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# **The views of mental health professionals who use digital methods to support care-experienced young people.**

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## **Abstract**

The mental health of care experienced young people is a public health priority, with these individuals more at risk of experiencing poor mental health. While most mental health interventions have previously been delivered in-person, in the wake of the coronavirus pandemic many services were forced to change to a digital or blended format. While digital methods have been of great research interest, to date there has been scant research investigating the use of these methods with care experienced young people. The objective of this study was to explore the viewpoints of professionals who had experience of delivering digital mental health support to this group. A qualitative research design was employed, with ten semi-structured interviews conducted and analysed using a grounded theory approach. Themes relating to the move to online working, ensuring privacy and confidentiality online and accessibility of digital methods are discussed, as well as professionals' intended method of future service delivery. Professionals were cautious to remove all in-person work with care experienced young people but were optimistic that, by providing an option to work digitally, there was the potential to provide services to a whole new group of service users who had previously been unable to access help.

## **Keywords**

Mental health; digital support; care experienced young people

## **Introduction**

In March 2020, the United Kingdom (UK) was put under 'lockdown' restrictions due to the coronavirus (COVID-19) pandemic, causing massive disruptions to citizens daily lives. While lockdown policies varied between UK nations, 'stay-at-home' orders were a common characteristic. As a result, many services that were previously delivered in-person moved to online provision. Along with the physical effects of COVID-19, the UK also launched into a prolonged mental health crisis, with younger adults experiencing increased mental distress, levels of defeat, and suicidal ideation compared to pre-COVID-19 trends (O'Conner et al., 2021; Pierce et al., 2020). In the absence of available face-to-face (FtF) mental health support, many young people turned to digital methods to contact professionals. The NSPCC's anonymous helpline, Childline, delivered over 30,000 counselling sessions between 23<sup>rd</sup> March to 10<sup>th</sup> May 2020 (NSPCC, 2020), while the Samaritans reported a 23% increase in the number of emails received (Samaritans, 2021). Many young people reported using messaging applications as a way of contacting professionals (Pretorius & Coyle, 2021).

In a time of increased technological accessibility, being able to provide mental health support in a digital format can be an efficient way for service users to communicate with professionals without the restrictions associated with in-person working. Data from the Office for National Statistics shows that, in 2020, 96% of households in the UK had internet access, compared to 57% in 2006. Furthermore, in 2020, 98% of people aged 16-24 had access to their own smartphone (ONS, 2020).

*Digital mental health support*

In this article, the term 'digital methods' is used to encompass all variations of work between a practitioner and service user that is not conducted in-person. Digital methods are defined as "a mental health or wellbeing intervention between a patient and a practitioner, using any form of technology as the modality of communication" (definition adapted from Barak & Grohol, 2011).

The use of delivering mental health services by digital methods is not new and has been a topic of debate since the late 20<sup>th</sup> century, with researchers stating that mental health professionals would need to consider the incorporation of this form of delivery in their future practice (VandenBos & Williams, 2000). While digital methods were previously uncommon and believed to not "fit the image" of what mental health support looked like (Alleman, 2002, p.200), this form of delivery has become more commonplace.

Increased research on this topic has led to an improved understanding of the distinct benefits that digital methods can offer. These benefits include improved accessibility and efficiency (Hollis et al., 2017), as well as cost-effectiveness (Hollinghurst et al., 2010). Disadvantages have also been identified, such as privacy and confidentiality issues (Cook & Doyle, 2002), and concerns about the ability to form a strong client-practitioner relationship (Mallen & Vogel, 2005).

#### *The need to focus on care-experienced young people*

COVID-19 has had a considerable impact on the delivery of children's social services. Social work has been described as a "distinctly visual practice" (Dillon et al., 2021, p.291), with the pandemic creating new challenges for practitioners, including maintaining service user trust, dignity, and autonomy, all whilst working remotely (Banks et al., 2020; Ferguson et al., 2020).

