventions with families and children."
- "How does it fit with therapy? The advice could be conflicting or confusing."
- "It doesn't provide the nuance needed for some issues."

The survey responses suggest that broadly EMHPs know what Lumi Nova is and how it works and report feeling confident talking about it, and most EMHPs reported they had previously suggested it with families. However, there appears to be a baseline lack of consensus amongst EMHPs on the safety of Lumi Nova and its value compared to face-to-face interventions.

### 3.3 Workshop

Eighteen EMHPs attended a workshop held in August 2024. Workshop participants also included Oxleas NHS FT CAMHS Associate Director and Oxleas CAMHS Digital Lead.

During the workshop, EMHPs were shown the current pathway for practitioner-led implementation of Lumi Nova (figure two), the themes from stakeholder engagement (table 1) and the survey results. A group discussion followed, which highlighted the following key challenges and issues to the practitioner-led implementation of Lumi Nova and implementing digital health technology more broadly.

#### Key themes from workshop discussion

- Digital health apps are often viewed as second best by mental health professionals.
- Shifting the overall culture and perception of these apps is needed. If EMHPs consider the apps as a second-best option, parents are also likely to do the same.
- EMHP's are not at the stage of routinely recommending Lumi Nova to parents. However, they are keen to support new innovation if they are supported to do so.
- Lumi Nova is often the lowest priority for both families and EMHPs when discussing interventions. It feels more like an 'extra' rather than a core intervention.
- Anything outside of the typical intervention is often not well-received by parents, as it falls outside of their comfort zone.
- Lumi Nova is currently viewed as an option that families could use if they would like to rather than an expectation. If it were integrated into the intervention from the beginning, families might be more likely to adopt it.
- It's unclear where Lumi Nova fits within the pathway, and we must acknowledge that it won't work for everyone.
- It is important to consider the effectiveness of the app, as there is no evidence/data indicating that using a digital health app is equal to or better than face-to-face intervention.
- EMHPs find it challenging to encourage parents to use digital health apps because of widespread media calling for a reduction in children's screen time and digital activities. How do EMHP's encourage parents to use the app, if parents are concerned about screen time?
- EMHPs don't feel comfortable recommending a digital service if they are unable to clearly articulate how it is regulated, or provide information on data protection and safeguarding or the clinical evidence supporting it.
- Technological barriers to consider include:
  - Some families may not have the resources to access apps, such as not owning mobile phones or other necessary devices.
  - Lumi Nova requires parents to sign-up and log-in on behalf of their children, but the issue is that some parents may not be digitally savvy or interested in using digital platforms.

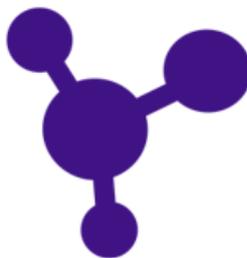
### 3.3.1 Generating recommendations

Following the initial group discussion, EMHPs were randomly divided into smaller groups that were composed of a mix of managers and EMHPs from both boroughs. Each group generated ideas and recommendations for four personas, which were subsequently sense-checked collectively with the wider group.

#### **Persona 1 Michael - An EMHP with low confidence in their digital/ tech knowledge and skills**

Ideas to support Michael to feel confident and comfortable discussing Lumi Nova and recommending it.

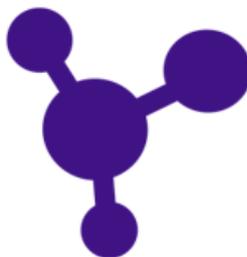
- Encourage Michael to use the game himself to see how it works first hand and draw on his experience to talk about Lumi Nova with families.
- Set up a test account to practice and see from a parent/child's perspective.
- Role play with colleagues on how to talk about Lumi Nova.
- Peer support from those EMHPs who are more confident with digital and tech.
- Training about how to talk about digital therapies.
- Resources (e.g., a video resources on how to use Lumi Nova).
- Training on Frequently Asked Questions about Lumi Nova.
- Trouble shooting support from peers.
- Opportunities to discuss in supervision.
- Routinely include time for Lumi Nova into regular team meetings.
- Build Lumi Nova into team discussions and meeting agendas - rather than an add-on item.
- Shadowing a session with a colleague who is recommending Lumi Nova to a family/ monitoring their progress with Lumi Nova.



