

# Digital Inclusion and Access to Mental Health Services



Reducing barriers and leveraging  
the positive potential



# Executive Summary

This report examines the crucial issue of digital inclusion and its impact on access to mental health services in Ireland. With the increasing use of online and digital platforms in delivering mental health services, it is essential to examine the challenges and opportunities this presents.

The report provides the first detailed examination of digital mental health inclusion in the Irish context. It offers a timely contribution to the discussion, ensuring that everyone has fair and equal access to mental health resources in an increasingly digital world. By exploring the intersection of digital inclusion and equality of access to mental health services, the report brings attention to the challenges faced by specific groups and provides insights into addressing these disparities. It provides detailed insights and guidance for the mental health sector and other stakeholders with key roles in progressing the digital mental health inclusion agenda.

Conducted by Mental Health Reform with funding from HSE's Mental Health Engagement and Recovery Office, the study was a substantial piece of work involving both desk research and field work. Desk research included collation of available Irish data on digital divides and mental health inequalities and review of digital mental health inclusion initiatives from Ireland and other countries. Field work involved an online survey of seventy-six mental health practitioners and in-depth interviews with fifteen organisations working with a range of disadvantaged or otherwise vulnerable groups.

## Digital mental health & digital mental health inclusion

Digital mental health refers to technology-enabled provision of mental health services and supports. Even prior to the COVID-19 pandemic, digital channels were already becoming an established feature of the mental health ecosystem for activities such as online information, psychoeducation and sign-posting; online Cognitive Behavioural Therapy (CBT) programmes; and mental health apps. The pandemic restrictions then prompted a massive shift to remote provision of client-therapist sessions via video calls and other channels. Even with the re-introduction of face-to-face services as the pandemic recedes, remote therapy provision and other online and digital approaches will remain an important component of the mental healthcare system.

### Digital inclusion and access to mental health services

The use of digital mental health technologies brings numerous benefits, including increased flexibility and the potential for innovative service delivery. However, certain population groups may face disadvantages in this post-pandemic 'new normal' if their needs are not addressed.

Digital mental health inclusion encompasses two dimensions. Firstly, it involves addressing the barriers and inequalities that create a "digital divide," preventing disadvantaged groups from accessing digital mental health services. Secondly, it involves purposefully leveraging the positive opportunities presented by digital mental health to reach and support groups that are currently underserved or hard-to-reach by traditional mental health services. Both are important areas for attention by the mental health sector, whilst also ensuring that more traditional face-to-face options remain available and digital does not become the only option.

### Intersectionality - digital inclusion as a social determinant of health

Intersectionality between the broader digital inclusion agenda and efforts to reduce prevailing mental health inequalities is an important theme running through the report, as is the increasing recognition of digital inclusion as a social determinant of health (physical and mental). Therefore, as well as an issue requiring attention by the mental health sector itself, digital mental health inclusion also falls within the scope of wider programmes such as the Department of Public Expenditure NDP Delivery and Reform's 'Digital for Good: Ireland's Digital Inclusion Roadmap'.

## Population level picture

The report begins by setting the scene at the population level in Ireland, looking at patterns across some of the main socio-economic and socio-demographic group breakdowns provided in large-scale national surveys. Available data shows the existence of both mental health inequalities and digital divides, with strong overlap between the groups affected by each. This means that these groups are likely to be at risk of experiencing digital mental health divides as well.

### Mental health inequalities

Nationally representative surveys such as the Irish Health Survey show substantially greater prevalence of mental health difficulties amongst more disadvantaged socio-economic groups as well as significant under-utilisation of mental health services relative to prevalence of need. These datasets also show substantial under-utilisation of mental health services relative to need amongst older age groups, and data from the TILDA study for the 50+ age groups show much higher prevalence of mental health difficulties amongst less advantaged older people and those with vision or hearing impairment.

