DIGITAL MENTAL HEALTH

Personal Project Journal
Design Innovation and Environment Design
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1.1 Digital environment

The initial focus of this project was digital environments. During the lockdown, I have seen a large number of different creators experimenting with digital spaces because we were all segregated in our homes. These examples came from different fields. For instance, musicians trying to rethink digital concerts, video gamers using their platforms to make events, clubs organising digital parties, etc. This burst of creativity, in an extremely difficult time like this global pandemic, gave me the right push to explore the digital environments further. I believe the future of digital interactions will be based on digital environments.

For these reasons, I started to study in more depth this field, finding many challenging realities that use digital environments not to replicate reality, but to offer much more to the user. For instance, by exploring the infinite possibilities of the digital world, developers have the chance to create more immersive experiences that are more closely connected to their users’ feelings and needs.
While researching, I started discussing these ideas with people around me, searching for feedbacks and new viewpoints. During these conversations, I came across the project of a student who studied the undergraduate with me. This project consists in a virtual experience that takes inspiration from an interview. In his idea, you are a character that answers the questions of the interviewer by moving around the space and creating your path through the questions. At the end, you arrive in a different room depending on what your answers were during the interview. This project, together with my personal experience of digital surveys, made me realise how drastically things can be rethought when done online. In this case, people’s answer to “yes” or “no” questions consisted in moving in a space rather than clicking a box and this gives to the experience a completely new dimension, more engaging and interesting for people.

Case study zooaszoo.

This studio decided to use a digital environment to create an explorable space that exhibits all their works. The works are the space itself, so the different rooms are actually the pieces they host. This case study shows some of the possibilities of the digital environments that do not replicate reality, like the digital museums that we are used to seeing, but offer new ways to interact with the artworks.

https://zooaszoo.com/
During my meetings to prepare for Stage 3, I spoke with tutors and students about my research topic and, having had these conversations, I started realising that digital environments were not the right topic. I needed to find a problem or an aspect to be improved in people’s experience when interacting with the digital world. At this point, I found out that the right starting point was not the digital environments, but the needs of the public. I decided to explore more and more the different fields in which the digital environments were used. I had been collecting various types of material and, later on, I transferred all this material in an How Might We exercise. I spent a long time preparing and thinking about this exercise, because I found great possibilities in fields that were not so closely linked to my main interest at that moment. Many ideas came from the fields of smart working, education and art, but the most interesting ideas came from the world of mental health. After this exercise, I started to read more about mental health and the different types of support given to people. It was at this point that I decided to switch my topic from digital environments to mental health. At the beginning of my desk research, I started from the very basic, trying to answer to questions like what mental health is and how it is delivered to people. My research was carried out during the Covid-19 epidemic and I was forced to work from home, not being allowed to consult any library. My research started from web search engines of scholarly literature such as Google Scholar. I searched for articles dealing with digital health and digital mental health, and realised digital tools are largely used in the health system. In mental health, digital tools are used mainly by the therapist/doctors/practitioners as extra tools. The potential of the digital sector is acknowledged “but unlike the rapid proliferation of digital technology, the worldwide shortage of mental health clinicians is expected to remain constant” (Olfson, 2016).

I noticed and found very interesting that the How Might We exercise is a way to start thinking about potential solutions to a problem or challenge.
majority of studies about Digital Health Interventions (DHI) were conducted on children and young people (CYP) showing that the younger generations are more oriented than others to the digital world and that the future of our society will be progressively more digitally-oriented. Although “key methodological limitations make it difficult to draw definitive conclusions from existing clinical trials of DHIs” (Annual Research Review: Digital health interventions for children and young people with mental health problems – a systematic and meta-review), the research and testing of new technologies in mental health show potential, but at the same time it is still difficult to formulate clear ideas, because it is a new and fast-evolving sector, and this makes it very interesting and stimulating for me.

The more I read the more I realised how broad this field actually is. For this reason, my research naturally moved to articles related to digital tools used for individual mental health, more than the Digital Health Technology used in patients with serious mental issues, the latter being very interesting but too difficult to implement in my research because I am not an expert in the field. At this stage, I came across an article that proved to be extremely interesting: it was a study on the Acceptance and Commitment Therapy (ACT), a web-based self-help program designed to treat a broad range of psychological problems students struggle with. The ACT is based on a theoretical-philosophical model, Relational Frame Theory, and its final purpose is to promote the user’s psychological flexibility. The most interesting aspect of this study was the fact that it tested ACT using only digital web tools and the participants who received ACT improved their levels of overall distress, general anxiety, social anxiety, depression, academic concerns and positive mental health (Web-Based Acceptance and Commitment Therapy for Mental Health Problems in College Students). After investigating ACT, I read more about Cognitive Behavioural Therapy (CBT). CBT is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behaviour that are behind people’s difficulties, and so to change the way they feel.

