

# Kooth

Kooth in Essex

**The Story So Far**

November 2019



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# Background

This report has been produced by XenZone to summarise considerable data analysis that has been conducted on the Kooth platform. This aligns with one of the key recommendations in the FYFVMH published by NHSE in 2016 to collect the right data and use this to drive and evaluate progress<sup>[2]</sup>.

The principle purpose of this analysis is to enhance our understanding of how Kooth is being used by young people, and, crucially, how Kooth is supporting young people with their mental health.

## Kooth

Kooth is a transformational digital mental health support service. It gives children and young people easy access to an online community of peers and a team of experienced counsellors. Access is free of the typical barriers to support: no waiting lists, no thresholds, no cost and complete anonymity at the point of entry. Launched in 2004 and accredited by the BACP, more than 1,500 CYP across the country login to Kooth every day.

## Kooth Essex

Kooth was first commissioned in Essex in October 2017 as part of the local transformation plan for improving children and young people's emotional wellbeing and mental health<sup>1</sup>. This included reducing waiting lists by providing early appropriate intervention, making appropriate referrals and reducing demand on EWMHS, delivering measurable improvement of users, and demonstrating user satisfaction.

Since autumn 2017 there has been a strong uptake to the Kooth service across the seven CCGs in the county. There have been over nine thousand registrations which have created significant amounts of accompanying data. As such, this report has been conducted using Kooth Essex as a case study.

## Approach

The data visualisation tool Tableau was used for the data analysis. The analysis compares the Kooth data collected from the seven CCGs within Essex, and also with data from across Kooth UK. The data used was collected from the start of the Essex contract (2nd October 2017) to date (1st August 2019).

# Glossary

**BACP** - British Association for Counselling and Psychotherapy

**EWMHS** - Emotional Wellbeing and Mental Health Service

**CCG** - Clinical Commissioning Group

**FYFVMH** - Five Year Forward View for Mental Health

**NHSE** - National Health Service England

**MHSDS** - Mental Health Services Data Set

**CYP** - Children and young people

**I&P** - Integration and Participation

**BME** - Black and Minority Ethnic

**CYP IAPT** - The Children and Young Person Improving Access to Psychological Therapies

**Core-OM** - CORE Outcome Measure

**Core-YP** - CORE Young Person

**Article** - A Kooth article can be written by a Kooth worker or a Kooth user. Articles can also be commented on to facilitate discussion and peer support. All articles and comments are moderated before publication to ensure they adhere to the safeguarding guidelines of the Kooth community.

**Forum** - These are young people-led pre-moderated discussion boards which encourage support among peers.

**Messaging** - Messages can be sent and received by counsellors and Kooth users. They can be used for a range of purposes, for example to share resources, encourage the use of goals, or for a young person to reach out for help. The counsellor message inbox is managed and reviewed daily, hence the messaging service is asynchronous.

**Chat** - This refers to a session with a counsellor or emotional well-being practitioner which lasts up to one hour, and happens in a live messaging environment.

# Access

## Essex CCGs

Kooth Essex is comprised of seven CCGs. These are listed in the table below, along with their corresponding geographical locations.

Clinical Commissioning Group	Geographical Location
NHS Basildon and Brentwood CCG	Basildon, Brentwood, Wick
NHS Castle Point and Rochford CCG	Hadleigh, Benfleet, Canvey island, Rayleigh, Rochford, Hockley
NHS Mid Essex CCG	Halstead, Great Dunmow, Saffron Walden, Kelvedon, Maldon, Billericay, Chelmsford
NHS North East Essex CCG	Colchester, Clacton, Harwick, Frinton-on-sea, Walton-on-the-naze, Brightlingsea
NHS Southend CCG	Southend-on-sea, Westcliff-on-sea, Leigh-on-sea
NHS Thurrock CCG	Thurrock, Grays, Stanford-le-hope
NHS West Essex CCG	Harlow, Loughton, Epping

## MHSDS Access Figures

The data collected in Kooth is submitted to NHS Digital and contributes to the MHSDS. Access to high quality mental health care at the right time is one of the greatest needs at present. This is exemplified with a number of pledges: 'By 2020/21, at least 70,000 more children and young people should have access'<sup>[3]</sup> and '1 million more people with mental health problems are accessing high quality care by 2020/21'<sup>[2]</sup>. The FYFVMH recognised the chronic underinvestment in mental health care and urged for efficiencies to be made through achieving better value for money<sup>[2]</sup>.