### Digital divides

Data from CSO and Comreg surveys provide a range of evidence on digital divides in Ireland today. The most obvious is that many older people do not use the internet, with this the case for almost one-half of those aged 75 or older. Available data also shows lower digital literacy/skills amongst older people and disadvantaged groups. Access to fixed home broadband is still an issue for substantial numbers of households, with more than one-in-seven not having this connectivity. Apart from those affected because of rurality, groups less likely to be connected include older persons and more disadvantaged socio-economic groupings. Mobile access can provide an alternative for some people, although affordability of mobile data charges may be a barrier for more disadvantaged groups to use services that consume a lot of data. Additionally, quite substantial numbers of people do not have a smartphone, including just over one-in-three of those aged 65 or over. Reliance on a smartphone may also be a disadvantage for using applications where a larger screen device would be preferable, and likelihood of having such a device decreases amongst more disadvantaged socio-economic groups.

### ‘Double jeopardy’

Groups experiencing both mental health inequalities and digital divide barriers are at a particular disadvantage regarding access to digital mental health and to the benefits this can offer. The evidence summarized above suggests that substantial numbers of people are now at risk of this ‘double jeopardy’. Despite the absence of dedicated surveys of digital mental health usage patterns in Ireland, evidence of digital mental health divides is already becoming apparent in various ways. For example, older people and more disadvantaged socio-economic groups are less likely than other groups to search online to seek health information. Data on utilization of publicly-funded online CBT programmes in Ireland also show substantial under-representation of older age groups.

## Practitioner and user organisation perspectives

Seventy-six mental health practitioners (mostly counsellors/psychotherapists) completed an online survey about their experiences of digital inclusion issues in their work with clients. Respondents were mainly working either in the private or non-profit sectors and a small number worked in the public sector. Almost all practitioners reported having at least some remote consultations with clients/service users by videocall during the pandemic and a large majority plan to offer both remote and face-to-face options going forward. However, many practitioners already see digital divide factors and other disadvantages posing difficulties for some client/service user groups they work with to avail of remote consultation options, with this more likely amongst practitioners in the non-profit sector.

Consultations with fifteen organisations working with a range of disadvantaged or otherwise vulnerable groups identified substantial digital divide barriers arising from general socio-economic disadvantage. Measures addressing access to devices, connectivity, affordability, and digital literacy/skills are therefore important. More specific barriers faced by the various groups include lack of accessibility of digital mental health services for people with disabilities, language barriers, and challenges that aspects of mental health difficulties may pose for usage of digital mental health services. On the other hand, logistical and other features of digital mental health provide many positive opportunities to better reach these groups with mental health services they need.

