WHITEPAPER

An evidence-based model for digital peer support

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togetherall

Foreword

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Togetherall was founded in 2007. This was a time of growing focus on the impact of poor mental health. Since then, we have seen major shifts in how we think about and tackle mental health challenges, from reducing stigma, to early intervention, to the use of 'experts by experience' in healthcare.

Given this effort and the many societal challenges facing (particularly younger) people post-COVID, it's no surprise that the demand for support is greater than ever.

Meeting that demand isn't about doing 'more of the same'. Not only must we increase treatment capacity, we must also:

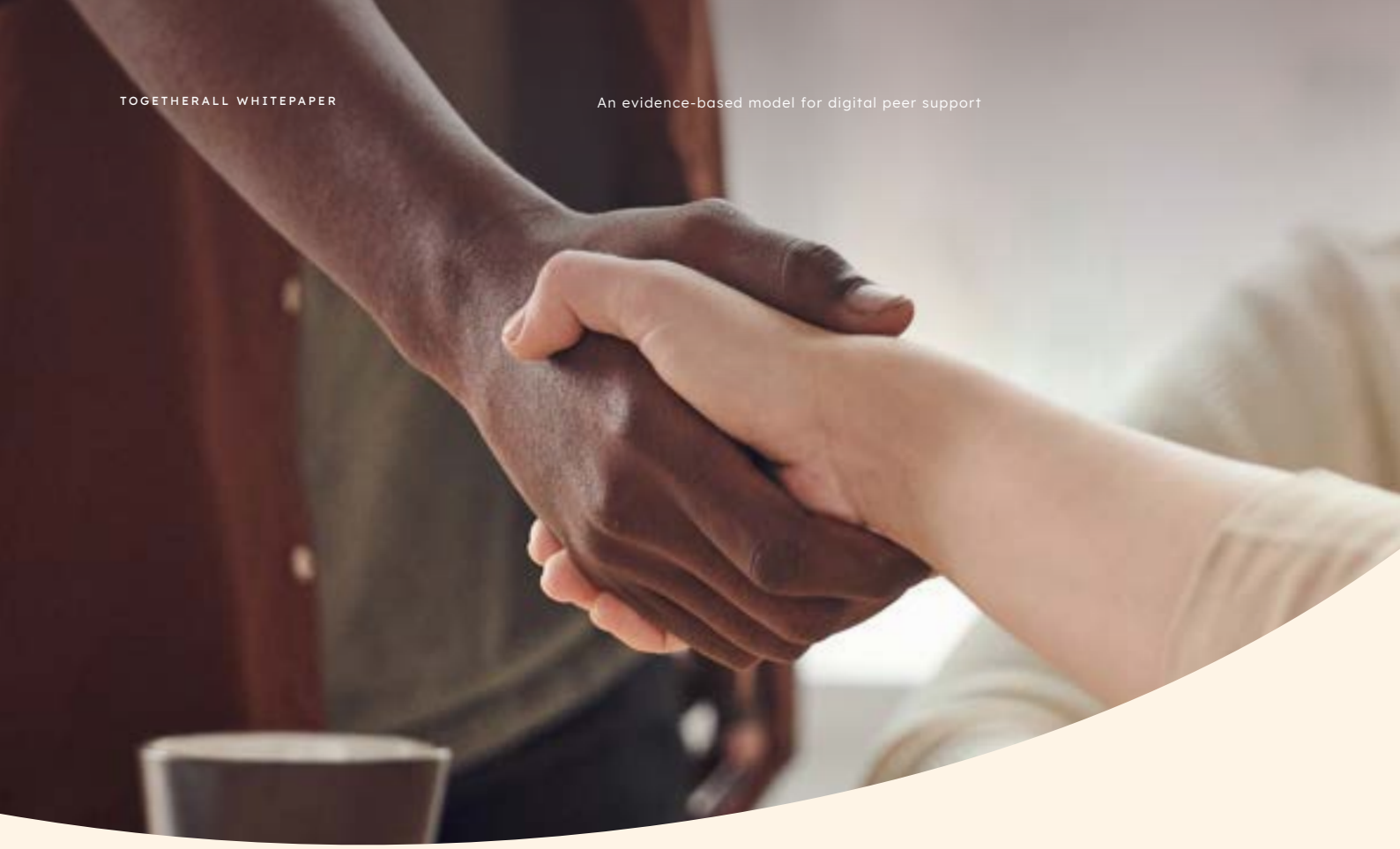
- reduce the barriers to accessing support;
- attend the full range of mental health challenges people face; and
- deliver population-based solutions that everyone can benefit from.

In the last two decades, we have also witnessed peer support and digital solutions enter the mainstream of mental health support provision.

Togetherall offers a digitally delivered, population-based peer support intervention. It is as applicable for use in formalized care pathways as it is for general wellbeing support. Despite the breadth and depth of thinking to develop Togetherall to-date, at the heart of what we do is a simple idea. Togetherall is a community, where people help people. It's a place to open up and share feelings and thoughts. It's always available and always kept safe by experts. There are no waiting lists, referral criteria or issues of capacity. It's peer support, on demand, and it's accessible and safe.

In this paper, we outline the evidence, experience and thinking behind Togetherall's model. We explain why digitally delivered, peer-to-peer support works and how it can support a diversity of people and their needs.

Please do not hesitate to get in touch with your thoughts and feedback.



Executive Summary

Togetherall is an online space for safe peer support. We provide a supportive environment where people can exchange stories, share feelings and voice thoughts and worries with others doing the same.

The last few decades have seen a paradigm shift in the way that we understand and seek to tackle the problem of poor mental health in our society.

Among the trends receiving attention are:

- peer support and the emphasis placed on using lived experience to help others,
- the emergence of digital tools in mental health delivery, and
- the growth of population-level, psychosocial interventions and resources.

In this paper, we look at Togetherall's model in the context of these trends.

Togetherall's system:

- Peer support interactions based on mutuality and lived experience
- Psychoeducation tools and resources
- Integration with localized support service pathways

ACCESSIBLE SERVICE MODEL:

- digital first
- self-referral and professional referral
- anonymous interactions
- 24/7 access and user activity
- On demand, support interactions with licensed mental health practitioners
- Around-the-clock platform monitoring and moderation from licensed mental health practitioners and proactive crisis intervention from clinicians

JOIN-UP WITH WIDER SYSTEMS OF SUPPORT:

- Off-platform pathway integration
- Aggregated population-level trend reporting
- Population-based tool – for use in public health and prevention/ early intervention work
- Referral model – for use by primary care, educational counseling centres and by similar support workers
- Crisis intervention and escalation, upon risk identification and following immediate clinical assessment

An overview of Togetherall's model

Online support network, active 24/7 and kept safe by licensed professionals.