It is used to help treat a wide range of issues in a person’s life, from sleeping difficulties or relationship problems, to drug and alcohol abuse, or anxiety and depression. CBT works by changing people’s attitudes and their behaviour by focusing on the thoughts, images, beliefs and attitudes that are held (a person’s cognitive processes) and how these processes relate to the way a person behaves, as a way of dealing with emotional problems (https://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/). While researching, I found out that CBT is largely used by online services for mental health of different types, ranging from complete online services to open telephone lines (MOODKIT/ BE MINDFULL).

My next step was to understand which was the journey of a person in search of mental health support online. From the beginning I understood how complex and confusing it is to find online supports. The main website that pops out from a basic search like “online mental health support” is the NHS page that suggests some third party websites and some telephone lines, together with the explanation of what they can do if you book an appointment with them. The problem the NHS is facing now is that the amount of people asking for support is increasing each year and the support is not evolving at the same time. This translates into long periods that users have to wait before benefiting from the NHS support. This is one of the factors that brought me to the bigger problem: It is estimated that 75% of people with mental health problems in England may not get access to the treatment they need (Mental Health Foundation). Globally, more than 70% of people with mental illness receive no treatment from health care staff (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698814/).

This is the problem I decided to work around: to investigate the accessibility of mental health support, keeping active the research on new digital technologies.
To understand better how this system works, I decided to try a few support tools by myself. These tests were not to judge if the system was effective or not, but to analyse how the websites and the support activities are structured, focusing on the early phases, because from now on my research was targeted to accessibility. From my viewpoint, the early phases are of critical importance for a user, because they are the moment in which the person decides whether or not to proceed with the support. I have tried many services both on smartphones and on computers. What follows this lines is an analysis of the two services that have the most interesting negative and positive aspects.

3. TESTING ONLINE SUPPORT
Sleepio is a digital sleep-improvement program (CBT). It has been clinically proven that, if you follow the programme correctly, it helps you to fall asleep faster, stay asleep throughout the night and have more energy during the day. The support is based on an interactive video in which a virtual sleep expert, The Prof, guides the user through six interactive weekly sessions.

Pros:
- The interactive structure makes it more trustable because you can change the course of the activity in real time.
- Not overwhelming because you see a thing at the time, the fact that it is a video does not allow you to skip ahead because you have to follow the video.
- The personalisation of the course through the interactive questions makes it very engaging.
- The information given by a voice of character makes it closer to what you can experience in a face-to-face therapy.

Cons:
- Sometimes it is very time-consuming and slow.
- There is a long survey at the beginning, it is not engaging as the rest of the support image (could put people off).
- It is designed to teach you, but if you need fast help there are no options available.
- App not available on Android devices (you need to have a PC or an iOS device).
- You do not have a therapist or expert to give you targeted information.

Considerations: The overall experience offers you a very interesting service, different from others because of the way it communicates with the user. The interaction is very humanised, trying to be similar to a face-to-face conversation. From the data reported by the developers this way of communicating with the user is very effective.
MoodKit is an app designed to help you apply effective strategies of professional psychology to your every-day life. It includes four integrated tools, possibility of rating and chart mood across time.

Pros:
- It is based on CBT and provides users with different services: activities (CBT), checker (helps you to identify what your issue is), tracker (helps you to monitor your change during time) and journal (records your observations over time).

Cons:
- There is no therapist who actually understands what your issue is, you are left to do it by yourself.
- The structure is very schematic, you need to actively do activities, for this reason, if you want to do it is perfect but, if you do not, it gets difficult to use.

Consideration: The app offers a great amount of material to its users and I find very interesting their focus on the charts and journals. These elements help users to see their improvements over time, making the app a sort of diary of your work. I believe that its schematic interface does not favour the engagement.
My desk research combined with the testing of various services gave me a good amount of results and was inspiring for my future project. Nevertheless, the more I was investigating the more questions I had. Questions regarding mental health support activities, the differences between digital and face-to-face services and questions regarding the reasons why numerous people are struggling to get access to the support they need. I also realised that it was necessary to get in touch with experts in the field of mental health in order to being able to proceed with my project. My strategy to contact experts during the lockdown was pretty straightforward, I emailed all the therapists and support centres that were working around the area of Glasgow. At this stage, it proved essential to collaborate with fellow students originally from Glasgow. They helped me in the difficult task of identifying support realities, making a little bit easier this research phase. Probably due to the complex times we were facing between May and June, I received few replies to my emails and many of the organisations told me that they were not available during the lockdown. However, the people I managed to get in touch with were extremely helpful and offered me their insights and opinions.