## Illustrative listing of opportunities presented by digital mental health

Specific group	Opportunity area that could be leveraged to improve access to mental health services
Migrants and refugees	<ul style="list-style-type: none"> <li>Nationwide access to culturally competent practitioners/services, range of languages.</li> <li>In-reach opportunities to provide more specialist services (e.g., trauma therapy).</li> <li>Reduce barriers to accessing local mental health services because of transport issues.</li> </ul>
Travellers	<ul style="list-style-type: none"> <li>Nationwide access to Traveller-specific and culturally appropriate mental health services.</li> <li>Anonymity and self-directed nature may reduce concerns around discrimination.</li> <li>24/7 or 'out of hours' aspect of online/digital options may be helpful for those in crisis.</li> </ul>
Prisoners	<ul style="list-style-type: none"> <li>Potential to open up access to community-based services available to general pop.</li> <li>Support continuity of care before/during/after prison.</li> <li>Dedicated mental health and substance abuse support services for people on probation.</li> </ul>
Blind / vision impaired	<ul style="list-style-type: none"> <li>Avoid challenges they may experience with transportation and navigation.</li> <li>Access to mental health services specifically targeting people with vision impairments.</li> <li>Accessible design and assistive technologies to make MH supports more available.</li> </ul>
Deaf / hard of hearing	<ul style="list-style-type: none"> <li>Videoconferencing a familiar mode of communication amongst Deaf community</li> <li>Text-based supports/resources may be accessible for range of hearing abilities.</li> <li>Potential for accessible design and assistive technologies to alleviate barriers.</li> <li>Opportunities presented by video-relay and remote sign language interpreter services.</li> </ul>
Homeless	<ul style="list-style-type: none"> <li>Logistical flexibilities may facilitate access for people without stable accommodation and open new opportunities for mental health services to reach this underserved population.</li> <li>Digital tools for screening for prevalent mental health difficulties.</li> <li>Specialist in-reach to support frontline MH services (e.g., through telepsychiatry).</li> </ul>
Older people	<ul style="list-style-type: none"> <li>Logistical benefits for older people in rural areas and/or who have reduced mobility</li> <li>Video consultation from home may open new opportunities to address the substantial unmet need for mental health supports amongst older people.</li> <li>Enables increased access to specialist supports (psychiatry of later life, dementia, etc.).</li> </ul>
Younger people	<ul style="list-style-type: none"> <li>Generation of 'digital natives' – online/digital channels familiar mode of communication.</li> <li>Many new opportunities to reach young people where they are at.</li> <li>Way of building rapport and trust with hard-to-reach/disengaged young people &amp; facilitate access for young people/families not typically attending in person services.</li> </ul>
People with ongoing / enduring MH difficulties	<ul style="list-style-type: none"> <li>Logistical and other flexibilities offer transformative potential in this domain.</li> <li>Remote consultations may enable improved continuity of care.</li> <li>Can support greater involvement in own care (e.g. access to care plans, crisis plans or electronic health records), empower individuals, support self-management.</li> <li>Facilitate access to peer support including online support groups, forums, etc.</li> </ul>

Opportunity areas include providing access from home for people with mobility or transport problems, remote in-reach services to congregate settings, and provision of nationwide access to culturally competent practitioners and services in a range of languages. Provision of increased access to specialist services targeting particular needs groups is another important opportunity area, for example, for people with sensory disabilities, refugees with severe trauma histories, and groups such as Travellers that experience higher risk of mental health crises and suicidality. The logistical and other flexibilities offered by digital mental health also present important opportunities to better support people with severe and enduring mental health difficulties through more continuity of care and empowering self-management and recovery.

## Sectoral roles and responsibilities in addressing digital mental health inclusion

Based on the evidence from the various strands of the research, the report then provides an analysis of sectoral roles and responsibilities in addressing digital mental health inclusion. This examines what actions may appropriately fall within the remit of the mental health sector itself as well as giving some attention to ways other sectors such as the telecoms industry and broader social/digital inclusion sector can play a role in this domain. To support this analysis, the report identifies and discusses a range of initiatives already implemented in Ireland and internationally by these stakeholders.

The sectoral analysis focuses on four areas of action to reduce barriers to digital mental health inclusion: ensuring users have the practical pre-requisites for access (devices, connectivity, affordability); promoting user skills, literacy and motivation; designing digital mental health services and tools to be inclusive; and multi-modal access to mental health services and supports, including non-digital options.

In examining the mental health sector's role and scope for action in addressing these themes, it is useful to consider different contexts of mental health service usage: universal, target group, and individual client-provider relationships. The analysis suggests that, at all these levels, the mental health sector has strong responsibilities for inclusive design and maintaining availability of non-digital options/channels as well for developing user mental health (and digital mental health) literacy and skills. At the target group and individual client-provider relationship levels, the mental health system and service providers may also have a role in supporting disadvantaged clients with access to devices, connectivity and usage charges in situations where digital mental health is an important component of the relevant mental health support.

## Recommendations

The report offers several recommendations for action based on the evidence and analysis presented. These recommendations aim to progress the digital mental health inclusion agenda by reducing barriers and leveraging positive opportunities. The key issues addressed include access to and affordability of devices and connectivity, user literacy and skills, and inclusive design of services. Many of the recommendations are addressed to the 'mental health sector', which encompasses the Department of Health, HSE and other statutory agencies, and voluntary and community sector mental health organisations.