Togetherall is about people helping people, scaled by technology, safeguarded by clinical practice, and integrated with wider systems of care.

- **Peer-to-peer interactions deliver mutually supportive benefits for individuals**
- **Digital accessibility delivers scale, easy access and vibrant and diverse support interactions**
- **Clinical best practices deliver a safer and healthier online environment for peer support to occur**
- **Integration of digital peer support fills gaps in the support ecosystem.**

Population-level support tool for the full range of human experiences.

1: Two decades of attention, yet gaps in support remain

"The mental health crisis facing Americans imposes significant costs to the well-being of affected individuals, their loved ones, and society as a whole. Increasing the productive capacity of the economy going forward requires improving people's mental health, which can be done by improving the affordability of mental health treatment, expanding the behavioral health workforce, and removing barriers to seeking care."[7]

WHITE HOUSE BRIEFING, MAY 2022

A great deal of effort over the last two decades has focused on raising awareness about poor mental health and increasing the rate at which people seek support. Collectively, we have worked hard to reduce stigma and encourage help-seeking behaviors. In the UK to take one example, mental health service referrals have increased consistently since 2017.[1] We have also trained people to recognize signs of concern in themselves, and others, and seek out support. During that time, ideas about what constitutes a 'mental health problem' have broadened, yet our treatment capacity has not scaled to meet rising demands. In addition, cultural and technological trends have influenced how people expect to access support and, crucially, who they trust to provide that support.

Now, population-based mental health services are rising in prominence to address shortfalls in capacity, barriers to access, and to meet a greater range of human needs.

The access gap

Despite all the recent work to prioritize mental health, many people face barriers to seeking support. Such barriers can be system-level or attitudinal.[2] System-level barriers include lack of awareness or knowledge,[3] lengthy waiting times, inconvenient service hours, geographically restricted availability, referral requirements, and physical accessibility restrictions. Attitudinal barriers include stigma,[4] fear of judgement, and self-esteem.

With the proliferation of digital mental health technologies, we can make it easier, and feel safer, to take a first step and 'walk through the virtual door' to support. Not only do digitally delivered services address structural barriers (e.g. through 24/7 and on-demand access), but they can also provide anonymity to help tackle stigma and reduce the obligations and expectations of service users to encourage support seeking.

"Estimates put the rise in both anxiety and depressive disorders at more than 25% during the first year of the pandemic. At the same time, mental health services have been severely disrupted and the treatment gap for mental health conditions has widened."

WORLD HEALTH ORGANIZATION, 2022

The treatment gap

In the news, we often hear about a crisis in mental health. In the US, the prevalence of serious mental illness (SMI) among those under 50 has grown by only a few percentage points since 2015.[5] Meanwhile, however, general wellbeing has declined particularly since the pandemic with a reported 25% increase in depression and anxiety prevalence.[6] This has particularly impacted young people.[7]

What is perhaps more alarming is that the availability and reach of evidence-based supports are largely unable to scale to meet demand. It's estimated that 20% of Americans experience mental illness each year[8] and over half of Americans will be diagnosed with a mental illness in their lifetime.[9] Yet the percentage of US adults with a 'perceived unmet need' for services to treat a mental illness is growing quickly – half of 18–25-year-olds with a mental illness did not receive treatment in 2020.[10] In our universities, there are vast inequalities between the numbers who reportedly need support and the number of students receiving counseling services.[11] And the data we have doesn't account for the share of population with poor mental health who don't meet diagnosis criteria or do not seek support.

Our dominant model of treatment delivery (one-to-one treatment by a highly trained professional)[12] can no longer keep pace. The result is a 'treatment gap', a shortfall in supply versus demand.

"Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices."

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) (USA)

Addressing the treatment gap by increasing the workforce is unfortunately not a scalable option. In 2016, it was determined that providing sufficient treatment capacity for depression and anxiety would require $147 billion US dollars.[13] Neither the funding nor the workforce is available in the formal care system to meet the rising demand to treat mental illnesses, let alone a much larger proportion of the population who are struggling to cope in general. The automation of traditional interventions such as AI-based CBT remove the relational element found in human-delivered models. In consequence, we must think differently about different interventions to close the treatment gap. This includes the delivery of psychosocial support by 'lay persons' or peers.[14]

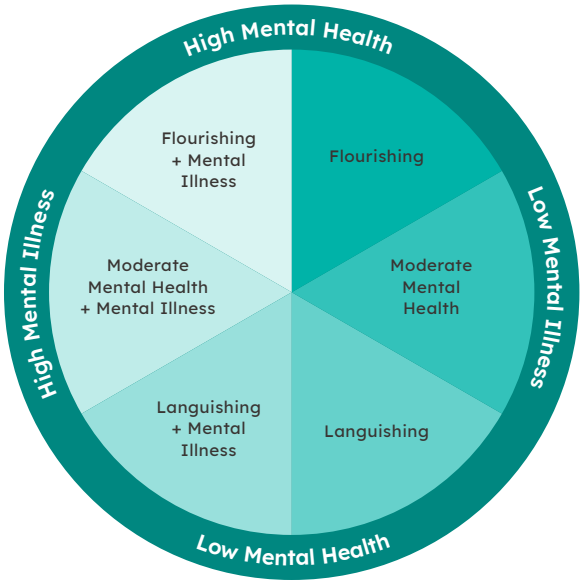
The support gap: beyond treatment

Throughout the course of our lives, we all experience fluctuations in both our mood and our capacity to cope. Human distress is real, it is difficult, and most importantly, it is normal.

The work of sociologist and psychologist Dr. Corey Keyes illustrates the multidimensional nature of our social, emotional, and psychological wellbeing needs, demonstrating the fundamental difference between mental health and mental illness.[15] High mental health – living a life in which one can flourish – is a universal aspiration and is highly influenced by a range of psychosocial needs, our context and our environment.

Corey Keyes' "Complete Model of Mental Health"

Adapted from work of Dr. Corey Keyes. See Keyes, C. 2002, 2007



Let's take isolation as just one example. The share of people who report having friends or relatives they can 'count on' has dropped over past 15 years. 53% of Americans over 65 spend more than eight hours of their waking day alone. Young adults (under 30) are increasingly alone and in the UK, 40% of women 16-29 report feeling lonely often.[16]

Through our decades-long awareness raising and stigma reduction work, psychological problems which do not qualify as illness or disorder have increasingly become problems for healthcare systems to manage. Our traditional care systems were designed to receive small numbers of people, referred for specialized evaluation and treatment of mental illnesses. Most mental health budgets are weighted towards treatment delivery, in fact two, thirds of global budgets allocated for mental health are spent on psychiatric hospitals.[17] This is why the WHO has said, "it is critical that mental health systems and services widen their focus beyond the biomedical model to also include a more holistic approach that considers all aspects of a person's life.[18] Attending to mental health is about more than the absence of, or treatment of, mental illness.

