

cCBT & DIGITAL MENTAL HEALTH

With continual increasing demand on service

Technology has to be part of the solution

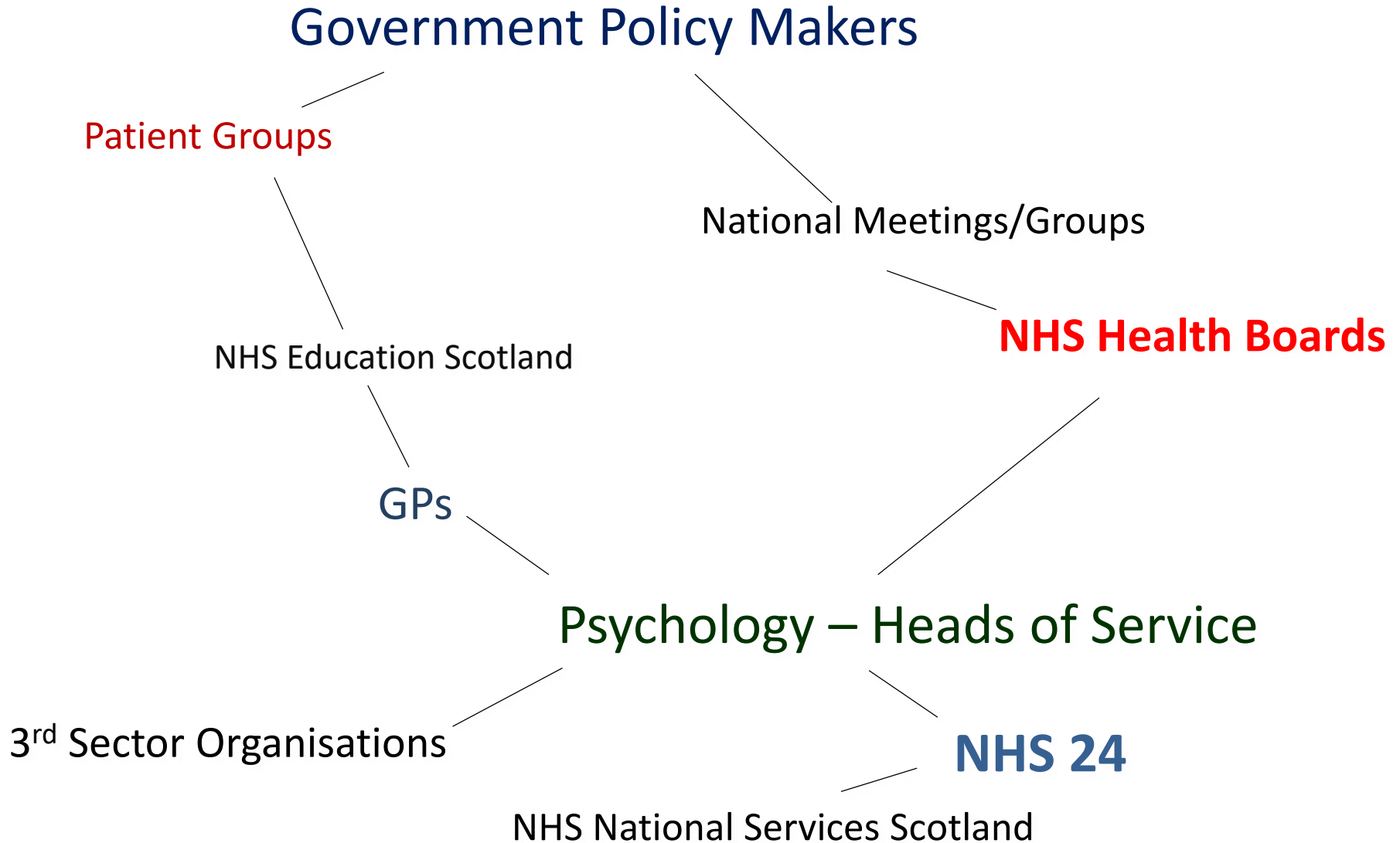
Digital Mental Health Programme



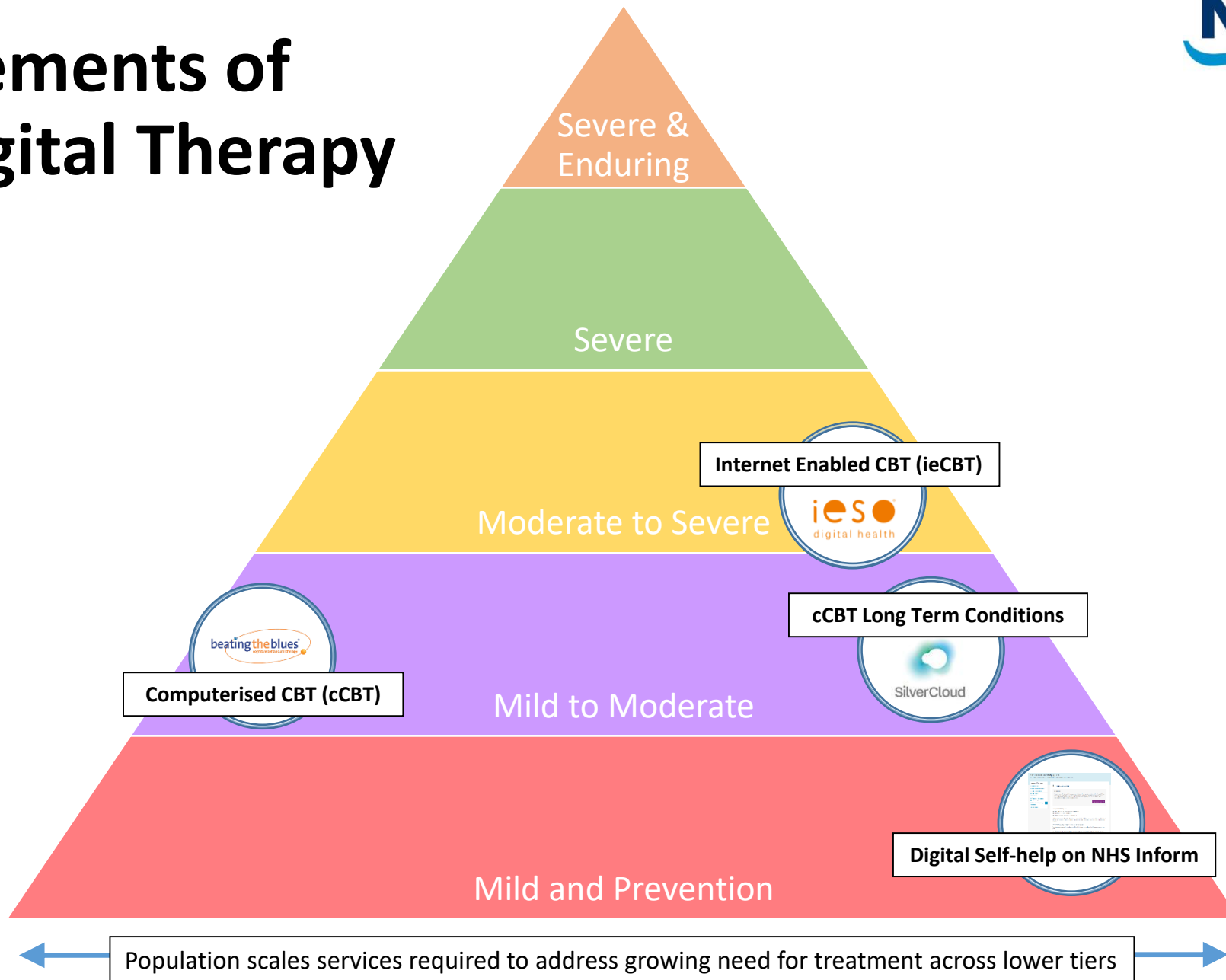
WORKSTREAM	DESCRIPTION
<i>Digital Therapy</i>	Face to Face, Group Therapy and CBT treatment delivered with the use of technology
<i>Online Self-management & Self-care</i>	Self-management, self-care and self-help tools, information and resource made available through digital channels
<i>Video Conferencing</i>	Video Conference assisted therapy and operational support
<i>Ongoing Evaluation</i>	Evaluation of service effectiveness and outcome
<i>Innovation</i>	The continued process of identifying and testing new technologies and service approaches

Programme of digital work developed, co-designed and driven by partnership working

Partnership Network



Elements of Digital Therapy



cCBT



cCBT = Computerised Cognitive Behavioural Therapy

Offers large scale, low cost, high capacity solution

Computerised CBT



Evidence based, recommended by NICE and SIGN

8 sessions divided into 3-4 modules

Each module takes about 10-15 minutes to complete

Recommended that the user completes a module every other day with one session being completed a week

On average people take 10-14 weeks to complete the program

Is accessible via smart phones and tablets as well as laptops and desktop computers