---

### Recommendations

1. Department of Health, HSE and mental health policy implementation processes to give digital mental health inclusion high visibility and importance in current and forthcoming strategies.
2. Department of Health to engage with other Departments and agencies on measures to address access to and affordability of digital mental health as an important category of online/digital public services.
3. Mental Health Sector, within its own remit and scope of action, to develop approaches to address digital divide barriers for relevant mental health service users and usage contexts.
4. Mental Health Sector to develop a line of action within a social-inclusion/inclusion-health framework to leverage digital mental health to reach and support vulnerable groups.
5. Mental Health Sector to directly engage with mental health service users on their experience of digital mental health inclusion and involve them in developing solutions and service co-design.
6. Mental Health Sector and Adult Literacy Sector to work together to develop and implement a large-scale programme combining digital skills and mental health literacy.
7. Government to provide funding for 'bottom-up' digital mental health inclusion and innovation projects under Digital for Good or other relevant frameworks or funding mechanisms.
8. Mental Health Sector to give focused attention to accessibility of online/digital mental health for people with disabilities.

### 1. Department of Health, HSE and mental health policy implementation processes

## **to give digital mental health inclusion high visibility and importance in current and forthcoming strategies**

The evidence and analysis in this report indicate that digital mental health inclusion is an important topic for attention at strategic levels of policy and action. Department of Health, HSE and mental health policy implementation processes should give it high visibility and importance in current and forthcoming strategy on digital health, digital mental health and mental health more generally. Some key immediate contexts for this include the forthcoming Digital Healthcare Strategic Framework 2023-2030 and the Digital Mental Health Strategy under development in the context of implementation of Sharing the Vision mental health policy.

### **2. Department of Health to engage with other Departments and agencies on measures to address access to and affordability of digital mental health as an important category of online/digital public services**

Digital inclusion is now recognized as an increasingly important social determinant of health. This needs highlighting for attention under programmes such as Digital for Good, with particular attention on measures targeted to address access and affordability for low-income groups. The Department of Health could take the lead on this and engage with other relevant Departments and agencies. The report presents examples of publicly funded approaches from other jurisdictions showing what can be done in this area.

One measure is public financial support towards the costs of broadband connectivity and devices for eligible persons or households. An example is the ‘Affordable Connectivity Program’ in the United States which provides discounts towards monthly internet service costs as well as a one-time discount for purchase of a laptop, desktop computer or tablet.

Another measure is to ‘zero-rate’ connectivity charges for utilization of designated websites or services. During the early phase of the pandemic in Ireland, ComReg announced an initiative with telecoms operators to zero-rate customer telecoms costs for usage of healthcare and educational resource websites identified by the Government. The measure also indicated customers and people without fixed broadband and dependent on mobile access would have an opportunity to avail of affordable unlimited mobile data access/package from their service provider. Currently, a number of countries have zero-rating approaches where costs are charged to the health system, including the ‘Sponsored Data’ programme in New Zealand and the Veterans Health Administration’s ‘Mobile Connectivity Support for Telehealth’ programme in the United States.

Another potentially relevant approach is the long-established ‘rural healthcare programme’ in the United States. This includes measures such as the ‘Healthcare Connect Fund’ providing substantial discounts for connectivity costs for eligible rural healthcare providers.

### **3. Mental Health Sector, within its own remit and scope of action, to develop approaches to address digital divide barriers for relevant mental health service users and usage contexts**

As well as the broader inter-sectoral approaches discussed under Recommendation 2, the analysis indicates the mental health sector should also consider, within its own remit, development of approaches to address digital divide barriers arising for relevant mental health service users and usage contexts. This might be especially relevant to enable access to digital mental health services, where indicated, for service users having a direct ‘patient’ or ‘client’ relationship with mental health services, for example, for a once-off programme of therapy sessions and/or for longer term and more episodic relationships.