Andy Griffith, Piece of Mind

Andy Griffith is a fully accredited clinical hypnotherapist registered with the General Hypnotherapy Standards Council and the Complementary & Natural Healthcare Council. He provides a range of effective therapies including hypnotherapy, anxiety treatment, life coaching and Neuro-linguistic programming (NLP). NLP is a psychological approach that involves analysing strategies used by successful individuals and applying them to reach a personal goal. It relates thoughts, language and patterns of behaviour learned through experience to specific outcomes. Andy Griffith mainly deals with people struggling with anxiety, depression, phobias or unwanted behaviours. For this interview, I prepared many questions and a strict structure to follow, but the video call evolved into a very interesting conversation around the topics I was researching.
The first topic we spoke about was the stigma of mental health. Andy Griffith explained to me that over the last years more people asked for mental support: “In the last three years the number of young people with panic disorders, social anxiety disorders and Obsessive Compulsive Disorder (OCD) is growing in an alarming way”. In his opinion, this could have many causes, but one of the most influential reasons is that the awareness of mental health is gradually increasing and, at the same time, the stigma is decreasing. This aspect of society is truly interesting and helps people struggling with mental issues to admit that they need help. Andy Griffith has specified that, for the moment, the support system that is in charge to help people is not keeping up with the demand leaving many people without support.

This is not the only reason why people struggle to get the treatment they need. Andy Griffith explained that for a person in pain the most difficult step is to admit that they have a problem. Even though the awareness of mental health is improving, it is still difficult to see the problems that affect ourselves. Once you manage to admit that you are facing an issue, you have to start the process of finding the right support system and this can put off many people, because it is just too stressful for them at that stage. For example, in the initial phase, the NHS system starts by asking your full story to understand what you could be suffering from, and only later they address you to a therapist to whom you have to repeat your story once again and, it could even happen that if you are forced to change therapist, you have to start the process from the begging. This kind of procedure, for someone in pain, might be just too much. The amount of people dropping off the NHS clinical support, Andy Griffith told me, is extremely high.

Another problem of the supports is their timing. For a person in search of help, the waiting time could be drastically bad: “When you are struggling, 24 hours could feel like a year”. The big demand for help to the support systems necessarily brings to increased waiting times and, unfortunately, this is another factor that puts people off.

Private support could be better in terms of waiting time and quality of the support in the early phases, but is not something that everybody can easily afford and it accentuates the great economic and social differences that already exist.

After these technical discussions, Andy Griffith shared with me some of his experiences with the digital tools he employs for therapy. Before the lockdown, 95% of his work was carried out during face-to-face sessions in a studio. However, during the pandemic, he switched to digital tools. From what he told me, the best thing about being forced to do remote support was that people actually changed their opinion about digital support. The feedback of his clients was very positive, especially because this kind of support is faster and you do not have to travel to arrive to a studio. I was very interested in understanding if an online session was as good as a face-to-face one, so I asked him, and surprisingly he said that for an experienced therapist like him the results were exactly the same. I was impressed, but not completely convinced about it and I mentioned the lack of humanity and body language of video calls.

After these “provocations” he told me that, as a therapist, you have to be more focused if you want to capture this kind of information from a video, but at the end the results are very similar and there even is the possibility of recording the sessions, so the patient can watch them again when needed. This is especially important for people suffering from anxiety because they tend to forget things.

Then I moved to questions that affect the accessibility to this kind of support, and Andy Griffith’s response was quite straightforward. The main problems are: there is a generational gap and the elderly find the internet frightening; some individuals do not own a PC, smartphone or home internet connection;

Fig 1: screenshot during the videocall interview
and there are people that cannot access this kind of support from home, because home is not a safe place for them. The first two problems were easy to understand, but I wanted more information about the last one. Andy Griffith told me that a number of his patients did not feel comfortable when doing the digital support sessions from home. This happened for different reasons, some people are scared to be heard by family or flatmates, the family is part of the mental issue or, in general, homes are too chaotic to being able to relax and concentrate on the session.