## Persona 2 Rena - An EMHP who doesn't see the value in recommending Lumi Nova to families.

Ideas to enable Rena to consider Lumi Nova as a valuable addition to the current pathway and a safe option

- Regular supervision to discuss experiences of using Lumi Nova with families.
- Create success stories/case studies where Lumi Nova has been well received. Especially if they show that Lumi Nova helps families and children self-manage their condition, potentially resulting in less contact needed with the EMHP team.
- A test account for Rena and time for her to play with Lumi Nova.
- Training with role play including conversations around regulation.
- Ensure Rena knows where to access information around data protection, privacy, safety, regulation.
- Team meetings to include a standing agenda item on Lumi Nova where EMHPs share feedback about Lumi Nova including how they introduced it and monitored progress. EMHPs should also share their experiences of judging when Lumi Nova is not appropriate and why.
- Create an inclusion/exclusion guidance pack based upon these discussions.
- Supervision sessions to include conversations around Lumi Nova.
- Understand the benefits of Lumi Nova for the EMHP with respect to using it to support practitioner-led interventions.
- Ensure Rena has easy access to resources designed for families about Lumi Nova.
- Training on digital health and digital interventions as part of core EMHP training.
- Training on the evidence for digital interventions for anxiety in children compared to face-to-face.
- Create an easily accessible (digital or physical) one pager for EMHPs summarising Lumi Nova in plain English, which includes information on functionality and safety.



### **Persona 3 Alex - An EMHP with less clinical experience who is earlier on in their MH career.**

Ideas to support Alex to feel confident and comfortable discussing and recommending Lumi Nova to children and families

- Face-to-face training.
- Integrate Lumi Nova into the staff induction programme.
- Use case studies to showcase Lumi Nova success stories.
- Practice using the app first hand to get a feel of the game, use a dummy account.
- Role play in training how to 'pitch' Lumi Nova to parents
- Include more about digital health and its benefits within EMHP Training
- Use 'how to' videos or any online resources.
- Share experiences with colleagues.
- Use printed goal sheets to bring into sessions.
- Set up a dummy account.
- Shadowing and observation
- Peer support and supervision
- Ensure Lumi Nova is included in pathways.
- Routinely discuss Lumi Nova in clinical supervision (after initial assessment)
- Routinely discuss Lumi Nova in MDT meetings
- Create some sort of inclusion criteria of what makes a family suitable to trial Lumi Nova.

### **Persona 4 - A mum (Simone) who raises concerns around using a digital tool and screen time with her son (Joshua)**

Ideas to enable a Simone to feel confident and comfortable trialling Lumi Nova with her son Joshua.

- EMHPs to be able to visually demonstrate Lumi Nova:
  - phones/Wi-Fi enabled tablets with Lumi Nova downloaded.
  - slides to illustrate Lumi Nova.
  - show families how the app works within the session.
- EMHPs to guide discussions with families about:
  - screen time (acknowledge that families can feel 'screen shame'), healthy versus unhealthy screen time and how much screentime is required for Lumi Nova
  - in-built safety features
  - 'quality time' using Lumi Nova
  - encourage families to insert Lumi Nova into their weekly schedule, with a reward for the child if they maintain engagement.
  - common concerns such as data required to use Lumi Nova.
  - frame Lumi Nova as an intervention to support mental health rather than a game.
- Additional check-in sessions by EMHPs with family.
- Case studies / success stories of Lumi Nova from a family perspective.
- Training using role play.
- Create a visual 'decision tree for different commonly occurring scenarios (e.g. if a family feels fobbed off when Lumi Nova is recommended, what approach should EMHPs take next)?
- Introduce Lumi Nova early in the pathway, so it doesn't feel like an additional task but rather it's expected that families will engage with Lumi Nova alongside their EMHP-led intervention.

# 4. Recommendations

The workshop ideas generated by the EMHPs were analysed and combined with the insight captured from stakeholder engagement and the survey data. Recommendations have emerged, which have been categorised within a framework of five themes.

- Embedding into the Clinical Pathway
- Professional Development
- Support
- Resources
- Communication about Lumi Nova

Below is a list of recommendations pertaining to each theme to emerge from the workshop with EMHPs and team managers. Where appropriate, actions have been assigned 'owner(s)' to take forward the recommendation. These owners include senior leadership; MHST leads; Lumi Nova leads; and EMHPs. It is expected that these recommendations, alongside the process map and toolkit are 'living' documents that will enable the embedding of Lumi Nova into business as usual.

