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| Researcher: Fantastic. So I'll start with the Polcats team - I don't know why they were called the Polcats. A variety of people in this team got Matt who does some work with young people and sexual health and getting them talking about sexual practices and basically just having a conversation with them, Izzy is a junior doctor so she's done some rotations in psychiatry and mental health but not a lot of training. Rachel has actually just finished doing her PhD in looking at people that self harm but how that effects their friendship networks and Tom was her support worker because she has cerebral palsy uh but he was very much involved in helping them out with the design of the app so he was very hands on! Then we have Gavin who was sort of the tech person of that team and he is involved in developing apps for mobiles. So that was the team, and they came up with something called paperchain and they called it a creative mood mapper. So do you know anything about DBT? |  |
| Female 1: A little bit but I don't know how it works so I know its normally like an intervention for people with a diagnosis with personality disorder and its like a CBT but with ED |  |
| Researcher: Yes, so I didn't really know about this but um, quite often in DBT they use something called chain analysis so they use something called paperchain, like physical paper chains and that is a way of getting people to talk about their feelings. So they might get people to colour in different pieces of the chain to represent different moods or emotions that they are going through. They'll have conversations and talk about it with a therapist or talk about how they are feeling or how the chain represents how they are feeling. So what they've done is they have digitalised it so you would have an app called paperchain and you would go on. Then you would have a code that you have to enter but it would all be private and locked, and as you get onto the next screen you have colours that you can choose from and these different colours can represent the different moods that you're having and they could represent part of the chain to represent how you are feeling on different days. Can't see that very well but it might be like Sunday - blue, I wasn't feeling very good that day. Wednesday - red, I was having a really good day. Another thing you could do with it is you can then share how you are feeling and the chain with loved ones. So you might decide that my boyfriend, my girlfriend, my mum, my dad, whoever it might be that you trust can also see that chain and you can create codes with them. So if I have two blues and a red, I've had a really bad day and that means when I get in I want you to make me a cup of tea and have a talk with me or it might be two oranges and you've actually had a really positive day the idea being that you can zoom out and sort of have perspective and be like ah this is what a year looked like and see there was loads of oranges around that time, um just checking that I've sort of said everything that they wanted me to say. So I'll quickly show you Matt just talking about it briefly |  |
| \*plays audio\* |  |
| Researcher: So they did think about you know, its quite fashionable but its also quite theraputic for people to use these mindfulness colouring books. They were sort of thinking about the potential to do a more intricate patterns if they were to develop a future app so not just thinking about these block colours but they could also maybe have sort of more intricate designs that they could colour in. So thats the first one |  |
| Female 1: I think its brilliant, I really like it - um, I think it would be really useful for people. The only downside I think is, lots of people with enduring mental health problems might not be able to access a smart phone or a laptop or a PC or a Mac. Because they maybe wouldn't have the finance or maybe the confidence to access one. Thats the only downside I can see. |  |
| Researcher: No, thats interesting because I've spoken to various people before yourself that work in mental health and there is only one other person that has said that so I think that reflects the people that I'm talking to about it and their patients. So I've spoken to people some clinical psychologists at something called the Retreat in York. I've spoken to the head of Newcastle and Gateshead CCH. I've spoken to people at student wellbeing at Newcastle University but the only other person who has said what you have said is somebody that works at young minds and he works with a lot of young people that self harm and that is exactly what he said |  |
| Female 1: I think maybe a way round it - its kind of a way round - but it kind of defeats the object of the whole beauty of the app - to give additional support its kind of a tool they could use with their psychiatrist or their care coordinator but that would be a limited time because you are lucky even if you are seeing all three of them unless you are really unwell you will have at most a monthly appointment. And even when you are unwell you would probably see them twice a week tops so I just know the people I work with sometimes just don't have a smart phone and they don't even use a mobile phone fullstop. I have people who don't even own a base mobile phone and can't be contact by email because that technology first so - sorry to be |  |