People struggling with or experiencing distress have historically benefited from less formal, less expensive, and more accessible resources than the interventions that dominate our healthcare systems, sometimes referred to as 'natural' support systems. Healthy relationships, community involvement and social interaction are examples of natural supports. We must consider how we broaden our toolkit of psychosocial interventions to embrace these natural support systems. This includes the use of peer support.

POPULATION SUPPORT MODELS

Population support models provide every single member of a population access to mental health information, resources, and knowledge, as well as access to essential supports.

Population-level support

In 2007, the year that Togetherall was founded, an article published in The Lancet called for more research into the effectiveness of non-clinical interventions to scale up mental health support capacity.[19] Fourteen years later, a report published by the World Health Organization made a similar call for such research.[20] This is because attending to society's mental health requires more than just the treatment of illness.

We need tools that are easy to access and designed to support a broader continuum of mental health concerns. These tools can be readily available to entire populations in order to provide information, resources, and supportive human interactions that help people to cope and flourish even in the face of normal distress. Through a more holistic range of support systems including peer support and digital delivery, this transformation is already underway.

Key characteristics of support models that deliver reach

Scalability	The capacity of the intervention to be applied in a way that reaches a large number of people
Reach	Capacity to extend treatment to individuals not usually served, or well served, by the traditional dominant service delivery model
Affordability	Relatively low cost compared to individual treatment by a trained professional
Expansion of the non-professional workforce	Increase the number of providers who can deliver interventions
Expansion of settings where interventions are provided	Bring interventions to settings where in need are likely to be
Feasability	Ensure interventions can be adapted to reach diverse groups
Flexibility	Provide options and choice for different needs
Acceptability	Delivery of the intervention must be acceptable to its potential consumers

Adapted from: Kazdin, A. E. (2021) 'Chapter 22: Extending the Scalability and Reach of Psychosocial Interventions', in Bergin and Garfield's Handbook of Psychotherapy and Behavior Change. John Wiley & Sons. p.772

2: Peer support

"On signing on to Togetherall for the first time, all of a sudden I had a community of people who understood me... I wasn't alone anymore."

- ANONYMOUS TOGETHERALL MEMBER

Peer support is the process of people coming together to share their lived experiences and knowledge to give and receive help. It's a natural, humanistic form of support that has entered the healthcare mainstream over the past four decades. Broadly defined and varied in application, peer support has become recognized as an empowering, effective and scalable non-clinical intervention, used in mental health services.

What is peer support?

Peer support is "social emotional support [...] that is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change."[21]

The positive impact that social support has upon mental health is widely established.[22] Peer support creates a unique and positive dynamic in which people can benefit from one another's lived experience in a way that is "free from judgements or assumptions."[23] Through peer support, people can feel understood and validated and, through relational dynamics between peers, individuals may feel empowered to move toward positive change and action.

Entering the mainstream

The peer support movement has its roots as far back as the 18th century[24] and, for much of its history, it can be characterized as a grassroots, organic movement. In the 1970s and 80s, patients began to share stories of their recovery with each other in a process which helped to empower patients.[25] By this time, the 12-step peer support program had been well established, and toward the end of the 20th century, a professionalization of peer support began. This led to significant reformations of support models, increased funding and finally, the introduction of peer support services into the formal mental health system.

Togetherall's core principles are based on:

- **NON-JUDGMENT**
- **EMPATHY**
- **RESPECT**

All members agree to these when joining the platform.

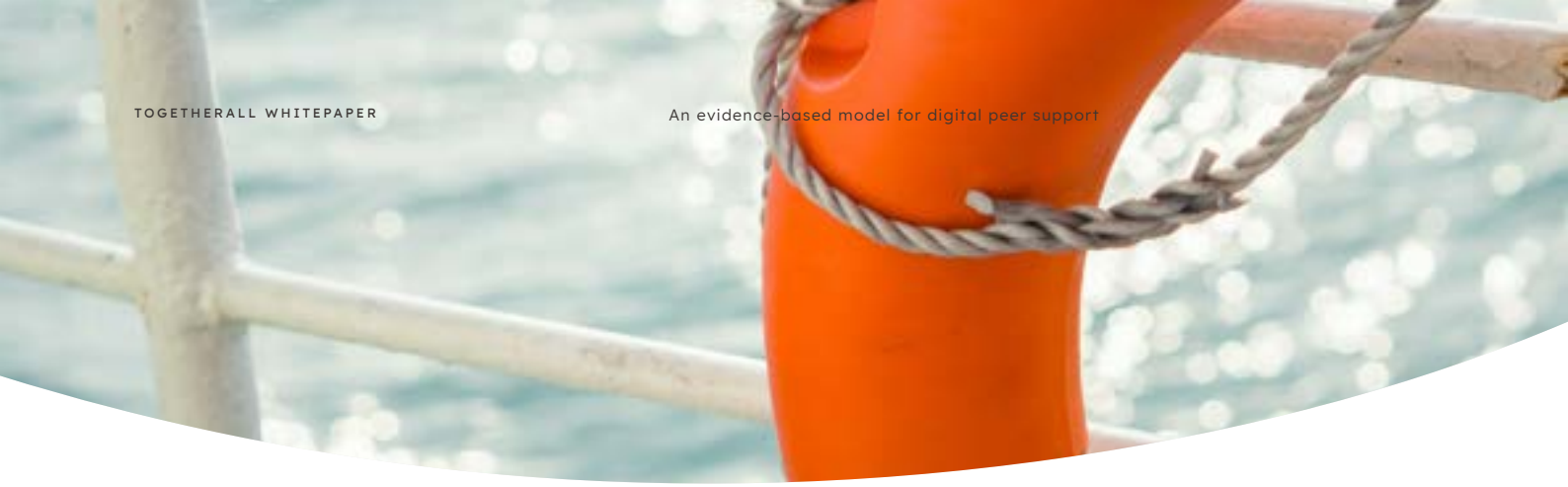
Peer support's growth in popularity since the 1980s accelerated after 2000, fuelled in part by the treatment capacity shortage. It's also been argued that the rise in adoption of peer support can also be partly explained in the cultural context of diminishing trust for experts and professionals[26] and an increased preference to receive support by individuals with lived experience.[27] Paradoxically, peer support's popularity led to its professionalization. Across the world, training and accreditation and competencies for peer support workers and volunteers have been formalized.[28] In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) in the US introduced a multiple competencies framework[29] for peer support activities. There is perhaps a tension between models of peer support which are mutually beneficial (people helping each other equally) and a professionalized model in which benefits received by the 'giver' have become 'secondary' to benefits to the 'recipient' of support.[30]

There is now a diversity of peer-services for people with mental health support needs, social and welfare needs and comorbid physical conditions. Models of peer support include peer-run mental health services, employed and volunteer peer support workers for recovery and, of course, online peer support groups.[31]

Benefits of peer support

The behavioral theories underpinning peer support dynamics have been discussed and debated widely in academic literature. Studies have considered the benefits received by individuals and have included systematic reviews of peer-provided support services.[32] The current research suggests that positive self-disclosure and sharing of 'experiential knowledge' instil a hope that it is possible to move forward with one's life. Here we summarize some of the common themes which emerge in the literature regarding peer support benefits.