<b>Embedding into the Clinical Pathway</b>	<b>Owner (s)</b>
Lumi Nova needs to be embedded early in the intervention pathway for C&YP who have been triaged and deemed appropriate for an EMHP-led intervention. Discussing Lumi Nova at the earliest opportunity in the pathway will set the expectation to engage with it (i.e. at initial assessment).	Senior leadership
A process map that illustrates the clinical pathway for both Greenwich and Bexley MHSTs to be shared with all EMHPs and remain accessible and visible to the teams.	MHST leads  Lumi Nova leads
EMHPs to regularly review a process map of implementation.	EMHPs

<b>Professional Development</b>	<b>Owner (s)</b>
Lumi Nova training to be integrated into the staff induction programme for all new staff and training updates to be a regular fixture within MHST teams' internal training offers.	MHST team leads  Lumi Nova leads
EMHPs to have dedicated time to attend regular training and development updates on Lumi Nova and digital health. This training and its content could be co-ordinated and led by senior team leaders/ Lumi Nova/ digital team leads, and incorporate: <ul style="list-style-type: none"> <li>• How to talk about Lumi Nova, frequently asked questions about Lumi Nova by families and the evidence base for digital interventions and Lumi Nova (e.g. NICE Early Value Assessment).</li> </ul>	Senior leadership  MHST team leads  Lumi Nova leads

<ul style="list-style-type: none"> <li>• Roleplay common scenarios that EMHPs face when recommending Lumi Nova to families, which could include: <ul style="list-style-type: none"> <li>○ How to recommend Lumi Nova to families.</li> <li>○ Responding to concerns about Lumi Nova and providing assurances around data protection, privacy or safety.</li> <li>○ Engaging in difficult conversations (e.g. families feeling fobbed off by a digital option).</li> </ul> </li> </ul>	
<p>KCL provide training to EMHPs using training manuals. This training should incorporate a broad overview of digital health - and its opportunities and challenges to acknowledge the growth of digital innovation within mental health and the growing evidence base for its implementation. The Children and Young People leadership team could raise this with the training providers at KCL.</p>	<p>Senior leadership team</p>

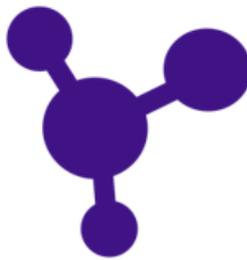
<b>Supporting EMHPs</b>	<b>Owner (s)</b>
<p>EMHPs to be provided with opportunities to reflect on their practice and be encouraged to critically appraise any clinical judgements and assumptions made when Lumi Nova has not been offered (e.g. when families are deemed inappropriate, or issues are deemed too complex to be suitable for Lumi Nova). Supervision sessions to routinely include a discussion about Lumi Nova. A common concern is that EMHPs believe that Lumi Nova may not be suitable for more complex issues or for those with neuro diversity. It is important to acknowledge that NICE Early Value Assessment recommends further evidence generation for neurodivergent children and young people. Practitioner decisions and assumptions should be openly and supportively explored within supervision sessions.</p>	<p>MHST leads Senior EMHPs</p>
<p>EMHPs are more likely to recommend Lumi Nova to families when support systems are in place to enable them to more effectively do so. EMHPs to be able to access Lumi Nova on their own device using a test log-in account. This would enable them to familiarise themselves with Lumi Nova as well as effectively demonstrate the app when recommending it to families. If EMHPs are unable to have Lumi Nova on their own mobile device, Wi-Fi enabled tablets will support them with demonstrating the app with families.</p>	<p>Senior leadership team MHST leads Lumi Nova leads</p>
<p>Digital confidence varies across MHSTs. Peer support can be an effective way of enhancing confidence with Lumi Nova delivered by those EMHPs who are more comfortable and familiar with recommending it. This peer support could take the form of shadowing and observing others and providing feedback.</p>	<p>Lumi Nova leads EMHPs</p>
<p>EMHPs may require additional time to support families with Lumi Nova, especially EMHPs for whom recommending Lumi Nova is novel or for those families with reservations about it.</p>	<p>All</p>

