



DISCUSSION PAPER

Promoting a safer digital experience in mental health services

August 2021

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Foreword

As an organisation that puts our members at the centre of what we do, one of the key ongoing internal discussions we have had over the years at Togetherall is around the issue of user risk.

We are very clear with our members that we are not a crisis service. However, as a service that is available 24-hours a day, accessible when needed and with a community whose needs will change as members' own situations develop, we accept that we will always see a small proportion of "at-risk" members on our platform.

What to do about that has been the topic of much internal discussion for us. This paper was commissioned to help open up that internal discussion to the wider community of providers, commissioning bodies, policy makers, academics, digital mental health service users and government/regulators. This is not an easy question to answer with big moral, legal and practical considerations but ultimately it is very important as it really is about life and death situations.

We clearly have a strong opinion on this, one that we have deliberated carefully on and we welcome open debate and discussion on the issues raised in this paper. We will host a roundtable discussion in Autumn 2021 with a selected panel of guests and experts from key parts of the system to explore this issue further. Please let us know if you are interested in attending.



Henry Jones, CEO
Togetherall



About the Authors

Steve Appleton is Managing Director of Contact Consulting, a specialist consultancy and research practice working at the intersection of health, housing and social care. He originally qualified as a social worker and having undertaken a range of roles in local authorities, went on to work at a senior level in the NHS.

His work concentrates on the needs of people with mental health problems, substance misuse and disability. He is the author of a range of UK national guidance and best practice documents, and has played a leading role in recent population based Thrive mental health initiatives in the UK. He has led reviews of services, including in relation to the assessment and management of risk for the NHS, local authorities and independent sector providers.

Steve is the European Lead for the International Initiative for Mental Health Leadership and co-ordinates their work in the UK while working closely with colleagues in Europe, the USA, Canada and Australasia. He will take over as President and Chief Executive of the organisation at the start of 2022.



Author

Steve Appleton
Managing Director

Gregor Henderson is an independent consultant and advisor on mental health and wellbeing, working in the UK and Internationally. Recently the Director for Mental Health and Wellbeing at Public Health England from 2013-2021 (May).

Gregor was previously an adviser to the Department of Health and Social Care and the Director of Scotland's National Programme for Improving Mental Health and Wellbeing. Gregor has worked locally, nationally and internationally in mental health and is currently working with a range of organisations on mental health. Including some in the digital mental health space. Gregor provides Strategic Advice to Togetherall and supports the Research work of Togetherall.

Gregor is a Board member of the eMental Health International Collaborative (<https://emhicglobal.com/>) and an active member of the International Initiative for Mental Health Leadership. Gregor is also a published author on mental health and wellbeing and an acknowledge expert on public mental health and prevention.



Author

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Authors Note

To help contribute to this important issue of risk escalation and managing crisis on a digital platform, Togetherall commissioned us to undertake an exploration of the issues and highlight emerging practice in the UK and internationally in putting in place processes and policies to deal with risk and crisis. This paper is intended to stimulate discussion and encourage a collaborative, sector wide focus on the legal, quality, risk and moral drivers of having risk escalation policies and processes in place for digital mental health services. A number of implications for the sector are described along with a description of the approach taken by Togetherall to risk escalation and crisis response.



Executive Summary

Digital mental health services are growing in number and complexity. More services are being delivered and commissioned online and the global pandemic has seen digital mental health services come more to the fore. In line with this rise, there is a need to look at the needs of people who are or who may be at risk of or experiencing a period of crisis while they use a digital platform and for ensuring there are policies and procedures in place to effectively respond to and manage risk and crisis.

Additional efforts are needed to consider and ensure the quality, efficacy and safety of what is on offer online. Services should provide people with the knowledge and skills to make informed choices about what digital mental health services offer and how they operate. This needs to include considerations of how to manage risk and crisis online. There are some concerns that many providers do not have clear policies and practices in place.

Providers of digital mental health services and those who work within them need to be aware of and able to respond to changes in the risks a person may pose, both to others and, most often, to themselves.

