Efficiency or Equality: the future of digital

Digital solutions can hit targets when working with young people but can they address difference and deep rooted inequality?

Simone Spray, CEO, 42nd St

42nd St supports young people with their emotional wellbeing and mental health through offering a range of individual therapeutic support, learning opportunities, groups and creative activities.

42nd Street, like so many other organisations, responded quickly, with agility and as a team when we realised the enormity of the impact of Covid-19 in late March 2020. Young people were contacted, options for support discussed, safeguarding arrangements redesigned to account for isolated working and possible depletion of the staff team. Safe digital solutions that had already been tried and tested were ramped up, staff were trained, tech was supplied, online meetings became the norm. We recognised more than ever that we needed to look after each other as a workforce: we based our workloads on the emotional and physical capacity of individuals; had check-ins (until people asked for less); and we even brought in staff yoga, dance and gong sessions to give permission to people struggling to relax and boundary their work and take time out. Most importantly, the values of 42nd Street prevailed: trust, transparency, support and empowerment.

Some of the changes that we were 'forced' to make have (temporarily) improved our service already.

As one young person said to 42nd Street *"Why couldn't the changes have happened to speed up the waiting lists before Covid-19?"*

But what will we be able to realistically maintain? What will the broader system expect of us as we 'return to normal' and how, most importantly, can we ensure that any new solutions meaningfully involving those most affected in design and decisions?

Ruby Waterworth at Youth Access advocates for a rights-based approach to the new realities of mental health support for young people.

"An approach that demands for particular attention to be paid to the needs of young people who are more likely to suffer with their mental health, whose mental health problems intersect with wider societal issues and discrimination, and whose path to accessing quality support is more likely to be blocked".

Status quo thinking and planning will not suffice as we continue to respond to the impact of Covid-19. The truth is, it never did. The pandemic has brought into startling focus the exacerbation of the existing health, social and economic injustices played out in the mental health system. Whilst services and institutions are designed to appeal to and attract the majority, those that do not identify that way find it harder to engage or worse, feel alienated and even threatened by them. It's not good enough to say people are "hard to reach", or "hard to engage", perhaps it is our services that are

'hard to access'. National targets and the fascination in efficiency and value for money do not translate easily into a system that addresses difference and deep rooted inequality.

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42nd Street entered lockdown with varying demand/ capacity issues, and we expect demand to continue to increase. Research from MIND, the ONS and Oxford University highlights that the sharpest rise in mental health concerns during lockdown has been with young people. They are experiencing higher increases in rates of depression, anxiety and loneliness than any other group. They will be entering or returning to precarious employment, education and housing situations within a predicted recession and increases in the cost of living. Young people are reporting the lowest levels of life satisfaction with the percentage rising from 7.7 per cent, at the start of lockdown, to 20.8 per cent in June 2020, who are feeling that it will take a year or more for life to return to normal, or that life will never return to normal.

> **Our own conversations with young people reveal that many are experiencing increasing levels of complexity and more incidence of self-harm and suicidal thoughts**

Our own conversations with young people reveal that many are experiencing increasing levels of complexity and more incidence of self-harm and suicidal thoughts. We have observed: increases in alcohol and substance misuse; anxiety around the ambiguity of returning, or not, to education; anxiety about parents returning to work (including being concerned about increased isolation and increased responsibilities); and we are seeing issues around complex trauma and complex bereavement emerging.

In short, our banks are breached and we can see a tidal wave making its inevitable way towards us - at increasing speed. We need a new architecture that addresses both the historical underinvestment and the surge to come.

Many are saying that the response going forward needs to be more investment into digital solutions, often (mistakenly) perceived as a way of increasing efficiencies and access figures. Certainly, I am supportive of embedding digital and online solutions into a blended model of support, but these decisions must be driven a need to broaden choice, address exclusion and meet need, not just efficiency. Prior to Covid-19, we were soft launching our online package of support including counselling, psycho-social support and group work using both synchronous (real time) and asynchronous, email and video support. The service was designed with young people and targeted support for young people that might not normally access more traditional approaches – never as a tool to manage existing demand. However, with limited choices available over lockdown, we have experienced an over 300% increase in demand for this service which is now beyond capacity.

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What the last few months has confirmed for us is that digital solutions require careful consideration; there is a huge difference between implementing them as part of business continuity plan as opposed to a choice of modality - and there are implications for both staff and young people. There are very different and complex safeguarding conundrums to negotiate with blended models: staff need specialist training and support; there are serious considerations around compromising young people's confidentiality if they cannot find a private space; technology and digital poverty can be an issue; and for some, for example young people who may have attachment issues or communication difficulties, digital work does not hit the spot. However, digital services can and do reach those that would not ordinarily choose to, or are able to, cross service thresholds. These include, for example: young carers that cannot make appointments; young people who live in communities where there are cultural stigmas around mental health; economically disadvantaged young people that cannot afford to travel to sessions; young

people experiencing the care system; and LGBTQ+ young people, young people with physical disabilities. These are the very people that have been disproportionately impacted by Covid-19. So, if we are going to take a rights-based approach to our recovery planning and decisions about our digital solutions, it will be with the involvement of young people and based on the best ways to tackle these (exacerbated) health inequalities.

> **A recovery plan that recognises the real situation we are now all facing cannot be achieved unless we redefine the national targets and decentralise the 'recovery' response**

The mental health response across Greater Manchester has been impressive; with strong leadership from the centre. The trust and relationships that we have developed over recent years, tested and refined in our collective response to the MEN Arena attack, seemed to make the integrated response a no-brainer. Our Greater Manchester VCSE Leadership group refocused their energies within days towards capturing the often hidden or seemingly invisible emerging issues and corresponding behaviours of people across our communities. Very soon we realised that the pandemic was having a disproportionate impact on individuals and families that many of our organisations routinely support, many of them not engaged with mainstream services and facing compounding vulnerabilities and embedded systemic inequality. This coordinated approach to gathering and understanding intelligence at a point where the usual data-sets were telling us very little informed conversations, and some action, around the first phase response. This is highlighted in the Health Innovation Manchester report commissioned to inform the GM recovery response.

However, a recovery plan that recognises the real situation we are now all facing cannot be achieved unless we re-define the national targets and decentralise the 'recovery' response. It cannot happen until we join the dots across sectors and listen to what communities are telling us and it certainly won't happen if we just try to build back the old architecture and simply rebadge it as 'better'.

"Human rights cannot be an afterthought in times of crisis — and we now face the biggest international crisis in generations... human rights can and must guide Covid-19 response and recovery... The message is clear: People — and their rights — must be front and centre".
- Secretary-General of the United Nations

There is no going back. Not just because things have changed so much over the past three months, or because we have learnt new ways of working, but fundamentally because there is lots that we should not go back to, let's leave it in the past where it belongs.