


From i-THRIVE to i-RESPOND: what are the challenges facing our young people today and how can we harness technology to provide safe and effective support?

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There has never been as much interest in, or need for, digital solutions for mental health support.

A number of factors have come together to create a unique context:

COVID-19 pandemic: this had a huge impact on the provision of mental healthcare, and of people's interest and adoption around digital options



Waiting lists: as demand grows, without a mirrored growth in capacity/resource, people are looking for alternatives/additions for mental health support



Humans are electric: John Suler describes how we have become 'electric,' with a corresponding growth in cyber psychology and technological advances. Younger generations are known as 'digital natives.'

There are a number of key benefits that digital mental health tools can offer.

Professional perspectives

Accessibility/Flexibility

More options, to suit more people, including those unable to travel, with dependents, or with anxieties about attending F2F.

Opportunity

To connect with practitioners or peers in different areas of the country/world, with particular specialisms or experiences.

Shame/stigma

Technology can help to reduce some of the barriers around shame and stigma which may prevent people from accessing F2F services.

What do children & young people tell us about why they might use digital mental health support?

Familiar
point of
access

Convenience

Anonymity

Preferred
method of
communication

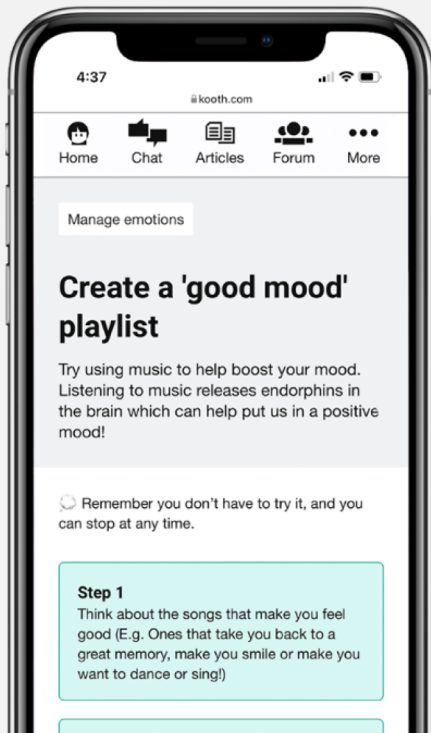
Community

Autonomy

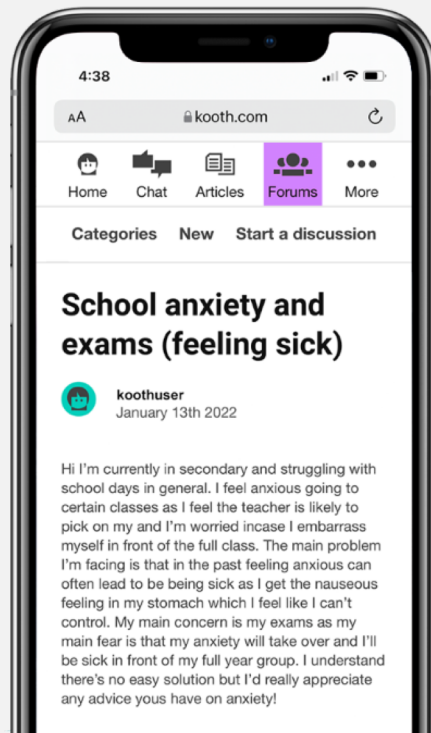
Kooth provides a population health, integrated and person-centred platform that offers empowers users through autonomy and anonymity.

Self-therapy

Therapeutic content & activities

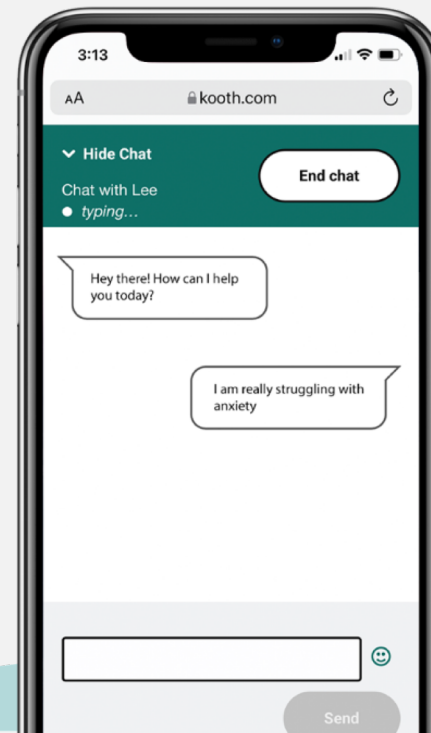


Peer Support



Professional support

Asynchronous messaging & live chat



Accessible - no barriers to entry

Stigma-free

Choice

Integrative approach

Safe space - anonymous and choose your avatar

Humans at the heart - practitioner matching

We have an online service offering based on choice. Our research provided with 4 main domains that define the way we work with children and young people within the **Positive virtual Ecosystem**.