The effect of normalization and a sense of belonging, mediated through mutual exchange of lived experience can instil hope and present opportunities for action, growth and change.	
Mutuality and respect	A foundational element for peer support is mutual support. This not only involves mutual exchange of emotional support, but also shared responsibility,[33] **shared understanding and mutual respect.** There are benefits to the helper in giving support as much as there is in receiving support,[34] and in many models of peer support there are no distinctions of hierarchy, everyone is equal in giving and gaining support.
Empathy and acceptance	In peer support, individuals have an opportunity to see their experience reflected in the experiences of others. Individuals may feel **validated** (affirmed for feelings about their experience) or their experience is **normalized** – seen as normative human experience with the opportunity for change, rather than a pathology from which to be cured. These conditions provide opportunities for **acceptance** in both the self and others.
Lived experience	At the core of peer support is a focus on (most often) mutually exchanged lived experience, based on 'experiential knowledge.'[35] Peer support offers the opportunity to receive new and helpful **information**, draw **comparisons** with others, and even see others as **'role models'** to emulate in order to move towards action and change.[36] It is the relational dynamic of shared lived experience that creates conditions for goal attainment.
Sense of belonging	When individuals see their experiences reflected in the stories of others, the connection to people either through shared lived experience or through common characteristics allows for a feeling of belonging, fitting in, or at least, no longer feeling 'othered' in the world. This is particularly the case in group settings where 'non-judgment' is an important value.
Empowerment	Ideas of **autonomy** and **empowerment** in peer support are linked both to **mutuality** (non-hierarchical, passive support) and **self-determination**[37] (witnessing the agency of others to achieve progress or recovery). Peer support aligns with preferences for autonomy and choice.[38] This is supported by an informal nature of peer support based on consent to participate and places no obligation on individuals.[39]



"It is estimated[40] that some 30,000 peer support specialists now offer services under Medicaid across 43 US states."

System-wide benefits

Peer support has continued to proliferate throughout health systems. It is estimated[40] that some 30,000 peer support specialists now offer services under Medicaid across 43 US states. In his 2022 State of the Union Address, President Biden announced a strategy to address the mental health crisis including an expansion of, and certification for, the peer support workforce to strengthen system support capacity.[41] In the UK, peer support worker roles form part of the NHS Mental Health Implementation plan, National Institute for Health and Care Excellence (NICE) guidance and guidance and Health Education England's (HEE) strategy to develop 'new ways of working'. Meanwhile, in Canada, peer support has been recognized as part of an expanded stepped-care framework, adopted by Wellness Together Canada and other provinces and institutions.[42]

Peer support services are often informal, non-hierarchical, and organic in nature and complementary to additional treatment services. The adoption of peer support roles in health systems demonstrates a recognition of their benefit, however more specific outcomes have been noted, including:

- **Reducing symptoms of depression**[43]
- **Supporting recovery programs for people with mental illness.** [44,45]
- **Improving engagement with services and goal attainment** [46, 47]
- **Encouraging self-care approaches** [48]
- **Reaching groups that health services too often fail to engage.** [49,]
- **Outcomes for specific populations including students,**[50] **veterans,**[51] **people suffering with addiction**[52] **people with chronic health conditions**[53]

It's unsurprising that peer support has become a mainstream feature of support systems. It helps to address the challenges we have looked at in the first section: it serves needs that treatments are not designed to deliver; it can help reach individuals that traditional health systems struggle to engage; and it is a resource that can be readily available. The next question is how to scale the benefits of peer support to a population.

3. Digital peer support

"Online peer support is a relatively simple concept but has no less an important role to play in meeting population support needs."

The digital world presents us with opportunities to help redesign ecosystems of support. Online connectivity, the ubiquity of smartphones and advances in automation and AI are helping to overcome the challenges we outlined in section one: scale, accessibility and attending to people's broader mental health needs.

It's no surprise, then, that peer support – both formal and informal – entered the online sphere in the early days of the internet. Since then, the social network boom has seen peer support interaction take place organically between people seeking connection and understanding online. Social networks are, however, designed to advertise and spread content virally, rather than to protect users or support them. How we think about the use of digital services to deliver peer support safely requires particular consideration.

Technology and mental health

Digital technology is now widely used in developed nations to deliver mental health support. England and Wales have long delivered psychological therapies online through the Improving Access to Psychological Therapies (IAPT) program. During the pandemic, many counselors moved to video calls. More recently, everything from AI, to wearables and virtual reality, to video games and computational psychiatry is receiving investment and research funding. By comparison, online peer support is a relatively simple concept but has no less an important role to play in meeting population support needs.

The landscape of digital mental health products is booming, driven in large part by the availability of self-guided, interactive apps. These are often content led, interactive and can include automated interactive features such as chatbots. It's a large and growing market, currently with little oversight or regulation. ORCHA (The Organization for the review of Care and Health Apps) an organization that assesses digital applications used in healthcare, says that some 62% of mental health apps meet basic standards including quality, assurance, and privacy.

Digitizing peer support

Unlike the many 'self-serve' consumer products available, digital peer support replicates the human-centred principles explored in the previous section, but in the online space. Mutuality and a focus on lived experience helps to drive hope, empowerment, and change.[55] Online peer support allows us to harness advantages of digital delivery that an offline environment cannot deliver.[56] According to Pretorius et al. (2019)[57] and Lehtimaki et al. (2021),[58] the features valued by users of digital mental health services include: anonymity, privacy, safety, and discretion; site moderation by professionals; compelling and trustworthy information; flexibility, self-reliance, and control; and 24/7 availability. All of these features have been incorporated into Togetherall's design.