There does not appear to be any clear legal requirement on digital mental health providers in respect of their approach to risk escalation. This is a gap in current legislation and regulation, which means that service users are reliant on providers to voluntarily put policies and processes in place.

This also raises questions about where liability lies when services fall short of an expected response and a person suffers harm or inflicts harm in their distress.

Investors and stakeholders in digital mental health providers reasonably ask the question about their liability in circumstances where a crisis situation is not effectively managed or escalated by a digital mental health provider.

This is also a matter for commissioners of digital mental health services. Responsible commissioners will ensure that any service they commission can assure them that they have policies and processes in place for risk management, crisis and escalation.

The absence of clear legislation and the opacity of liability means there is little in the way of clarity about who might be liable, commissioner or provider or both. This is an area of concern.



Some jurisdictions are developing quality standards and helpful frameworks. Australia and New Zealand are the countries that seem to be doing most in this space.

The picture that emerges is one of a patchwork of developing standards, but none that specifically address issues of risk escalation and an appropriate online crisis response.

Conversations with academics and leaders working in the field have revealed that the issue of standards remains largely unexplored, but that their development and adoption would be particularly desirable.

There is a need for the digital mental health sector to share experiences and learning and collaborate with others across the system. Including commissioners, Government, Academics and those with lived experiences to create a way of supporting safe and more effective digital mental health services and supports. This paper offers some insights, raises issues to consider and possible implications for taking this important area forward.



This discussion is particularly important as it arrives amidst a global conversation regarding not only increased mental health risk, particularly among youth and young adults, but also heightened concerns about how we respond to mental health crises. The last thing we want to do for a person who is experiencing a mental health crisis is to put them under duress or increase pressure or stress. I'm grateful that this new resource now exists as a starting roadmap for optimizing transparency for clients, and their autonomy in seeking help, within digital mental health services

Laura Post Horne
Chief Program Officer, Active Minds
Member, Togetherall Guardian Council



¹Togetherall's Guardian Council formed in 2020 exists to Togetherall's view Togetherall's activity to maintain the highest standards, both clinically and commercially, to hold Togetherall true to its charter commitments. It assesses whether Togetherall is fulfilling its purpose and how it can continually improve to ensure its principles and actions align.



1. As digital expands, so does the complexity of managing risk

The emergence and growth of digital mental health services has been described by some as the next revolution in the approach to delivering mental healthcare and services.^{2,3,4} This development is happening in part because digital technology is now central to how we live our lives in the modern world. The growth in technology use is increasing rapidly, for example in the UK nine out of ten people have access to the internet at home and 78% of adults use a smartphone⁵.

During the pandemic, findings suggest that there has been an increased use of digital mental health platforms, tools and apps, and investment in the mental health digital sector is now at record levels.

At the same time as policy makers and service providers are seeking to develop and harness the potential of digital mental health, and investors are keen to invest, the expectations of the public and those who use services online are becoming more sophisticated and to some extent, quite rightly, more demanding. It is with this focus in mind that we believe there is a need for more sustained and coordinated action by mental health providers, commissioners, regulators, governments and academics working with those with lived experience to the issue of risk and response to crisis by digital mental health services.

People using digital mental health services sometimes experience periods of crisis and acute distress. There are a number of specific services that provide crisis support, including SHOUT and Crisis Text Line. These services have defined risk escalation processes in place, including escalating people using the text system to emergency services via a direct line if they are deemed at imminent risk.



However, even if a digital mental health service provider is not specifically a crisis service, or does not describe itself in that way, it is inevitable that some people who use their services will experience crisis and require an appropriate response.

The challenges of safe and effective risk escalation in digital mental health services are not new, but the development of appropriate policies, responses and guiding frameworks for their use are not yet as well embedded in the wider online environment as they need to be.

With rising investment in and commissioning of digital mental health services, and the proliferation of platforms, apps and online tools, it is important that additional efforts are made to consider and ensure the quality, efficacy and safety of what is on offer. Alongside this, efforts are needed to provide people with the knowledge and skills to make informed choices about what digital mental health services offer and how they operate. This needs to include considerations of how to manage risk and crisis online.

