Scotland's Digital Mental Health Innovation Cluster Launch Event

Thursday 10 March 2022 1300-1630





ON AIR

Attendees please note

- 1. We are **recording this event** and it will be hosted on our DMHIC webpage resources so it can be watched on demand
- 2. If you **do not** wish to appear on the recording, you must keep your camera and microphone turned off for the duration of the event
- 3. As a courtesy to our speakers and guests, we ask all attendees to **turn off** microphones and cameras during presentations
- 4. Drop your questions in the chat field, where they can be answered

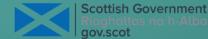




Today's event

Chris Wright, Digital Mental Health Programme Lead





Agenda

1300 Welcome and Introductions - Chris Wright Digital Mental Health Programme Lead

1305 Setting the Scene Digital Mental Health

Digital Mental Health Programme Chris Wright (10 minutes)

Academic Perspective Andrew Gumley (10 minutes)

• Commercial Perspective Silver Cloud (10 minutes)

• Clinical Perspective Andy Keene (10 minutes)

Scottish Government Perspective Margaret Whoriskey (10 minutes)

• Global Best Practice Report Joanne Boyle (5 minutes)

1400 Matter of Focus Workshop

Digital Mental Health Innovation Cluster focus and Impact

1500 Refreshment break

1515 Matter of Focus Workshop

Digital Mental Health Innovation Cluster focus and Impact (continued)

1630 Summation/ Close

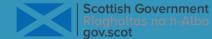




Welcome and Introductions

Chris Wright, Digital Mental Health Programme Lead





Setting the Scene Digital Mental Health

Different perspectives...





Digital Mental Health Programme Activity

Chris Wright, Digital Mental Health Programme Lead







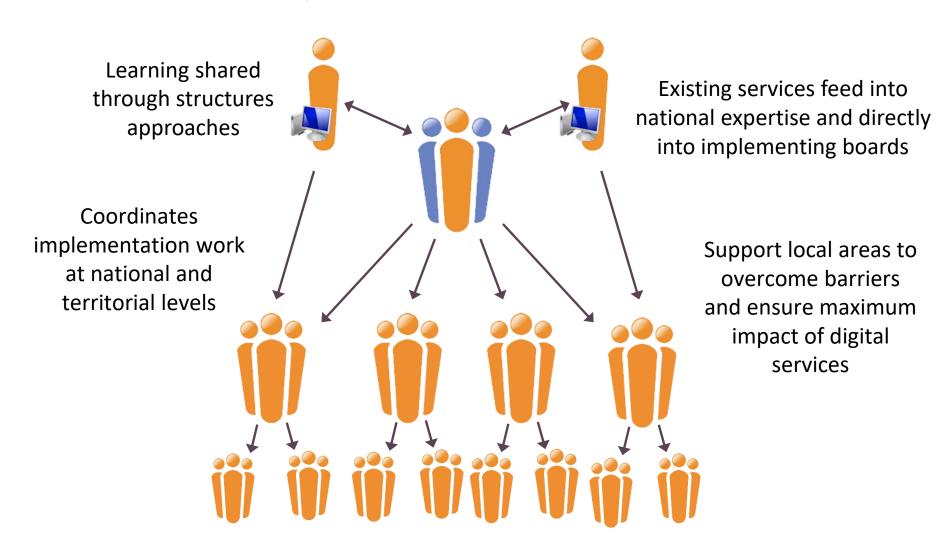
Digital Mental Health Programme





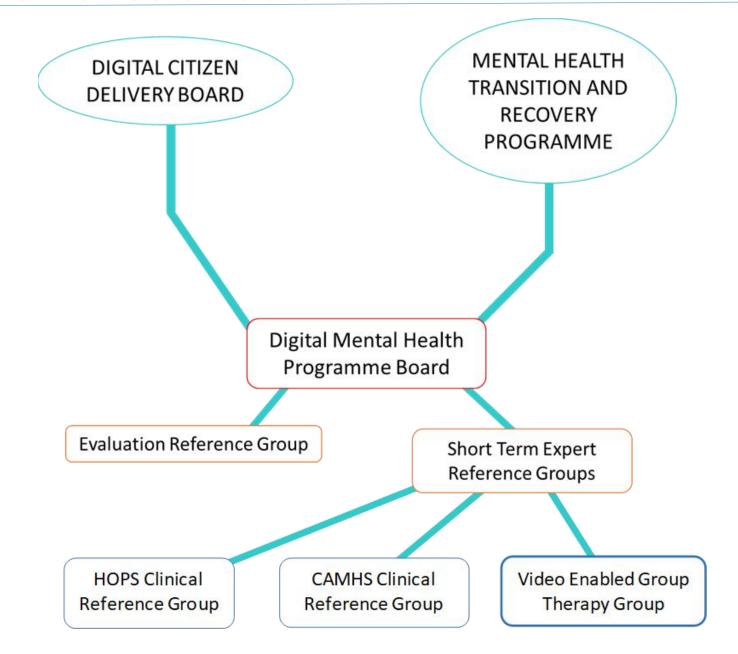
Digital Mental Health Programme

National Programme Team established December 2020



Supports national implementation greatly reducing set-up time

Governance Structure



Barriers to Implementation

Common Goals and Ownership Workforce Readiness Proving the Case Efficiency of Approach Organisational Personalities Drive and Commitment Meeting Local Priorities Territorial Variations in Service Technical Compatibility and Usability Negative Perceptions Usage Levels Clinical Acceptance and Attitudes