cCBT Implementation Programme



External - EU Investment

2013: EU MasterMind Project, 3 years

Internal- Scottish Government Investment

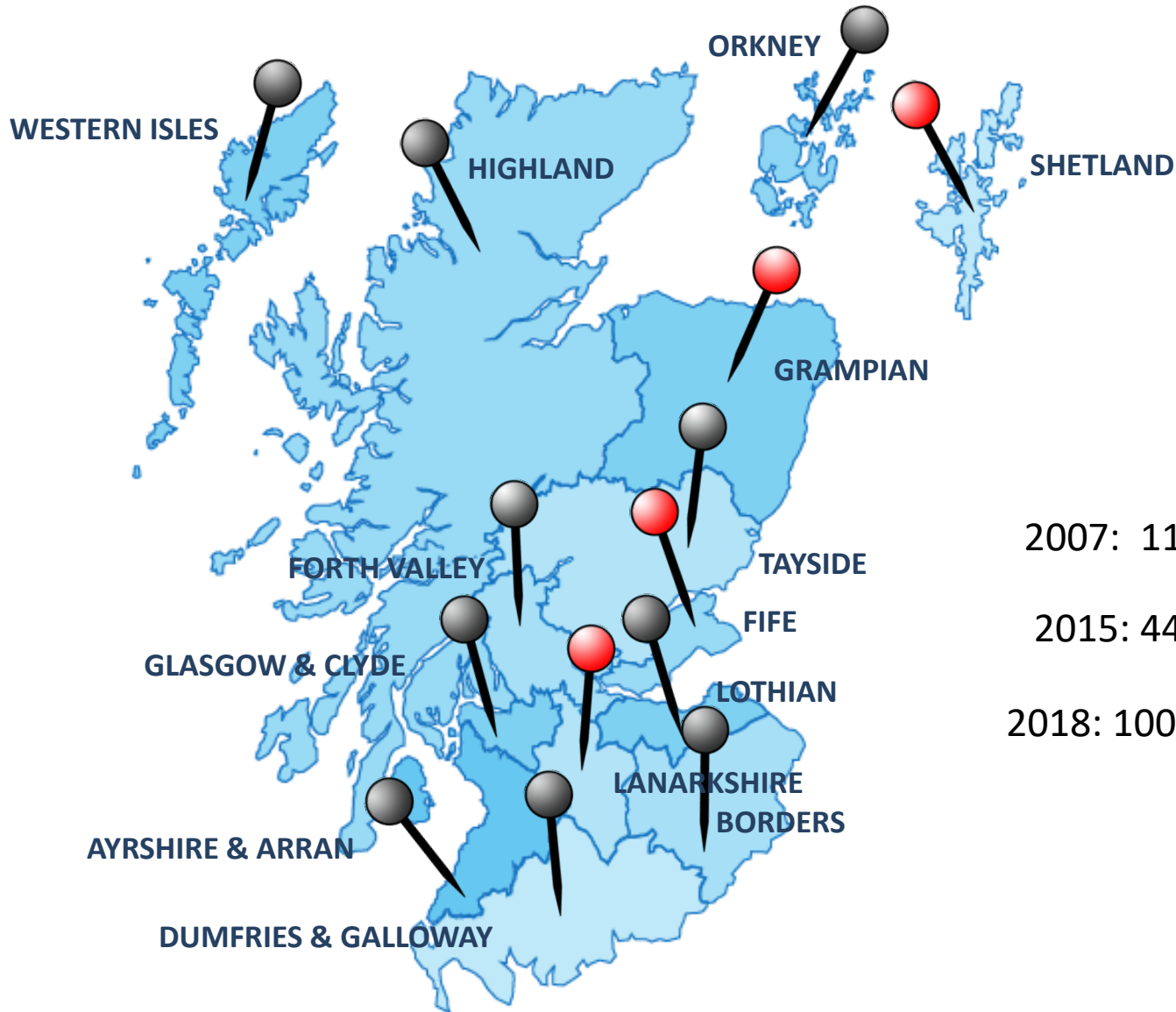
2016: cCBT TEC Programme, 2 years

Implementation spread across 2 projects spanning 5 years



Sustained Investment

Progression of cCBT in Scotland