²Sandra Bucci, Matthias Schwannauer, and Natalie Berry, 'The Digital Revolution and Its Impact on Mental Health Care' *Psychology and Psychotherapy: Theory, Research and Practice*, 2019

³Cotton, R., *Using Digital Technology to Design and Deliver Better Mental Health Services: Perspectives from Australia and the USA* (Mental Health Network NHS Confederation, 2019)

⁴Amir Tal and John Torous, 'The Digital Mental Health Revolution: Opportunities and Risks.', *Psychiatric Rehabilitation Journal* 40, no. 3 2017

⁵Cotton, R. *Using digital technology to design and deliver better mental health services*, Winston Churchill Memorial Trust February 2019



2. Risk in the digital mental health environment

Increasingly, the public wants to use digital technology to engage with a variety of services in different ways, as well as make use of accessible information and data to understand and manage their conditions and lives better. There are inherent challenges in utilising the opportunities that digital interventions and platforms like Togetherall can bring and their implementation requires careful planning and implementation⁶.

Spotting risk

There are some concerns that certain areas, including the identification and response to risk presented by people who may be in crisis can be challenging for service providers and that many providers are not widely covered by clear policies and practice expectations. Risk management is a core component of good practice in mental health services, whether provided in person, online, by the NHS or by other agencies or organisations. Risk is also dynamic and can be affected by circumstances that can change over the briefest of timeframes⁷.

This means that providers of digital mental health services and those who work with them and within them need to be aware of and able to respond to changes in the risks a person may pose, both to others, but in this context, most often to themselves.

For digital mental health providers the challenge in responding to risk, which may be increasing because a person is in crisis, presents particular challenges. Users often are anonymous, their location is not known and some of the other 'cues' that might be observed or asked about in a face-to-face clinical interaction, are not present in an online forum, that is not designed with the ability to respond in a crisis as a core function. This makes the escalation of concerns about an individual's risk and seeking assistance from a Health Care Provider, local mental health services, the police and other emergency services or other crisis services more difficult.

⁶Martinez, C. & Farhan, I. Making the right choices, Reform, July 2019

⁷Assessment and management of risk of patients causing harm RCPsych <https://www.rcpsych.ac.uk/members/supporting-you/assessing-and-managing-risk-of-patients-causing-harm> Accessed June 2021



Liability

From our research, there does not appear to be any clear legal requirement on digital mental health providers in respect of their approach to risk escalation. This is a gap in current legislation and regulation, which means that service users are reliant on providers to voluntarily put policies and processes in place. This raises the potential very big question about where liability lies when services fall short of an expected response and a person suffers harm, or inflicts harm in their distress.

Investors and stakeholders in digital mental health providers reasonably ask the question about their liability in circumstances where a crisis situation is not effectively managed or escalated by a digital mental health provider, particularly if that crisis results in death or other harm to the service user or harm to others.

This is also a matter for commissioners of digital mental health services. Responsible commissioners will ensure that any service they commission can assure them that they have policies and processes in place for risk management, crisis and escalation and safeguarding.

The absence of clear legislation and the opacity of liability means there is little in the way of clarity about who might be liable, commissioner or provider or both. This is an area of concern.

Risk management and escalation responses are not simply a matter of policies and process.

The right thing to do

It is also arguably a moral issue for providers that seek to provide high quality, effective services. Even if the specific focus of a digital mental health service is not the management or response to those in crisis, it is inevitable that there will be occasions when users of service present in crisis and distress.

In our view, we believe there is a moral obligation for providers to ensure they have effective risk management and escalation policies and processes in place, alongside the appropriate training of and support to staff. By doing this there is an opportunity for providers to clearly demonstrate they take their duty of care seriously and that they are delivering on providing an effective and safe service and, for many who claim it, on meeting their social purpose.