The table below uses data published in the MHSDS 2018/19 and data provided by Kooth that contributed to the MHSDS to assess access rates. To contribute to the access rate a Kooth user must have received at least two contacts, considered to either be a therapeutic message or a chat session. It is important to note that there are many more circumstances under which a CYP may have received therapeutic intervention on the Kooth platform. Despite this, across six of the Essex CCGs, Kooth still contributed to 5.6% of all CYP who accessed treatment for a mental health condition. This is projected to rise to over 7% in 2019/20.

In 2019, XenZone are working hard to lobby for a different approach to MHSDS to count more CYP activity on Kooth. As we develop more suitable outcome measures for the different elements of service offer, we want to ensure these outcomes, and the activity related to these outcomes is included in future MHSDS.

CCG	Eligible CYP ~	CYP receiving	% access rate	Kooth access	Kooth access %	Cost per access*	Projected figure for 2019/20^	Projected % access
NHS Castle Point and Rochford CCG	3210	955	30%	85	9%	£429	81	5%
NHS Basildon and Brentwood CCG	5220	1421	27%	65	5%	£560	103	7%
NHS Mid Essex CCG	6940	2371	34%	139	6%	£262	140	5%
NHS North East Essex CCG	6095	2268	37%	84	4%	£434	170	7%
NHS Southend CCG	3465	880	25%	N/A	N/A	N/A	108	12%
NHS Thurrock CCG	3670	968	26%	39	4%	£934	96	9%
NHS West Essex CCG	5485	1319	24%	41	3%	£889	72	5%
<b>Totals</b>	<b>34085</b>	<b>10182</b>	<b>30%</b>	<b>453</b>	<b>4.4%</b>	<b>£563</b>	<b>770</b>	<b>7%</b>

~ Children and young people with mental health condition

^Based on Apr-Jul 2019 submitted figures

\* Based on cost of Kooth service / number of counted contacts in MHSDS

## Value for Money

With this data we can demonstrate a value for money proposition for Kooth based on the comparable cost of its' MHSDS access count to the overall CAMHS budget and access count. In 2018/19 the CAMHS budget was £13m. The final access figure was 8100. This gives an average cost per access of £1604.

The total Kooth contract was £250,000. Its final access figure for last year was 453. This gives an average cost per access of £551. As this was the first year counting Kooth figures, there were some inevitable issues with counts, and there is an anticipated rise in figures for 2019/20 (based on first 4 months submission). For the same value contract in 2019/20, we anticipate to reach approximately 770, making a projected average cost per access of £324.

**As such for 2018/19 the value for money ratio of Kooth access cost: Overall CAMHS access cost is just below 1:3 the cost of Kooth access being a third of overall CAMHS delivery.**

**The anticipated ratio for 2019/20 is 1:5.**

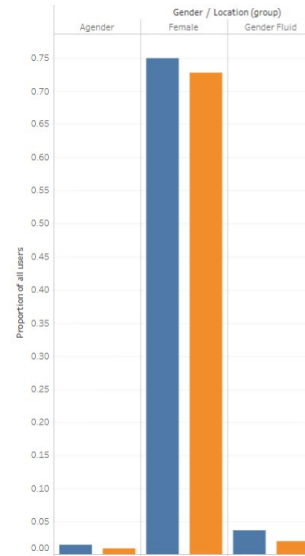
**This means the cost of Kooth is 3 times less per access count, and projected to rise to 5 times less than wider CAMHS.**

# Personal Characteristics

Equity of access is a major driver for improving mental health services, as expressed by EWMHS1. The gender, ethnicity and age of users is fairly consistent across all seven CCGs, though there are some important points to recognise.

## Gender

The number of Kooth users identifying as male is less than 20% in each CCG, which is slightly lower than the 24% average across all of Kooth. Whilst this is generally reflective of face to face counselling service demographics, it is recognised by XenZone that Kooth has a much higher proportion of female users; in 2019 a 'boys working group' was set up to identify how we can attract a greater population of males to the site. The work is on-going.