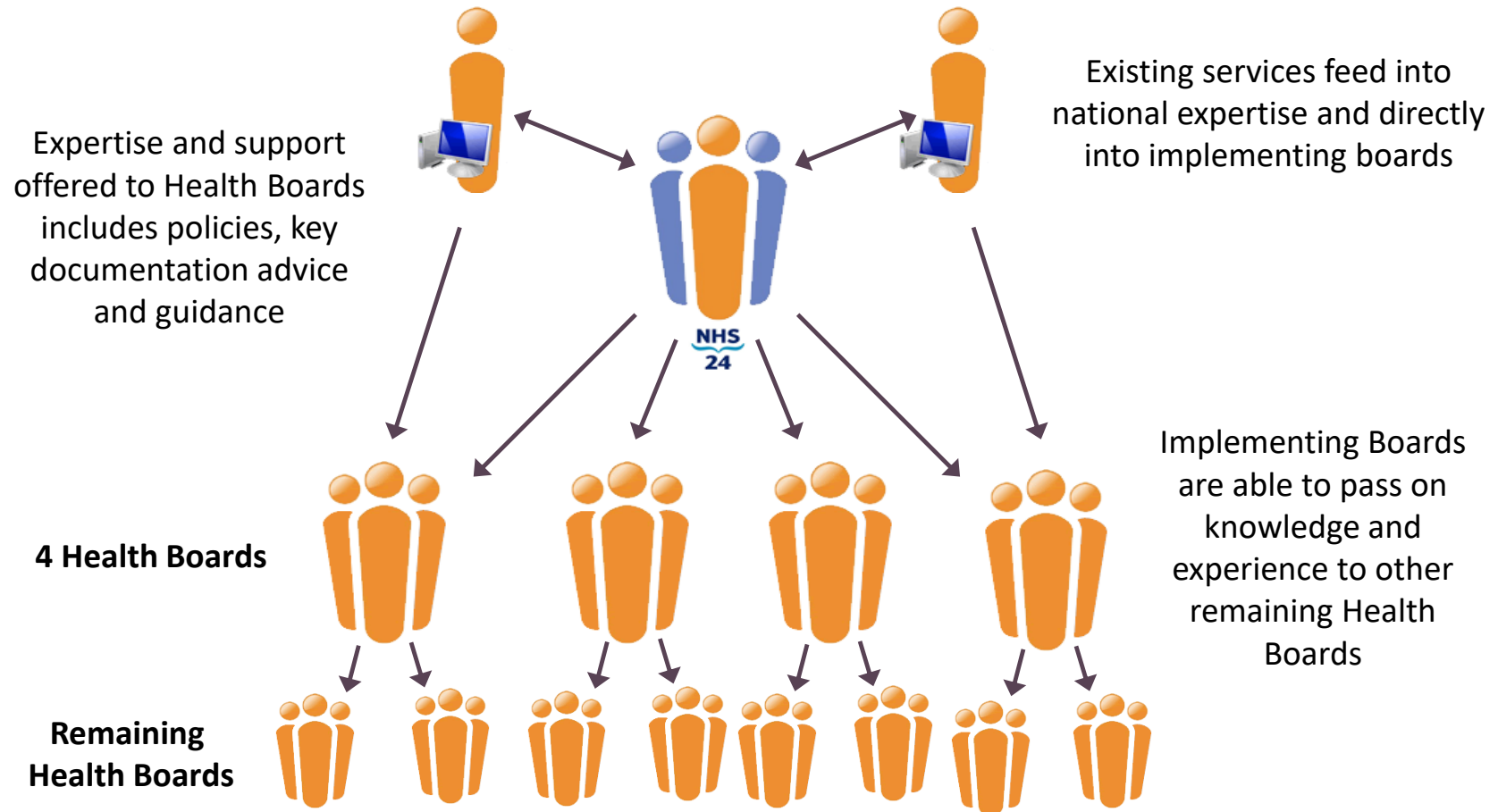


2007: 11% of national adult population

2015: 44% of national adult population

2018: 100% of national adult population

Implementation Approach



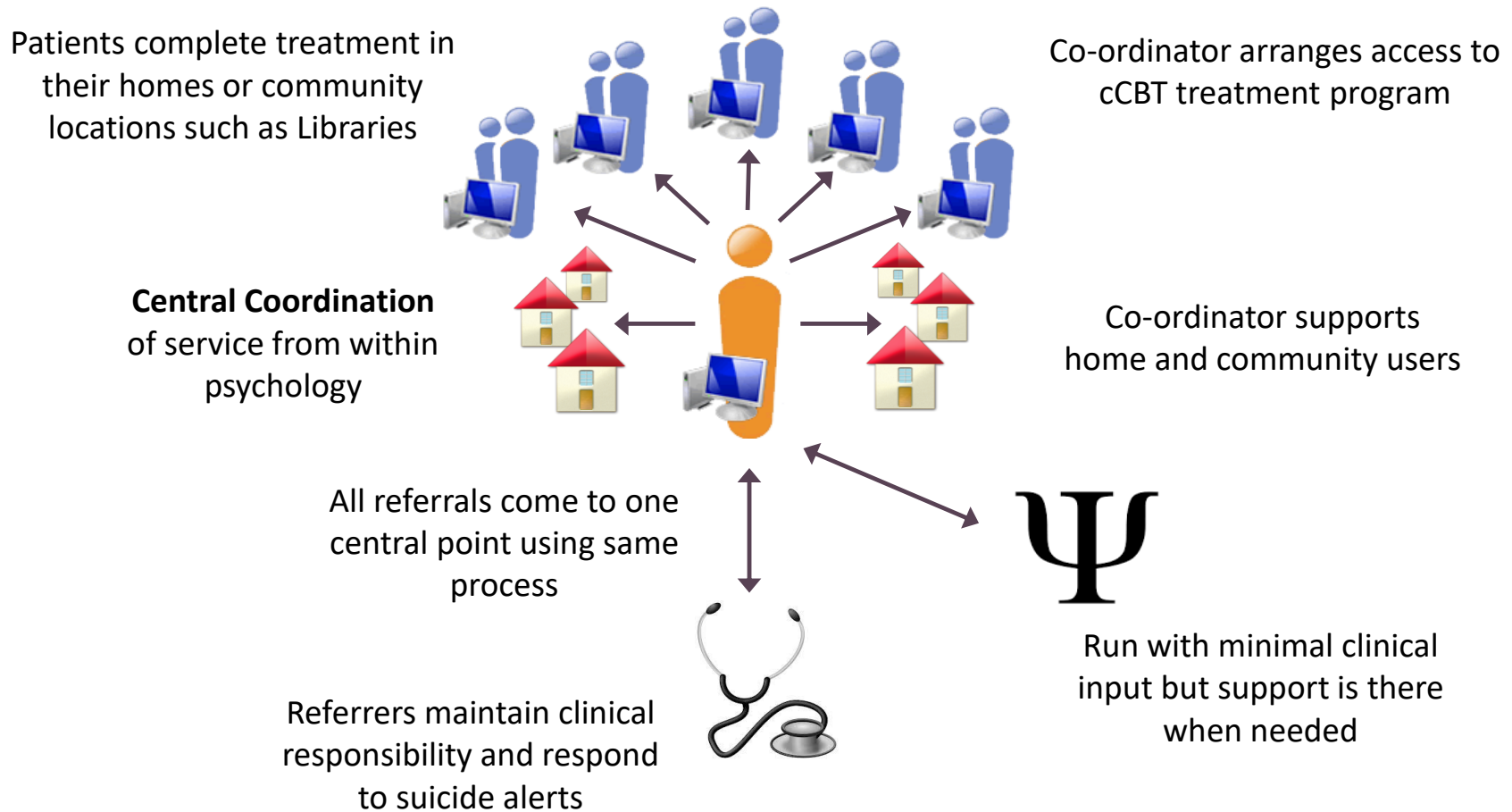
Nationally supported implementation reduced set-up time from 2 years to 5 months