3. Quality standards

What can often help a sector, is having a set of clearly defined quality standards and an ability to define clearly what good looks like. Research for this discussion paper has highlighted a gap in the suite of policies and quality requirements for providers of digital mental health services. Whilst there is some guidance in relation to mental health apps, there is little of assistance that we could find that is focused on the issue of risk escalation and managing a crisis online.

The international landscape

The UK appears to remain focused on standards for digital physical health interventions, and these largely concentrate on data security and privacy. There are no specific standards that we could find in respect of quality or risk in mental health that provide either an obligation legally or in terms of regulatory standards.

There are two emerging international examples of quality and standards frameworks for online mental health.

The Australian Commission on Safety and Quality in Health Care has partnered with service users, consumers, carers, families, clinicians, service providers and technical experts to develop National Safety and Quality Digital Mental Health Standards (NSQDMH) Standards published in November 2020. They aim to improve the quality of digital mental health service provision, and to protect service users and their support people from harm.

They describe the level of care and the safeguards that a digital mental health service should provide.⁸ However the issue of risk escalation was not specifically examined in any detail in the development of the Australian NSQDMH Standards. There are actions within the Standards that speak to the need for service providers to have systems in place to recognise and respond to acute deterioration in mental state:

- Action 3.10 – Recognising acute deterioration;
- Action 3.11 – Escalating care and 3.12 – Responding to acute deterioration

⁸<https://www.safetyandquality.gov.au/sites/default/files/2020-11/National%20Safety%20and%20Quality%20Digital%20Mental%20Health%20Standards%20%282%29.pdf>



The **New Zealand** Ministry of Health has developed a Digital Health Strategic Framework⁹ to guide the use of digital technologies and data to support a strong and equitable public health and disability system. A person-centred approach underpins this framework: this means the needs of people: health service consumers, health care professionals, managers, researchers and others, will fundamentally drive the design, development and implementation of digital capabilities.

The Strategic Framework includes principles that underpin the actions of every participant in the digital health ecosystem.

The document is an emerging one that the Ministry of Health has made clear will develop further. At present there is no specific guidance within the framework in relation to risk escalation.

Mental health apps

There is more research in respect of risk escalation and crisis response related to mental health apps. Despite known gaps in the evidence regarding their effectiveness, there are now upwards of 10,000 apps available to download. Whilst most mental health apps are targeted at wellbeing support rather than clinical care, there is an increased interest among mental health service providers and commissioners in the use of digital tools to deliver or supplement mainstream interventions.¹⁰

Little is known about how crises such as suicidal ideation are addressed in mental health apps. Research published in May 2021 examined the proportion of mental health apps that contained language mentioning suicide or suicidal ideation and how those apps communicated these policies and directed users to mental resources through app content, terms of services, and privacy policies.

The research found that crisis language was inconsistent among apps. 35% of apps provided crisis-specific resources in their app interface and 10.5% contained crisis language in terms of service or privacy policies. The research concluded that to address the inconsistency of crisis resources; that crisis language should be included as part of app evaluation frameworks and internationally accessible, vetted resources should be provided to app users.¹¹

A systemic assessment of depression management and suicide prevention apps reported by the World Economic Forum discovered that only 7% of the apps reviewed provided comprehensive and holistic support with evidence-based strategies for suicide prevention.¹²

⁹ <https://www.health.govt.nz/our-work/digital-health/digital-health-strategic-framework>

¹⁰ Martinez, C. & Farhan, I. Making the right choices, Reform, July 2019



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Managing risk on digital mental health platforms is inevitable. What surprises me is that many digital providers and commissioners of digital services do not take the issue as seriously as they need to. This discussion paper rightly focuses on risk and what can be done to help support people at risk on a digital platform. The sharing of the Togetherall experience helps and the call for collaboration across the sector nationally and internationally is timely. This can only bode well for improving the experiences of people online who are struggling with their mental health.

Ian McPherson
Chair, Surrey and Borders Partnership NHS Foundation
Trust Member, Togetherall Guardian Council

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The picture that emerges is one of a patchwork of developing standards, but none that specifically address issues of risk escalation and an appropriate online crisis response. Conversations with academics and leaders working in the field have revealed that the issue of standards remains largely unexplored, but that their development and adoption would be particularly desirability.

