Helping Londoners on the journey to mental wellbeing

A digital research project for the NHS

"To help people better support themselves with their wellbeing, you have to better understand what works for them. Fresh Egg's unique research means solutions can be tailored to the needs of the individual, therefore having the best possible chance of a positive outcome."

Dr. Richard Graham
Clinical Director,
Good Thinking: The London Digital Mental Wellbeing Service

Contents

1. Executive summary

This case study focuses on an extensive piece of research that Fresh Egg completed for the National Health Service (NHS) into how digital services could be used to assist the mental wellbeing of Londoners..

It's purpose? To find out more about the mental wellbeing needs of Londoners, where they are online and how the Service can engage with them. All with comprehensive end goals in mind:

- **Helping people help themselves:** linking individuals with the right support 24/7 both digitally and offline, thus relieving some of the pressure on the physical NHS services.
- **Inspiring trust and confidence in the NHS**: proving that the Service understands an individual's needs at each point in their wellbeing journey.
- **Streamlining digital journeys:** creating easy to navigate digital pathways to clinically-approved interventions.

There are a number of key themes that were witnessed as a result of this project, each weaving through the stories, data and empirical research; showcasing their importance (either alone or together) at a variety of points across the wellbeing journey.

- **Relevance:** Google is a rich source of relevant data and an important touchpoint on most journeys.
- **Behavioural patterns:** there is evidence of behavioral patterns from social data and conversations.
- **Intervention methods:** a variety of intervention methods are effective, depending upon the point in the customer experience (CX) journey.
- **24/7 and hyperlocal support:** local and 24-hour support is essential in many varied circumstances.
- **Building relationships:** forming partnerships with existing organisations (uncovered during this research) are important in creating a useful connected experience.

The results and findings of the research led to the delivery and creation of a Minimum Viable Product (MVP) venture, headed up by the client, and in collaboration with Healthy London Partnership, Public Health England and Mindwave. This was originally known London Digital Mental Wellbeing and was then re-named 'Good Thinking' in September 2017.

The focus of Good Thinking is to address the problems people face in their mental wellbeing journey and provide access to support. The concept is underpinned by early intervention - in all cases and circumstances affecting mental wellbeing.

Initially, the research concentrated on male Londoners aged 18-45, but this was extended into all ages and genders after the primary research phase.

Our research has facilitated some groundbreaking developments for the NHS

1. Clinically-approved intervention at key stages in the wellness journey.

We were able to garner evidence-led results that pinpointed individual needs and requirements at any point in time across the customer experience (CX) journey. Thus converting a series of touchpoints into journeys formed of distinct stages of experience. Using Google data, in-house and third-party data sources, we were able to extract the essence of what people were searching for and use this to give suggestions to the NHS on where they needed to be. For example: forums, clinically-focused websites, social platforms, apps etc.

"People are either unaware of the many wellbeing solutions which already exist, both on and offline, or find it difficult to find a solution that fits with their lifestyle. We were able to identify where people could be reached and devise appropriate digital interventions across many digital spaces to help steer them towards effective self help."

Dr David Sewell
Strategy Director,
Fresh Egg

2. A flexible and scalable solution.

The methodology is robust enough to be scaled to encompass other parts of the UK or indeed taken nationwide. The innovative nature of the research means that it can be effectively appropriated to support other parts of the NHS - or further afield.

The result? The results can be used to help others - from the young to the elderly, from specific to broad issues. We have supplied our client with the tools to be able to help more people at a lower cost.

3. Joining the dots.

Our research has highlighted that it is really important for the Service to 'join the dots'. Helping make valuable connections and improving experiences, across digital and into the local community.

The result? Access to targeted content that helps individuals and their support networks i.e. friends, family, colleagues etc. Making these valuable connections also helps the NHS's advertising budget go further - moving away from expensive one-too-many campaigns, to more curated, sticky and individualised messaging that hits the mark every time.

4. Instilling confidence and building relationships.

The term 'no man is an island' certainly applies to this project. Our research surfaced the partners and websites that the Service can connect with to help springboard itself into the areas where people are (or are heading towards) - 'dark social' spaces on Facebook for example. More importantly, the solution helps construct stronger relationships between the NHS and Londoners, as the Service will start surfacing where and when people really need help; breaking down their barriers and forging a position front-of-mind.

The result? The Service could start to reach people in the places where they felt safe to confide. And as our client Dr. Richard Graham, Clinical Director, Good Thinking, said *"the 'capacity to confide' is a cornerstone of wellbeing and resilience."*

Five key observations

There are certain stand-out observations that we have witnessed as part of our research.

1. Relevance: Google is a rich source of relevant data and an important touchpoint on most journeys. The client has the inside track on where people are and what they might be feeling at each particular point. They can then target messages that reflect search intent - answering and supporting the emotional needs of the individual at any point in time.

2. Behavioural patterns: there is evidence of certain behavioral patterns from social data and conversations. Not everyone's personal story is the same, but there are similarities in how they move across the internet, how their emotional states develop, and what informational support they are looking to cultivate.

3. Intervention methods: a variety of intervention methods are effective, depending upon the point in the CX journey. There are key states where you can intervene and change the nature of the path that a particular person is on - taking them away from the journey towards poor mental health, back on to one towards mental wellbeing.

4. 24/7 and hyperlocal support: local and 24-hour support is essential in many varied circumstances. If digital is not the complete solution for someone, it is a capable and reliable stepping stone to achieve support - whether providing access to a local support network, peer-to-peer advice or connecting with others in a similar situation.

5. Building relationships: forming partnerships with existing organisations (uncovered during this research) are important in order to create a useful connected experience. Also constructing stronger relationships between the NHS and Londoners. The Service will start surfacing where and when people really need help - breaking down barriers to entry and forging a position front-of-mind.

2. Project background, challenge and brief

Background: society and mental wellbeing

Mental health problems will affect many of us at one point or another in our lives, but unlike a broken limb or burning fever, symptoms can often go unnoticed before it's too late.

Mental wellbeing is a serious issue and an important one - yet there isn't a proper dialogue about what to do if you start experiencing symptoms, and indeed what these symptoms would look/feel like. Many people feel nervous about seeking help and stigmatised when they do. The public narrative on mental health is slowly changing, helped by a wealth of online resource and high profile, celebrity-backed campaigns. But more can, and needs to be done. If not, we may all end up bearing the ultimate cost.

One in six adult Londoners will experience mental health problems each week - that's over one million people. And 60% will not receive any support for their mental wellbeing [source: PHE 2017]. Of course, mental wellbeing is not limited to London - maintaining the nation's mental health is a country-wide task. But as our capital, London, boasts millions who live and work in the city. And these statistics give us a clear indication of the severity of the national problem.