Focused on the Right Things

During implementation concentrated on



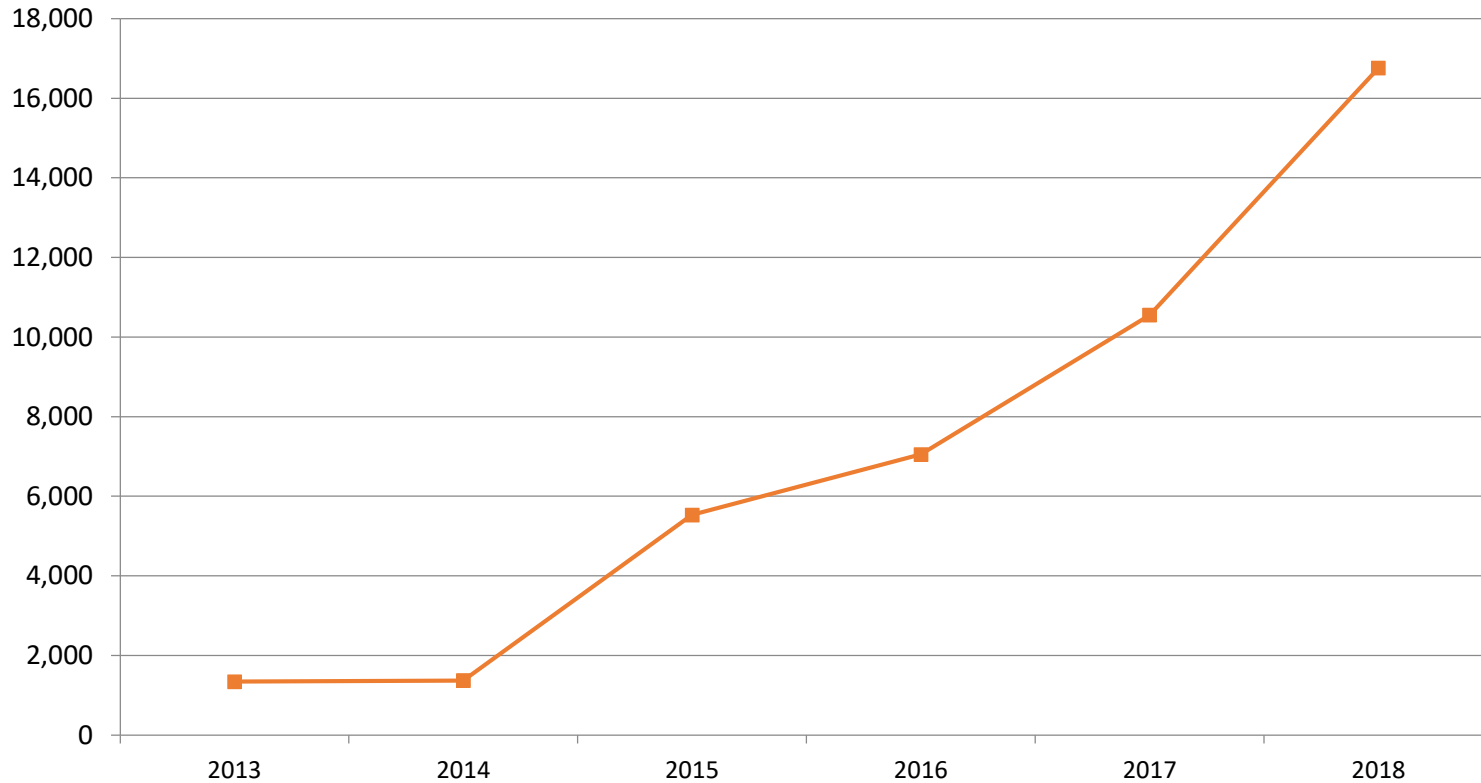
Service Model



Service costs are limited to software licence and administration, about £30 per patient

Growth of cCBT

Referrals to cCBT Services



2017 = 10,553

2018 = 16,761

Last 12 months = **21,017**

What Has Been Achieved

56,184 referrals received since 2015

50 members of **staff have expertise** in cCBT

Suicide ideation of **over 2,450 patients is monitored** a month

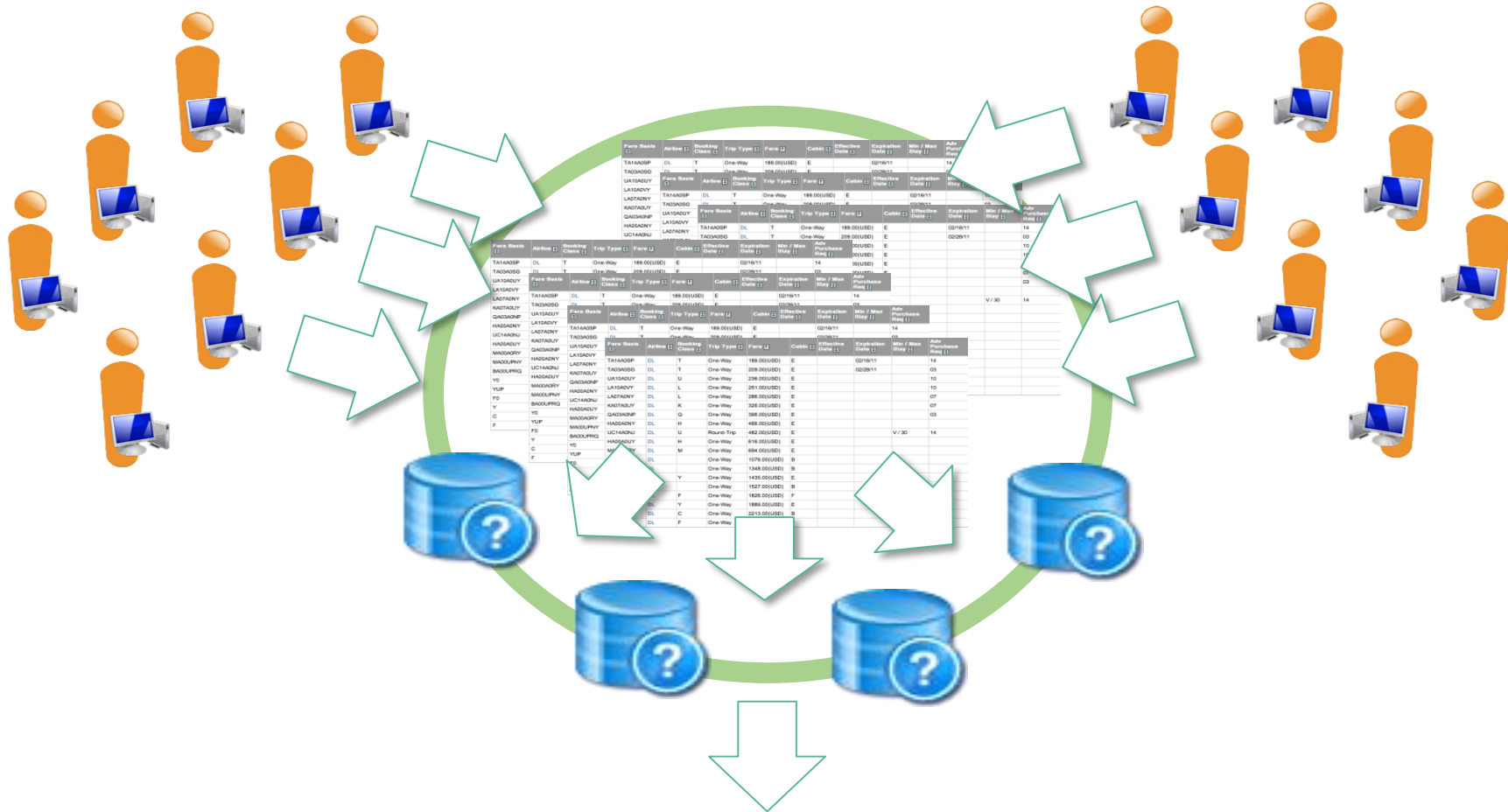
Patients **wait no long than 5 working days**