It has been established that, as a group, care experienced young people (CEYP) are more likely to experience a range of poor outcomes, including high levels of social disadvantage, poor physical and mental health, and risk-taking behaviours (Bright, 2017; Richardson & Lelliott, 2003). As stated earlier, throughout the COVID-19 pandemic young people were one of the worst affected groups in relation to their mental health. This was found to be especially true for those from disadvantaged backgrounds (O'Connor et al., 2021). An online survey by the National Youth Advocacy Service (2020) found that 50% of young people in care and 86% of care leavers reported feeling lonely and more anxious during the lockdown period. Furthermore, it has been shown that accessing mental health services and support during the pandemic was particularly difficult for many CEYP (Roberts et al., 2020).

Digital methods have the potential to make mental health support more accessible for a range of individuals, including those who move location frequently, live in rural areas, find it difficult to leave their homes, or do not have the resources or time to access FtF support. While mounting evidence has suggested that digital work provides similar outcomes to in-person treatment (Dugdale et al., 2019; Murphy et al., 2009), there is still a dearth of research investigating working digitally with CEYP, leading to a distinct gap in knowledge pertaining to:

1. The provision of digital mental health support to CEYP
2. Mental health professionals' experiences of delivering services digitally with this group.

As we move out of the pandemic and strive to return to 'normality', it is important to understand how services were delivered during this time and how services will be delivered

going forward. The present study is especially pertinent as it provides insight into working digitally with CEYP, as well as highlighting some of the pitfalls experienced and lessons learnt by those professionals who have delivered services during this time using a method unfamiliar to many.

This present study aimed to explore the perspectives of professionals who have experience in delivering digital mental health support to CEYP. The research aimed to identify strengths, limitations, and opportunities afforded by digital delivery, as well as how any potential issues with this method may be addressed. Lastly, this study sought to increase knowledge of digital methods in the context of moving on from the COVID-19 pandemic.

## **Materials and methods**

### *Recruitment*

Participants were drawn from a population of mental health professionals who had experience of delivering digital mental health support. For this study, 'mental health professional' was a term used by the researcher to include any person who had experience delivering mental health and wellbeing support in a formal manner. This did not necessarily mean that participants had formal qualifications in delivering this type of service; some did, others did not. In certain instances, participants stressed they did not classify themselves as "professionals".

Participants were recruited through two means: purposive sampling and snowball sampling. A purposive sampling method involved the researcher contacted third sector organisations across Wales and England that provided support for young people with mental health difficulties (the majority of which worked specifically with CEYP). An initial, introductory email was sent to each organisation, along with a follow up email if no response had been received within two weeks. Response rate to initial emails was 39% over a three-month timeframe. Due to issues around participant recruitment, sampling of participants had to be reasonably pragmatic.

The snowball method involved recruiting participants through those who had already agreed to take part in the research. Once the interview had been completed, interviewees were asked if they knew anyone else who would fit the research criteria and who might want to take part in the study. Participants were asked if they would pass on the researchers contact details to their own network.

From the six participants that had been recruited purposively, snowballing led to the recruitment of one more participant. The researcher also utilised their professional connections at a research centre within Cardiff University's School of Social Sciences where staff suggested other third sector organisations that had not been contacted through the original purposive sampling. Some offered to introduce the researcher to their own contacts within these organisations leading to another two participants being recruited. One further participant was then recruited through the researchers own network, again using a gatekeeper.

### *Participants*

Ten professionals were interviewed. Of the sample, eight professionals had previous experience delivering in-person services, two had only ever used digital methods of service delivery.

### *Ethics*

This study was approved by the School of Social Sciences Research Ethics Committee of Cardiff University (reference code: SREC/4149). To address participant anonymity and confidentiality, codes were assigned in lieu of participant names (i.e., MH01).