Theory of Change for Kooth

Positive virtual Ecosystem
Caring/supportive, non-judgemental, safe, confidential/anonymous

Community Domain

Educational content, self-help, peer-support, moderated forum

Responsive Domain

Drop-in, Solution-focused, brief, risk management

Structured Domain

Working with a practitioner for regular sessions, goal-setting, targeted interventions and monitoring

Ongoing Domain

Complex needs, long-term support, trauma/attachment, collaboration with other networks

We are supporting more, higher risk service users to reduce pressure on CAMHS/IAPT services - transitioning from anonymous pathway as needed.

Over the last 3 years we have seen an increased shift to providing responsive, rapid support to high acuity/risk service users

80%

of service users assess as moderately severe / severe

54%

of presenting issues are suicidal ideation or self harm

1 in 3

assessed by practitioners as high risk

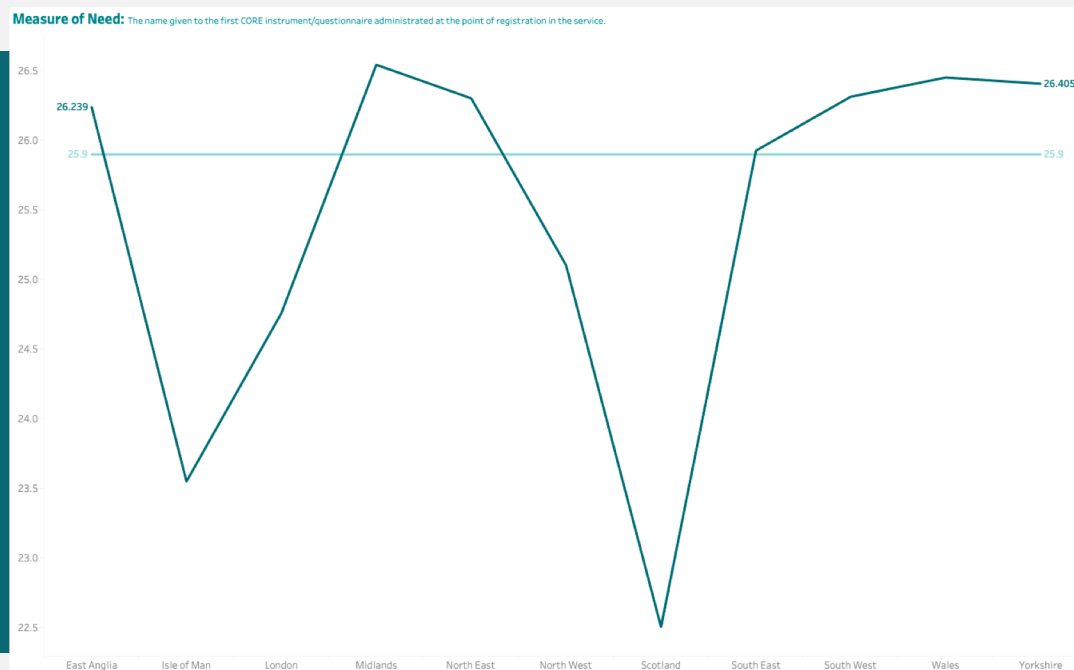


Measure of Need (CORE) scores at registration

The average MoN score at registration is substantially lower for Isle of Man and Scotland.