Overcoming challenges: the need for a 21st Century solution

The NHS completed extensive qualitative research (in the form of interviews) so it could better understand the mental wellbeing of people aged 18-45 living in London.

he aim was to build a series of personas in order to identify different sets of needs and bring to life the mental wellbeing requirements of different groups of individuals. The NHS knew some of the life stories behind the personas, but didn't know how these were manifested or translated online. This was the main roadblock.

The NHS wanted access to this large audience and knew that this could best be achieved digitally. After all, over 90% of Londoners have access to the internet [source: PHE 2017].

With digital access to this audience, the NHS would be able to start engaging with people, helping them understand and self-manage a variety of symptoms from sleep loss to work-related stress. This would also instil confidence that the Service is for its citizens, without forcing any undue strain on its already overstretched (physical) resource. A 21st century solution to a long standing problem.

The intellectual challenge for this project required seeing the Service not as a product in itself, but as a way to steer people simply and seamlessly towards existing self-help solutions."

Dr David Sewell
Strategy Director,
Fresh Egg

Brief and project requirements

The NHS approached Fresh Egg with a straightforward brief – find out more about the identified demographic, where they are online and how the Service could engage with them.

The research findings and collated insight would feed into the development of a 'Minimum Viable Product' (MVP) for the Service.

The project was headed up by the client and carried out in collaboration with Healthy London Partnership and Public Health England, along with Mindwave, who specialise in face-to-face user research and testing. The latter would become an invaluable partner in validating data research and hypotheses throughout the project.

In Fresh Egg, the NHS needed a trusted partner who could:

- Find out where people aged 18-45 living in London are online.
- Understand the online behaviour of the demographic.
- Translate granular data and broader trends into actionable insight.
- Home in on those who are 'unaware' of having mental health symptoms, and make recommendations on how the NHS can digitally engage with them.

A wide net to cast, so together with Mindwave, it was proposed to the client that the project start with an 'Alpha MVP'. This would provide a clear starting point with a focus on men aged 18-45 living in London, with the ability to expand focus at a later stage.

The Alpha MVP needed to deliver against a set of clinically sound requirements, including:

- Creating easy to navigate digital pathways to clinically-approved treatments, including peer-to-peer support.
- Enabling people to help themselves (caveated with the understanding that medical intervention may be needed in cases where diagnosis or treatment from a doctor is necessary).
- Inspiring trust and delivering the confidence that the Service understands an individual's needs at every point in their wellbeing journey.
- 24/7 access to support - whether that be information, digital networks or local groups.

3. Delivering results for the NHS

The Fresh Egg methodology: Discover, Decode and Deliver

The essence of any research project lies in its methodology. And ours is no different.

A robust approach is fundamental to ensuring a concise process, removing elements of doubt and delivering sound and accurate results for the client.

Creating a streamlined methodology is a challenge in itself. And as this project is revolutionary - one of a kind - we had to be smarter, bold and clever in our approach. To help us do this and communicate our ideas easily, we constructed the rule of the three Ds: Discover, Decode and Deliver.

Discover: Our learning phase. Getting to grips with the NHS's audience stories, analysing supporting publications and clinical research and reviewing the different contexts.

Decode: Our unpicking phase. Logically deconstructing challenges and building on what we learnt during the discover phase. This is the stage where we really got to grips with the CX journey, analysed search and social data and clearly identified the 'moments of truth'.

Deliver: We start putting our educated assumptions and evidential learnings into practice; gathering evidence and standout trends/observations.

The three phases are each important in their own right. They were formed to ensure that the 'chain' has no weak link. Each phase feeds the next and each step in each phase is intrinsic to the next.

But what cannot be overlooked were the key ingredients in our recipe for success: setting a timeline and ensuring true cross-agency collaboration. Because of course, two heads are better than one. And if many heads can stay on track, well, you've got yourself a very productive project.

"We knew that we could take the brief and supercharge it through our methodology, employing the best of our expertise and layering on future-proof, forward thinking."

Adam Stafford
Managing Director,
Fresh Egg

Project timeline

We carried out our initial, in-depth research during January and February 2017, which fed into the MVP Service Blueprint in June 2017. Between these dates, the findings and recommendations were shared with the Expert Working Group at fortnightly face-to-face workshops.

Discover

- Jan 2017: Review of literature and work to-date.
- Feb 2017: Defining methodology for the project and starting the social listening and discovery programme.

Decode

- Mar 2017: Analysis of existing research on the mental health of males living in London aged 18-45.
- May 2017: Focus on 'sleep' for male Londoners ages 18-45.
- June 2017: Focus on 'anxiety', now with a broader focus to include Londoners of all ages and genders. Development of MVP begins.
- July 2017: Focus on 'depression', again with a focus on those of all ages and genders living in London.

Deliver

- Sept 2017: Extended Beta launch of the Service.

Cross-agency collaboration

Cross-agency collaboration across the MVP blueprint and beyond was essential in our approach. Sharing insights, learnings and developments were mutually beneficial and ensured that the teams worked together to garner the best results for the client.

Our communication and group learning methods were as follows:

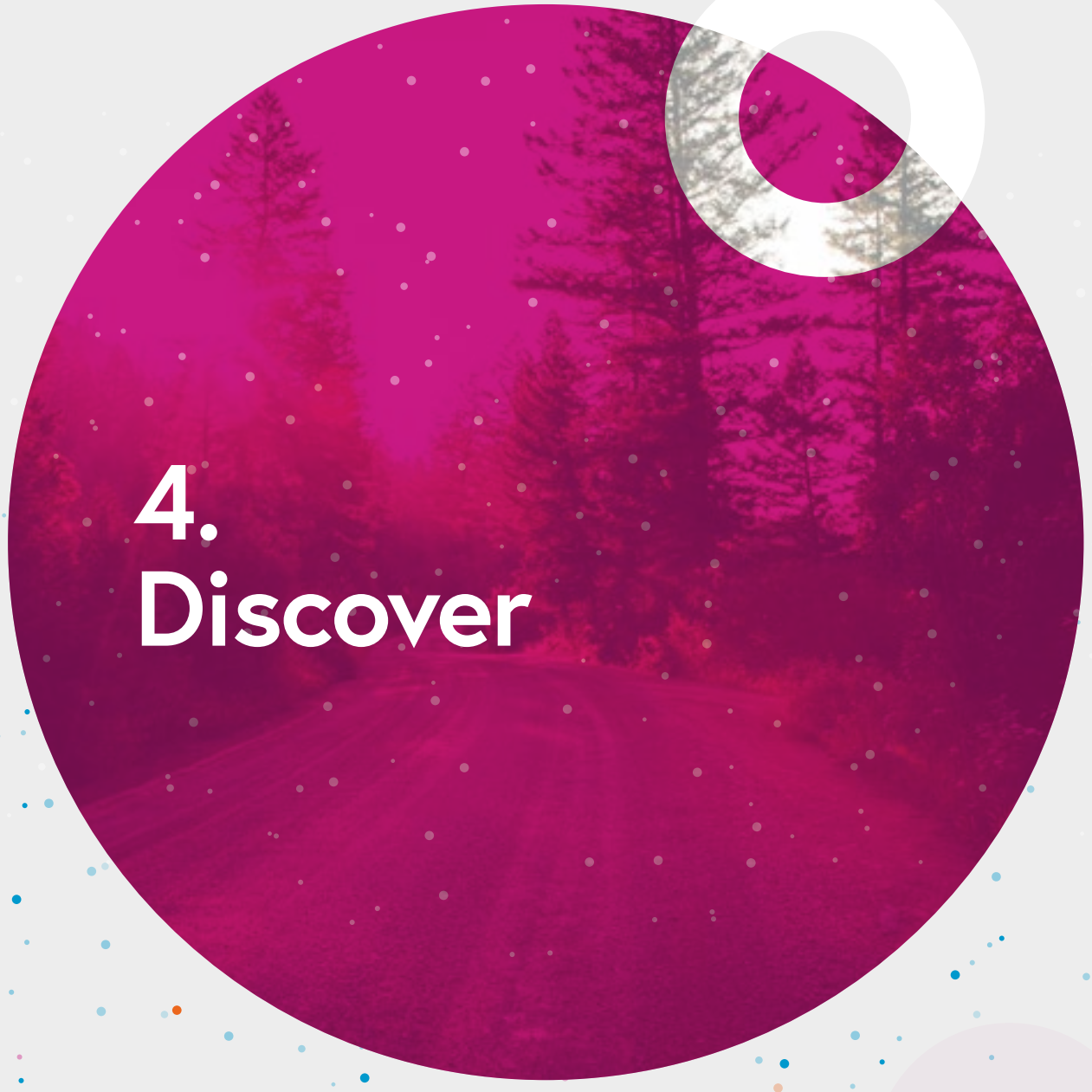
- Fortnightly stakeholder meetings: discussing research and findings as well as delivering advice on a range of digital marketing topics.
- Face-to-face meetings and Slack calls with closest partner, Mindwave.
- Regular keep-in-touch meetings with the social data research agencies Brandwatch and Pulsar.
- Fresh Egg-led workshops including those focused on developing the content strategy and analytical development.
- Collaborative workshops with the PHE Behavioural Insight team to identify and pull-out the many aspects related to 'behavioural change' that the Service needed to consider.

During the MVP sprint cycles, Fresh Egg fed in requirements such as:

- Technical search engine optimisation (SEO) and user experience (UX) considerations - page content, URL structures, page filtering and parameters for example.
- Tagging, tracking and targeting for advertising and site visits.

"Fresh Egg were able to daisy chain data sources of their own and those from agencies they worked with. And when you are a sophisticated digital operator like Fresh Egg has been in this project, you know it's all about the data and how you use the data."

Diarmaid Crean
Deputy Director,
Digital, Public Health England



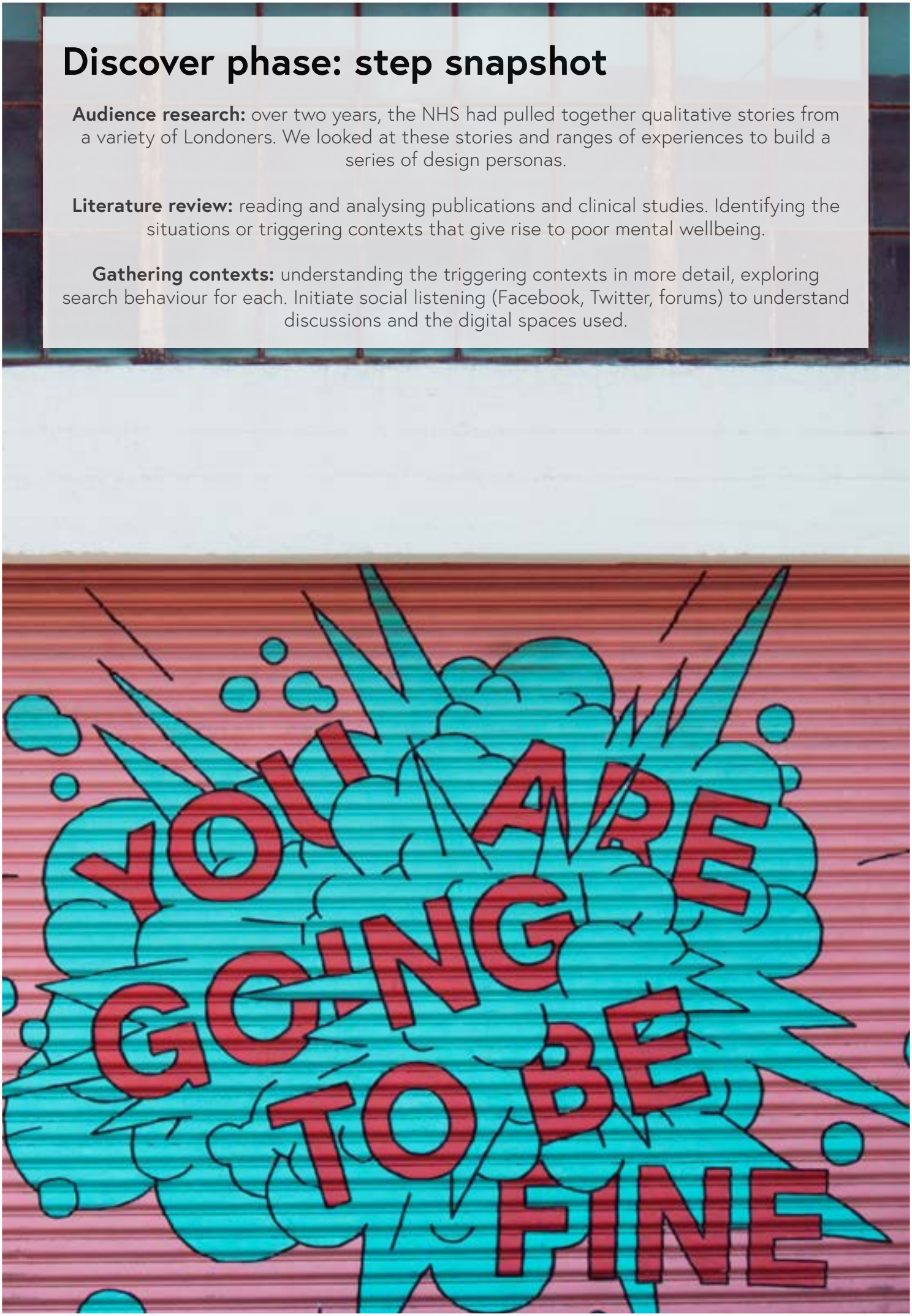
4. Discover

Discover phase: step snapshot

Audience research: over two years, the NHS had pulled together qualitative stories from a variety of Londoners. We looked at these stories and ranges of experiences to build a series of design personas.