This last part of the interview was extremely important for my understanding of the digital support service and the future of my project.
Be Mindful was created so that anyone, anywhere, can easily and effectively learn to practice mindfulness in daily life and enjoy the many health benefits, including reduced stress, depression and anxiety.

Our Story

Be Mindful is part of the Wellmed Health family. Since 2011, our skilled and passionate team has been dedicated to helping people achieve better mental wellbeing and to making a real and lasting impact on real lives. Based on a foundation of tried experience, the Wellmed Health journey began with Be Mindful.

Be mindful

After the desk research and the interview with a therapist, I felt it was time to learn more about those online services that I tried during my initial research. As I did for my first interview, I started sending emails to the online services that seemed more interesting. The response was similar to what happened the first time, a great investment in time and not many replies. As the first time, the task was demanding, but rewarding because I managed to get in contact with one of the biggest online support that I have contacted. Differently from Andy Griffith’s interview, this was way more complex to organise due to the dimensions of the team working on the platform.

After many emails exchanged, I managed to send them a number of questions and a few general topics to speak about, and they replied with a long email that included all the information I was looking for.

Be Mindful is a clinically proven online mindfulness course for better mental wellbeing, based on Mindfulness-Based Cognitive Therapy (MBCT) and it consists in a 4-week programme of training. My objective was to explore more the kind of general help they offer and how they keep in contact with their users.

First of all, they explained me that their service is based on Cognitive Therapy and it is not a support ad hoc, there is only one course for all participants. So they do not ask questions at the beginning because they cannot prescribe anything to their users. Despite this small issue, the course is interactive for different reasons:

1. The course is flexible, online and on-demand, completed at the user’s own pace.
2. Mindfulness practices are introduced via video-led online sessions, with the opportunity for participant to practice each one of them as they are introduced. Online sessions consist of videos, text and interactive exercises.
3. Mindfulness assignments are given at the beginning of each week for the user to practice daily throughout the week.
4. Participants are encouraged to write in their course journal throughout their participation to record their thoughts and feelings to return to them later.
5. Following each module, they invite participants to rate its “helpfulness”.
6. Participants are emailed regularly throughout the course, providing motivation and encouragement in the form of anecdotes, poems and more.
7. When participants have completed the course, they are provided with a resource library that includes items that develop further the main mindfulness practices that users can access indefinitely at their discretion.

The fact that this course is broadly used and is very effective (data found on the website) together with the NHS’ approval made me believe in this kind of approach.

Despite being very different from what a therapist does, it could be very effective for the mental wellbeing of people and, sometimes, even preferred to a therapist (it is cheaper and leaves the users more freedom in terms of organising the course).

In my opinion, when we think about digital mental support, we have to consider both ways of delivering help: with a therapist and this more general kind of help. Nevertheless, I believe that the combination of the two might be even more successful in addressing and dealing with mental health issues.
After interviewing these experts and continuing with desk research, I felt it was necessary to get in touch with people who are using some kind of mental health support to understand their personal point of view.

At the beginning, it seemed impossible to find volunteers for my project in the summer time and during a global pandemic, especially because my previous experience in contacting experts had been quite challenging. Fortunately, at that point, I had the third Tutorial Session with my group and, during the presentation of one of my fellow students, I noticed that she carried out an interview with a very interesting organisation. I asked her more information about it and, during our conversation, we realised that we were searching for similar users for our next interviews, so we decided to collaborate. After a brainstorming session, another fellow student joined us and we decided to cooperate in the organisation of a workshop.

Working again with a group was an extremely useful experience for me. After several months spent alone in lockdown, being able to work with others was very stimulating and my willingness to work increased significantly. We had three meetings together, to clarify which were the information we wanted to gather from the workshop and which were the goals we wanted to achieve.

When we started designing the activity, it was supposed to be in collaboration with the association that one of my teammates interviewed a few weeks before. This is an association that provides mental health support and creates workshops for people of the community. This workshop was supposed to target people that use some sort of mental health support.

This process was challenging. It was different from our previous experiences because it was carried out completely online.

At the end, we decided to divide the workshop in three different activities to be completed one after the other. Everything had to be done on Mural, a digital wall where it is possible to work together on the same page.

The first part of the activity, which we intended to be an icebreaker, was the moment to explain the workshop’s concept to the participants and to make them design an image that would represent them during the activity.

Fig 1: screenshot during the workshop meeting
The second part was the one that I worked on the most. It was focused on mental health and, especially, on the relationship that the users establish with the support/institution/or organisation they work with.