### *Data collection*

The study used a semi-structured interviewing method to collect data, with interviews taking place over Zoom (Zoom Video Communications Inc., 2021) during July and August 2021. The final interview schedule included questions about the participants professional background, their experiences of delivering digital support, training they received, the efficacy of digital services, concerns around maintaining privacy and lessons that the participants would take with them to future practice.

Interviews were audio recorded after gaining both written and verbal consent from the participant. Throughout the interview, the researcher made notes of emerging themes, reminders to return to specific aspects of the conversation, as well as instances where the interview guide could be adapted in accordance with the grounded theory approach being followed. Interviews lasted between 27-78 minutes, with an average of 43 minutes per interview. Overall, 431 minutes of recorded interviews were transcribed and anonymised by the researcher.

### *Data analysis*

The study followed Strauss and Corbin's (1990) grounded theory approach to data analysis. Firstly, to get close to the data, transcribed interviews were coded manually, with notes of potential codes made throughout. This initial line-by-line coding enabled the researcher to see if any adaptations needed to be made to the interview guide. In total, the interview guide was adapted twice; once to include a new sub-question, and once to phrase one question more clearly. Next, connections were drawn between codes, leading to the creation of a node structure that was then imported into NVivo (version 12) (QSR International Pty Ltd., 2018). A summary of the grounded theory approach to this research can be found in Figure 1. Direct participant quotes were included to support the analysis.

Insert fig 1 here.

## **Results**

### *Interviewees*

Four interviewees worked as anonymous helpline advisors. Other roles included acting as a counsellor in an educational setting (n=2), wellbeing practitioner (n=2), intervention impact manager (n=1), and working with a project aimed at alleviating young people's loneliness during the COVID-19 pandemic (n=1). All interviewees spoke about their previous roles, either held throughout the period since the first lockdown commenced in the UK (March 2020), or prior to this point. Prior to March 2020, four of the interviewees had experience in delivering digital services in some form.

### *Moving to home-based working*

Nine interviewees had moved from office-based to home working since March 2020. While some participants found working at home to be a positive change that allowed them to make more of an effort with their self-care (for example, taking regular breaks from work), others found that working from home did not suit them. There was difficulty around separating participants' 'home' and 'work' selves, while some found letting service users into their home

via videoconferencing to be an “invasive” experience (MH01, MH09). For some, the move resulted in them leaving their position:

*“Actually, it was part of the reason why I left my job... it was taking its toll on me because... I live in a shared house and so I was stuck in my bedroom all the time and I had no separation between what was going on and that then influenced my decision with [named helpline] not to do it from home because I needed that separate space”.* MH07

### *Digital services*

While seven participants were conducting their work fully digitally, three professionals utilised a hybrid model. Mode of delivery depended on factors such as location, needs and preference of the service user, and COVID-19 related safety precautions. If professionals worked across multiple forms of digital communication, they would give the young person the choice of how they wanted to work.

Videoconferencing was used most frequently, providing some of the intimacy associated with FtF work but with the convenience of digital working. While professionals spoke of initial implementation issues, such as learning to use new technology and the security of different platforms, there was a flexibility associated with videoconferencing. Service users could engage as much as they were comfortable with, either by having the camera on, using voice only, or conversing through the chat function. One example of this was a young person who did not want to introduce their pronouns aloud in case they were overheard and so they utilised the text function.

Providing support via phone calls was an acceptable form of support, allowing professionals to discern nuances such as silences and tone of voice, whilst also providing service users a sense of decreased intensity that could sometimes accompany FtF work. Phone calls were seen as the convenient option and were sometimes used to provide a ‘check-in’ service between formal support sessions.

Text-based support (including instant messaging, texting, and email) was the most contentious form of communication. Reasons included that it was slow, involved prolonged periods of waiting for both parties and was inefficient for how much therapeutic work could be achieved. Due to this, one participant would add 10 minutes onto sessions that involved instant messaging. Furthermore, there was an element of uncertainty associated with instant messaging, where delays could be interpreted as miscommunication or technical issues.