Overcoming barriers to ensure large scale deployment of digital

Collaborative Approach

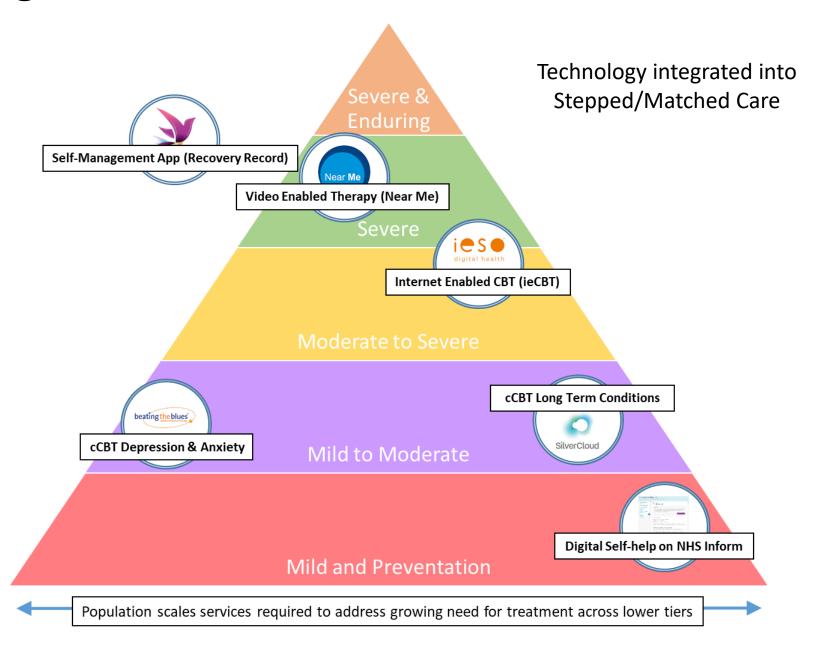


Building shared and defined responsibilities across all partners

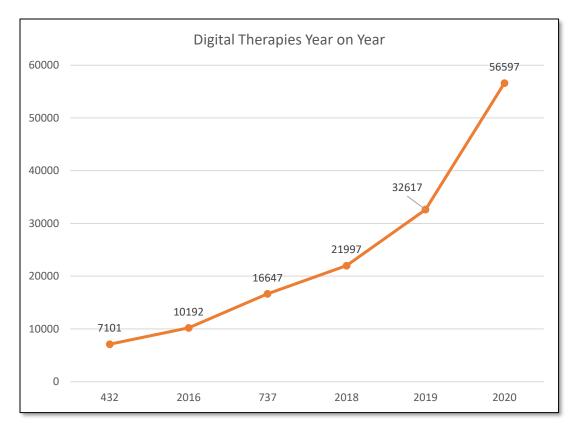
Digital Services

сСВТ	Online sessions, deliver across short 20 minutes CBT modules, animated sequences, video clips, case studies and CBT exercises
ieCBT	Clinician lead CBT treatment delivered in written form, overcomes geographical barriers
Near Me (video enabled)	Tele-psychiatry and tele-psychology integrated into existing services, deliver via Attend Aware Video Conferencing Platform
Online Self-help	Online interactive psychological self-help guides hosted on national site NHS Inform
Self-management	Categories: Self monitoring, Mindfulness/Relaxation, Reminders, Peer Support, Mood Trackers, Self & Risk Management. Conditions; ADHD, Autism, Addictions, Anxiety, Bipolar, Depression, Eating Disorders, Panic, Phobias, Stress, Brain Injury

Integration into Service Model



Usage



56,597 referrals in 12 month period

17,653 through self-referral

13,937 in October and November

Suicide ideation of over 4,000 citizens actively monitored per month

6,338 Health and Care staff supported

In addition to this:

341,425 mental health self-help guides accessed through NHS Inform

Over 27,000 video consultations being carried out per month through Near Me

Increasing Digital Treatments

21 digital therapy treatments now available

Beating the Blues: Depression/Anxiety

Silver Cloud: Social Anxiety

Health Anxiety

LTC Depression and Anxiety

(diabetes, respiratory, heart conditions, chronic pain, rheumatoid arthritis)

Stress

Resilience

COVID-19

Panic

OCD

Phobias

Perinatal

CYP

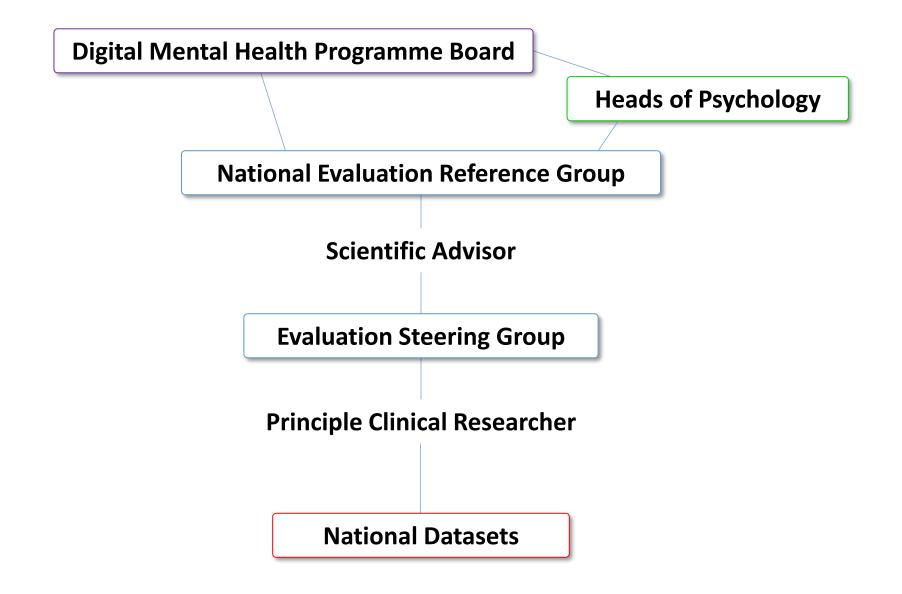
Supporting An Anxious Child

Supporting An Anxious Teen

Big Health: Insomnia (Sleepio)