The report identifies a number of local initiatives in this area by public and non-profit mental health services in England. Some examples have also been emerging in Ireland, including a currently fairly small-scale initiative within the HSE that makes SIM-enabled tablets available for frontline services to loan to clients to enable remote access to indicated clinical care. Internationally, the largest initiative in this area is probably the Veterans Health Administration ‘Internet-Connected Devices’ programme in the United States which provides an internet-connected device to relevant clients so they can utilize telehealth

services. This programme commenced in 2016 and is extensively utilized for access to telemental health services. Evidence indicates positive impacts through increased mental health care access, continuity and efficiency.

Given the emerging evidence of the benefits accruing for both mental health service users and providers, HSE should consider scaling up provision of devices and connectivity for relevant clients. It should also engage with voluntary and community sector mental health organisations on how they can be supported in this area, for example, through drawdown from HSE stocks and/or through funding streams to enable them to have their own stocks. In addition to devices and connectivity, mental health service users may require technical support to get set up and learn how to use the intended digital mental health service(s). The report presents some existing Irish examples of mental health services providing these forms of tech support themselves. Another approach is to build in this tech support as part of an IT supplier's contract, such as in the arrangements between HSE and its video consultation platform providers.

#### **4. Mental Health Sector to develop a line of action within a social-inclusion/inclusion-health framework to leverage digital mental health to reach and support vulnerable groups**

As well as the importance of reducing barriers arising from digital divide factors, digital mental health inclusion also opens many possibilities to leverage its positive potential to provide effective solutions for under-served and hard-to-reach groups. Voluntary and community sector organisations working with a range of vulnerable groups identified a wide variety of ways the logistical and other features of digital mental health can contribute to addressing unmet mental health needs. More generally, a number of recommendations in *Sharing the Vision* focus on enhancing mental health services for vulnerable groups, and digital mental health initiatives offer considerable opportunities to support their achievement.

HSE can make a major contribution in this area through its in-house inclusion health and social inclusion frameworks as well as through its funding mechanisms for the voluntary and community sector. Similar to Recommendation 3 above on reducing barriers, scaling up provision of devices and connectivity for relevant clients would be very helpful in supporting service innovation in this area.

Whilst digital mental health opens major opportunities for innovation in this field and can help fast-track provision of services that might otherwise be very slow to develop and implement, efforts to enhance face-to-face access to services should also be kept to the fore. Multi-channel or hybrid models combining digital and face-to-face in flexible ways can provide choice and ensure face-to-face options are not eroded or sidelined because of an over-emphasis on online/digital approaches.

#### **5. Mental Health Sector to directly engage with mental health service users on their experience of digital mental health inclusion and involve them in developing solutions and service co-design**

The current study provides compelling evidence on the importance of the digital mental health inclusion issue from a variety of sources and perspectives. While this study involved some engagement with mental health service users on their experiences in this area, it did not have scope for substantial direct engagement across a range of user groups or situations. More generally, the available literature and evidence is very limited in this regard.

The mental health sector should develop a programme of activity in this area, utilizing existing user engagement mechanisms and/or new channels of consultation as required. The programme would directly engage in various ways with mental health service users on their experience of digital mental health inclusion barriers and opportunities and involve them in developing solutions. This could include both larger scale representative surveys and more in-depth consultations with particular user groups, as well as establishment of mechanisms for user involvement in digital mental health service co-design. HSE Mental Health Engagement and Recovery might be well placed to take the initial lead on this and develop the necessary collaborations with user organisations, other HSE functions and the voluntary and community sector to progress the programme.



## **6. Mental Health Sector and Adult Literacy Sector to work together to develop and implement a large-scale programme combining digital skills and mental health literacy**

From the user perspective, likelihood of availing of digital mental health opportunities requires not just access to devices and connectivity but also awareness of what's on offer and the motivation and skills to find and use relevant online/digital services. Digital literacy and mental health literacy are both relevant here, and significant opportunities arise to address these together in a coordinated manner. Actions in this area fall within remits of both the mental health sector and the adult education sector.