However, many interviewees embraced the unique opportunities afforded by digital methods. Examples were given about in-person creative work being adapted to do so digitally, such as by using the drawing tool in Zoom. Additionally, when using videoconferencing or text-based support, professionals spoke about the added benefit of being able to instantly share resources and information, without having to wait until after the session to do so.

### *Training in digital methods*

Interviewees were asked about training they had received in relation to delivering digital methods in the wake of COVID-19. Six had received some form of training. However, for many this training was not offered immediately (one participant received training a year after moving to digital provision), and so by this time many of the skills that could have been learnt through training had already been acquired. Interviewees who had not received any training expressed interest and suggested that training relating to digital safeguarding, maintaining engagement, and ensuring service user comfort when working digitally would be beneficial.

### *Engagement*

Engagement increased as a strong working alliance developed, and service users became more comfortable across sessions. However, it was felt by all interviewees that building a relationship with a young person digitally took longer and required more effort than when working FtF. Overall, it was thought that engagement and attrition rate with digital services was no different to FtF services, something that surprised a few interviewees. However, there were a few examples given where professionals doubted a service users engagement:

*“Sometimes I've had a session where I'm sure the young person's been playing Xbox at the same time, or you don't know what they're necessarily doing, especially if they've got, you know, they might have their camera off, so you can't necessarily see what they're doing. They might be on the phone; you don't always know”.* MH05

### *Levels of need*

It was thought by almost all professionals that digital methods were better suited to young people with lower levels of mental health needs, compared to those with complex demands. Many spoke about how digital methods would work best for service users who struggled to leave the house as it could provide a way of initially breaking down barriers to accessing help. However, one professional did note that for service users who were considered a risk to others, working digitally could remove some of this risk but still allow the young person to receive treatment. Finally, there was a concern that text-based methods might not be suited for service users with additional needs. One of the most important things noted was the suggestion of adapting the service to best suit the young person.

### *Privacy and confidentiality*

In traditional FtF support, a young person would meet a practitioner in a designated safe space which would ensure privacy. When considering working digitally, all practitioners felt that confidentiality was the responsibility of both themselves and the young person. The first challenge involved ensuring the young person understood the meaning of 'confidential'. For some, this meant verbally explaining the term in a child-friendly way, whereas for others it involved asking the young person to complete an online tick-box form prior to the session.

The most discussed challenge was conducting sessions when other family members were present in the household and interviewees spoke about instances when a parent or sibling would interrupt a session. Not only was this a confidentiality issue but it would also interrupt the flow of conversation and potentially cause the young person to draw back into themselves. Professionals also had concerns that there may have been someone else in the room with the service user during a session. In many instances, the person or people affecting the young person's mental health would be in the house with them, so professionals were concerned about the young person feeling less able to mention names or talk freely about their issues. One participant spoke about creating a code word system so the professional would be aware if the young person suddenly felt like they were no longer able to talk. Lastly, there was some disagreement about what was considered a confidential space. Two interviewees gave examples of speaking to young people who were at the park; for one, this was a positive as it illustrated that sessions could be conducted anywhere, for the other, the potential for the young person to be overheard meant that they did not go ahead with the session.

### *Accessibility*



Digital inequality was a pertinent issue, with some young people either not having access to devices or the internet, sharing devices with other family members, or using older devices that were unable to support the programmes being used.

It was felt that working digitally allowed young people to access support if they were in a situation where they were unable to leave their home. As well as this, professionals found they were able to work consistently with young people, regardless of location:

*“I suppose one of the biggest strengths is accessibility, so it furthered where I can offer the services significantly. If we have one young person who is in a rural area or especially, like, with the care system, you know, if they’re under a Welsh local authority, but they’ve been placed in England we can offer those services to them”.* MH06.