Literature review: reading and analysing publications and clinical studies. Identifying the situations or triggering contexts that give rise to poor mental wellbeing.

Gathering contexts: understanding the triggering contexts in more detail, exploring search behaviour for each. Initiate social listening (Facebook, Twitter, forums) to understand discussions and the digital spaces used.



The fundamentals behind the 'discover' phase and approach

We joined the project when two years' worth of research into Londoners' experiences had been captured by the NHS.

The fundamentals were in place, but the project needed to move onto the next stage - and that's where Fresh Egg could really start to add value.

We quickly became an integral part of the team, building on the personas and stories, and classifying and quantifying experiences. We also started to analyse London-wide volume and frequency of searches, including: time of day, region of London and geographic extent.

Just covering the basics wasn't an option. A people-centric approach was a must; one that really got under the skin and understood a variety of mental wellbeing experiences across the capital. An approach that understood the cultural and socio-economic considerations, as well as the availability (or discoverability) of local services and solutions for Londoners. An approach that provided real, tangible results for our client.

Audience research

Capturing real life stories and a range of experiences is key to a people-centric approach.

In the two years before we joined the project, the NHS had interviewed, collated and compiled a rich repository of stories directly from Londoners. Before we could see how these could be translated digitally, we had to get to grips with societie's paradigm of mental wellbeing. Lifting the veil that often comes with just analysing data; understanding specific needs, and capturing first-hand accounts from a variety of people from different backgrounds.

Insights were drawn from:

- 12 Londoners interviewed in their homes.
- 18 subject matter experts.
- Somali community workshops in north London co-ordinated by Mind.
- Face-to-face interviews with over 130 adults, conducted by their peers via Snook.
- Workshops with 39 people with varying levels of experience with poor mental health.

From these, we were able to ascertain:

- Perceptions about mental health and wellbeing.
- Awareness of online mental health services.
- Any barriers to using online mental health services.
- The most important feature of an online mental health service.

For each account or story gathered, we were able to extract the:

1. Experience: current or past experience with poor mental wellbeing. Symptoms and emotions felt as a result.

2. Insights: what we can glean from the experience, or what the individual feels could be a full or part solution. Any methods that support mental wellbeing in times of strife, or any blockers affecting them seeking help.

3. Support: any support given or sought out e.g. family, friends, doctor etc.

Literature review

After analysing the audience research, the natural step was to combine it with a wider literature review.

With the customer experience (CX) or wellbeing journey at the heart of our research, we wanted to understand the present accepted thinking and determine factors affecting mental wellbeing - familiarising ourselves with the origin and context of common triggers. This required empirical evidence rather than guesswork.

In reviewing the client's collated Londoner stories as well as publications and clinical studies, we found three influencing factors:

- Biological
- Psychological
- Environmental

At first sight, biological factors may appear out of scope for a digital project, however there is known to be a complex interplay between biology and environment. For example, an individual with a biological tendency towards anxiety and depression may be more vulnerable and susceptible to certain environmental influences. It is also worth highlighting that those with a biological predisposition to mental health problems can still benefit from discovering their own path to good mental wellbeing.

For environmental and psychological factors there is a wide variety of published support and intervention points available online – a perfect sweet spot for this project.

People want to help themselves wherever they can and granting them that opportunity is really important. In all cases, and whatever the circumstances, early intervention is key.

Understanding contexts

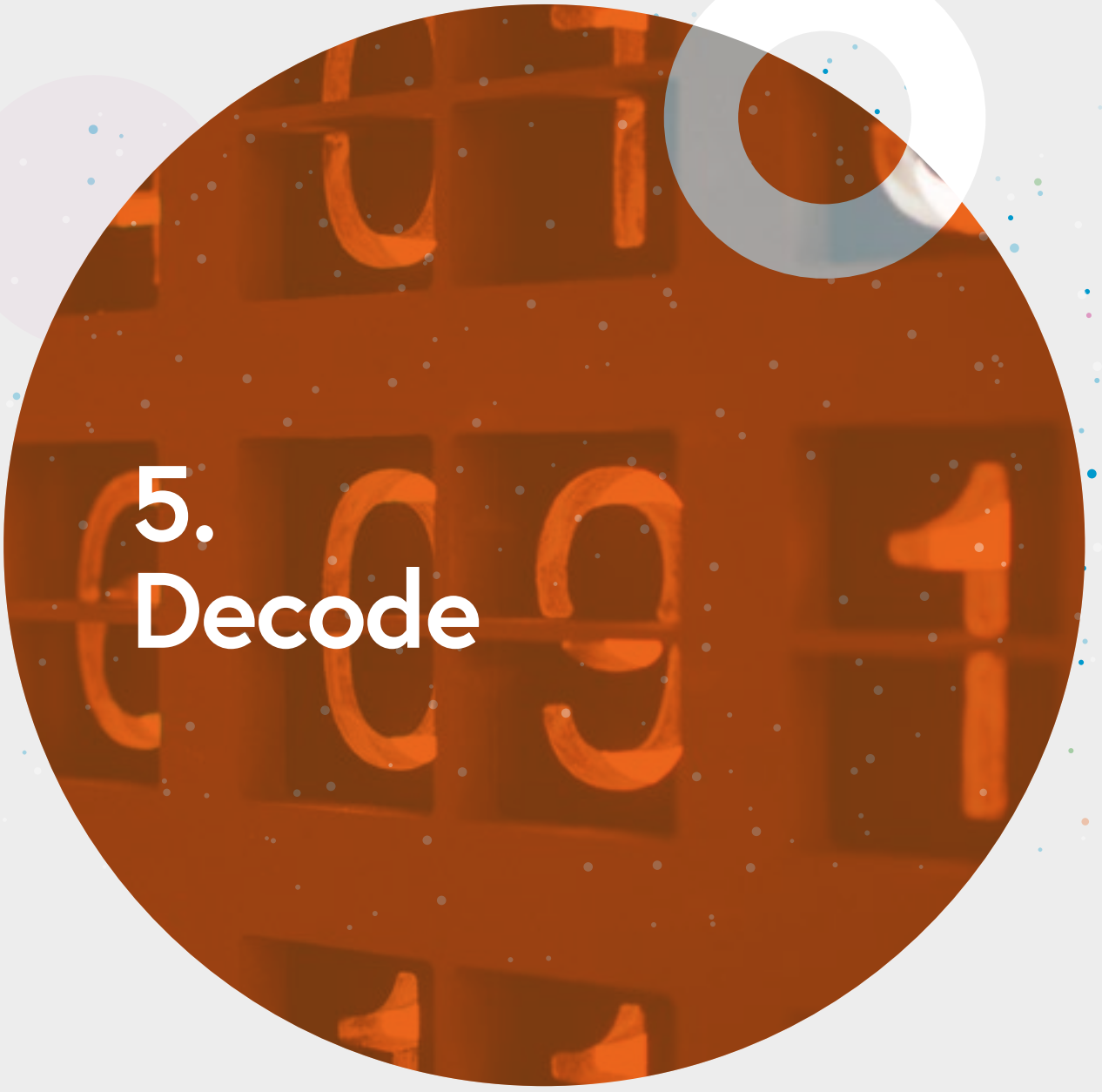
The initial literature review provided six contexts that are most prevalent at the start of the wellbeing journey, when individuals move from being 'unaware' to 'aware' that they may need help.