The mental health sector has an important role to play in population mental health promotion. One core line of action is through development and funding of psycho-educational programmes, either directly provided by HSE or supported through funding voluntary and community sector organisations to address this area. These approaches can help increase general mental health literacy as well as digital mental health literacy. However, for reasons of efficiency and scale, they increasingly rely on online delivery channels and so are unlikely to effectively reach those affected by digital divide barriers. More generally, motivational factors may limit the participation of many disadvantaged or otherwise vulnerable groups even if they have the possibility to connect.

Through the National Adult Literacy Agency (NALA), the adult literacy sector has been expanding its remit beyond the traditional focus on reading and arithmetic to encompass new themes emerging with societal change and trends. This includes attention to digital literacy and also to health literacy. A joint HSE and NALA programme to develop a major digital inclusion skills development programme combining digital literacy, mental health literacy and digital mental health literacy modules might be a very effective approach in this field. The branding and configuration of modules could be tailored to different delivery contexts - digital skills programmes could include mental health literacy and digital mental health literacy as application-oriented components of courses; and mental health literacy programmes could include digital and digital mental health skills as ways for participants to put mental health literacy into action.

For hard-to-reach groups, the novelty factor of digital mental health and the possibilities to address mental health within the context of broader programmes around digital inclusion could prove effective for engaging people on mental health issues in the first instance. This initial engagement might then progress to more self-help with mental health issues (whether through traditional or digital resources and tools) and increased utilization of mental health services to address unmet needs (again, whether through traditional or digital modes of service access).

## **7. Government to provide funding for 'bottom-up' digital mental health inclusion and innovation projects under Digital for Good or other relevant frameworks or funding mechanisms**

In addition to the recommendations mentioned above, it is important to allocate funding to encourage and support "bottom-up" initiatives focusing on digital mental health inclusion and innovation. Provision of a substantial digital mental health inclusion fund seeking calls for proposals from relevant user groups and organisations working with them would provide a framework to promote innovation and collaboration to reach underserved groups through digital mental health. An effective way to do this might be through cross-departmental funding (from Departments of Health, Communications, Community Development, and others) for a programme on this topic under Digital for Good or via other relevant funding frameworks or mechanisms. The Sláintecare funding programmes for community/integrated care pilot projects may provide a useful model in this regard.

Such a fund could be open to actions that address particular pre-specified issues as well as provide more open-ended opportunities for stakeholders to develop ideas and pitch for them. Setting overall aggregate impact targets for the programme might help provide coherence and ensure value for money. For example, such a fund could aim to reach a target number of people through provision of digital mental health interventions and/or enabling them to benefit from digital mental health supports as required. Funded projects would each establish their own targets in this regard, commensurate with their scale and ambition.

To provide a more concrete illustration, a suggested approach could involve allocating a relatively modest but ambitious fund of €5 million. This fund would aim to have an overall reach of 20,000+ individual beneficiaries. The fund would support a range of initiatives and projects focused on digital mental health inclusion and innovation, targeting underserved populations and addressing the specific barriers they face.

## **8. Mental Health Sector to give focused attention to accessibility of online/digital mental health for people with disabilities**

Disability organisations consulted for this study identified a range of accessibility barriers that can exclude people with disabilities from utilizing digital mental health services. These include basic web accessibility barriers that have still not been addressed on mental health websites as well as new issues emerging with the increased provision of remote access to interactive mental health services and supports through video consultation platforms and other channels. The report provides examples of significant issues arising for a number of disability groups, including people with vision or hearing impairments.

HSE, voluntary and community sector organisations, and private mental health service providers should all give focused attention to this issue. They should ensure familiarity with, and implement, relevant national and international standards and guidance on online/digital accessibility. This includes general web accessibility requirements as well as emerging guidance on telehealth and other relevant themes (e.g., the recent WHO/ITU guidance mentioned in the report). In line with UNCRPD requirements, equally important would be to consult and engage with Disabled Persons Organisations and users with lived experience and expertise in this domain. They are uniquely placed to provide guidance on accessibility issues in this dynamically evolving field of applications and delivery platforms.



HSE  
Mental Health  
Engagement  
& Recovery