GAD (Daylight)

National Approach to Evaluation



Future Priorities

Service Development

Child and Young People
Expansion of Adult Services
Self-referral Services
Self-management

<u>Infrastructure</u>

Patient management systems and interoperability of digital therapies

Digital inclusion

Workforce training, skills development

Evaluation and innovation

Data

Cultural Change

Priority Areas

Older Adults inc. Care Home Residents

Drug Deaths and Homelessness

Autism and Learning Disability

Suicide Prevention

Staff Wellbeing

Ongoing Challenge

Finance model that promotes stability and growth

Local capacity and prioritisation

Organisational personalities i.e. different approaches and requirements

Technological Opportunities

Emerging Technologies

iCBT = Internet Cognitive Behavioural Therapy
Video Enabled Therapy
Remote Monitoring
Gamification Technology
Virtual Reality
Machine Learning
Al Chat Bots

Current Opportunities

Video Enabled; regional model, national groups, local group therapy

Peer Support; CYP, Adult, Specialities

Expansion of ieCBT; self-referral

Expansion of cCBT; self-referral, prisons, treatments, higher education

Self-management/self-help; assessment, infrastructure, digital apps

Thank you

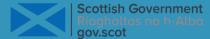
and please get in touch:

chris.wright@gov.scot

Academic Perspective

Andrew Gumley







Digital Mental Health Innovation

- Significant opportunities for the development and implementation of scalable digital mental health interventions.
- These opportunities present important challenges research challenges including:
 - Evidence at each stage of the development process
 - Inclusive methods involving multiple stakeholders
 - Recognising and incorporating complexity
 - Implementation and scalability concerns from outset



Innovation challenges reflect complexity challenges

- Creation of digital ecosystems where digital mental health interventions can sit within care pathways.
- The development of DHIs that are both highly effective and engaging
- Innovation that is geared towards addressing inequalities
- Building trust in digital tools

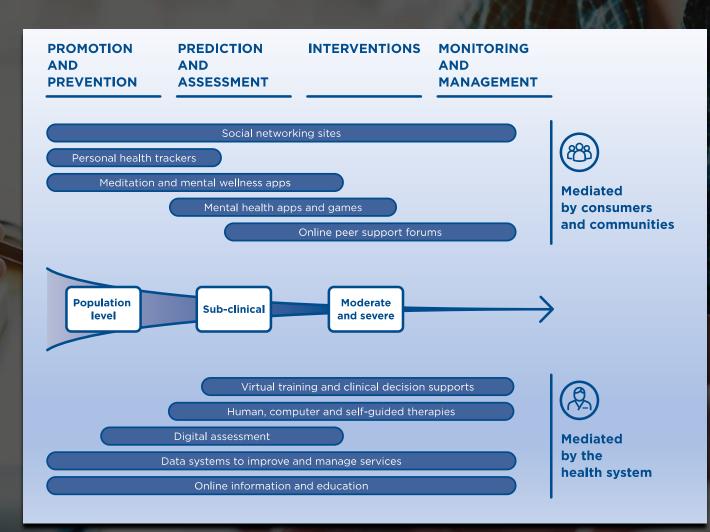
Roland J, Lawrance E, Insel T, Christensen H. The digital mental health revolution: Transforming care through innovation and scale-up. Doha, Qatar: World Innovation Summit for Health, 2020.



Complex Interventions Framework

 A complex intervention is defined as an intervention that has multiple components (or activities) that interact with each other and are sensitive to context.

Skivington K, Matthews L, Simpson S A, Craig P, Baird J, Blazeby J M et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance *BMJ* 2021; 374:n2061 doi:10.1136/bmj.n2061



MRC Complex Interventions Framework (Skivington et al. 2021)

Develop the intervention

Either developing a new intervention, or adapting an existing intervention for a new context, based on research evidence and theory of the problem.

OR

Identify the intervention

Choosing an intervention that already exists (or is planned), either via policy or practice, and exploring its options for evaluation (evaluability assessment).

Feasibility

Assessing the feasibility and acceptability of the intervention and evaluation design in order to make decisions about progression to the next stage of evaluation.

Core Elements

- Consider context
- Develop, refine and (re)test programme theory
- Engage stakeholders
- Identify key uncertainties
- Refine the intervention
- Economic considerations

Evaluation

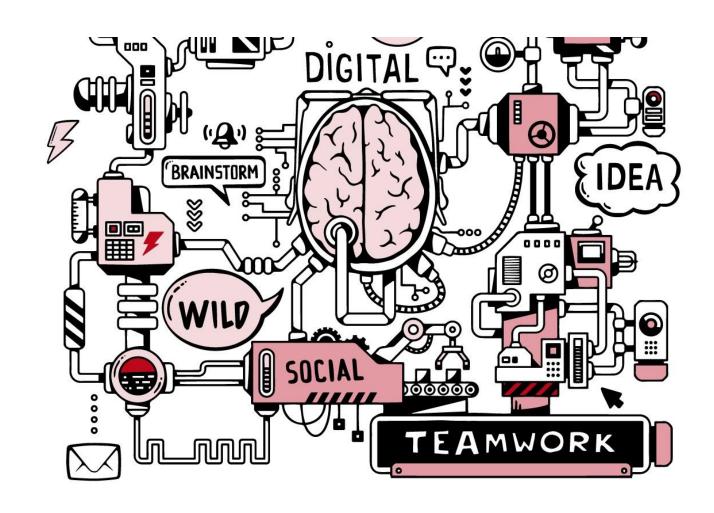
ssing an intervention using host appropriate method to ess the research questions.

Implementation

Deliberate efforts to increase the impact and uptake of successfully tested health innovations.

