NUFFIELD COUNCIL ON BIOETHICS

How should DHSC's 10-year Mental Health Plan reflect ethical considerations in digital access to mental health support

Nuffield Council on Bioethics Roundtable: July 2022

Evidence summary

Introduction

The Nuffield Council on Bioethics organised a roundtable meeting on 5 July 2022 that brought together health policymakers, regulators and patient charities (see Annex A) to discuss how the Department for Health and Social Care's (DHSC) 10-year Mental Health and Wellbeing Plan should reflect ethical considerations in digital access to mental health support.

The roundtable aimed to:

1. share the findings of recent research carried out by the Nuffield Council on Bioethics and Rethink Mental Illness on the ethical and social questions raised by the use of technology in mental healthcare; and

2. hear insights from a range of experts on how ethical considerations of digital mental health support should be reflected in the new 10-year mental health plan.

Key findings from the roundtable:

- How digital technologies in mental healthcare are currently regulated is unclear
- Gaining people's trust and consent is important but often complex in technology and mental healthcare – more research may be required on this
- Quality engagement with specific groups of people that a technology is designed for is essential for technology to be successful in mental healthcare
- Technology has advantages, however, it will likely be best utilised as part of a blended approach to a person's mental healthcare

This evidence summary includes:

1. About the Nuffield Council on Bioethics
2. Background to the roundtable
3. Discussion summary

About the Nuffield Council on Bioethics

The Nuffield Council on Bioethics is a leading independent policy and research centre. We identify, analyse, and advise on ethical issues in biomedicine and health so that decisions in these areas benefit people and society.

We are funded by the Nuffield Foundation, the Medical Research Council, and Wellcome.

Background to the roundtable

Over the past year, the Nuffield Council on Bioethics has been exploring the ethical and social questions raised by the use of digital technology in mental healthcare. As part of this work, we commissioned Rethink Mental Illness to run engagement sessions with people with lived experience of mental health problems, using their insights and knowledge to help draw out and develop the important themes. We published our findings in a bioethics briefing note in April 2022.

We found that emerging mental health technologies, such as smartphone apps, virtual reality and predictive analytics, have the potential to provide flexible and tailored support, lower barriers to accessing mental services, and offer insights into the mental health and wellbeing of individuals and populations. At the same time, mental health technologies raise a number of ethical concerns relating to the effectiveness, quality, and safety of care, reductions in face-to-face contact, exacerbation of health inequalities, and data privacy and security.

From April 2022 – July 2022, the DHSC consulted on its *Mental health and wellbeing plan*. The DHSC also published its digital health and care plan in June 2022. The DHSC is planning to expand access to technological forms of mental health support and to harness the power of data and digital technologies with the aim of increasing patient choice.

During this roundtable, we heard from a range of experts on the ethical considerations that should guide the development of the DHSC's new long-term plan for digital-based mental health support, and how such considerations should be reflected in the plan.

Discussion summary

Discussion topic 1: ensuring safe and effective technologies

The discussion on how the 10-year mental health plan can facilitate safe and effective technologies focused on three main themes: regulation, trust, and consent.

<u>The regulation of digital mental healthcare products:</u>

- Many of the digital products in mental healthcare are treated as medical devices and are regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).
- There are many borderline products which do not fall clearly under the category of medical device and are considered to be 'wellbeing products'.
- There should be a focus on clinical effectiveness. However, the evidence base for digital mental healthcare products is in its infancy.
- Digital technologies may not be CE marked – which indicates a product complies with regulations – either because developers are not aware that their product would be considered a medical device, or because there is a culture of not adopting these marks in the sector.

<u>Trust and consent:</u>

- It is not clear whether measures such as certification would build public awareness of and trust in the evaluation of evidence around digital mental healthcare products.
- Users receive recommendations for technology from a variety of sources – through healthcare professionals, peers, social media, and private support forums.
- It is important to think about the responsibilities of those developing, prescribing and recommending technologies and the implications for safeguarding. It is also important that both commercial and NHS providers recognise the same responsibilities.
- Trust and trustworthiness often come apart in digital mental healthcare. For example, individuals may distrust otherwise trustworthy products and there is a need to understand the reasons behind this.
- It is especially important in mental healthcare to make sure that people with lived experience's voices are heard.
- Consent is a delicate question, especially for young people. Consent should not be a barrier in a young person reaching out for help because the consent of a parent is needed. However, there is a question on how Gillick competency can be assessed in digital spaces.
- Appropriate research with a diverse range of cohorts can help to ensure trust – this should not be done with homogeneous groups.
- The issues raised by mental healthcare technology should be considered on a case-by-case basis. There are significant differences between the ethics of, for example, natural language processing for predicting mental health vs an app for managing anxiety and sleep. There are also differences in who uses and who prescribes different technologies.
- The extent to which regulators and practitioners know and understand digital mental health products is a key factor in building trust. Currently, knowledge and understanding varies widely.
- Trust can be built through proper engagement with potential users – this should include information about digital products available and when they should be used.
- Pharmacological interventions are assessed through comparisons with true placebos or best available treatments, however, most research on digital