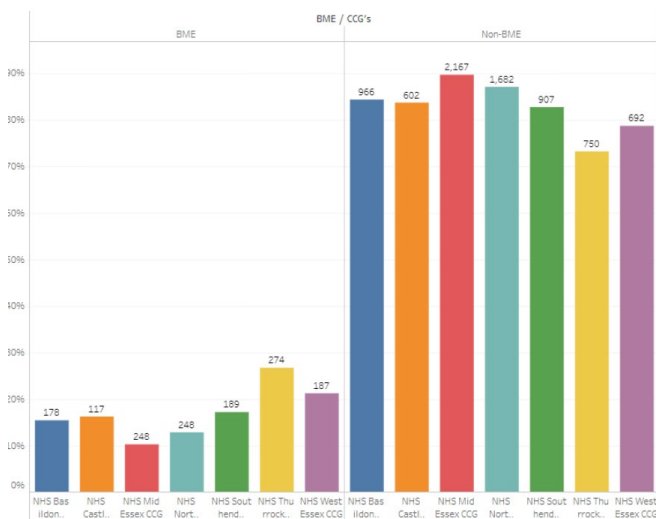
Gender Distribution of Kooth Essex and Kooth UK

## Ethnicity

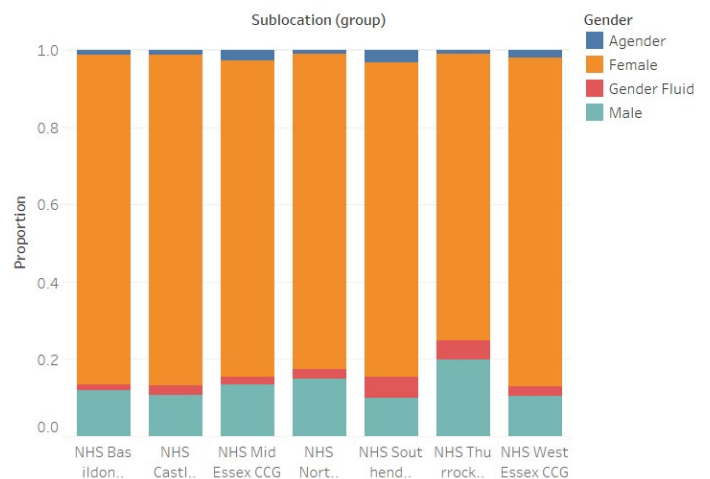
The FYFVMH recognised that people in marginalised groups are at greater risk of mental health problems<sup>[2]</sup>. According to the 2011 census of Essex, 6% of the population was from an ethnic minority group. The representation of ethnic minority groups on Kooth, which exceeds 10% in all CCGs, is higher than the general population as calculated in the census<sup>[5]</sup>. The ethnic minority population of Kooth users is highest in NHS Thurrock, at 27% BME, than other CCGs in Essex, which is reflected in the 2011 census at 14% BME. This clearly demonstrates the ability of Kooth to remove barriers to harder to reach groups and offer equity of treatment.

## Age

The distribution of the age of users is very similar across the CCGs. Moreover, the age of Kooth users from Essex is very similar to the average age of users across Kooth.