Within each of these contexts, we identified the top two or three circumstances that a person might find themselves in that would lead them to start searching for information.

Each context has a set of common touchpoints that could be used to reach and engage with people at the very start of their journey e.g. for those in financial difficulty, local debt counselling services are a point of intervention.

We indentified the most relevant websites for the given contexts (as shown by Google) by exploring the search behaviour behind each of them - as well as looking at any related topics or trends.

- **Economic** - unemployed, employed, debt.
- **Relationships** - feeling lonely, how to divorce, partner with depression.
- **Environment** - commuting in London, stress levels in London, living in London.
- **Media** - mental health awareness, celebrities with depression.
- **Community** - community support groups, jobs for ex-offenders, things to do near me.
- **Health** - trouble sleeping, self esteem, weight loss.



5. Decode

Decode phase: step snapshot

This phase consists of three distinct steps.

Through utilising all three of these and realising the power of knowledge, we developed a repeatable decoding process - exploring people's needs, search behaviour and corresponding digital footprints.

Empathy and CX Journey Mapping: We have already applied the notion of the wellbeing journey to multiple elements in the 'discover' phase. During this part of the process, we are looking at the CX journey and empathy mapping in more detail. The CX journey, and the defined process of breaking experiences down into stages and component parts, removes uncertainty and complexity from the project, instead creating bite sized stages of experience that could be analysed further.

Search and social data: Closely analysing data from available digital sources, including Google as it's a really important research tool and a hub of relevant data. This stage involves building on the CX journey mapping: defining touchpoints, contexts and journeys as well as the paths available to help people reach a solution.

Moments of truth: These could be found at any point during the CX journey. Knowing what these are and how they differ at each stage of experience along the journey is imperative; helping people find the information that's right for them. This could be through linking websites, social media signposting and/or paid advertising for example.

Supporting characters (friends, family, loved ones) are equally as important as those in need of support, and are held in high account throughout the decode phase and indeed the whole project. They may themselves need support information on helping loved ones, or they will be looking for information to directly help their loved ones. They are not forgotten, but instead equally embraced throughout this phase.

Empathy and CX journey mapping

What's really important about the CX journey is that we are not merely looking at a series of touchpoints, or a path to purchase.

Instead, we are considering the different experiential states a person moves through for each context or circumstance. It is a visualisation of experiences and feelings that a person encounters at each discrete state in their journey.

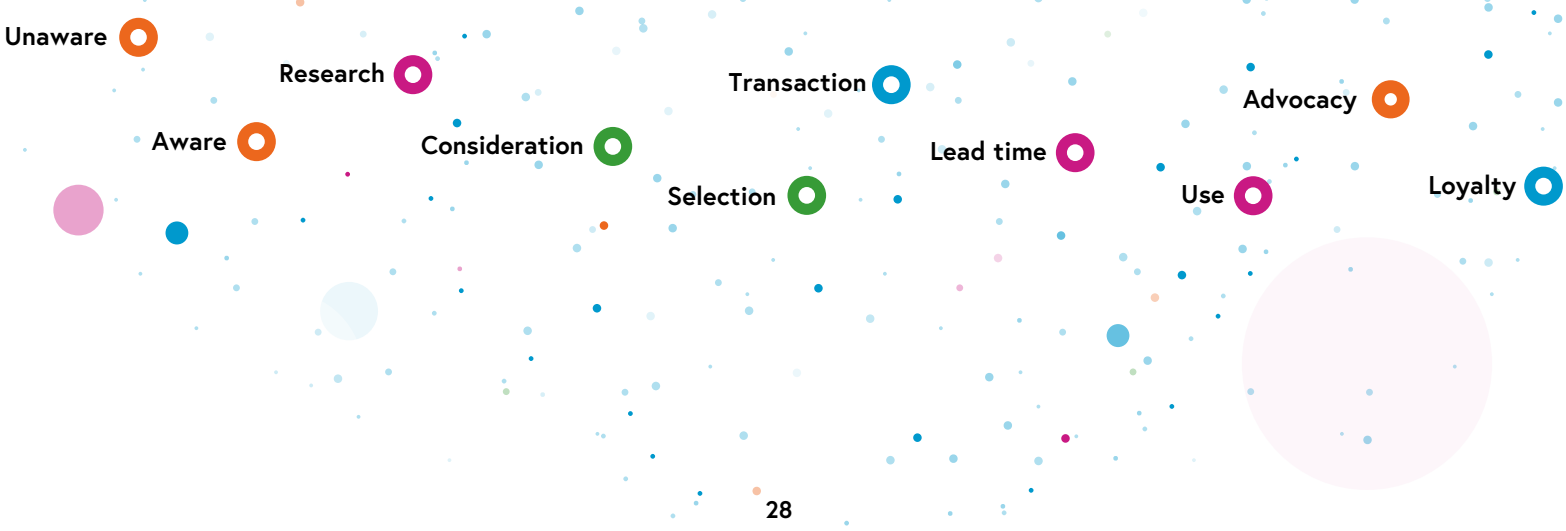
For example, someone may start to experience sleep loss, but be unaware that it is anything out of the ordinary. They may simply think that they have had a few 'off' nights and that things should re-adjust soon.

If sleep loss continues, the associated symptoms will grow steadily until the sufferer becomes aware that it is a definitive problem.

If they decide to seek face-to-face help or reach for a pill hoping that it will remedy the situation, then they have reached the selection point in their journey.

Using the CX journey approach, we wanted to discover:

- at what point they moved from being unaware to consciously aware of displaying symptoms (and whether there were any triggers for awareness)
- how people were moving through the journey and what they were experiencing at each stage
- what influences have an impact at each point: friends, family, peers, self-reflection or urgent need
- how their language, emotions, behaviour and search terms changed as they progressed through the journey.



Understanding search and social data

What are people saying or searching for at each stage of the journey? We knew that we needed to look at data from available digital sources: forums, social platforms and particularly Google.