In the approach to risk case management taken by Togetherall, there is a process that helps summarise the main steps involved. For more information, see [The Togetherall approach to risk at the end of this paper](#).

1. Identifying the risk/issue/problem
2. Making and sustaining contact/connection with the client when possible
3. Attempting to de-escalate online
4. If de-escalation online is not successful or appropriate, seek external escalation
(*External escalation to be determined by specific risk*)
5. Continued monitoring during any holding period prior to handover
6. Conduct 'warm' handover to external agency
7. Follow up with external agency and client (where possible)
8. Review of case, risk and outcome (learning)

11 Parrish EM, Filip TF, Torous J, Nebeker C, Moore RC, Depp CA. Are Mental Health Apps Adequately Equipped to Handle Users in Crisis? Crisis. 2021 May 27. doi: 10.1027/0227-5910/a000785. Epub ahead of print. PMID: 34042465.

12 Martinengo et al., "Suicide Prevention and Depression Apps' Suicide Risk Assessment and Management in Global Governance Toolkit for Digital Mental Health: Building Trust in Disruptive Technology for Mental Health April 2021



4. Issues for the sector to consider

From our exploration of the issues and in discussion with some experts in the digital mental health field, there are a number of areas to highlight for the digital mental health sector to consider in relation to risk escalation and crisis.

- **A commitment to effective risk management and escalation should be a key component of any high quality digital mental health service.**

The development of this paper has highlighted that too often the onus of risk management and liability rests with the client, rather than the organisational provider. This inversion of the duty of care is at odds with the approach that service users, commissioner and stakeholders would expect; which is to build risk management and escalation policies and processes into the core operation and function of *any* digital mental health service.

- **Providers should be able to demonstrate a clear commitment to safeguarding, service user safety and provide evidence that their online platforms can provide a safe and beneficial environment.**

They should have in place a means through which commissioners and members can be assured that if someone using the platform is experiencing a crisis, this can quickly and effectively be responded to, managed and escalated, where necessary, to ensure a rapid and appropriate response.

- **There remains a significant gap in relation to legal and quality standards.**

Although there is a strong moral imperative to ensure effective risk escalation and crisis response, this is not enough to ensure that all providers give this area the appropriate level of attention. In our view it may be necessary to reframe the discussion from one that focuses on issues of data privacy and security, to one that is more directed to human risk in relation to standards, frameworks and legal requirements.

- **A core set of key standards is needed to provide a framework for good practice.**

This would provide assurance to both commissioners and users of services and to remove the reliance on individual providers to develop their own internal systems that could have the potential for variance.

- **There is no consistent data point in relation to risk escalation, either in relation to type or number on incidences and incidents.**

Allied to this is a limited amount of reliable research evidence in relation to digital mental health services, other than that on mental health apps. This suggests that there is a need for further academic and applied action research into the management of crisis and escalation of risk by digital mental health providers.



5. The implications

The issues described in this paper give rise to a number of implications for the sector. We set out suggestions below for the key agencies.

Providers

should have in place organisational policies that are clear about the criteria and process for risk escalation. Policies should set out the steps that should be taken by organisational staff to assess, manage and escalate when necessary.

This should include the steps to be taken in relation to how help will be given to a person in crisis, when to hold a case and when to seek handover and to which organisation(s) such handovers will be made. And how follow up will be conducted and lessons learned.

Commissioners

should ensure that as part of their contractual agreements with providers, that those providers have policies and procedures in place for risk management, crisis response and escalation. This should include access to supports outside of normal office hours and where to make contact 24 hours a day where possible.



Clients of the provider

should be made aware of risk assessment, management and escalation policies and processes.

They should be asked to sign an agreement at registration for the service that they accept the provisions of the policy. The agreement should also set out clearly the limits of confidentiality.

Commissioners of the service should have appropriate risk policies in place in their own organisation as part of their own duty of care.