Ethnic Majority/Minority Proportion in Kooth Essex



Gender Distribution by CCG

# Adoption of Service

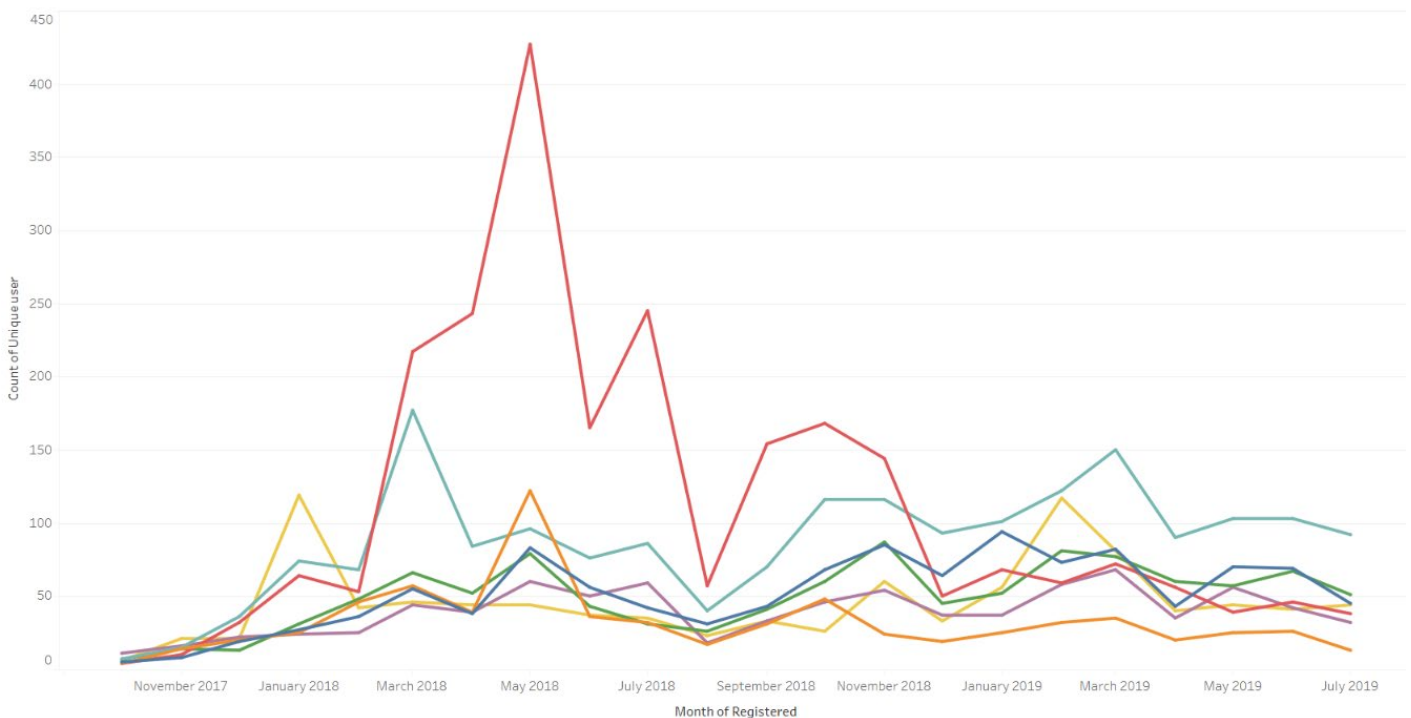
## Registrations and Logins

Mental health professionals voiced concerns about onerous referral processes in an evaluation of Southend, Essex and Thurrock CYP EWMHS. The ability to self-refer to Kooth is very important in creating a stronger sense of empowerment among users. It also supports teachers, GP's and caregivers in offering a place to which they can signpost young people who need mental health support.

NHS Mid Essex and NHS North East Essex have the highest number of logins and registrations, whilst also being the highest performing CCGs according to MHSDS access rates.

Interestingly, the number of registrations and logins peaks for NHS Mid Essex CCG between April and June 2018. There is also a peak for North East Essex CCG from January to July 2019. Experience has shown that peaks in logins and registrations can also be due to local incidences that have triggered a need for mental health support, although this does not appear to be the case here. Further investigation indicates that these results are likely to be a direct result of I&P work. Assemblies were conducted to promote Kooth in four schools in Mid-Essex in the period from April 1st 2018 to June 1st 2018, reaching a total of 4300 CYP. This emphasises the importance of I&P work in schools, and the power of collaboration with the education sector.

## Number of registrations by month, by CCG





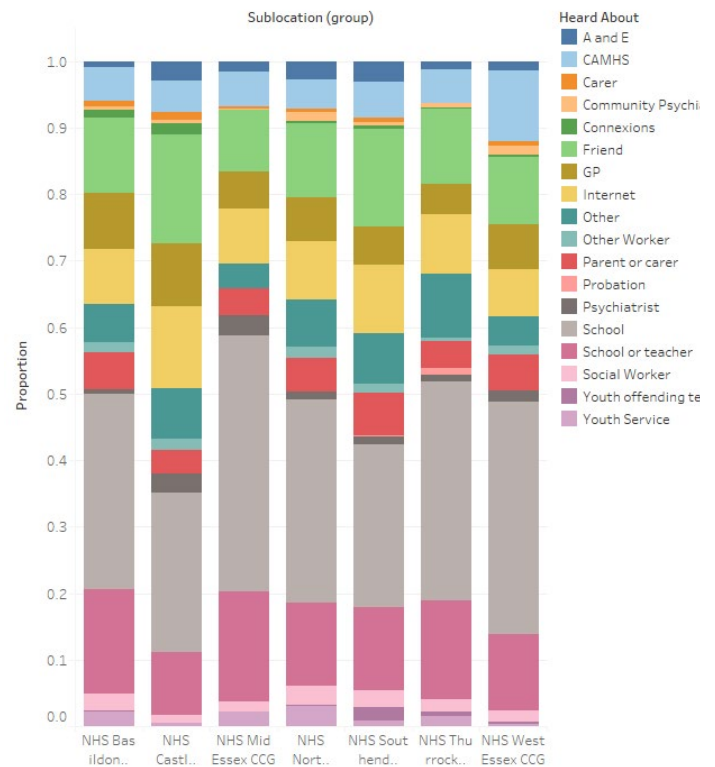
## Promotion and Marketing

Integration between mental health services and the education sector has been endorsed by CYP-IAPT. In the CYP EWMHS survey referrers expressed a desire for stronger relationships and greater cross-sector coordination. The majority of CYP in Essex hear about Kooth at school or through a teacher, demonstrating the power of Kooth to support integration with schools.