The need for a **Team Science** approach

- Team Science is a collaboration between a group of scientists to address a particular scientific challenge.
- The team may be chosen from a broad range of disciplines, bringing together their individual skills and knowledge to solve a particular problem.
- Opportunity to develop inclusive environments bringing together diverse stakeholders and experiences



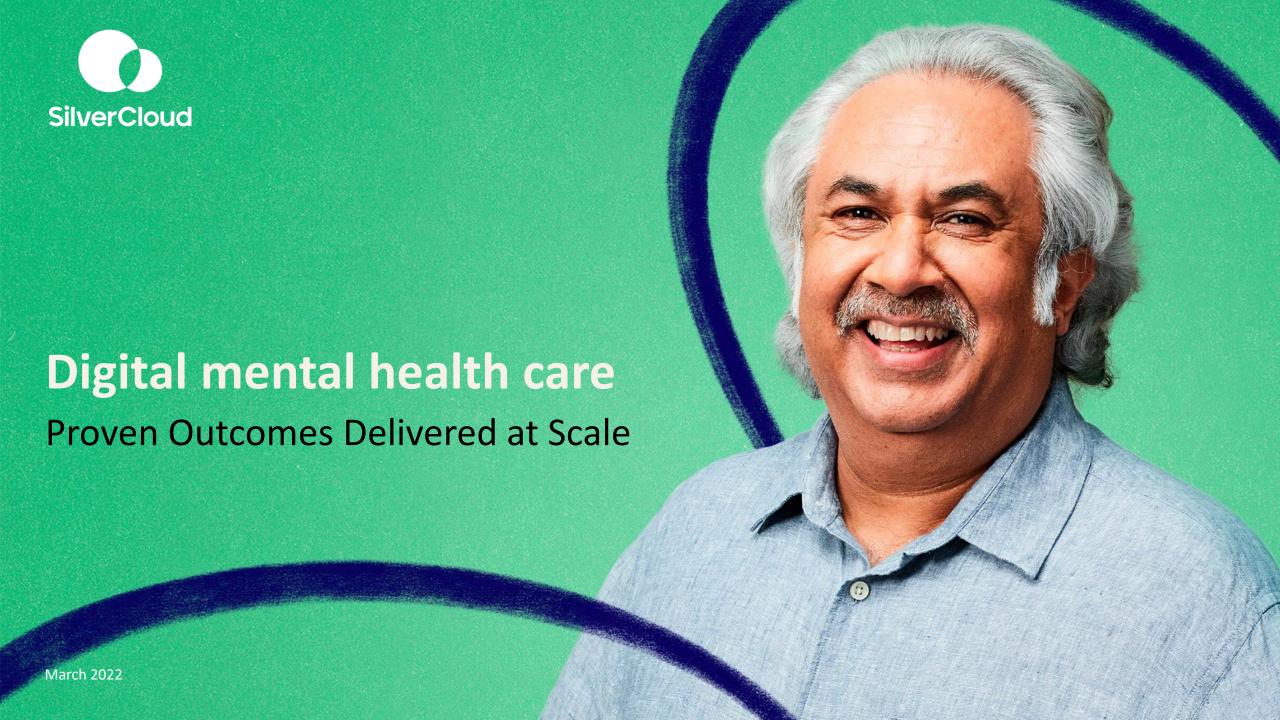


Commercial Perspective

Silver Cloud - Derek Richards and Steve Roberts





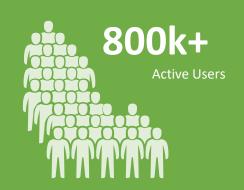




30+
Global
Programs/
Therapy Areas



17+
Years of Research





Provider Systems



65%+
Significant Clinical Improvement





8m+
Clinical
Interactions

93 NPS

US Healthcare Organizations (Jan 2021)

94% User satisfaction



Tools, Programs & Coaching

Communications &

Relationships

Sleep Difficulties

Behavioral

Experiments

Mindfulness

Grief & Loss

Stand Alone Sessions







Managing Worry Low Mood & Getting Active



Depression & Anxiety

Core Beliefs **Facing Your Fears**





Core Beliefs Anxiety & Worry **Facing Your Fears**



Insomnia & Sleep

Sleeping Less To Sleep Better Sleeping Less To Sleep Better (Shiftwork)



Diabetes



Chronic Pain

WELLBEING PROGRAMS

COVID-19

Resilience

INTERVENTIONAL PROGRAMS

Coached Delivery

Escalation: Low to high intensity

Stress

Money Worries

Self-Esteem

Relaxation

Anger Management

Employment Support

Challenging Times

A flexible delivery approach.

SilverCloud can be used as selfguided or coached, depending on the level of need/ complexity of mental health.

It fits into existing pathways and complements current services.

Flexible delivery model helps when resources are constrained



Self-guided model

SilverCloud programs offered unsupported or self-guided for positive mental health and wellbeing.

Settings: Primary (Lower intensity), Specialty (Lower intensity)

Referral Path: Self referred; Referred by clinicians/employer



Coached model

SilverCloud programs offered with asynchronous support, where the coach provides short, motivational feedback to keep the user progressing through the program.

Settings: Primary, Specialty

Referral Path: Self referred; Referred by clinicians/employer



Therapy (blended) model

A blended therapy model, where SilverCloud used as an adjunct to faceto-face therapy (in-person or virtual).