85% come from GPs across all areas of Scotland

Referrals come from **23 different clinical sources**

Action 25 in the 10 year Mental Health Strategy

Co-ordinated National Evaluation



Proof, evidence, benching marking, service improvement, building a case

Elements of Continual Evaluation



Everybody collects the same data

Collected through routine practice

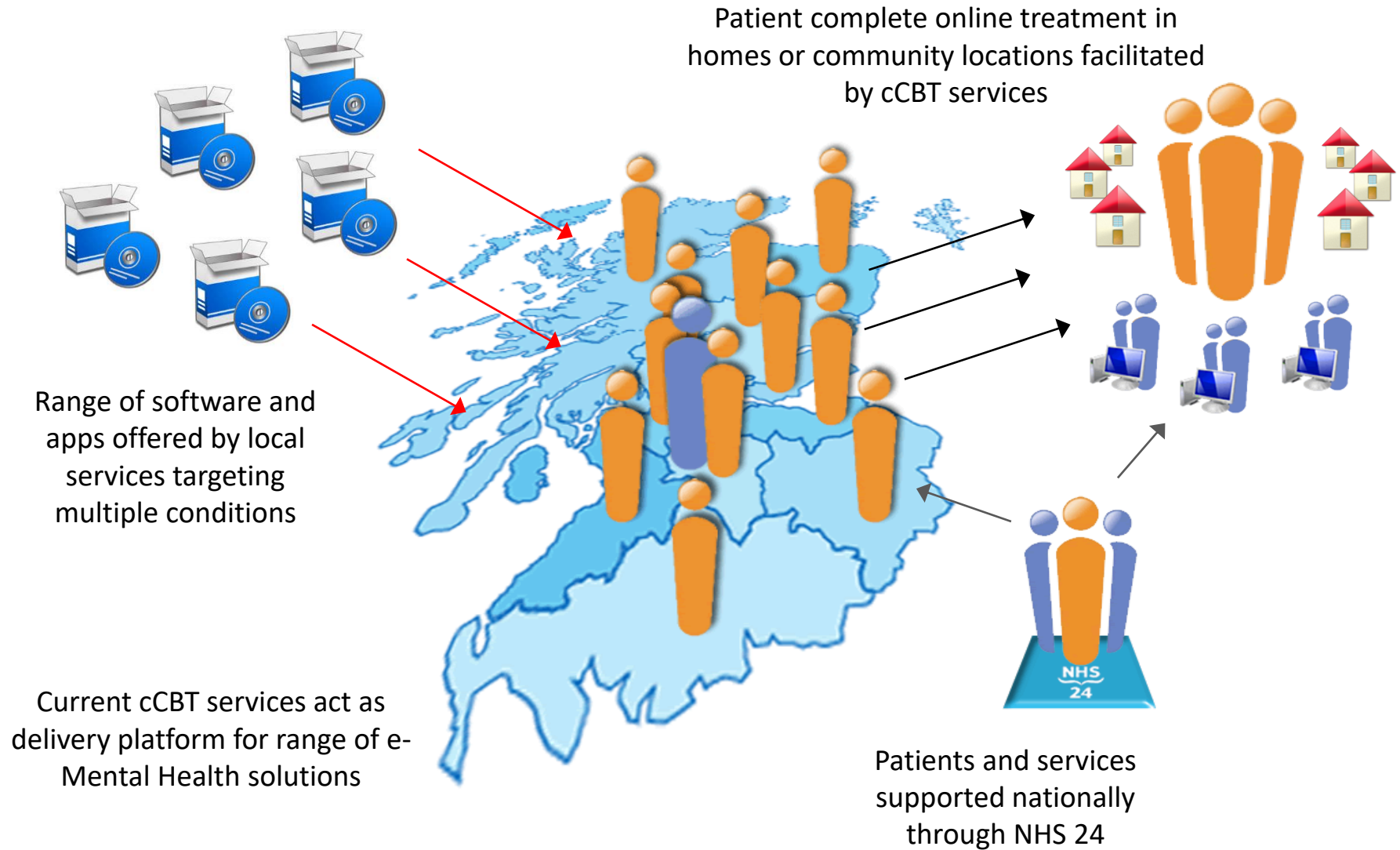
Benchmarking data is provided to territories