technologies are not. The ethics of using true placebos in trials of digital products have not been considered.
- The ethics of persuasive design that aims to change users' behaviours, as used by social media platforms, should be researched.

Discussion topic 2: ensuring access and choice in technologies

The discussion on how the 10-year mental health plan can ensure access to and choice in technologies focused on two themes: engagement with potential users, and how technology could fit into existing pathways.

<u>Engagement with potential users</u>

- Different individuals will engage with mental health digital products in different ways. For some, attitudes towards technology will mean they are less inclined to access it. For others, technology might help overcome potential stigma in accessing mental health support.
- Clear guidance is needed to help potential users navigate the array of products on the market.
- There is some work to do in thinking about what 'clinical efficacy' means in an ethical sense. For example, to ensure fairness in clinical efficacy, the needs of marginalised communities should be taken into consideration.
- It is important to think about the sustainability of technology. As software changes over time, digital technologies may become inaccessible to those who cannot afford new hardware.
- Throughout the whole design, implementation, and evaluation process for digital technologies, it is vital to understand the people who will be using them. For example, this understanding could include: levels of digital literacy, people's resources in terms of access, attitudes towards technology and mental health, practices around mental health and technology, how people engage with the health sector, and understands of mental health.
- This understanding will impact whether a technology is accessible to people and whether they adopt it.
- In certain communities there is a high level of trust in GPs – knowledge of these relationships is vital in the introduction of technologies.
- It is important to recognise the value of community-led voluntary organisations and consider their expertise in developing trust relationships with different communities.

<u>How digital technology fits into existing pathways:</u>

- A blended approach to introducing digital technologies may be the most appropriate. For example, digital technologies could help with diagnosis, provide support between therapy sessions, and help reduce waiting lists. Introducing digital care into a blended pathway can make care more effective, long lasting, and faster acting.
- Early intervention can be the most effective approach, but it can sometimes be the most challenging to access. There are many reasons for this, including a reluctance among some to accept they have a mental health condition.
- Digital technology could support some of the gains which have been made following diagnosis and treatment, thereby helping to reduce the risk of relapses.
- Digital technology can also inbuild skills in carers to help reduce the risk of relapses.

Annex A

Participants

Name	Role	Organisation
Alison Knight	Data and Privacy Specialist	Health Research Authority
Andy Greenfield	Council member and Honorary Research Lecturer at the Nuffield Department of Women's & Reproductive Health, University of Oxford	Regulatory Horizons Council
Cath Biddle	Head of Digital	Mind
Chris Burr	Ethics Fellow	Turing Institute
Edward Emond	Deputy Director of Services	Beat eating disorders
Emma Thomas	Chief Executive	Young Minds
Francesca Edelmann	Senior Medical Devices Specialist	MHRA
Gabrielle Berman	Senior Manager of Digital Equity	Wellcome
James Woollard	National Specialty Advisor for Digital Mental Health	NHS England
Jemma Kehoe	Head of Digital Mental Health	NHS England
Jo Latimer	Head of Neurosciences and Mental Health	MRC
Lis Boulton	Health and Care Policy Manager	Age UK
Mark Salmon	Deputy Director, Evidence Resources and Programme Director Information Resources	NICE
Rina Dutta	Clinical Reader and Consultant Psychiatrist	King's College London
Romayne Gad el Rab	Co-chair of Digital Psychiatry SIG, RCPsych	Royal College of Psychiatry
Claudia Corradi	Research Officer	Nuffield Council on Bioethics
Dan Steer	Senior Public Affairs Officer	Nuffield Council on Bioethics
Danielle Hamm	Director	Nuffield Council on Bioethics
Katharine Wright	Assistant Director	Nuffield Council on Bioethics