I decided to divide my activity into two different parts. The first part was focused on the mental health support and users' relationship with it. In particular, this part was addressed at identifying the things that people search for when they look for mental health support.

This activity consisted in asking the participants to put the digital sticky notes (which represent the thing you wish to obtain from the support) around the image (that represents the individual and the support).

Around each image there was an area where to put the sticky notes. As it can be seen, this area is divided into two: the left part is for the things people were searching for the first time they asked for help and the right part is for what they ask now to the support. The blue circumferences symbolise the degree of urgency, so if they put a sticky note close to the image it means that the thing on the sticky note is urgent, whilst if it is in the white part its urgency is less pressing.

The second part focused on how you deal with your issues when you are by yourself.

The concept of the activity was the same as the previous one: to write on the sticky notes the tools, skills or other means that they use to manage their problems or as a successful routine they follow to keep them healthy. Then, they had to drag them to the upper part of the image.

Fig 1, 2: Interfaces of the workshop
Unfortunately, we lost contact with the association we were designing the activity for, so we had a workshop prepared, but no participants ready to do it.

At this stage of the project, I went back home to Italy where I had an extra motivation from this change. I started again to look for a psychologist or mental health support centres around my area.

In Italy, it was surprisingly easy to find people to collaborate with. I managed to speak with a psychologist that was very excited about the project and shared my contact details with a number of his patients that after a few days contacted me to volunteer for the activity.

I decided to carry out the activity in Italian to keep it easy for them, so I translated my part of the workshop and I proceeded to contact the volunteers. Due to their personal engagements, it was impossible to organise the activity all together, so I preferred to do the workshop individually with each one of the participants.

While doing the activity, I realised that being just me and one participant at the time, it was impossible not to talk. For this reason, I used the activity as the main structure and then we spoke about every aspect in a more flexible way. The result was surprising: the participants did everything they needed to do on digital paper and, at the same time, we had a very structured interview. It was more than just an interview or workshop.

Another good thing about this workshop was that it worked as a testing too, during this sessions I was trying to understand, together with the participants, if the way communicating (video call and digital wall) was effective or not.

Participant 1

The first participant suffers from anxiety and insomnia.

The first time he went to a mental health support he was looking for a solution to his two issues. During the sessions he realised this is an evolutive therapy, which needs time to be effective. Now the things he searches for from the support have changed:

- New horizons to discover
- The therapist’s help to realise what happens around him
- Someone who can help him to unblock him socially
- A person to confront with
- New stimuli

The tools he uses to manage these issues are:

- TV series
- Outdoor activities
- Medicines
- Hanging out with friends

Experience with the support

The first time he asked for help it was at his university mental health support. This was not a positive experience because the therapist was not always the same person, the approach was cold and clinical, he worried about being seen entering the therapist’s room by his fellow students because it was not a secluded space.

So he looked for a psychologist. He started this new support via digital tools only, in the beginning due to the lockdown and, later on, they kept the online therapy because it was very effective.

In his opinion, the positive factors of the video calls are similar to the ones previously mentioned by Andy Griffith, namely that it is a very fast service and the quality of the support is high.

So I asked about the places where he has his sessions and he told me that having a big house it is not a problem for him to find a secluded room where he can be alone and feel comfortable. At this point, I understood that having a private space for the support activities is essential. Another interesting point about the digital calls that he mentioned is that he can do the therapy during the evenings, the moment of the day in which he feels more comfortable and open to speak.
The second participant after a long time, decided to call a psychologist even though he felt very insecure about calling or not. From this service, he expected to find someone who would understand him and a person to confront with, a sort of guide in order to be able to manage some negative sensations he often has. These are the reasons why he first contacted the support and these still are the things he searches for. Similarly to the first participant, he mainly did online support sessions. The lockdown was again the first reason and then the psychologist and this person did not see a reason why to stop the video calls support.

He told me that it is very comfortable to do the support sessions from home because he lives in a flat by his own. However, when his girlfriend is at home with him, he has to trust her 100% that she will not listen during the calls, otherwise the support will be not effective for him. In fact, he told me that if someone around you can hear what you say, you will probably not act in the same way, ruining the effectiveness of the support activities.

He later explained that he physically went to the psychologist just once. On that occasion, he was visiting his parents, who know that he goes to the psychologist, but still he was not comfortable doing the session from home with them, even if he was in a closed room. Just the possibility of someone hearing was enough to make him feel uneasy about the session. At this point, he decided to go to the studio of the therapist and he told me, smiling, that it was only then that he realised that he was going to therapist, because before he had done the sessions from his comfort zone and it had felt like chatting with a friend. At the end he confessed me that after a few minutes he was completely comfortable, but at the beginning the sensation was slightly different.