Features of Togetherall made possible through its digital delivery

Accessibility:

Digital delivery means population-level support	Digital delivery means immediacy, access and onward pathways	Digital delivery means anonymity	Digital expands reach
Togetherall works with health systems, education institutions, public authorities and other organizations to provide population-wide access to its community. There are no waitlists, mandatory referrals, or issues with capacity. Unlike in-person models, in which there is a zero-sum competition for resources and access, population models such as Togetherall provide universal and unrestricted access. Unlike self-guided mental health apps, Togetherall is based on people helping people, a model that's inherently sustainable and scalable.	Togetherall provides instant access. There is no referral nor need for reimbursement on an individual basis. Population-wide access means individuals can access Togetherall at the point of need, on any internet-enabled device. Peers and professionals are active on the platform around-the-clock. The digital space also links to other services available to individuals in their locality such as 24/7 campus crisis lines, ensuring that Togetherall can be a stepping stone to other support systems. This supports a 'no wrong door' approach to health system integration.	Anonymity is frequently cited as an advantage of digital mental health interventions to overcome barriers to support seeking.[59] An anonymous digital space reduces fear of repercussions from self-disclosure, the absence of obvious hierarchy provided by online anonymity is empowering, and asynchronous communication allows time to formulate ideas without the pressures of real-time and in-person conversation.[60] Balancing anonymity and safety is key, which is why Togetherall's practice is to capture enough information to ensure safeguarding of every individual, while members' anonymity is protected in the community.	Digital helps to expand access to services for people who otherwise may not seek support from a broad and diverse cross-section of the population.[61] The ease of access, (online, remote and 24/7 delivery) combined with the preference to engage digitally (low obligation, more passive, less anxiety-inducing) helps to make it an attractive option and reach populations underserved by support services. Digital peer support is less hierarchical than treatments (e.g. eCBT) and is human-delivered and relational, unlike self-guided psychoeducation apps.

Service features:

Moderation means a safer digital space	Digital means psychoeducation can complement peer support	Digital peer support means a larger, diverse, and more active community	Digital peer support means text-based and creative expression options
Togetherall's philosophy is to facilitate people giving support to one another through peer exchange. It's crucial to build in robust and effective safeguards to ensure the protection of users engaging with the platform. This is not just about safeguarding users from harm that may occur online, but also about identifying a deterioration in a user's mental health. Users of digital mental health services value involvement with both professionals and peers.[62] As such, our clinical team is always available to be contacted for support and is proactive to ensure users are kept safe.	Togetherall offers the opportunity to take part in validated clinical assessments and mental health screening measures, courses, journaling, and goal setting as a way for individuals to track and understand their progress. Members can discuss course content as peers if they choose to do so. Online delivery makes it possible to combine many modalities of support into a single offer.	Digital delivery of peer support means a larger number of people can enter the service from different locations, than it would be possible to achieve in person. On the one hand, this can mean a greater diversity of lived experience represented within the support space. On the other hand, digital is able to 'bring together people who are experiencing similar problems, including unusual problems, regardless of their location.'[63] This means that individuals can witness both commonalities with and differences from their own experience. Both are helpful, either to normalize or validate one's feelings or to provide context, contrast, or alternative points of view.	The use of written, text-based communication in digital peer support means individuals have the opportunity and time to formulate their thoughts and express them with control; this is more difficult to do in-person. Sometimes however, finding the right words to attach to our thoughts or feelings can seem impossible. Togetherall offers the option to post digitally created graphics and upload images to help communicate meaning. This tool is based on the principles of art therapy and is a popular feature of Togetherall, often used by peers to convey strong emotions with one another.

Peer support on social media

As we have discussed in section two, peer support has taken on structure and professionalization within the health system. It remains however organic, informal, and naturally occurring. Nowhere is this more so the case than on the internet, where for decades[64], peer support has taken place in chatrooms, forums such as Reddit[65], internet support groups (ISGs) and of course, via social networks.

"When an individual with mental illness decides to connect with others online, it represents a critical point in their illness experience."

NASLUND, J. ET AL. (2016).

The work of John Naslund, Ph.D. at Harvard University and his research associates has looked at naturally occurring peer support on social media networks. In one 2014 study, 3,044 comments were posted by individuals with mental illness relating to 19 videos on YouTube. Four themes emerged in the peer support exchanges: minimizing a sense of isolation and providing hope; finding support through peer exchange and reciprocity; sharing strategies for coping with day-to-day challenges of severe mental illness; and learning from shared experiences of medication use and seeking mental health care. The study uses this case to highlight the voluntary process of online peer support with the aims of inclusion, mutual advancement, and community building.[66]

Naslund et al. (2016) provides commentary that when an individual with mental illness decides to connect with others online, it represents a critical point in their illness experience.

"People with serious mental illness report benefits from interacting with peers online from greater social connectedness, feelings of group belonging and by sharing personal stories and strategies for coping with day-to-day challenges of living with a mental illness. Within online communities, individuals with serious mental illness could challenge stigma through personal empowerment and providing hope. By learning from peers online, these individuals may gain insight about important health care decisions, which could promote mental health care seeking behaviours. These individuals could also access interventions for mental and physical wellbeing delivered through social media that could incorporate mutual support between peers, help promote treatment engagement and reach a wider demographic."

Through social media, people can seek out others with similar experiences. They can share interesting and creative content to express their feelings and support others. Yet, social networks are not designed by their owners to be supportive environments. Naslund (2016) also highlights the challenges posed by social media including misleading information and difficult behaviors. In the next section, we will look at the content, behaviors and policies which make social networks problematic spaces for peer support to take place.

4. Risk and harm in the digital world

Common ethical considerations for HealthTech providers:

- **GOVERNANCE**
- **PRIVACY**
- **SECURITY**
- **COMPLIANCE**
- **CO-PRODUCTION**
- **SAFETY**
- **EFFICACY**
- **ETHICS**

The last five years have seen an explosion in the digital health market. COVID-19 accelerated the growth and adoption of tech-delivered health products gloablly. Responding to the proliferation of digital mental health technologies, lawmakers, regulators, accreditation organizations and research bodies have been looking at appropriate standards and guidance needed to keep pace with a changing market. Amid those challenges, a consideration that ought to be a primary concern, but has received too little attention until recently, is safeguarding people at risk who use digital health tools.

Doing the right thing

A number of international standards and policy frameworks for digital health technologies emerged in the years just before and since the pandemic outbreak. These aim to guide decision makers in healthcare and other sectors to make better and safer choices relating to the development, procurement, implementation, and promotion of technologies targeted at improving health and wellbeing. Much of the policy thinking since the COVID-19 pandemic has sought to embed common ethical principles into the HealthTech sector, including governance, privacy, security, compliance, co-production, safety, efficacy and ethics. These apply to everything from diagnostic and monitoring medical devices and wearables, to AI and automated interaction software and even simple websites where some form of healthcare delivery might take place.

Like many types of digital mental health service, digitally delivered peer support remains either outside regulation or is only regulated in specific delivery contexts. Upholding quality, safety and ethical principles, both in rule and in spirit, is often largely left to the provider to do the right thing. Collins-Pisano et al. (2021)[67] [See table below] provides useful recommendations and competencies for digital peer support delivery which Togetherall considers a useful guide.