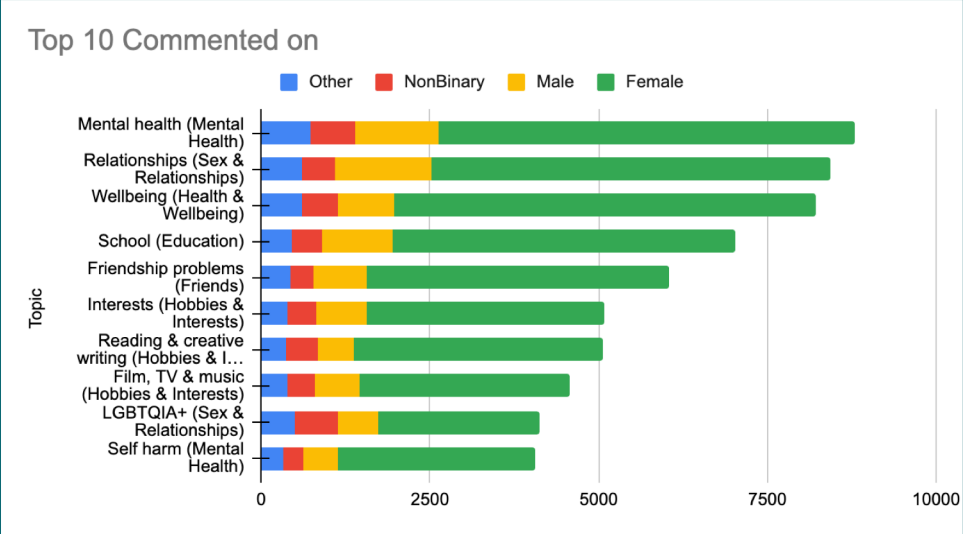
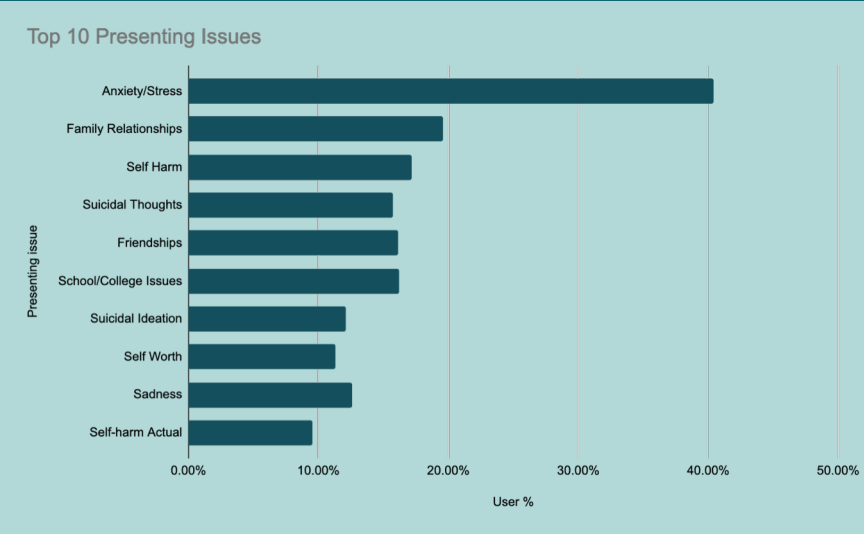
NB:

10 and less – non-clinical range
 11 to 14 – mild psychological distress
 15 to 19 – moderate psychological distress
 20 to 24 – moderate-to-severe psychological distress
 25 or above – severe psychological distress



Young people are presenting at Kooth experiencing high levels of anxiety, stress, and risk factors.

They are also actively engaging with content on these areas.



Through “anonymity by default” we provide a welcoming service to tackle health inequality.

“It’s been a lifeline for me. I’ve always struggled with my mental health but never able to ask for help.

For the first time in years I’ve reached out and already I’ve been given the opportunity to live chat, I’ve talked to many practitioners and got so much support. **If it wasn’t anonymous** I wouldn’t have been able to reach out.”

19%

ethnic minority
backgrounds

7.5%

Non binary

It restores my faith in humanity that **all of this support is free, anonymous and accepting.** It is a great source for young people to open up about their feelings without fear. It has helped me and many others a lot.



We are unique in that we deliver an anonymous and accessible service with humans at the heart, whilst also safely managing high acuity.

“I think it is very helpful for young people because here is a stereotype linked with getting mental health support and Kooth being anonymous really helps”.

“Amazing because you don’t need to tell anyone that you are using kooth”

“I think that it’s an amazing service that has given me the opportunity to feel heard in times of need and to be anonymously supported as well is fantastic as I can open up more.”

“Amazing, accessible along with great advice and anonymous support. Something like kooth is really hard to come by.”

“It’s really helpful for people who are unable to get free help elsewhere or are struggling to feel heard and valid.”

“I think it’s perfect. It’s anonymous and it’s free and it’s easy to access.”

“I think Kooth is a very important service for young people. Being able to talk about what is going on anonymously without anyone else knowing gives young people the freedom to talk about what they feel they can’t talk about in their outside life.”

The online disinhibition effect is important to be aware of.

Ultimately, this refers to the tendency for people to behave differently online.