Service improvements are implemented across all services simultaneously

Data analysis is done by those with expertise and understanding

Programme of research runs in parallel with implementation

Platform of Delivery



cCBT for Long Term Conditions



Currently across 5 Health Boards

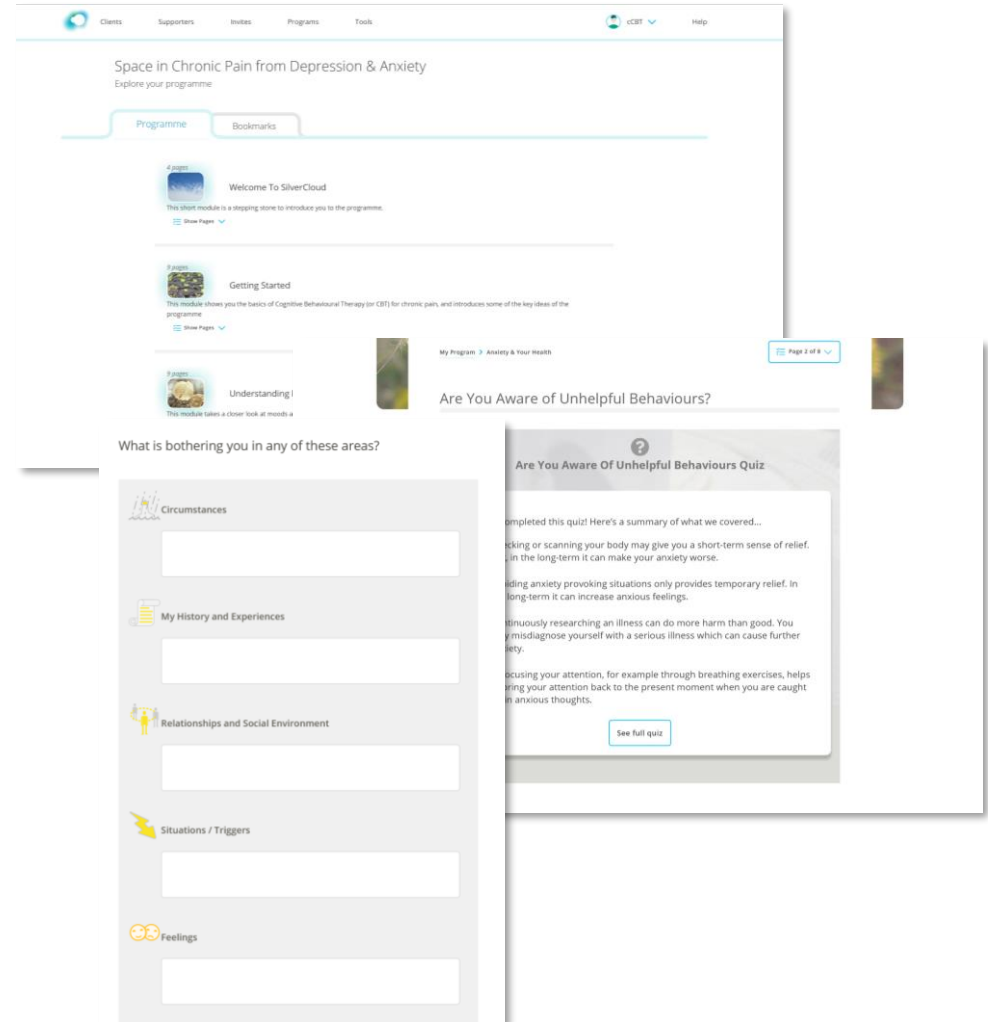
Using current service model for delivery and Silver Cloud Platform