Of all challenges mentioned here (privacy, security, ethics), safeguarding and risk response is of high concern. In the UK, NICE requires that "appropriate safeguarding measures are in place around peer-support and other communication functions within the platform." Its guidance cites 'moderation' as an example of such a measure.[68] In Australia, authorities have been clear: "a systematic approach to recognising deterioration [of mental state] early and responding to it appropriately is [...] required, noting that the response may include calling for emergency assistance internally or via external emergency response systems."[69]

Of course, none of this guidance applies to products and services operating outside of the definitions of digital health technologies. Most notably among these, are social media networks.

Collins-Pisano et al. (2021)[67]

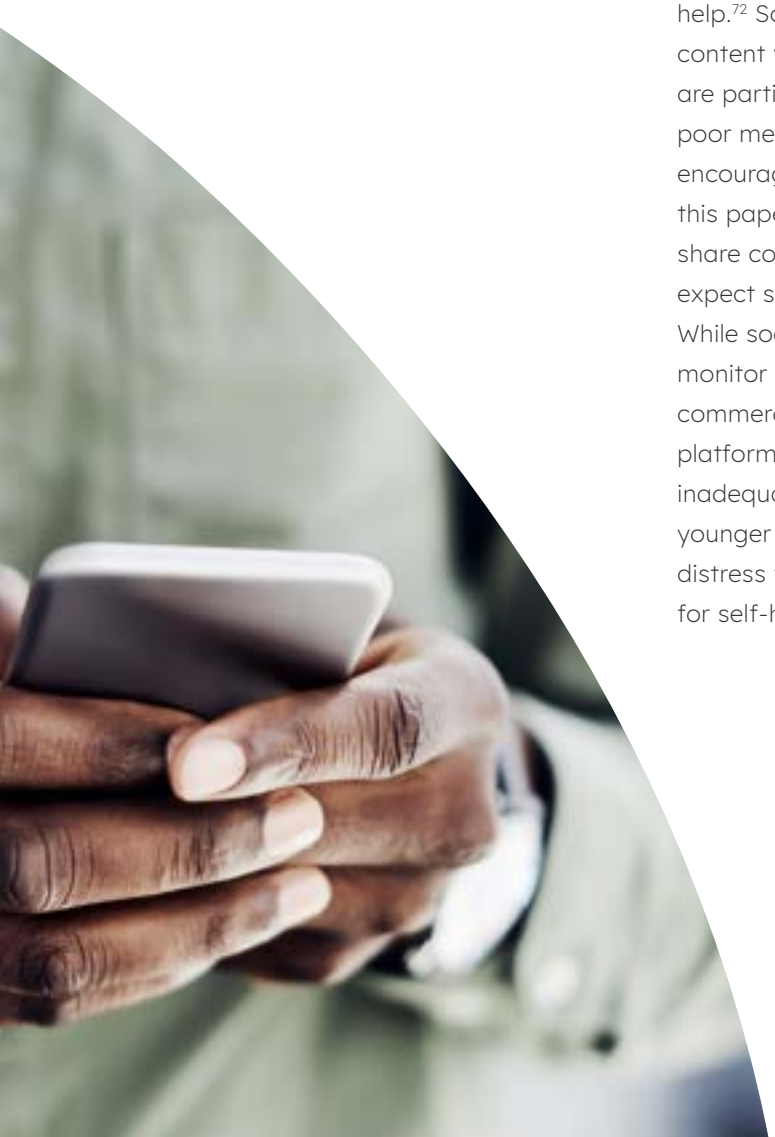
Recommendations:	Competencies (adapted for clarity):
1. Ensure equity in digital peer support delivery 2. Understand available technologies and analytical techniques 3. Prevent digital fatigue through separating work and personal life 4. Self-determination is key to engagement 5. Protect the rights of service users 6. Technical knowledge and skills in the practice of digital peer support	• Protecting the rights of service users (data collection, consent, confidentiality, HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance) • Technical knowledge and skills in the practice of digital peer support • Adapting technology to user preference • Equity of access • Digital-specific communication skills (listening, checking in) • Performance-based skills training • Peer competencies: Ability to cultivate hope, empathy, engagement, and mutuality and share lived experiences • Monitoring digital peer support and addressing digital crisis

Keeping people safe online

Social media networks primarily rely on advertising revenue to generate income, a business model that is almost entirely dependent on the amount of time spent by each user on the platform; more time/attention per user translates directly to increased revenue. In a sense, social media networks represent an "attention economy" that have been carefully engineered to encourage continuous use and prioritize content that provokes strong emotions, both positive and negative. 1 in 8 Facebook members have reportedly engaged in compulsive use of social media that impacted their sleep, work, parenting or relationships.[70] Instagram – also owned by Meta – has come under fire for its negative psychological effects on young women and their perceptions on body image, with 32% saying that when they feel bad about their body, Instagram made them feel worse.[71]

"In a sense, social media networks represent an "attention economy" that have been carefully engineered to encourage continuous use and prioritise content that provokes strong emotions, both positive and negative"

It's not just social networks. Across the internet, there is significant potential for harm, particularly on websites and message boards where content promoting suicide and self-harm is shared. Such websites may or may not provide links to advice on how to seek help.[72] Social networks however, with their focus on engagement, content virality and targeted advertising using sentiment analysis, are particularly pernicious and have been causally linked to poor mental health.[73] Apps such as TikTok have been found to encourage the spread of tic-like behaviors. At the time of writing this paper, the UK government is planning to make it illegal to share content online that can encourage self-harm and it will expect social networks to remove such content when reported.[74] While social networks have strong technological capabilities to monitor content and signpost support appropriately, recent commercial turbulence experienced by some of the larger platforms will do nothing to improve these companies' already inadequate safeguarding measures. One study has shown that younger people have used social networks to communicate distress to their peers before attending an emergency department for self-harm.[75]



Common forms of harm on social networks	
Trolling	Sharing personal experiences – relating to distress or otherwise – can put individuals at risk of trolling. Fichman and Salfilippo define trolling as "a repetitive, disruptive online deviant behaviour"[76] and it is unfortunately prevalent. In one online survey, 38% of people said that they had encountered trolling behavior every day on social networks.[77]
Doxing	Doxing is the "intentional public release onto the internet of personal information about an individual by a third party, often with the intent to humiliate, threaten, intimidate, or punish the identified individual."[78] Often the fear of doxing alone can prevent people from sharing online. Both trolling and doxing have been shown to have a negative effect on the mental wellbeing of those who are on the receiving end of it, including instances of violence, anxiety, depression, substance abuse and isolation.[79]
Triggering content	Specific kinds of content found on unmoderated online forums can be damaging to others as they may be graphic or contain triggering themes, for example in relation to suicide or self-harm. A study on young people with a history of self-harm found that the interaction with images of self-harm on social media platforms, namely the image sharing app Tumblr, "invoked a physical reaction and inspired behavioural enactment"[80]
Contagion	Contagion refers to "the tendency to automatically mimic and synchronise expressions, vocalisations, postures, and movements with those of another person's and, consequently, to converge emotionally."[81] Studies have linked social media usage with so called "mass social media induced illnesses" (MSMI)[82]. Tourette's-like tics and attacks have been on the rise in younger adults since.[83] Many of these cases are linked with the consumption of content from influencers on TikTok sharing their purported condition.[84] One study highlighted however that the "symptom portrayals on highly-viewed TikTok videos are predominantly not representative or typical of Tourette's Syndrome"[85].