People trust Google and tell it things that they may not tell anyone else. They feel free to be open and honest because they know that Google won't judge them. And their search terms are reflective of this. We can see what people are really thinking and feeling.

We knew that this is where the golden nuggets were. But when using Google as a research tool, there are important factors to consider:

- search results will depend, to a great extent, on the current location and search history of the person making the search.
- not everyone searches using Google. Indeed, they might not use the internet at all.

Offline and local support must be included in the solution.

To bypass any potential pitfalls, we ensured that our methodology was cognizant of the above. And in turn:

- secured location-specific results by simulating searches from a variety of different areas within London
- analysed data provided by our social listening partners: personal search history can alter results and, in some cases, positively bias certain forums and discussion pages. To negate any chance of this, we looked closely at the data and identified: the forums that deliver the most impact, and those that best suit the variety of discussion topics of interest.
- used Google Places to identify the likely offline touchpoints that people within a local area are likely to come in contact with, without searching online. E.g. local support groups.

So we could build a well-rounded, vivid and colourful picture of the audience, we needed to marry this information with external sources, including: social data from Pulsar and Brandwatch, Search Intent, location-based search, and a mixture of in-house and third-party social data.

Learnings from the social data research carried out by Pulsar and Brandwatch were used to:

- help determine what content could be helpful for users based on what they were posting about on Twitter, Facebook or in various online forums.
- feed into onsite messaging and site structure requirements.
- help provide clues as to what copy should be used in Paid Advertising (Google and Facebook) to help attract people to the service.

CX journey map: this bespoke tool was based on a blend of 'classic' CX maps and included various elements specific to the project, including a COM-B behavioural tool.

Moments of truth

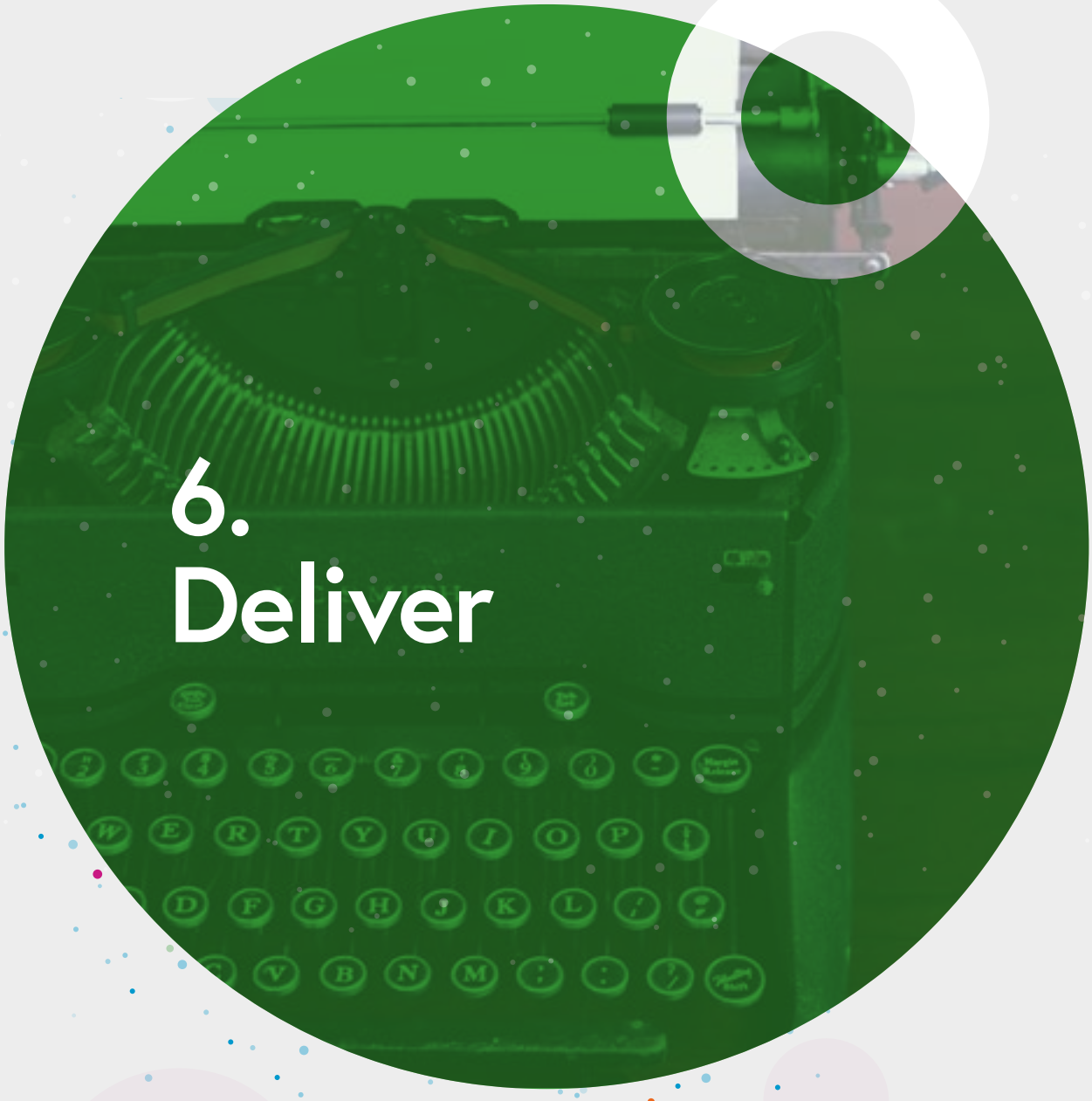
A clear analysis of the CX journey and the associated search and social data gives rise to the 'moments of truth'.

Moments of truth are born out of the elements below and help us identify where the greatest moments of struggle and of delight can be found. These include:

- quality of the experience at each stage in the journey.
- needs and behaviour of people at each stage.
- supporting characters involved in the progression between stages.

They can be found at any point during the journey, with the most valuable to the project happening at the beginning. This was either when individuals were becoming aware that they needed help, or were working out how to adjust their behaviour to maximise their mental wellbeing.

From this we knew that early intervention was key.



6. Deliver

Deliver phase: step snapshot

This phase is focused on the project outcomes. More precisely, the standout observations and deliverables.

There are a number of key themes that we witnessed as a result of this project. Each weaving through the stories, data and empirical research; showcasing their importance (either alone or together) at a variety of points across the CX journey.

These patterns and observations were intrinsic to the project delivery and would all inform and be fed into the MVP of the 'Good Thinking' service.

Relevance: Google is a rich source of relevant data and an important touchpoint on most journeys.

Behavioural patterns: there is evidence of behavioral patterns from social data and conversations.

Intervention methods: a variety of intervention methods are effective, depending upon the point in the CX journey.