Settings: Secondary (Higher intensity), Specialty Care (Higher intensity), At risk populations

Referral Path: Referred by clinician

Private & Confident ©2021 SilverCloud He

Research & Outcomes: Core of Our DNA

1,700+ citations in peer-reviewed publications

20+ active research projects





20+ Years of research heritage

























partnered with leading academic and commercial partners to understand, validate and improve effectiveness and outcomes

We have









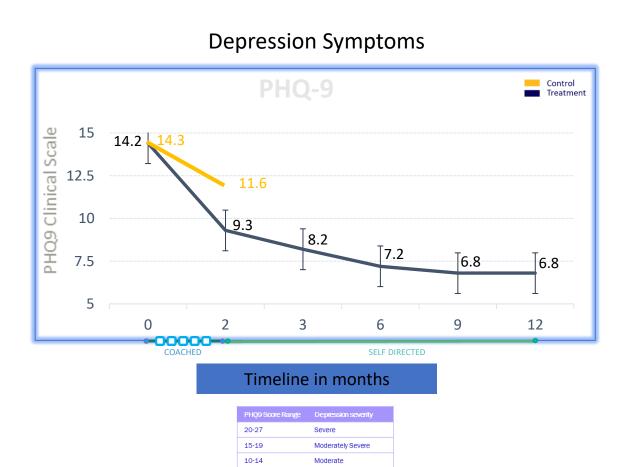






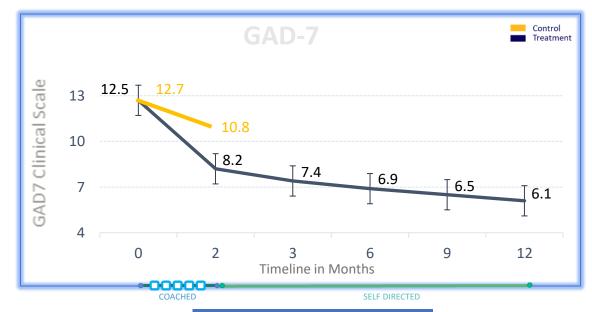
Proven Lasting Effectiveness and Impact.

Continued Improvement of mental health shown post coaching and over 12 months



Minimal

Anxiety Symptoms



Timeline in months

GAD7 Score Range	Anxiety severity
15-21	Severe
10-14	Moderate
5-9	Mild
0-4	Minimal

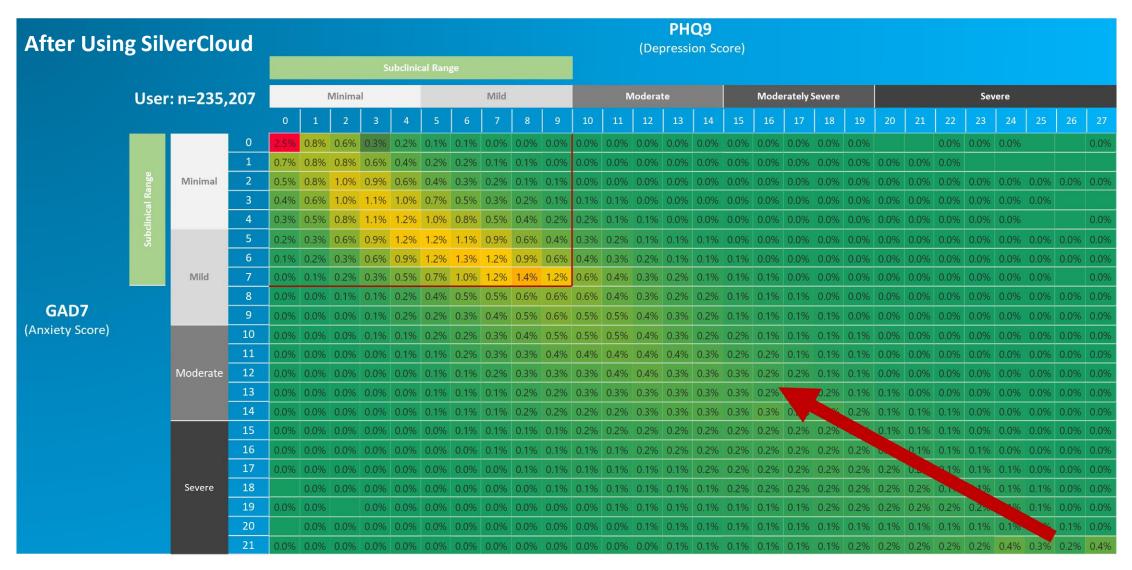
Real World Results:

SilverCloud Clinical Outcomes at All Severity Levels

Before Using SilverCloud																(Dep	PH oressi	Q9 on Sc	ore)												
Subclinical Range																															
User: n=235,207			Minimal					Mild					Moderate					Moderately Severe					Severe								
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
			О	0.3%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%								
			1	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%		0.0%
	nge	Minimal	2	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
	al Ra		3	0.1%	0.2%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	clinic		4	0.1%	0.2%	0.3%	0.4%	0.5%	0.4%	0.4%	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
	Subc		5	0.1%	0.1%	0.3%	0.4%	0.5%	0.6%	0.6%	0.5%	0.4%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
			6	0.1%	0.1%	0.2%	0.4%	0.5%	0.6%	0.7%	0.7%	0.6%	0.5%	0.4%	0.3%	0.3%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
		Mild	7	0.0%	0.1%	0.1%	0.2%	0.3%	0.5%	0.6%	0.7%		0.6%	0.6%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			8	0.0%	0.0%	0.1%	0.2%	0.3%	0.3%	0.4%	0.5%	0.6%	0.6%	0.6%	0.5%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
GAD7			9	0.0%	0.0%	0.1%	0.1%	0.2%	0.3%	0.4%	0.5%	0.6%	0.6%	0.6%	0.6%	0.5%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(Anxiety Score)			10	0.0%	0.0%	0.1%	0.1%	0.2%	0.3%	0.3%	0.4%	0.5%	0.6%	0.6%	0.6%	0.5%	0.5%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
			11	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.3%	0.3%	0.4%	0.5%	0.5%	0.6%	0.6%	0.5%	0.4%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		Moderate	12	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.2%	0.3%	0.4%	0.4%	0.5%	0.6%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			13	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.3%	0.4%	0.4%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
			14	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
		Severe	15	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.5%	0.4%	0.4%	0.4%	0.3%	0.3%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
			16	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%
			17	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%
			18	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.0%	0.0%
			19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.1%	0.1%	0.0%
			20	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.2%	0.2%	0.1%	0.1%	0.0%
		J.	21	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.4%	0.3%	0.2%	0.2%

Real World Results:

SilverCloud Clinical Outcomes at All Severity Levels





SilverCloud Digital Mental Health Comparison

Implementation & integration

Complete yet light lift
True platform across workflows, care delivery protocols
EHR/Case systems, SSO, portals,.