Comparing the CCGs, other points of interest include:

- NHS Southend has more young people who hear about Kooth from the youth offending team
- NHS Thurrock has more young people who hear about Kooth from probation
- NHS Castle Point has more young people who hear about Kooth from connexions
- NHS West Essex has more young people who hear about Kooth from CAMHS

Heard about by CCG



Where users heard about Kooth by CCG

This demonstrates that there is good communication and support for Kooth from community support services, reflecting a strong partnership with local services.

In addition, proportionally more users in NHS Mid Essex are hearing about Kooth from an education institute. While this may suggest impact from promotional activity in schools, this could also be due to other population and social factors, for example the size of schools or affluence.

## Site Usage

There are four key areas for young people to use within Kooth: articles, forums, messaging and chat. These terms are defined in the glossary. Users can interact with these areas in different ways, as indicated by the table.

	Comment	Direct	Post	View
Articles	/		/	/
Forums	/		/	/
Messaging			/	
Chat		/		

## Overall Activity

Across all the CCGs, NHS Mid Essex is consistently showing the highest levels of active engagement, demonstrated by the higher proportion of users commenting and posting on articles and forums.

## Chat Usage

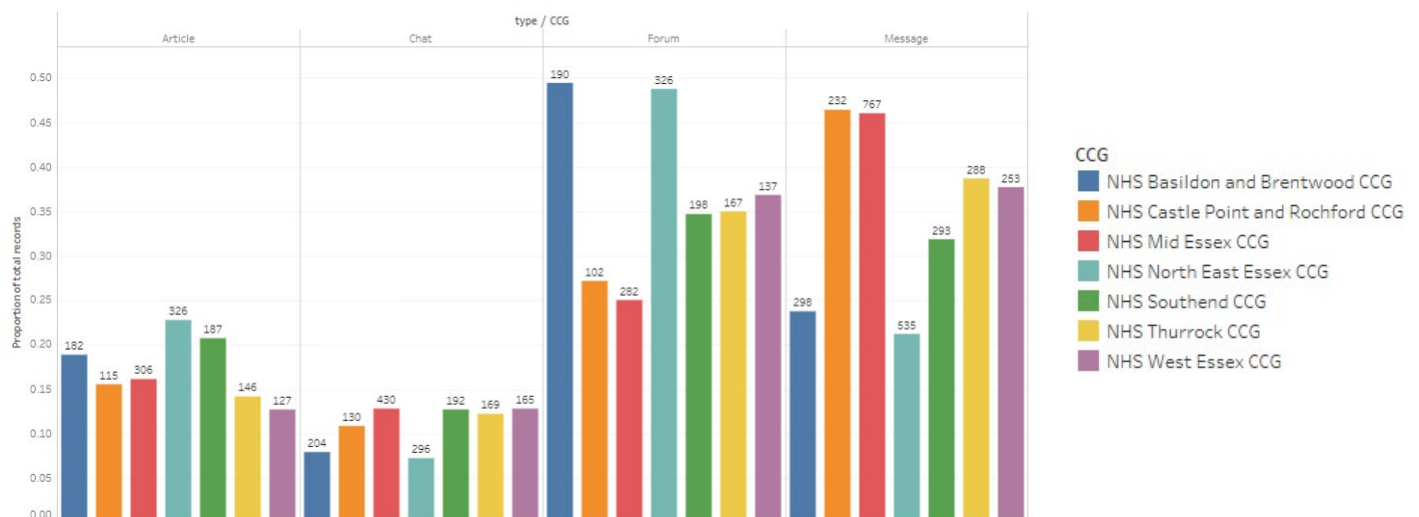
The proportion of the chat service used by each CCG is approximately reflective of a CCG's share of the Essex population with a diagnosable mental health condition according to the MHSDS. There are two exceptions to this: NHS Mid Essex and NHS West Essex. NHS Mid Essex have a slightly higher proportion of the use of the chat service, whilst NHS West Essex have a slightly lower use of the chat service, in relation to their corresponding population sizes. Interestingly, this correlates to the access rates of these CCG's according to the MHSDS. This is the same theme with use of the messaging service, which is predominantly balanced except NHS Mid Essex which uses more of the service and NHS West Essex and NHS Basildon and Brentwood which use less.