24/7 and hyperlocal support: local and 24-hour support is essential in many varied circumstances.

Building relationships: forming partnerships with existing organisations (uncovered during this research) are important in creating a useful connected experience.

Relevance

As we explored earlier in this paper, people are willing to tell Google things that they unlikely to relay to anyone else.

Through our research, we have been able to garner and extrapolate the most insightful data - really getting under the skin of what is driving people at certain points in their journey.

This information ensures that our client can be hyper-relevant. By drilling into the data, we know the sorts of terms, phrases and sentiments used at each stage of the CX journey, and the types of websites they will end up visiting.

This knowledge gives them the inside track on where people are and what they might be feeling at each particular point. The NHS can then also target messages that reflect search intent - answering and supporting the emotional needs of the individual at any point in time.

Behavioural patterns

Our research surfaced some really interesting patterns in behaviour online - what people are searching for, how they are searching, and what language they are using at each point in their journey.

Not everyone's personal story is the same, but there are similarities in how they move across the internet, how their emotional states develop, and what informational support they are looking to cultivate.

Telling the truth: people feel comfortable telling Google what they might not want to tell anyone else - even their nearest and dearest. The raw truth used in the searches helped us to get to the crux of their issue(s) and how they want to be helped - apps, hyperlocal online and offline support, and meet-ups, as well as targeted, helpful content.

Providing motivation where it's lacking: the insight our research gives us can help us capitalise on people's motivation and provide gentle nudges in situations where it's lacking. The data also clearly shows when to intervene and how. For example, a stop smoking TV advertisement will only go so far to persuade someone to kick the habit. But if you know that the individual is a parent and a regular Facebook user, you can start to filter through targeted messages that will hit the mark. For example, how their smoking is impacting their children and where to go for support.

Learning to read the signs: current sufferers are the most vocal group and those who have suffered in the past (and recovered) are great for offering peer-to-peer support. Learning to read the signs and knowing when to intervene was key to this project. When we reviewed the different CX stages, search terms and websites that were coming up, we noticed some interesting patterns. There was a definite trend to what information was being surfaced depending on what stage of the journey the person was in. Knowing where to look, what to see and how to intervene was a key output from this behavioural analysis.

Intervention methods

A big part of our analysis focused on the stages a person might be in when an intervention would help them find a solution.

There are some states, notably later on in the CX journey, where a digital intervention may still work, but will be a lot more expensive as it requires more effort to engage and direct the individual.

Example intervention points (where the context is economic/work related):

- **Unaware** - lacking focus, feeling tired at work.
- **Aware** - not sleeping and feel constantly worn out and tired. 'I can't relax and I'm worried about work all of the time.'

Although you could argue that the intervention sweet spot is earlier in the journey, there are multiple opportunities across the board where the NHS can clinically intervene to maximum effect - through targeted paid advertising for example.

However, the further on someone progresses in their journey without support, the more likely they are going to seek help from a medical professional.

We've learnt that there are key states where you can intervene and change the nature of the path that the particular person is on - taking them away from the journey towards poor mental health, back on to one towards mental wellbeing.

Providing clarity: There is a vast array of options and information available for people when searching, but much of the advice can be confusing or questionable in terms of its authority, relevance, credibility and helpfulness to the user.

The established journeys or recommended places are not necessarily the most useful. Often people are kept 'trapped' within the same website.

Joining the dots: It is vital to get people to an appropriate destination.
Providing clear signposting for supporting characters e.g. friends, family, employers, colleagues etc... is essential as it can quickly help them find relevant information.
Maintaining a strong, hyperlocal experience is important as it helps people see the service as being relevant to them. Content needs to have a strong focus as being 'for Londoners'. Point people in the direction of information or resources they can take advantage of (both online and offline) within their immediate part of London.

Improving experience: Use psychographics to improve the information presented to people at sites they visit (when searching Google). This can be achieved through varied media types, appropriate tone of voice or calls to action. Track frequency of engagement with the proposed content to identify useful destination points.

24/7 and hyperlocal support

The NHS is under immense pressure to deliver and resources are stretched. Although the majority of healthcare professionals work around the clock, the general public's requirement is most definitely access to 24/7 support.

Digital is the perfect channel for achieving this goal. What we found is that even if it's not the complete solution for someone, it is a capable and reliable stepping stone to achieve support - whether providing access to a local support network, peer to peer advice or connecting with others in a similar situation. Access to information and the continuity of support across an individual's CX journey is as imperative as knowing what support to deliver, when and how.

What this project has highlighted is that the key thing the Service needs to do is to 'join the dots' for people by improving their experience online and offline. There is a huge repository of information online, but what this needs to do is marry with what's available in the local area. For someone who's lonely, joining local coffee mornings or evening group activities could be the right course for them. Surfacing what's available online easily and quickly is imperative.

But is it as easy as it sounds? If the data's right, it can be. Knowing what you can achieve and where the limitations lie will give you a good starting point. For someone who cannot drive, pointing them to a 'local' group that's two bus changes away won't be appropriate and can be quite disheartening to the individual. By collating multi-source data and overlaying this against the CX journey, you can not only 'join the dots' but start to create a vivid, colourful picture of what individuals need.

Building relationships

Building relationships between people who need support is as essential as creating and strengthening relationships between the NHS and the websites that offer support.

This came out very clearly in our research - connect with the websites where we know people are ending up and help our client to start forming a presence on them.

If, for example, someone searches for 'hair loss from stress' on Google and end up on a website such as WebMD, they should also see NHS content on there, displaying information that is appropriate and useful for them. The content would also be super relevant because it matches their original search terms.

Mapping out the touch points, forming relationships with partner websites and leveraging data can help our client be available for the individual at any point in their journey, or whatever (relevant) website that end up on, or channel they are using.

We know that our client needs to be visible at each intervention point throughout the CX journey.

What we, at Fresh Egg, and our project partners have developed through this project, is the ability to know where people are online, overlay search intelligence and the CX journey. The result is that we have a clear understanding of where our client can build relationships and what will have the most powerful impact with their audiences.

The standout deliverables

Along with the five observations, the project delivered two standout deliverables.

1. The CX journey

The CX journey is a visualisation of experiences and feelings that a person encounters at each discrete state in their journey. Through our research, we were able to garner evidence-led results that pinpointed individual needs and requirements at any point in time across this journey. Thus converting a series of touchpoints into journeys formed of distinct stages of experience.

- **Combining data and empathy:** using Google data, in-house and third-party data sources, we were able to extract the essence of what people were searching for and use this to inform suggestions to the NHS on where they needed to be. For example, forums, clinically-focused websites, social platforms, Apps etc.
- **Supporting characters:** friends, family, colleagues etc. are just as important as those seeking help and are a vital part of many individuals' wellbeing journey.