Quality Assurance

Providers should have in place a process for audit and monitoring of the number of escalations on a monthly / quarterly basis, undertake clinical review of cases where necessary, conduct critical incident reviews where needed and ensure that any learning points are addressed through managed action plans.



Government and Regulators

The Covid-19 pandemic has been a catalyst for a rapid pivot towards online service provision. This has exposed the gaps in legislative and regulatory frameworks.

Government and regulators need to respond more swiftly to the rapid development of digital mental health provision. Working with the sector they need to assess and address those gaps in order to ensure that digital mental health services operate within agreed standards, particularly in relation to risk escalation. This may involve the consideration of a national QA framework (perhaps with a standard mark to achieve) and /or regulation of digital providers operating in the mental health space.

Researchers

The research base in relation to risk assessment, crisis response, management and escalation within digital mental health services is currently limited.

Research institutions should be encouraged to undertake academic, action and applied research in this area, supported where necessary by the sector.

This will assist in learning and development to ensure effective processes and the development of national and potentially international standards.

Such research should not be confined to the UK, but seek to establish an international perspective given that global boundaries are more permeable in the online environment.



6. Key issues for the sector

The intention behind the commissioning and writing of this paper is to stimulate a discussion about the need for effective risk escalation policies and processes in digital mental health services. It is vital that this issue is taken seriously, not least by the sector involved in providing digital services that address mental health needs. We hope this discussion will serve as a launch pad for a sector-wide conversation and that solutions to protect the safety of service users are initiated and driven from within the sector. This should in turn, provide a means by which approaches to risk escalation and crisis response can be embedded in ways that give confidence to commissioners, investors, and most importantly to users of digital mental health services.

Togetherall will host a roundtable discussion in Autumn 2021 with a selected panel of guests and experts from key parts of the system to explore this issue further. If you are interested in joining this free-to-attend discussion to listen to or contribute to this debate, please contact us.

events@togetherall.com



I commend Togetherall for prioritizing such an important issue, which will ensure quality, efficacy and safety for users. As digital mental health services grow exponentially and their complexity increase, it is critical that there are policies and procedures in place to effectively respond to and manage risk and crisis. This work will be a helpful resource to support providers of digital mental health services and those who work within them to manage risk and crisis online.

Sapna Mahajan

**Former Director, Prevention and Promotion Initiatives, Mental Health
Commission of Canada Member, Togetherall Guardian Council**



The Togetherall approach to risk

As a leading digital mental health service provider Togetherall has placed particular emphasis on the management of risk and how to escalate and respond appropriately to risk issues.

Togetherall is a world leader in digital mental health. Established over a decade ago, it has been at the forefront of online mental health service development. It provides a web-based service that enables access to millions of people with anxiety, depression and other common mental health issues. It is commissioned by over 300 organisations globally, and offers a clinically managed and moderated peer-to-peer support community, available 24 hours a day, every day. It reaches local populations, employers, students, armed services personnel and their families, service veterans and others.

Togetherall harnesses the power of community through connectivity. It does so by providing a platform that enables the creation of peer-to-peer relationships, with clinical facilitation and moderation. It uses digital technology to transfer the best of community support provision to the online environment.

People using the service sometimes experience periods of crisis in relation to their mental health. Although not a crisis service, some people first present to Togetherall whilst in mental health crisis. On average, the service has at least one or two members of the online community in crisis every day. This presentation rate has increased and, in part as a result of the pandemic, it seems likely to continue in an upward trend.

Togetherall regards the issue of effective risk escalation as a central component of its approach to ensuring a high quality and responsive service. Its risk escalation policy and process enables the service to respond effectively when people are in crisis. While there is a lack of definitive regulatory standards in this area, the design of this process is consciously underpinned by person-centred approaches and our duty to ensure responsible provision.

The approach adopted is one that regards risk escalation as being a spectrum of possible responses to those in crisis. This has meant that the service has ensured that risk agreements are in place with Commissioning Bodies (partner organisations providing Togetherall access) so that there is a clear expectation on both sides about the potential responses.