## Messaging Usage

Messaging is the most used function of Kooth, which indicates that Kooth users are seeking professional help. However, unlike traditional services, messaging allows CYP flexibility with responding, promotes reflective writing and also serves to meet a CYP's urgent need to share their story. For these reasons, the Kooth messaging service provides an effective and efficient alternative to traditional counselling sessions.

## Forum and Article Usage

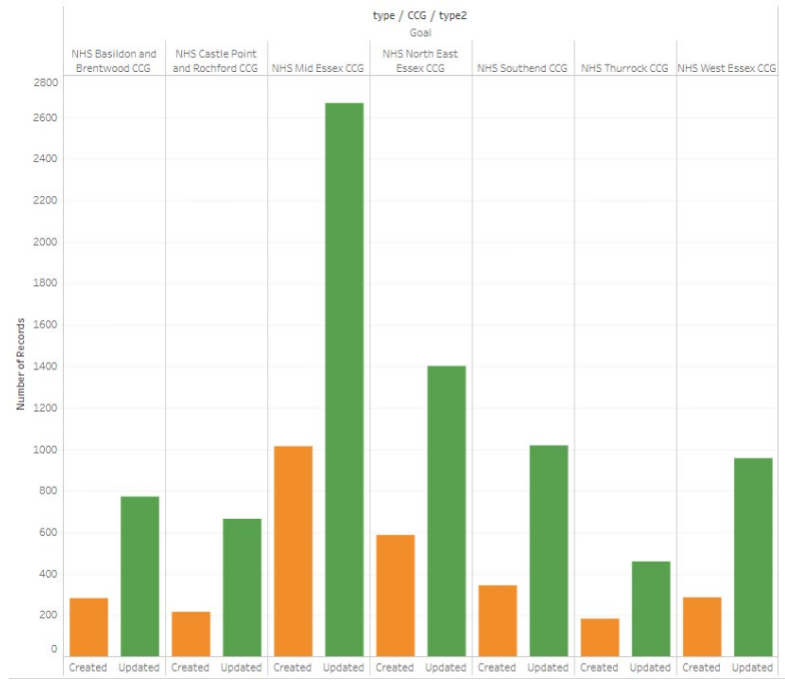
Forum use, particularly in NHS North East Essex and NHS Basildon and Brentwood, is higher than article use. This suggests that Kooth users value peer support highly. Involvement of CYP in participation forums facilitates meaningful Kooth user engagement and was highlighted as a key way to offer additional value in a report by the CYP EWMHS. XenZone is currently undertaking work to develop a meaningful measure for the outcomes of CYP as a result of peer-support.