EMHPs have concerns about the evidence and their confidence in digital technology. Evidence used to inform the NICE Early Value Assessment guidance shows that digital CBT technologies have a potential benefit for children and young people with mild to moderate symptoms of anxiety or low mood but identified evidence gaps in neurodivergence, comparative studies, effectiveness against standard care, levels of user engagement and rates of stopping, and quality of life data. MHSTs can work with Lumi Nova to capture data around some of these evidence gaps such as levels of use and adherence, outcome data and value for neurodivergent C&YP.	All
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<b>Resources</b>	<b>Owner (s)</b>
EMHPs to be able to access a toolkit of resources that serve to remind and inform them about Lumi Nova, in addition to resources that inform families about Lumi Nova. A simple and accessible resource could include a 'key factsheet' to support EMHPs to feel more confident summarising and recommending Lumi Nova and effectively managing common queries.	MHST leads
EMHPs suggested strongly that case studies of 'success stories' would make them more likely to recommend Lumi Nova to families. When EMHPs share their positive experiences of recommending Lumi Nova to families, this information should be recorded in a case study format and disseminated throughout the MHST. Concurrently, guidance (informed by experience) on families who have not benefited from Lumi Nova should also be logged and discussed within teams and used as a learning resource.	MHST leads Lumi Nova leads EMHPs
EMHPs to have access to resources designed for families and be able to access these and share them with families in different formats (physical or digital guides/ website links, videos), and FAQs.	MHST leads Lumi Nova leads EMHPs

<b>Communication about Lumi Nova</b>	<b>Owner (s)</b>
For Lumi Nova to be embedded into business as usual, it needs to be communicated within business as usual meetings, as opposed to being an additional add-on item to meeting agendas. Lumi Nova to be discussed within team meetings, supervision meetings, and MDT meetings so that everyone becomes more familiar with talking about it, the rationale for its use and how to monitor families engaging with it. Team meetings to embed Lumi Nova into agendas and regular opportunity to be offered to EMHPs to share and reflect on their experiences of recommending Lumi Nova and of families engaging with Lumi Nova, whether the outcome was successful. All experiences are opportunities for learning.	MHST leads Lumi Nova leads

<p>It's important that EMHPs frame conversations around Lumi Nova as a therapeutic intervention to support mental health - as opposed to a game. When communicating with families about Lumi Nova, EMHPs to feel confident and able to communicate why it is being recommended and be able to expand upon this recommendation to include conversations around the frequently expressed concerns around screen time, safety and privacy.</p>	<p>EMHPs</p>
<p>Trust Boards to have sight and understanding of digital interventions. An open line of communication between the leadership team and the Trust Board specifically about Lumi Nova will contribute to embedding Lumi Nova into the Mental health Support Team services and offer.</p>	<p>Senior leadership team</p>



# 5. Conclusion and Limitations

Insight has shown that knowledge and confidence, practitioner training, the clinical pathway and perceptions of digital all influence practitioners' decision-making in addition to a baseline lack of consensus amongst practitioners on the safety of Lumi Nova and its value compared to face-to-face interventions.

Recommendations have emerged, which have been categorised within a framework of five themes that include:

- embedding Lumi Nova into the clinical pathway;
- providing adequate and appropriate resource for professional development of practitioners within digital therapeutics and Lumi Nova;
- supporting practitioners to critique and reflect on their practice and clinical judgements through clinical supervision and peer support;
- equipping practitioners with appropriate and easily accessible resources for them to confidently recommend and use Lumi Nova with families;
- communicating regularly about Lumi Nova with the trust board, within teams - and with families.

The relatively low rate of completed surveys (12 completed surveys) reflected the priorities and high demands placed upon both MHSTs. However, the final turn-out of eighteen EMHPs from both MHSTs at the workshop in August was incredibly positive, the outputs of which have provided rich insight into the day-to-day demands of EMHPs and their thoughts, feelings and behaviours towards Lumi Nova and digital therapeutics for mental health.

It is evident that some EMHPs embrace digital - and its potential - more than others. Throughout engagement there were several EMHPs who could visualise success with Lumi Nova from both the family and the EMHP perspective. These EMHPs expressed ways in which Lumi Nova supports a young person who may not be age appropriate for a face-to-face intervention, or how it supports the discharge planning process; and also expressed how it has enabled them in their work and even freed up some capacity (e.g. enabling them to perform a fortnightly check-in as opposed to weekly). For some EMHPs Lumi Nova still feels inorganic and burdensome, these EMHPs struggled more to consider what successful implementation could look like, which limited our ability to unpick the ingredients to success from an already quite small cohort of EMHPs.