2. Joining the dots

It is really important for the Service to 'join the dots'. Helping make valuable connections and improving experiences across digital and into the local community.

- **Targeted, individual and sticky messaging:** access to targeted content helps individuals and their support networks. It also helps the NHS's advertising budget go further - moving away from expensive one-too-many campaigns, to more curated and tailored messaging that hits the mark every time.
- **Realising the power of knowledge:** we were able to develop a repeatable process to explore people's needs, search behaviour and corresponding digital footprints. This was done by harnessing multi-source information such as literature reviews, select digital tools and CX mapping.
- **Instilling confidence:** the term 'no man is an island' certainly applies to this project. Our research surfaced the partners and websites that the Service can connect with to help springboard themselves into the areas where people are (or are heading towards) - 'dark social' spaces on Facebook for example.

7. Conclusion

Conclusion

The Good Thinking service is now live and thriving.

Between 1st November 2017 and 31st January 2018, the Service has connected over 2,500 people to support and received over 29,000 unique visitors to the website. And the numbers show no sign of slowing. We can easily see that it's trusted and working for people.

Employing our 'three Ds methodology: Discover, Decode and Deliver', we could start to uncover the stories, unravel the complex, collate and streamline multiple data sources and extract meaningful observations and deliverables.

We know that early intervention is imperative; helping people get back on the path to wellbeing before the point in their symptomatic journey where challenges become problems. As someone very wise once said 'prevention is better than cure'.

The focus is not just about enabling people to help themselves, the Service is inspiring confidence in people so they are empowered to help themselves. Addressing the 'moments of truth' at each point in the CX journey is vital in any project, but for this research it enabled us to transition from a series of touchpoints into understanding distinct stages of experience, pinpointing individual needs and requirements at any one time. Creating clear and easy to navigate pathways, linking digital with hyperlocal networks, and delivering access to 24/7 support is incredibly powerful for individuals. The project has sent a message to people that the NHS and Good Thinking service are there for them; listening, intuitively responding and guiding them back on the path to mental wellbeing.

Not everyone's personal story is the same. But what the research has shown us is that the collective stories' endings can be happy ones.

This research is revolutionary and we are incredibly proud of the results we have created for our client. But the really exciting chapter is yet to come. This approach can transform your marketing and enable you to easily help your customers. It is ripe for use across healthcare and not-for-profit, and the approach flexible enough to be delivered in a way that works for you.

Digital has just got a whole lot more exciting. And we can't wait to help you create incredible results.

Get in touch

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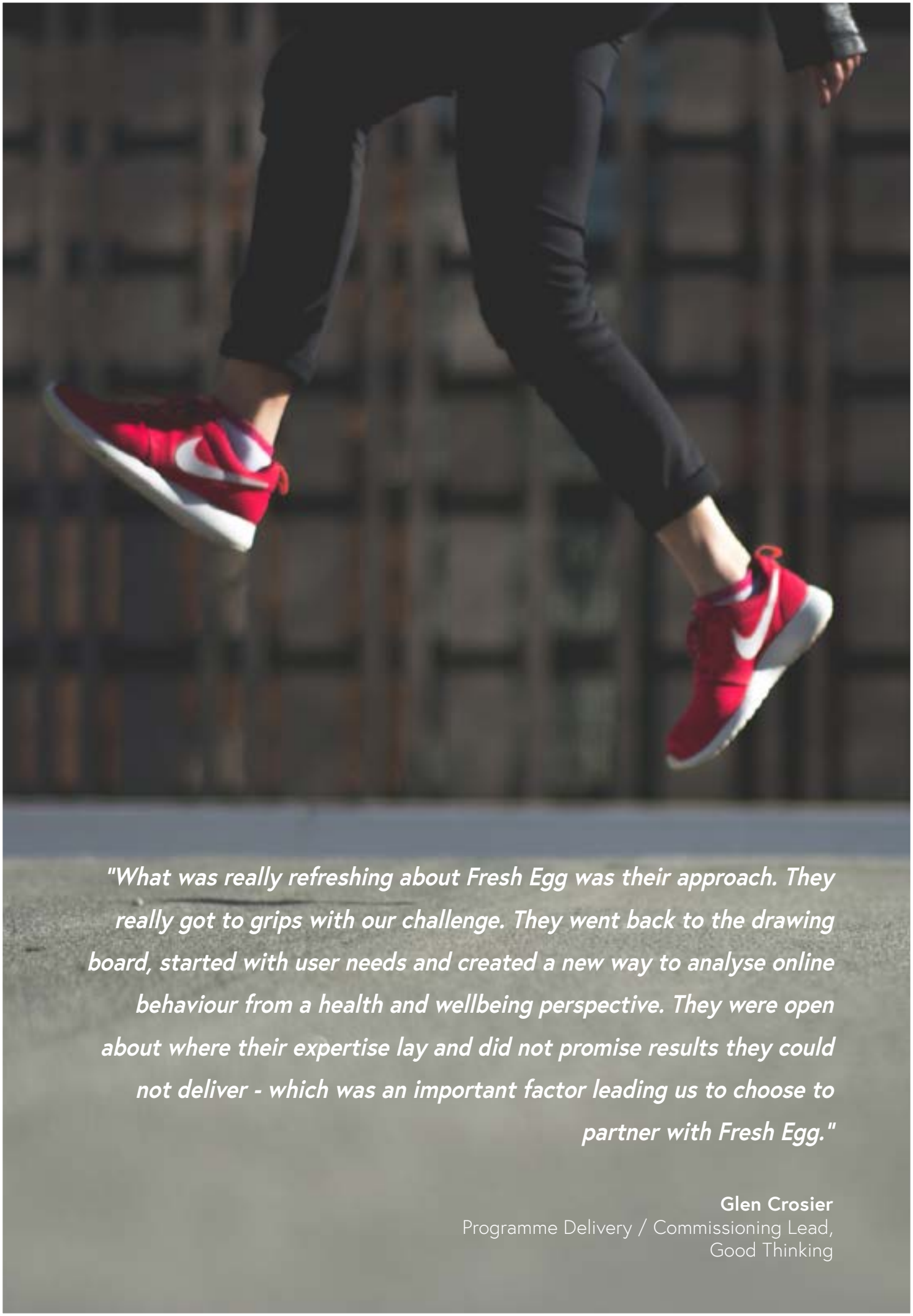

"What was really refreshing about Fresh Egg was their approach. They really got to grips with our challenge. They went back to the drawing board, started with user needs and created a new way to analyse online behaviour from a health and wellbeing perspective. They were open about where their expertise lay and did not promise results they could not deliver - which was an important factor leading us to choose to partner with Fresh Egg."

Glen Crosier
Programme Delivery / Commissioning Lead,
Good Thinking

fresh egg

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