For Chronic Pain and Diabetes

Recruitment targets of 800 patients

3 out of 5 services operational, 258 referrals to date

Information Governance barrier in implementation process in remaining Boards



ieCBT



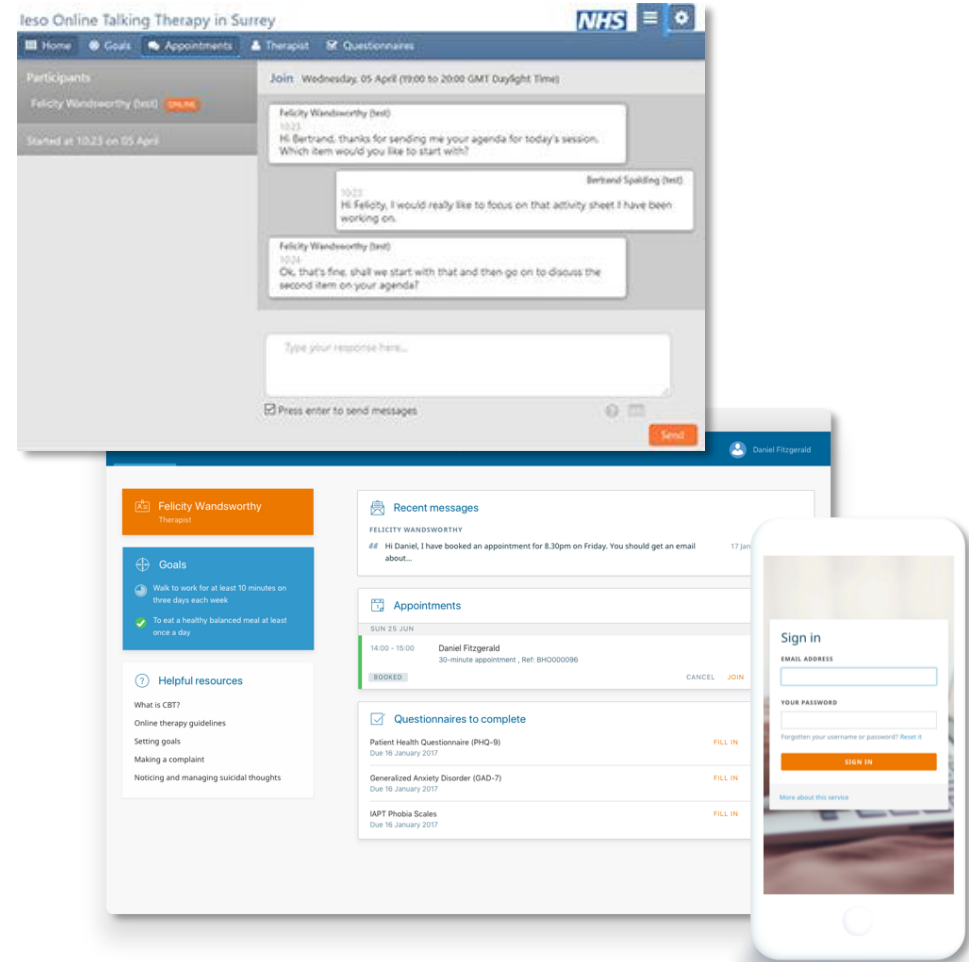
Deployed in 3 Health Boards

Using IESO internet enabled
CBT (text based CBT)

Testing integration into existing
services and patient experience

NHS Western Isles service
launched end May 2019,
Highland in September

231 referrals received, 89% by
self-referral



Self-help on NHS Inform



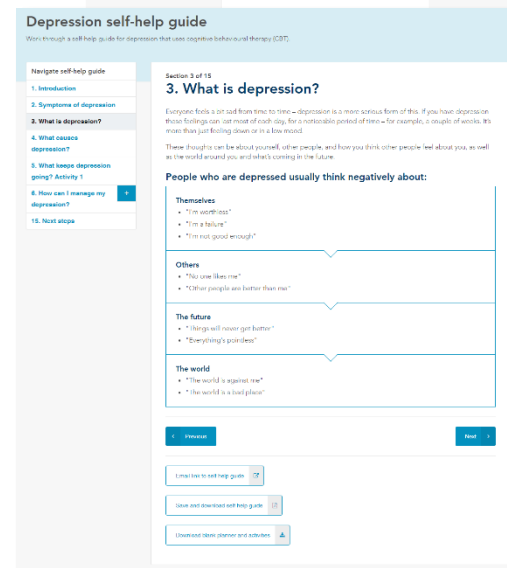
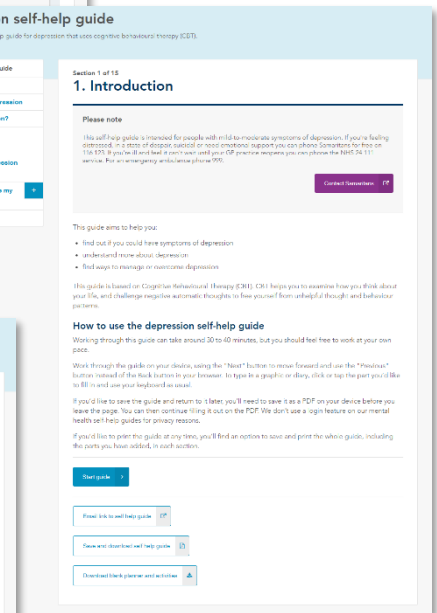
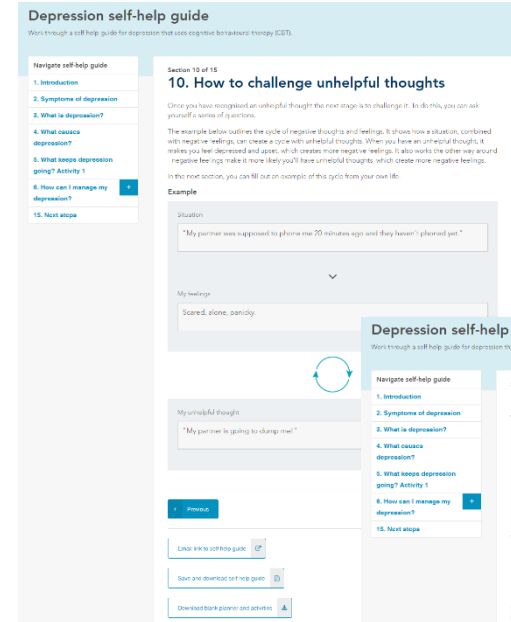
3 phases of development:

March 2019 – Depression & Anxiety online self-help guides

March 2020 – 10 additional online self-help guides

Beyond March 2020 – additional priority areas and topics, identified in previous phases

Written in Pair Writing session with psychology and content developers



Observations and Considerations

There is a need to clearly define the role of technology

The appropriate infrastructure is needed to maximise its impact

Not one technical solution fits all needs, as with traditional treatment, choice is key with multiple technologies working together across established, evidence based clinical models

Innovation needs to work in parallel with large scale implementation

There is an opportunity to develop a strategic, collaborative approach that is ambitious in nature



Thank you.