This is likely due to the 'distance' created online, and not being able to see others' reactions or experience consequences in the same way.

There are pros and cons to this. On one hand, it can lead to 'toxic' behaviours such as trolling, 'keyboard warriors,' and cyber-aggression.

On the other hand, it can also enable people to express themselves more freely.

It's also important to bear in mind that this can affect us as staff and practitioners, too.



People are still hesitant about safeguarding through digital mental health tools.

There are a number of people who worry that safeguarding is not possible remotely.

However, many people who complete suicide were already known to services. Safeguarding and child protection research consistently evidences that the majority of children subject to abuse/neglect do not report to services at the time.

De-escalation is absolutely possible remotely. Digital services may be able to reach vulnerable children who may not have engaged with other services.

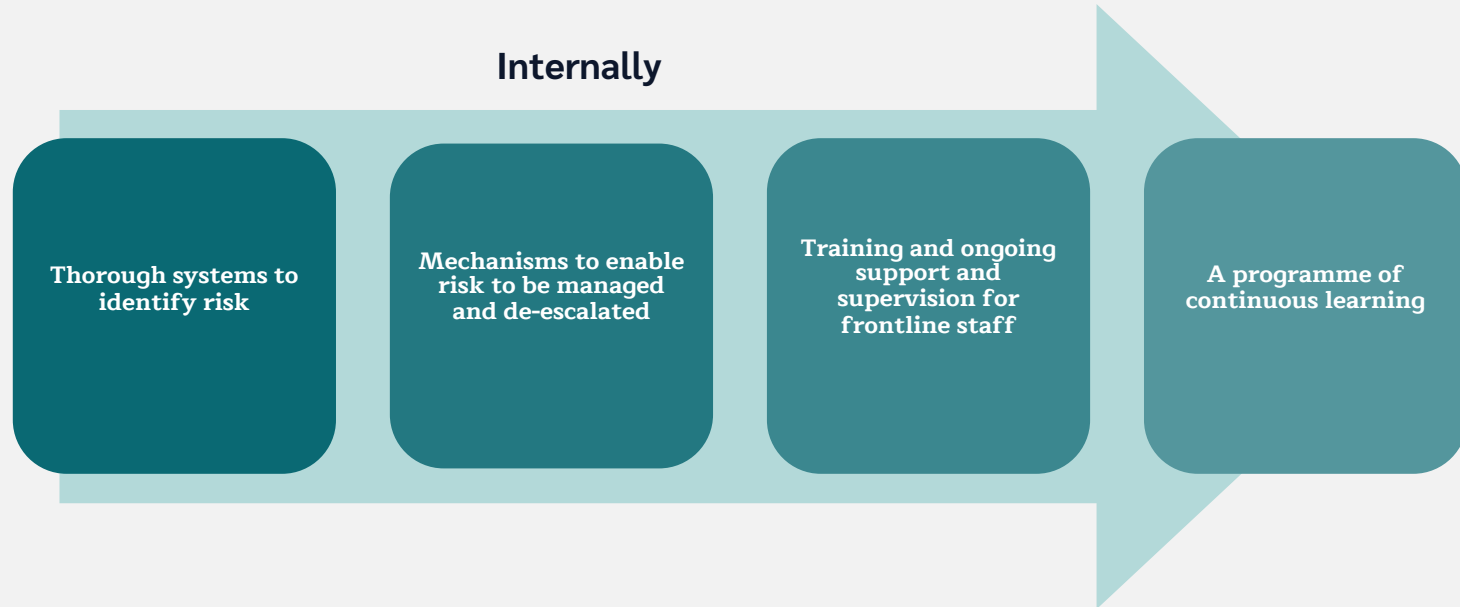
SHOUT recently [analysed](#) half a million texts and found:

- 38% had never asked for help anywhere else
- 55% didn't feel they had anyone else to talk to
- 1-2% of conversations each day result in an 'active rescue' - the remainder are successfully de-escalated



Providing a safe (anonymous) service relies on robust clinical governance procedures and safeguarding practices.

Externally: locally and nationally driven policies



Digital, anonymous support, can be effective

Community

CYP using only our community spaces showed significant improvements on psychological distress, suicidal ideation, hope, self-esteem and loneliness.

[Stevens et al., 2022](#)

Good value

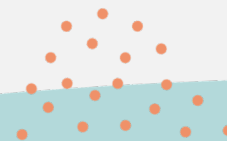
An early economic evaluation by the London School of Economics indicated Kooth was good value for money, with a cost saving to the NHS of approx. £199 per engaged user.