Additionally, three professionals spoke of creating ways to facilitate connectivity between CEYP who were feeling isolated by the COVID-19 pandemic. While these events were not specifically designed as interventions to improve CEYP’s mental health, professionals did find that attendance was extremely high and felt they were beneficial for the young people’s well-being. Interviewees also stated that it was unlikely these events could have ever occurred in-person for several reasons and were only feasible due to being virtual.

#### *Looking to the future*

Professionals were firm in their beliefs that not all work with CEYP should be done digitally. The reasoning for this was that in-person work was needed to see young people away from family members who could potentially be causing them harm. Additionally, emphasis was put on seeing young people FtF in order not to overlook any physical signs of their wellbeing. However, many interviewees were surprised about how much of their work could be conducted digitally, and it was felt that flexibility was key to future service delivery, dependent on the needs of the young person.

### **Discussion**

To the knowledge of the researcher, this is the first piece of research investigating the provision of digital mental health support to CEYP from the viewpoint of the professional. This research investigated how the delivery of mental health services changed post-March 2020 and aimed to provide understanding into working digitally with CEYP. The study found that there were advantages and disadvantages associated with this way of working, both for the professional and the service user. It is important to note that, when discussing working digitally with CEYP, many stated that working with this group is not dissimilar to working with the general population.

Professionals found they could easily move their practice from FtF to digital work with minimal interruption and that they could engage young people almost as easily as if they were working in-person. However, the move to working from home was met with mixed reactions, and for some, the negative effects were pertinent. Interviewees found the merging of their work and home lives to be an invasive experience, and many struggled to separate the two, a finding that has been echoed across other studies with different groups (Rudnicka et al., 2020; Sarah et al., 2021). The potential for burnout in mental health professionals has been well-documented in relation to factors such as workload (O’Connor et al., 2018), and now needs to be considered with the extra facet of where their work takes place (i.e., home versus office).



In relation to training in digital methods, interviewees either received no training or only receiving this after they had begun working digitally. Interviewees were unaware of any training courses relating to digital methods being available prior to the COVID-19 pandemic, and indeed BCAP, the leading professional association for counsellors in the UK, only released their first online counselling course in April 2020 (BCAP, 2020). Interest in training in digital methods by professionals is a common finding (Perle et al., 2013), while lack of training is frequently cited as a reason to not work digitally (Hennigan & Goss., 2016; Wells et al., 2007). By providing this training prior to the commencement of delivering these services, professionals may feel more confident in their service provision.

In this study, professionals worked across a variety of platforms but showed a preference for videoconferencing, likely due to it being the only method that provides visual cues (Donaghy et al., 2019). The comments made by professionals also suggested that many have started to think creatively and utilise the unique benefits associated with some forms of digital working. A study by Vermeire and Van den Berge (2021) detailed multiple novel ways that professionals can engage creatively online, meaning that therapeutic work is not limited to being purely talk-based. However, while videoconferencing was the preferred method of communication for this group, this may not be true for social work practice more widely. When using videoconferencing, social workers feel they may miss some key aspects of their work, such as body language, smell, and the potential for concealment (Pink et al., 2020).

Participants expressed a dislike for text-based working, finding it slow with the potential of miscommunication (also found by Hanley, 2009). One participant spoke about adding on extra time to sessions that are conducted via chat, and similarly one study found that chat conversations from a children's helpline lasted an average of 24 minutes, compared to 9.3 minutes for telephone conversations (Fukkink & Hermanns, 2009a). However, while this way of working was not favoured by the participants in this sample, other research has found that young people prefer text-based work, finding the 'faceless' and 'voiceless' aspects to be non-threatening (Fukkink & Hermanns, 2009b). Despite preferences being shown by the sample, the importance of using the method best suited for the young person was repeatedly identified.