Zero to digital delivery in 8 weeks

Usability for adherence & engagement

User acceptance & suitable, in context, via multiple devices.

True user engagement over time – across demographics and acuity spectrum

6

Therapeutic value / outcomes

Demonstrate significant lasting clinical change via validated measures and assessments – Real World delivery

Clinical validation & research

Evidence based vs evidence informed

Peer reviewed, Impact factor, RCT power.

Continued investment in innovation and research

Security / risk / privacy / data integrity

Member safety and risk protocol management/ ID/escalation, data security & privacy enforced policies

Certification: HIPAA, ISO27001, ISO13485,

Cost effectiveness / ROI

Demonstrable direct and indirect cost saving earlier and easier access to better healthcare

Increase scale & access

Ability to increase scale and access to healthcare – One to Many.

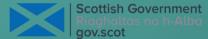
Multiple onboarding methods - meet the user where they are

Private & Confidential
©2021 SilverCloud Health

Clinical Perspective

Andy Keene







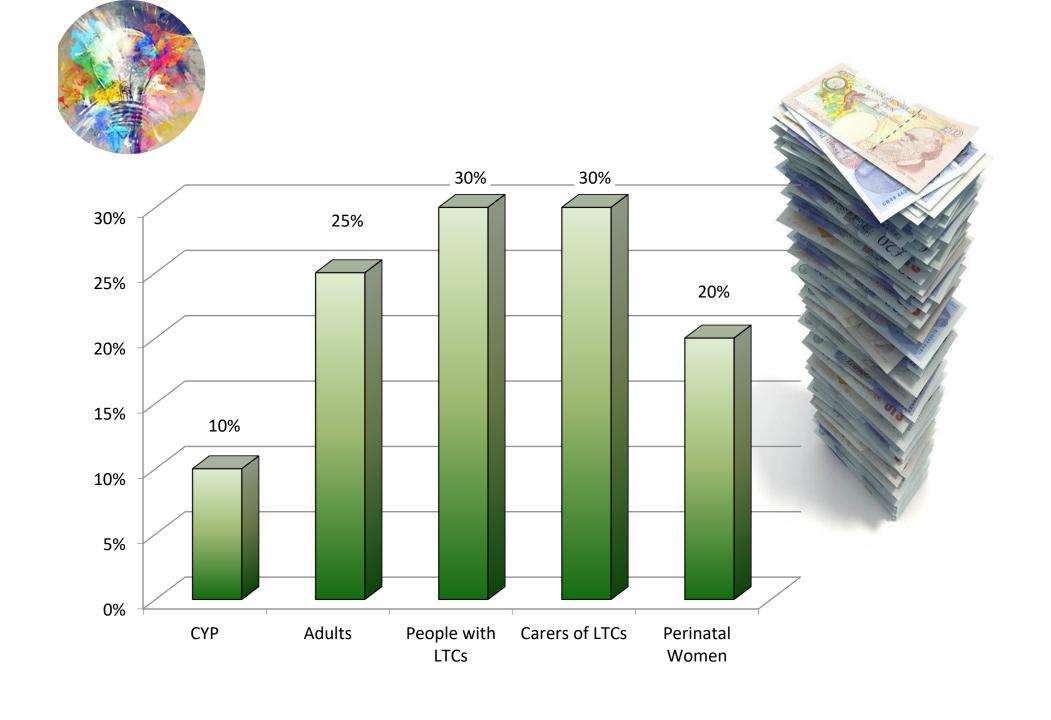


Innovation: Clinical Perspective

Dr Andy Keen

Consultant Health Psychologist

Clinical Lead for Innovation





3/8/22, 4:26 PM

NHS workforce: our position

Part of The King's Fund position

The NHS workforce in England is in crisis: urgent action is Last updated: 23 February 2022 The NHS Workforce in England is in crisis; urgent action is required to tackle a vicious cycle of shortages and increased required to tackle a victous cycle or snortages and increased pressures on staff, which has been exacerbated by the Covid-19 pandemic.

The people who work in the NHS are its greatest asset and are key to delivering high-quality care. This has been evident throughout the Covid-19 pandemic with What we think nigh-quality care. This has been evident throughout the Covid-19 pandemic with staff demonstrating remarkable resilience and commitment. However, a prolonged funding squeeze between 2008 and 2018 combined with years of poor workforce nunding squeeze between Zuub and Zu16 combined with years of poor workforce planning, weak policy and fragmented responsibilities mean that staff shortages planning, weak policy and tragmented responsibilities mean that start shortages have become endemic. As such, the workforce crisis will be the key limiting factor. (https://committees.parliament.uk/publications/8352/documents/85020/default/).on efforts to boost NHS activity and tackle the rising backlog of care.



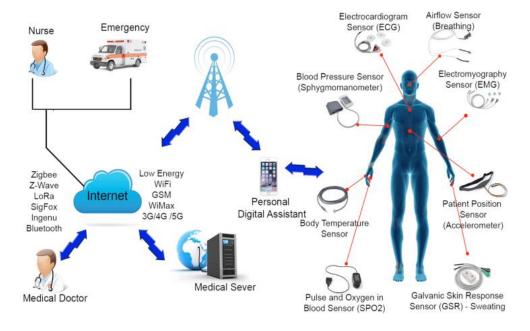


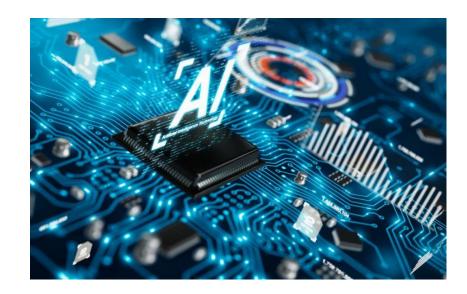














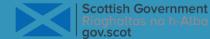


Thanks

Scottish Government Perspective

Margaret Whoriskey Deputy Director of Digital Health and Care







Enabling, Connecting and Empowering:

Care in the Digital Age

Scotland's Digital Health and Care Strategy

Scottish Government and COSLA







Vision

Our Vision

"To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services."