HIN south London was unable to interview any families to obtain user stories. At the time of mobilisation of this phase of project activity, both teams reported that no families were engaging with Lumi Nova via the practitioner-led route. Therefore, a pragmatic approach was taken and in response to outputs from the workshop, we focused efforts on interviewing EMHPs to create success story case studies - an idea generated by EMHPs from the workshop that would support them with recommending Lumi Nova. Lumi Nova (BFB Labs) hosts an extensive number of resources to support families and practitioners, which include case studies of families, and these have been included in the toolkit for EMHPs.

## 6. Next steps

Oxleas NHS FT have been trail blazers in commissioning Lumi Nova and truly embracing the potential benefits of digital mental health interventions. Concerns and reservations about digital interventions by practitioners is certainly not unique to either of the MHSTs but a common barrier to widespread adoption across NHS teams. However, if EMHPs perceive digital as 'second-best', then it's likely that families will too. Changing workplace cultures and behaviours can be a slow process and requires effort at all levels from senior leadership to frontline practitioners. The outputs of this work will require input at all levels to implement the recommendations, and utilise the resources created for EMHPs.

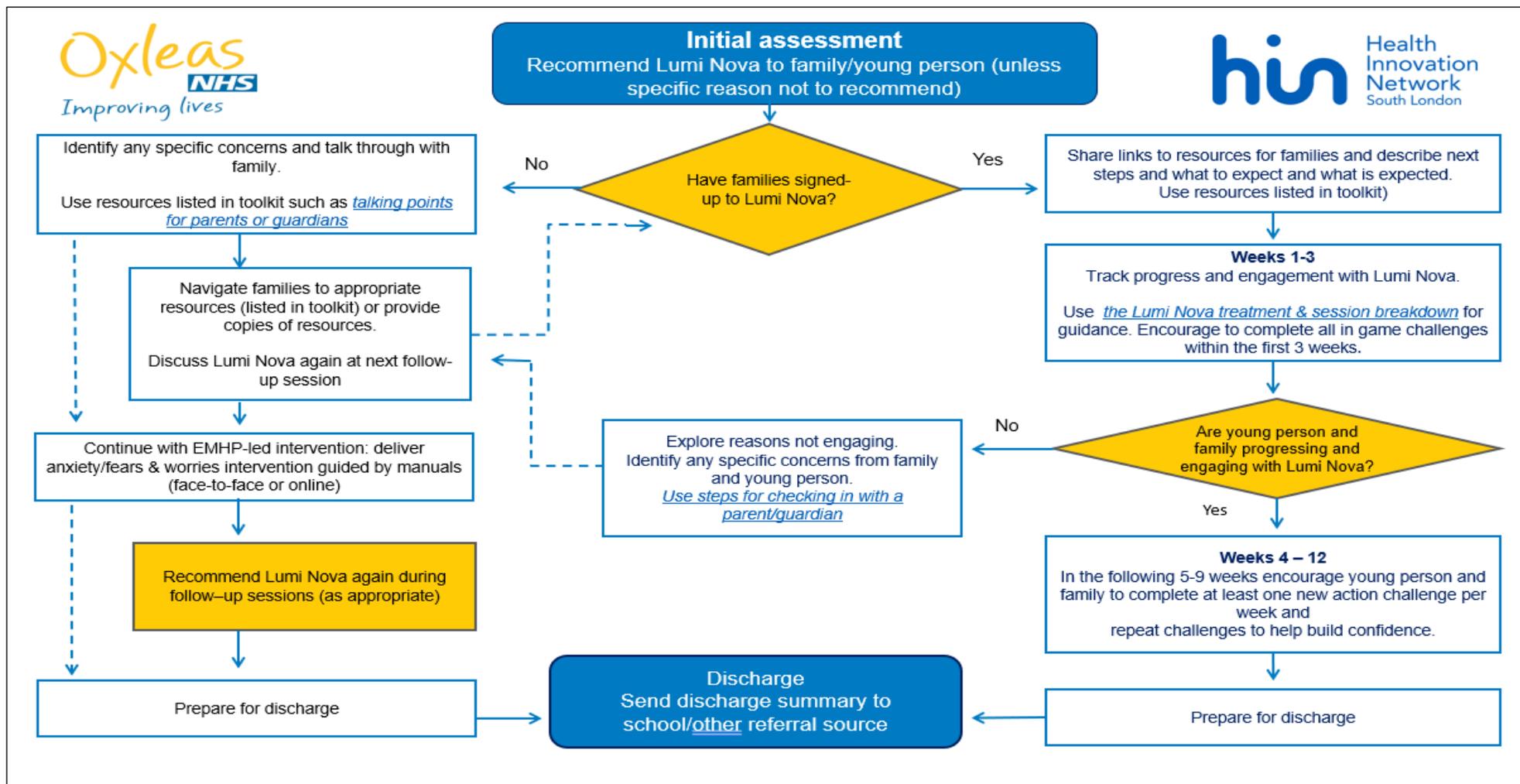
## 7. Acknowledgements

HIN south London extend their thanks to all who contributed to this project

- Oxleas NHS Foundation Trust
- Lumi Nova (BFB Labs)
- NHSE Mental Health Digital Team and IDIGIT authors

# Appendix A: Process Map

Process map of EMHP-led implementation of Lumi Nova



# Appendix B: Survey Questions

## **Lumi Nova and digital therapies for children and young people's mental health.**

The Health Innovation Network is collaborating with Oxleas Mental Health Trust, NHS FT - trail blazers in digital mental health therapies. This survey aims to help us understand more about the digital application Lumi Nova.

All survey responses are anonymous. We highly value your opinion, please take 8-10 minutes to complete the survey. Please complete the survey by 31st July 2024.

**1) To what extent on a scale of 1 - 5 do you agree with the following statement: 'Lumi Nova is a Cognitive Behavioural Therapy (CBT) based Digital intervention'** (Please choose one response)

1. Strongly Disagree
2. Disagree
3. Not sure/ Don't know
4. Agree
5. Strongly Agree

**2) To what extent on a scale of 1 - 5 do you agree with the following statement: 'Lumi Nova facilitates psychoeducation and exposure therapy'** (Please choose one response)

1. Strongly Disagree