## Area of Site Usage as a Proportion across the CCG

# Goals

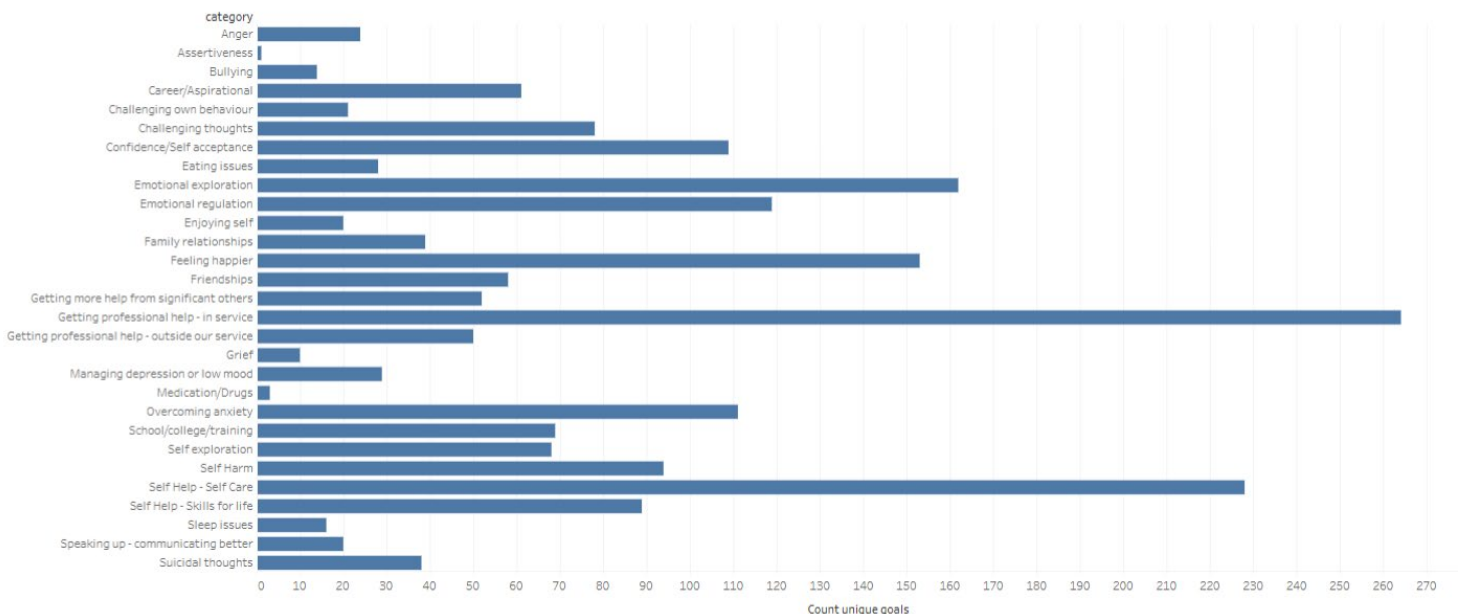
Kooth users create and update goals to monitor their progress. The total number of Essex users that have created a goal on Kooth is 1050 and there have been 2363 goals created over the lifetime of Kooth Essex. This demonstrates that users are creating more than one goal. Goals are being updated at a higher rate than they are being created. This shows that users are also engaging with their goals after initial creation, and hence demonstrates that CYP find the goals tool helpful.



Goal Creation and Updating by Geo-Area

The most common categories for goals created by Kooth Essex users are 'Getting professional help' and 'Self-help - self-care'. It is a very positive message that young people are committed to recovery and that they recognise their own autonomy and responsibility in this journey.

Goals that have a positive difference between the current and previous score show that a Kooth Essex user feels they have experienced progression. A total of 71% of goals have progressed since their previous score. Of these, 56% have shown significant progression, defined by having improved at least 4 points of the ten point scale.



# Case Examples

## Intermittent brief intervention

Claire, a British 15 year old female used Kooth in 2019 for a brief intervention. When she arrived at Kooth she disclosed her role as a young carer, supporting the care for her mum who was chronically ill, and presented with a history of anxiety and panic attacks. At the time, her panic attacks and anxiety were escalating making it challenging for her to leave the house and attend regular social occasions. Due to this presentation and the progression of symptoms, Claire was identified as a medium or 'amber' risk.

Any individual marked with an amber risk automatically alerts clinical team to risk which requires regular monitoring. Claire has attended three drop-in sessions with Kooth at times she has chosen. During which the focus of the work has been to personify the anxiety, identifying symptoms and physical signals which help to separate the experience from Claire as a coping tool. Psychoeducational materials were used to help Claire's understanding of anxiety and the physical effects this would have on her. This supported the normalisation of her feelings and enabled her to widen her coping strategies.

It was observed that Claire did have resilience and coping skills from previous face-to-face counselling she had attended. Alongside this, goals were set around the present work to make an arrangement she felt comfortable to attend with a single close friend. This goal was achieved, and a further goal was set to attend a friend's birthday event later on in the year.

From an initial assessment where Claire achieved a CORE score of 23, placing her in the Moderate Severe range, this had decreased by 12 points to a score of 11 which is considered to indicate a Mild clinical need. An end of session questionnaire demonstrated that Claire had got what she was looking for from her Kooth chats, had felt heard, understood and respected, and would recommend Kooth to others.

## Structured sessions user

Freddy, a 17 year old male of African heritage used Kooth in 2019 for a structured therapeutic intervention. In Freddy's first session he shared that he had a history of feeling very low and anxious and was struggling a lot due to exams. His main concern was that he felt isolated from his large family whom he felt unable to speak to about his worries. He had also started self-harming to cope with his overwhelming feelings and isolation. Freddy was identified by the counsellor as a medium or 'amber' risk, and offered 6-session of counselling with a named counsellor to work on the anxiety around his exams.