Stakeholder Key Messages



- Digital needs to be a choice
- 'Do digital right'
- Address infrastructure
- Develop skills and leadership

More Key Messages

- The need to encompass and recognise the role of health, social care, housing, research and innovation, including the third and independent sector as well as the statutory sector.
- Data needs to flow through and across services, breaking down silos in the way that services work, in a way that works for people.



Strategic Aims



Aim 1: Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.



Aim 2: Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, in order to improve the delivery of care.



Aim 3: Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.

Priority Areas



Digital access

 People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.

Digital services

 Digital options are increasingly available as a choice for people accessing services and staff delivering them.

Digital foundations

 The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

Digital skills and leadership

 Digital skills are seen as core skills for the workforce across the health and care sector.

Digital futures

 Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

Data-driven services and insight

 Data is harnessed to the benefit of citizens, services and innovation.

Digital Futures

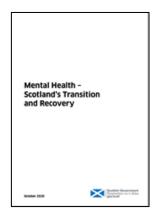
- Continue to place Scotland at the heart of international digital health and care business development with successful collaborative bids for UK, European and International funding opportunities to drive innovation locally and globally.
- Work with organisations including DHI and other Innovation Centres, 5G Centre, Centre for Cyber Resilience, Centre for Sustainable Delivery, and Public Health Scotland to realise the potential of digital health and care.
- Enhance our industry networks and clusters, collaborating to support our small and medium enterprises (SMEs) to be innovative and offering a clear product route from development to implementation at scale.
- Provide a permanent digital testing environment that allows potential new technology to be developed and tested in a safe environment, whilst providing greater opportunity for success.
- Provide an assurance process to ensure digital innovations are developed in an ethical, standardsbased way.
- Promote and facilitate appropriate, safe and secure access to clinical, biomedical, care and other data for approved research, development and innovation in the public interest.

Delivery Plan for Digital Health & Care

- Publish 3-year delivery plan from April 2022
- Success measures, outcomes and milestones
- Confirm moves to Cloud and future interoperability
- Link to Net Zero and Climate priority



Digital treatments and online resources are now an integral part of mental health service delivery across Scotland and integrated into Mental Health Policy.



Mental Health Transition and Recovery Plan: "The value of digital therapy during our Covid-19 response has been clear, and has enabled services to continue in spite of physical restrictions."

Mental Health Strategy Action 25: "Develop more accessible psychological self-help resources and support national rollout of computerised CBT with NHS 24 by 2018"





Suicide Prevention Action Plan Action 6: "The NSPLG will work with partners to develop and support the delivery of innovations in digital technology that improve suicide prevention"

Global Best Practice Reports

Joanne Boyle, Head of Engagement

Digital Health & Care Innovation Centre





Report findings



- Market and strategic analysis
- Reviewed current usage of digital solutions used in managing mental health conditions
- Focus on digital solutions to aid prevention, diagnosis and treatment
- Mental Health Strategy- Delivery Plans
- Improved and increased accessibility using 21st Century approach





Report findings



- Artificial Intelligence
- Digital Phenotyping
- Gameification
- Virtual Reality

Next steps





DMHIC - Get involved and learn more

Join our network

www.dhi-scotland.com/join-our-network



Visit the DMHIC webpage

www.dhi-scotland.com/innovation/innovation-clusters



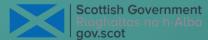




Matter of Focus Workshop

Digital Mental Health Innovation Cluster focus and Impact





Digital Mental Health Innovation Cluster

Launch Event 10/03/22



Matter of Focus

Evidence. Action. Change.





Corporation

This company meets the highest standards of social and environmental impact



Some of our clients





























Our role and purpose

- Appointed evaluation partner for the Cluster
- Map the context for digital mental health and explore what success looks like
- First part of work to develop an outcome map and evaluation framework for the cluster

Our programme today

When	What
14.00-14.15	Welcome and introductions
14.15-14.25	Introduction to context mapping
14.25-15.00	Context mapping group work
15.00-15.15	Break
15.15-15.30	Whole group discussion
15.30-15.40	Our evaluation approach and success story mapping
15.40-16.10	Success stories group work
16.10-16.20	Whole group discussion
16.20-16.30	Summation and close



Context mapping



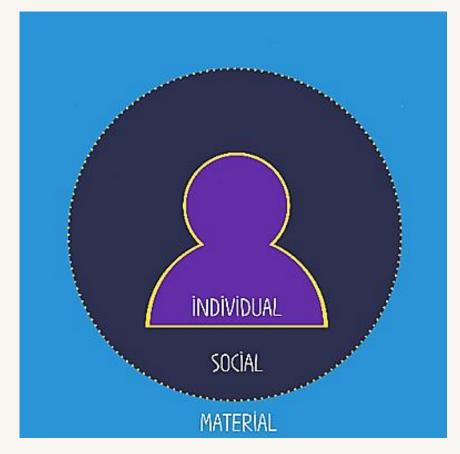
Aims of this session:

Develop a shared understanding of the **context** of this work. That is, the factors that **help and hinder** the development and implementation of digital mental health solutions.