With the goal to provide a safer and healthier environment in which peer support can take place, Togetherall has developed rigorous safeguarding protocols which extend far beyond the practices adopted on other online communities. They are designed to ensure that all users on our platform are safe from inappropriate content and behaviors. If a user's mental state deteriorates while engaging with the platform, this can be identified and supported one on one with an appropriate level of clinical intervention, and in some cases, active rescue. Next, we will cover how that works.

5. Togetherall – A healthier online space

Togetherall can be thought of as 'people helping people, scaled by technology, monitored by clinicians'. Our clinical staff monitor, nurture, facilitate and intervene with the goal of fostering a safe community of peers who are focused on helping each other with mental health concerns.

Because we believe in the power of peer support, we aim to monitor, observe and intervene only when needed, and as lightly as possible, to keep the focus on the supportive community. Our philosophy is to make access to Togetherall as easy as possible, while also ensuring we gather enough information to safeguard members. We manifest this philosophy by carefully training our clinical staff to act as a unified shaping/caring force in the community. We go to great lengths 'behind the scenes' to ensure the safeguarding of all Togetherall members.

Clinical structure

Togetherall employs a large multidisciplinary clinical team of licensed/registered/professionally accredited mental health professionals including social workers, counselors, nurses and psychologists. Each staff member is painstakingly recruited, evaluated, and trained; they receive months of hands-on guidance and supervision to ensure consistent and high-quality practice.

Our 'Wall Guides' interact with members anonymously, routine low-risk community management, monitoring, and signposting to customized resources.

Lead 'Wall Guides' are responsible for delegating work and reviewing/actioning potential risk on the platform.

Senior Clinical Team provide guidance to Wall Guides, and are responsible for handling external communications related to member safety and crisis management.

The role of 'moderator' is defined through six main touch points with members:

ORIENTATION
We welcome members to the community and help with any questions newcomers have about navigating and using the platform.

DIRECTION
We provide advice to members who are seeking help, both through direct messages and comments on public postings, where appropriate.

REVIEWING
We use both technology and professional expertize to review a broad range of content and determine any necessary actions; even decisions not to act result from vigilant review.

SIGNPOSTING
We refer members onwards to other services when needed and highlight any information that is available to them.

VIBRANCY
We enforce values-based behavioral standards ('house rules'), continuing to create a safe, understanding, and positive space for people who need it.

SAFEGUARDING
Our procedures for crisis intervention and rescue are rigorous and draw from safety management protocols used in clinical and accredited therapeutic practice.

WARNING: the following contains content and themes that some may find distressing.

Here are some examples of cases where we monitored and then worked with the members to offer support.

SAFEGUARDING

- A platform post mentioning a relative who was intoxicated and unable to attend to their dependent child
- A young person reporting that their mother was being emotionally abusive, leading to suicidal thoughts

SELF-HARM OR RISK OF SUICIDE

- A member posting from a location where they were at high risk of suicide
- A member posting about having cut their wrists
- A member saying they have taken an extremely high quantity of painkillers. Another reporting keeping a bottle of bleach by their bed with an intention to consume

DOMESTIC VIOLENCE

- A post mentioning violence against an elderly relative suffering from dementia
- A member posting that their partner is hitting them, and that they feel trapped but can't leave

Risk escalation

Partners who work with Togetherall – in the health, education, and other sectors – expect us to be able to take care of their populations who choose to join Togetherall for peer support. We have an established pathway to identify, directly support or refer those at imminent risk. When it's determined that a member is in crisis, at risk, in need of more intensive support, or unable to follow the community rules, clinical staff have a range of interventions they can use, one of which is to 'escalate' the case.

In the event that we have identified a situation of serious risk, our clinical team can:

- work with the individual and de-escalate the situation
- externally escalate off platform based on agreed and locally specific protocols

While just less than 1% members on Togetherall experience a risk episode requiring clinical team escalation, all members are monitored 24/7. In 2022, 40% of member content was actively reviewed for moderation, based on content, which may have indicated potential risk.

Togetherall provides an environment where people can gain acceptance and knowledge, draw comparisons with and learn from one another. This can empower and inspire action, and help people move past difficult moments in life. Our service is not intended for people in crisis or those likely to be. However, we know from our clinical expertise and 15 years' experience managing Togetherall that anyone's mental state can deteriorate while they are engaged with our service. Robust and thorough safeguarding procedures are therefore essential for all digital mental health services to adopt.

6: Supporting the paradigm shift

"We acknowledge that no single solution can address all the mental health support needs an individual will require. Furthermore, no one solution works for everyone. We need a coordinated ecosystem of many interventions spanning the full range of biopsychosocial support needs."

The WHO has described several transformational shifts that it believes must take place for UN member states to meaningfully improve mental health outcomes in their populations. Among their list, they have called for:

- A shift from a predominantly biomedical care model to a balanced, evidence-based biopsychosocial approach to care
- A shift to person-centred, human-rights and recovery-oriented care
- A shift to mental health care embedded across all sectors, not just in healthcare
- A shift from fragmented care distribution to coordination and universal coverage
- A shift to involve community providers and informal systems of support.[86]

Togetherall's unique model, aligns with these strategic ambitions and supports a paradigm shift in how mental health services are delivered.

We acknowledge that no single solution can address all the mental health support needs an individual will require. Furthermore, no one solution works for everyone. We need a coordinated ecosystem of many interventions spanning the full range of biopsychosocial support needs. Included in this ecosystem should be the opportunity to engage with peer support, not only through reimbursable healthcare sessions, but available to anyone, on demand, whenever the need arises.

Togetherall is available via NHS commissioners and providers, local authorities and public health teams, the Armed Forces in both the UK and Canada, many hundreds of colleges and universities across the UK, US, Canada, Ireland and New Zealand. Our peer support network is therefore not only vibrant and active all day every day, but also serves different strategic public health agendas concurrently. This includes promotion and prevention objectives, to early intervention, to use by health systems to improve experience and outcomes for individuals requiring treatment and, of course, for people in recovery or managing long-term conditions.