| Researcher: No, don't say sorry its very useful and interesting to know and I think its really important to think about because there is no point in saying well we are creating these technologies for people that have these mental health issues if its cutting out a huge amount of people um, so yeah I completely know what you are saying. I suppose what I'm wondering is whether the people that do have access to technology would they - |  |
| Female 1: I think it would be brilliant if someone does have a smart phone or a laptop I think it would be absolutely brilliant really good idea |  |
| Researcher: So one of the concerns that the psychologists had and I would be interested in hearing your perspective. They were saying well its a good idea but what would worry us is they work with um, a unit of inpatients who have eating disorders but all of them have self harming tendencies as well and they were saying they are a bit concerned because they try to get their patients to talk about it verbally in spoken word, so they weren't so keen on the idea of using visuals. Whereas when I spoke to um someone from the CCG they said actually I disagree, if we can get these people with their mental health issues to talk and express how they are feeling it doesnt matter if its in words or by a colour on an app thats still really valuable. |  |
| Female 1: I definitely agree I think also, for people who are less confident with literacy also there are quite a lot of non-verbal people with mental health problems who have some sort of learning difficulty. That's a really user friendly app |  |
| Researcher: Cool yeah, shall we move onto the next one? Now this one - do you like my presentation by the way? I love these things |  |
| Female 1: Its very good |  |
| Researcher: So this one was only a two person team funnily enough so everyone else tended to be in teams of five or six but these guys stayed as a two because very much from the start they had a clear plan of what they wanted to do. I should say as well there was a mentoring system, Angela was a mentor, Steve was a mentor um so what we had was about six or seven people who had expertise or a lot of experience in mental health or self harm so what the mentors did was they just kept checking in with the teams and making sure what they were making had been well thought through and that it was sensitive enough um, and these guys worked quite closely with the mental staff they really took on board what they were saying. So they were called the Box team um, Alex is a junior doctor and Sheen is really good at computer programme and he is a senior lecturer at Northumbria. So they were a really interesting team those two because they had a lot of skills between them but there was only those two. So they came up with this idea called the Digital Distraction Box and do you know about distraction boxes for self harm? So I'll briefly explain it cause that was sort of the premise of their idea. You have these boxes, actually it would work not just for self harm but for other mental health issues and you fill it with things that you love. So it depends on the person but you might have images of your dog, or pet or your mum or dad. Whoever it might be that you really care about that puts you in a positive frame of mind um, you would have sort of yarn if you were into knitting or you might have a board game that you liked - but you fill this box with things that you like that you think would put you in a positive frame of mind. Then at the bottom of the box you have your self harming tools. The idea being that you go through all these positive things and you've got to the bottom, not necessarily but the urge to self harm might have passed. So they were building it on this idea so they weren't saying stop self harming they were saying we know that you might but we are trying to reduce the amount that you do it and reduce the amount of harm that you cause to yourself. So the idea was they also based it on one of their mentors used to keep their self harming blades in blocks of ice so that in order to get to the tools you had to get through all this ice and by the time they had done that, they felt better. So this box would be locked, you would have your tools in the bottom and bandages to help you with a clean recovery and you'd have your things on top that you liked, but you would also have it locked with a screen on the top and in that screen you could specialise it for however you wanted so it might be that you put pictures on it that you have to swipe through that are going to make you feel better. It might be a game that you play to make you feel better, they also said there could be room to have like recording? So you might visually or just with your voice record why you are feeling the way you feeling, and what is making you want to self harm so you could then overtime look back at all of that data and think ah okay on that day at that time I wanted to self harm for that reason - and they also had this idea that maybe the box would be locked until you shook it for three minutes. So whilst you were doing that shaking you actually felt much better. So I'll just briefly show you them talking about it |  |
| \*Plays audio\* |  |
| Researcher: So that is that one |  |
| Female 1: Sorry I got slightly distracted cause my work phone is going crazy if you want to just turn off - |  |