Togetherall works to engage commissioners in an open dialogue about risk management and escalation. This ensures that the commissioners are not passive partners in relation to risk or safeguarding.

On the occasions Togetherall discovers that members of the community are at risk, the organisation monitors risk both through the use of technology (such as the automated identification of posts containing risk related language) and by virtue of trained registered professionals being active and moderating around the clock.



They also receive supervision and guidance from a multi-disciplinary clinical team that includes dedicated service managers, senior clinicians, and a consultant psychiatrist. This team forms the Togetherall Duty Team, where a named responsible individual is available at all hours.

Each Commissioning Body agrees to and signs a Risk Management Agreement (RMA). This outlines local risk processes and contacts as well as giving additional local information on available support and services. A repository is available which contains those risk agreements, so that they can be easily accessed by the Duty Team when an incidence of escalation occurs. There is also system generated template messages, which are populated with details of available local support often outlined in the RMA, based on the Commissioning Body. These allow 'Wall Guides' (professional moderators) to seamlessly provide local support information, no matter where the member is located.

Togetherall continues to strive to balance the unique benefit of members' anonymity with the legal and moral duties that it owes them, in particular to support people to remain safe wherever possible. Togetherall has developed its own bespoke protocol for those in crisis.

This defined process allows for consistency in managing a range of presentations from members who report plans or intend to end their life, to members who present as a risk to others to members whose behaviours may be endangering their longer-term safety. It also provides for those who do not have current intent as a means of clarifying their level of safety.

Crucial to this process is the learning that comes from each case of risk escalation. The clinical team uses these incidents to help improve the service they provide, learn key lessons and identify the training that staff need.

Examples of Escalations on the Togetherall Platform

1. **Safeguarding** – a post from someone visiting their sister where the sister and her partner were intoxicated and incapacitated through use of illegal substances with a child walking around unattended; an underage schoolgirl reporting that her mum was being emotionally abusive – leading to suicidal thoughts.
2. **Risk of suicide** – there have been examples of people in high-risk situations whilst using the platform. These have included someone posting from a high-risk suicide location; another posting about having wrists cut in a sink full of blood, someone saying they have taken 80 paracetamol tablets and someone who has a bottle of bleach by their bed
3. **Domestic violence** – a post where someone visited their grandmother who has dementia – where the mother got frustrated and cross and hit the grandmother who fell over and became injured; to someone posting that their partner is hitting them, and they feel trapped but can't leave.



These risk situations come to the attention of Togetherall's platform and Wall Guides through key words searches, AI searching and analysis, members reporting a post or where an assessment tool such as PHQ9 is filled in and shows high risk.

There are different levels of response from the 'red button' response in high risk and immediately threatening situations, where direct contact will be made with emergency services. Where location has been given or is known and verified or a mobile number or IP address. In many instances, these actions have saved lives.

Contacting and transferring to local mental health care services, where someone is supported to seek help and is supported to get help locally. For example, a local mental health care provider is contacted, student mental health services or other local services. This highlights how Togetherall works with partners and has a protocol in place to support and enable this.

Togetherall's fundamental approach is always collaborative, and the autonomy of the member is promoted and encouraged. The initial aim is always to enable and empower the member to act to safeguard themselves. For example, through careful support the member takes themselves to their local A&E facility, goes to see a GP or takes other action to enhance their safety.

Generally, three scenarios play out: escalations are handled online, transferred to local provider or escalated to emergency services.

Initial activity and support are provided on the platform by Wall Guides and through private messaging. Where risk is present, the Duty Team is consulted and engage in risk management and resolution.

In all cases, handover management to local service providers is managed by a duty clinician. It is a 'risk and refer' model. With communications made to the right people, in the right way at the right time.

We record actions and outcomes which are key. The service has provided a route to safeguarding and safety, de-escalated harmful situations and enabled people to make and take choices that support their safety and wellbeing. It has also averted suicides and saved lives.





**A safe place to
express yourself
and support
each other.**