[Coote et al., 2022](#)

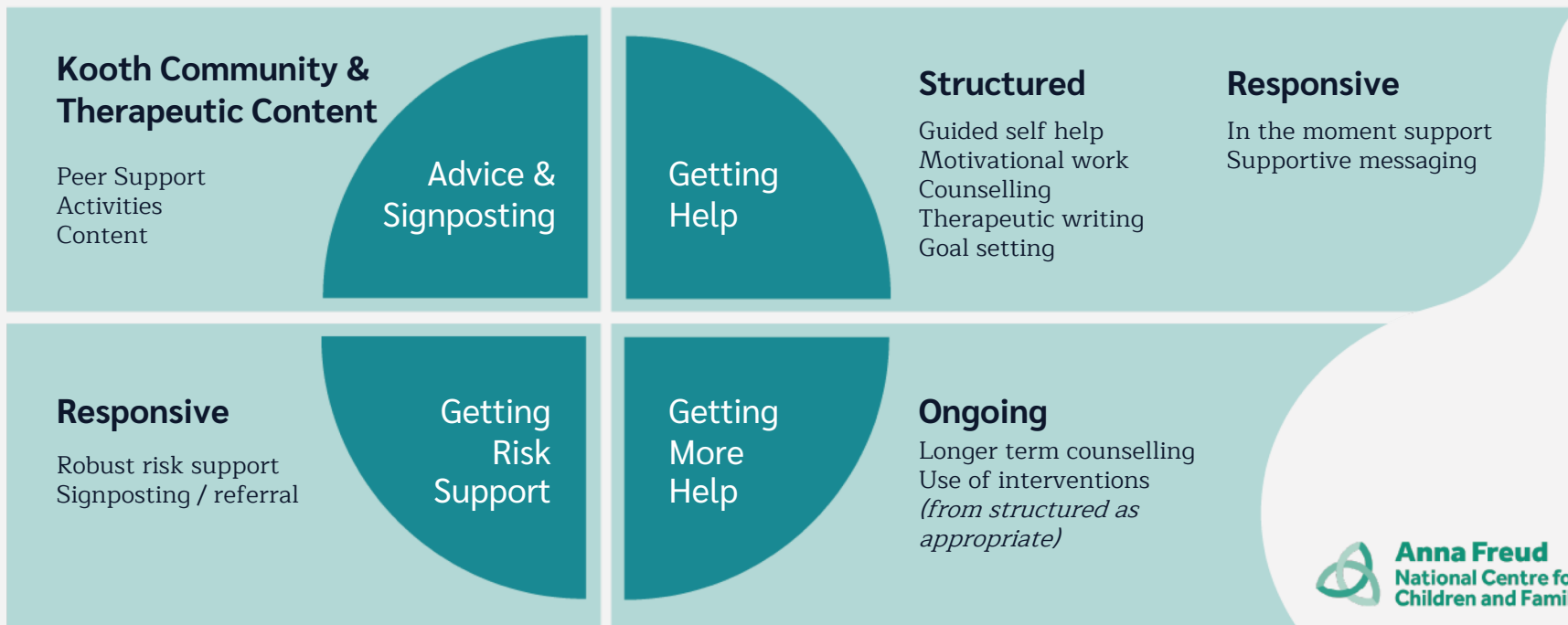
Single sessions

We have developed our own single session measure (SWAN-OM), to help evaluate how effective a 'one at a time' approach may be. Average of 78% CYP state their needs/wants have been met.

[De Ossorno Garcia et al. 2021](#)



Mapping Kooth to Thrive



Our proprietary clinical operating model, iRespond, enables practitioners to deliver a safe, person-centric service at scale.

iRespond Clinical Governance Framework

- A strong, robust Clinical Governance Model which ensures we stay **alongside** our users and are equipped to **respond to complexity and risk**.
- We **proactively audit the clinical practice of our 250+ Practitioners** against i-Respond to build a culture of continuous improvement.
- **Asset/strength and goals-based approach** to achieve outcomes that matter to people.
- **Digital Practice Training:** Text-based, drop-in support is an entirely new delivery model for most practitioners.



Digital mental health support is an effective tool at addressing some of the challenges facing young people today

- Technology can meet a number of wants and needs for young people, in ways that can be different to traditional services
- Young people are increasingly presenting with concerns around anxiety, stress, relationships, and risk to self
- It is imperative that any digital tools have robust governance and safeguarding procedures, which are adapted for purpose
- Digital platforms may offer opportunities for vulnerable young people who would not otherwise access services to reach out and seek support