One of the most discussed topics was accessibility, which was considered from several perspectives. Firstly, service users' limited access to technology was a recurrent issue. The digital divide has shown to affect the mental health of young people, limiting the support they are able to access (McGee & Roesch-Marsh, 2020). One way of bridging this divide is to provide CEYP with IT hardware, an initiative that has been implemented in Wales (Children's Commissioner for Wales, 2020). Barriers such as limited access to technology are key to why all service provision cannot be moved online; for as many new service users that could be reached, as many could potentially be excluded from seeking support.

Accessibility was also discussed in relation to the reach of digital methods. For professionals, digital methods meant they could work with young people regardless of location, either their own or that of the young person. For some counsellors, being able to work from wherever they are located is one of the most attractive features of working from home (Khan et al., 2021). Interviewees saw digital methods as a way of allowing young people who previously had not been able to engage in services to now have access, such as those who are geographically isolated, unable to leave their homes or frequently move location (Mishna et al., 2015).

Lastly, accessibility was thought about in relation to this way of working being open for everyone. Participants were aware that digital methods might not suit all and, likewise, it

has been found that digital interventions that are specifically created for people with intellectual disabilities take longer to develop than those aimed at the general population (Vereenoghe et al., 2021).

One of the most prominent concerns spoken about by interviewees was around ensuring privacy and confidentiality. There was some disagreement around what constituted as a 'private' space, and, while lack of privacy online has shown to be a concern for both professionals (Perle et al., 2013) and service users (Sweeney et al., 2019), the author has been unable to find any studies that investigate locations where digital support sessions take place and associated 'suitability' by both the service user and the professional. There is also limited professional guidance regarding where digital sessions can be conducted. According to BCAP (2019), one threat to confidentiality is physical intrusion, which can occur "at either end of the communication, for example by being overheard or someone being present" (p.6).

### **Limitations**

A limitation of this study is its sample size. While theoretical saturation (the point where no new information is gained from the data) suggests that sampling is less about the number of participants and more about the quality of the data (Braun & Clarke, 2021), the small sample size of this research meant that some perspectives may have been omitted. However, owing to factors including a short timeframe for investigation and the small pool of potential participants, the final sample feels adequate to provide a starting point for further research into this area.

### **Conclusion**

This research found that many professionals were surprised by how effectively they could work digitally with service users and, while some still showed a preference for in-person working, many were working towards offering a hybrid model moving forward. However, professionals were cautious about the removal of all in-person work with CEYP but were optimistic about how digital methods could engage and reach service users who may have previously been unintentionally excluded from FtF support. As digital methods become a common feature of service delivery, practitioners should consider how mutually rewarding relationships with service users are maintained while avoiding digital fatigue and burnout. Lastly, future research should consider the views of the young people who use these services to understand fully how to best deliver support going forward.

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### **Declaration of interest**

The author reports no declarations of interest.

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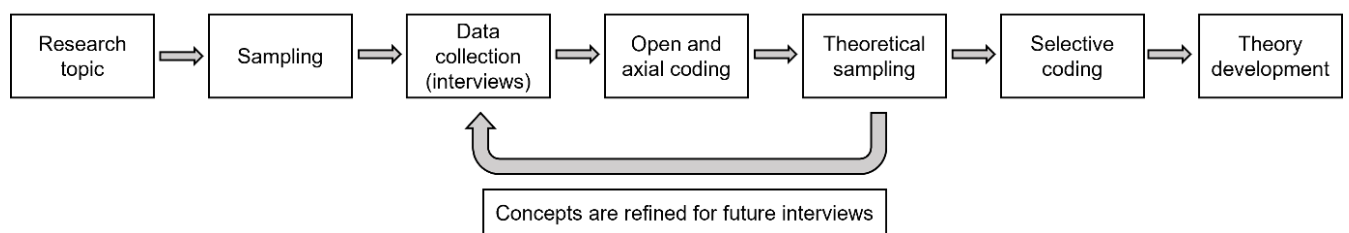
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## Figures

Figure 1:



## Figure captions

Figure 1: Summary of the grounded theory approach used for data collection and analysis.