2. Disagree
3. Not sure/ Don't know
4. Agree
5. Strongly Agree

**3) To what extent on a scale of 1 - 5 do you agree with the following statement: 'Lumi Nova is a CE marked medical device'** (Please choose one response)

1. Strongly Disagree
2. Disagree
3. Not sure/ Don't know
4. Agree
5. Strongly Agree

**4) Have you completed any Lumi Nova training sessions?**

1. Yes
2. No

**5) Have you recommended Lumi Nova to any children/families?**

1. Yes
2. No

**6) Do you routinely include a discussion about Lumi Nova in your interactions with children and families?**

1. Yes
2. No

**6a) If yes is selected - Do you introduce children and families to Lumi Nova using a screen/mobile phone?**

1. Yes
2. No

**7) Do you signpost families to any guidance or support to use Lumi Nova? If 'Yes', can you explain what this guidance or support is?**

1. Yes
2. No
3. Not sure

**8) Can you think of any other type of additional support it could be helpful to direct families towards?**

(Please provide your response in the space below.)

**9) How confident on a scale of 1 - 5 do you feel talking about digital health interventions with children and families?** (Please choose one response)

1. Very Unconfident
2. Unconfident
3. Unsure/ Don't know
4. Confident
5. Extremely Confident

**10) How confident on a scale of 1 - 5 do you feel talking about Lumi Nova with children and families?** (Please choose one response)

1. Very Unconfident
2. Unconfident
3. Unsure/ Don't know
4. Confident
5. Extremely Confident

**11) Do you believe Lumi Nova is a safe intervention? If you answered 'No' please provide a brief sentence supporting your answer.**

1. Yes
2. No
3. Not sure

**12) To what extent on a scale of 1 - 5 do you agree with the following statement: 'Digital mental health interventions are second best to face-to-face interventions for children and young people'**  
(Please choose one response)

1. Strongly Disagree
2. Disagree
3. Not sure/ Don't know
4. Agree
5. Strongly Agree

**13) To what extent on a scale of 1 - 5 do you agree with the following statement: 'Outcomes from using Lumi Nova are similar to other therapies'** (Please choose one response)

1. Strongly Disagree
2. Disagree
3. Not sure/ Don't know
4. Agree
5. Strongly Agree

**14) Please provide a short sentence or two explaining what factors might influence your thinking about the suitability of Lumi Nova for any family or child? E.g., severity of symptoms; socio economic status, gender.**

**15) Please add any additional information that supports any of your responses:**