It's worth noting that a number of studies have found Togetherall to be impactful in these various contexts. RCTs can sometimes struggle to explain the full benefits and impact of novel mental health interventions, especially those based on peer support. Togetherall continues to work actively with institutions and the academic community to further research in the field of digital applications in peer support. In 2022, a study at the University of Edinburgh examined use of Togetherall among 16-18 year olds, demonstrating that use of the services' self-help materials helped to reduce anxiety and depression symptoms.[87] In the previous year, Gordon, D., Hensel, J., Bouck, Z. et al. Studied symptoms of depression and anxiety as potential predictors of platform use, proposing a theoretical framework to explain engagement with platforms such as Togetherall.[88]

In 2019, a randomized controlled trial was conducted across several outpatient mental health programs affiliated with three hospital programs in Ontario, Canada. 812 individuals were referred to Togetherall. The study found statistically significant improvements in RAS-r and PHQ-9 scores, with higher users of Togetherall gaining greater benefit from the platform.[89]

Digital peer support in an integrated and holistic system of mental health care provisions			
NO WRONG DOOR: INTEGRATED SYSTEMS OF SUPPORT	HEALTH	**Healthcare and treatment**	Peer support is a valid intervention: • For people on long waitlists for treatment • As part of a stepped-care approach to health[90] • To support on-going condition management[91] • As complementary to treatment • For people In recovery[92]
		Community-based mental health care Meeting the needs of people living with mental health conditions and symptoms.	For the World Health Organisation, peer support remains an essential part of community mental health services[93] It expands the delivery of a psychosocial model and places emphasis on the role of lived experience. Digital accessibility, anonymity, population-level scale, affordability and safety are essential benefits for the application of Togetherall in community care.
		Public health	Togetherall forms part of prevention and early intervention public health strategies. It sits alongside other digital and offline tools to provide an early-stage door into support, operate as a source of support and psychoeducation, and provides a stepping stone to onward support pathways.
	BEYOND HEALTH	**Sectors attending to mental health needs in non-care settings** E.g. schools, higher education, the armed forces, prisons, housing providers and employers, insurers, unions.	Togetherall is widely used as a digital peer support intervention by non-health sectors. Organizations and institutions that play a role in wellbeing and welfare support recognize the importance of peer support as an appropriate non-clinical intervention that can be used concurrent to treatment. Accessibility, clinical safeguarding, anonymity and the unique focus on lived experience make digital peer support beneficial to these population as diverse as students, parents, employers, veterans, armed forces personnel and employees.

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If you would like to find out more about Togetherall, learn about our model of support and how it can support your population or to collaborate with us on research, please get in touch.

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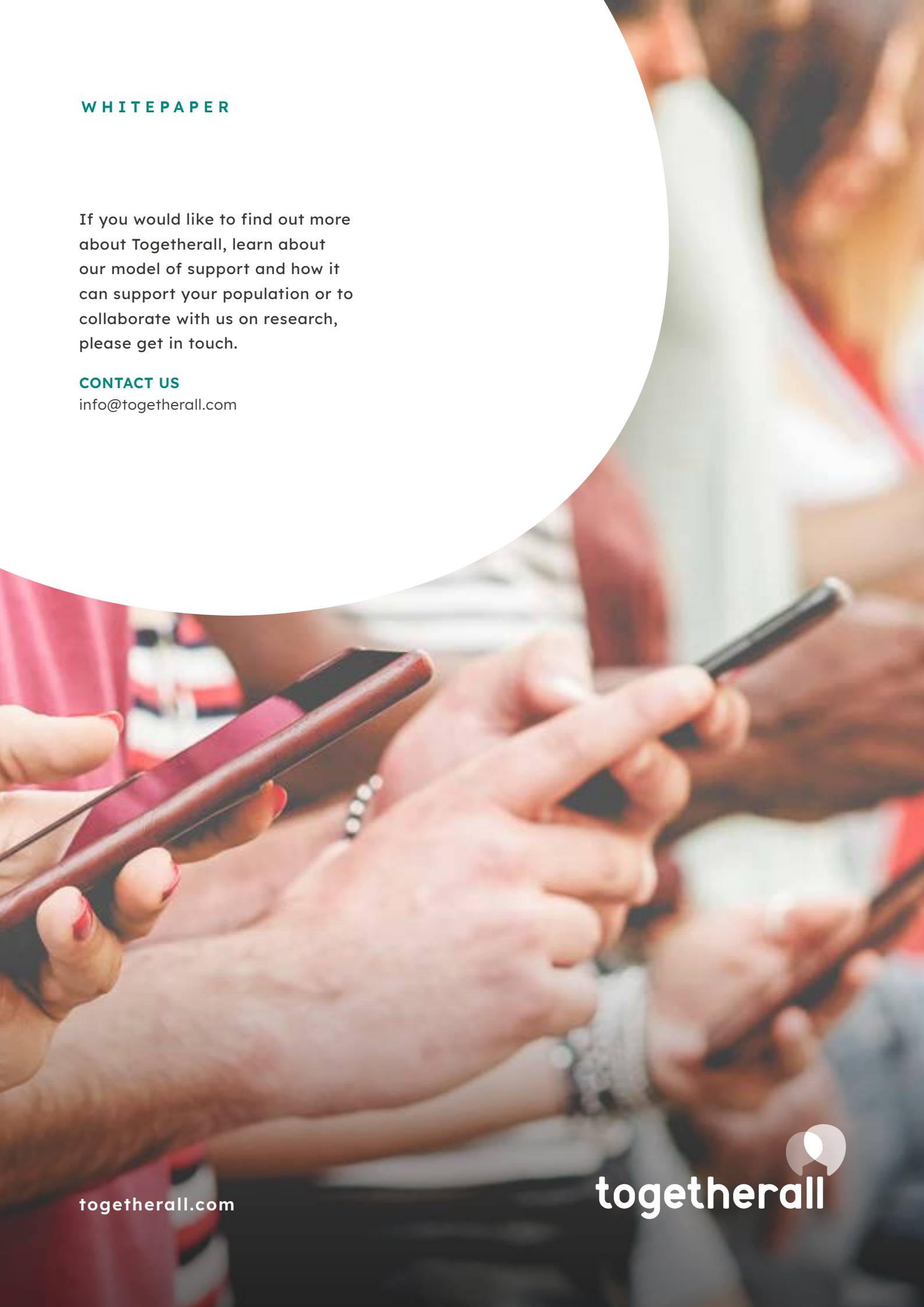

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