To manage his thoughts he tried many different tools, but at the end he understood that relying mainly on music (while working for example), and before the lockdown on dance, helped him to clear his mind and focus on other things.
After a long research process, it was time to analyse all the data that I had gathered. Using paper and pen I started writing down all the information that I had been given by the different people that I had met during this journey. I summarise this information in the following chart:

Analysing this chart I noticed that from my research the issue that came up more often was the problem of accessing digital help from home. In order to have an effective support system, you need to feel comfortable in a safe and private space, and sometimes home does not meet this requirement.

I then started thinking about possible solutions and sketching down many ideas. At the end, all this work brought me to this concept project of safe rooms.

6. FINAL OUTCOME

Safe rooms

This idea consists in a net of safe rooms to be located in cities and urban areas. A safe room is simply a room in which your privacy is guaranteed, where it is possible to access the digital support systems that already exist online. Inside these rooms you can find all the tools you might need during a complete digital session. The digital tools consist in a good internet connection and a desktop PC with a webcam and headphones. This is the basic equipment needed, but I think that in the future these tools could evolve or be complemented, for example, with VR technology. Other than these "simple" tools, there will be other items such as paper, pens, colours and so on. These rooms are supposed to host one person at the time, and are completely free and open to anybody who wishes to access them. In order to make sure that nobody intrudes this safe space while you are using it, small red/green lights will be placed outside, thus indicating when a safe room is free or engaged.

To be free and open this net of rooms will be placed in public and open spaces. Libraries, schools and universities are the best locations, but it does not really matter where they are. The important thing is to give people a safe place where they can feel comfortable while having mental health support. The user who comes across a safe room in a school could be very different from the person who finds it in a library or university. For this reason, the rooms could be a little different according to the place they are in.
To provide more privacy to the rooms’ users while being in public spaces such as a library, furniture like blocking walls (similar to the ones pharmacies use) could be placed in front of the entrance of these rooms. Depending on the location, they might use different solutions, for example, shelves could be employed in a library to define a path and block the view and sounds from the counter.

To help people who are not familiar with technology, PCs should have installed a software that works as a digital help finder, similar to what HUB OF HOPE is doing (https://hubofhope.co.uk). This device has a very simple interface that gives you all the options available and all the necessary information of the support services nearby you.

I made some renders of this concept’s ideas to being able to show my general view to the participants that took part in the workshop.
Renders of the safe rooms concept
Feedback from participant

Due to the short time, just one of the participants was available to check my idea. This participant was one of those that consider home a safe place and does not necessarily need another place, but his feedback was constructive. These are his main ideas:

1. In some occasions, these rooms could be very useful. For instance, after university, you do not need to go back home for your mental health support session.
2. They have all the tools you might need.
3. In terms of privacy, the entrance needs to be tested.

I completely agree with this point of view and consider that the safe rooms should be tested again, especially because I was only able to test the online interactive way of speaking about mental issues using a digital wall and not the complete set of tools of a safe room.
The first thing to do in order to have a better space will be to organise a workshop with users to co-design the layout of the rooms and the tools to place inside. What I designed is my interpretation of what could be a solution to a problem that different people have told me about, but it would be useful to count with the users’ direct support when designing them. In the different options that I considered before the final 3D renderings, there were other rooms that had more tools and elements, but in the end I decided to keep it simple as it was the first idea. In the future, these rooms could be modelled with people, both users and mental health specialists, to make them more efficient and better suited to their needs. During this workshop it will be interesting to understand where to put these rooms, besides libraries, schools and universities.

Another extremely important prospective is that my initial concept was based on the idea “to make mental health support in step with the times of technology” this project has to be fluid and change as fast as technology evolves. This project has to give all the tools necessary to access to the newest digital support systems that are growing around the world.

The last prospective came from a peer’s feedback. He suggested me that it could be interesting to have a way to book the rooms, similar to what many apps do (car sharing for examples). This is a very interesting suggestion because it would help to have a better working system. Nevertheless, this is not my first option, because I do not want to recreate a situation similar to what booking a NHS service is and I do not wish to overwhelm people. In fact, I prefer to keep it simple, similar to what some religious structures have (confessionals for example). You just go there when you feel you need it, without having to book in advance. I think that these two options could coexist in the future and it will be interesting to test the two options to see the differences and evaluate which one of them works best for the users.
**8. BIBLIOGRAPHY**