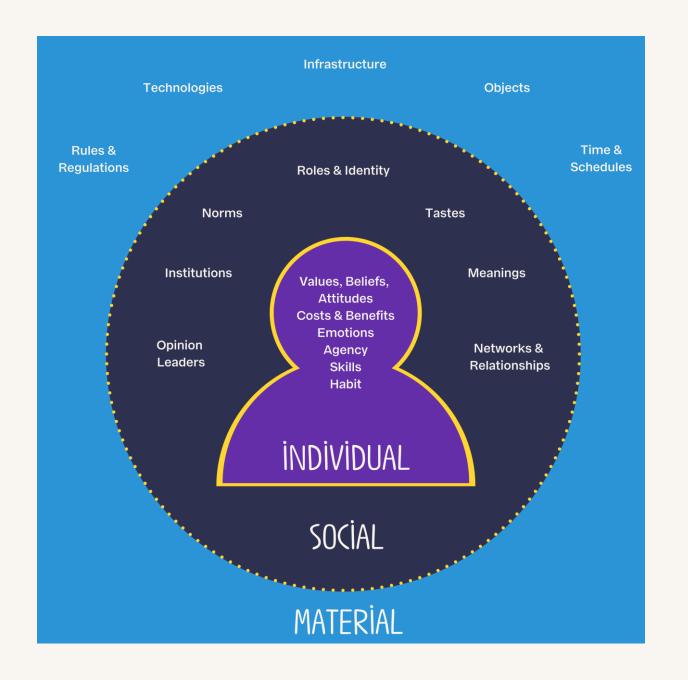
We map your context using the ISM

- Step one in outcome mapping
- This will help you to:
 - Recognise complexity and your contribution
 - Identify risks and assumptions
 - Establish expectations given this context
- Informs the analysis and reporting of the evaluation



ISM Behaviour Change Model, Scottish Government (2013)







mico







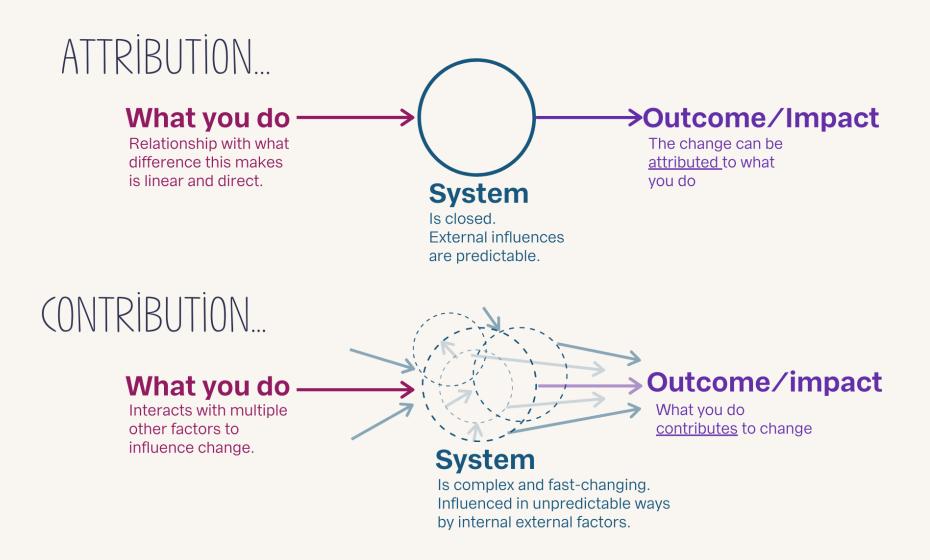
Matter of Focus approach



Outcomes that matter to people

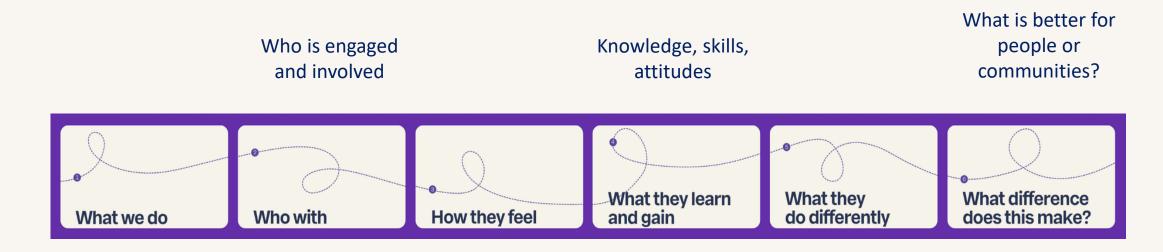
- Outcomes that matter are hard to measure
- "we still measure the success of public services by shortterm, service-specific measures" (Auditor General, 2021)
- Multiple factors affect realisation of outcomes
- We need pragmatic and realistic approaches making complexity manageable







How we map contribution to outcomes



Main activities delivered

Reaction to activities, what helps engagement?

Behaviour, policy or practice change







Typical process



Context mapping

What helps and hinders achievement of outcomes?

Success stories

What does success look like against the headings?

Outcome mapping

Building on the first workshops to develop a theory of change

Data audit and planning

What data exists and what will we need?

Analysis and reporting

What can we conclude from the evidence we have reviewed?



Success stories



Aims of this session

- Develop a shared understanding of what success looks like for the development and implementation of digital mental health solutions
- Can be from different perspectives



Thank you!

Let's keep the conversation going:

Website: www.matter-of-focus.com

Twitter: @matter_of_focus

LinkedIn: .../company/matter-of-focus



Our brief workshop evaluation



Refreshment break

(15 minutes)





Matter of Focus Workshop

Digital Mental Health Innovation Cluster focus and Impact





Summation/Close

Chris Wright, Digital Mental Health Programme Lead





DMHIC - Get involved and learn more

Join our network

www.dhi-scotland.com/join-our-network



Visit the DMHIC webpage

www.dhi-scotland.com/innovation/innovation-clusters