Any individual marked with an amber risk automatically alerts clinical team to risk which requires regular monitoring. During the 6 weeks that Freddy attended Kooth counselling sessions his risk was monitored while the counsellor introduced him to coping mechanisms for the fear around his exams and self-harm reduction. A longer term objective was for Freddy to open up to his family about how he was feeling. Dialectic behavioural therapy distraction techniques were introduced to support with self-harm reduction, while journaling became a useful tool for Freddy to document the anxiety of his up-coming exams.

Freddy achieved a number of goals during the intervention, including: throw away blades used for self-harm, try a meditation app for two mornings a week, and write down the fears about my work before sitting down for a study session. By the end of the 6-weeks, Freddy had set some more goals he would work on independently while staying in touch with the Kooth community, and committed to engaging with a counsellor again if he

felt his mood was worsening again. Goals Freddy is working towards include: Speak to mum about anxiety around exams, spend two evenings a week with my family and to maintain a journal about how I am feeling and how I responded to the feeling.

From an initial assessment where Freddy achieved a CORE score of 31, placing him in the Severe range for clinical need, this clinical need decreased to Moderate (score of 23) by the end of Freddy’s 6 weeks on Kooth.

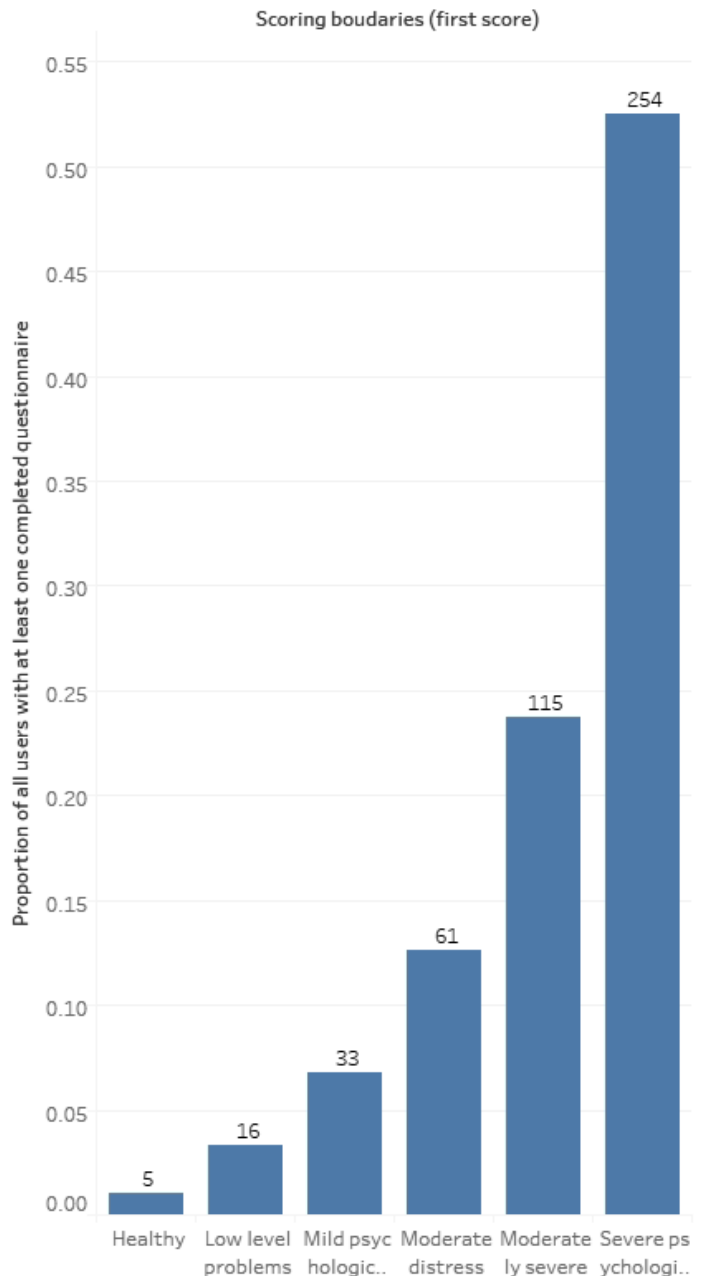
Freddy reached out to his named counsellor 4 weeks after finishing his sessions to share he had been able to share his exam journal with his mum and explain why he was keeping it, this was a big step that had helped him feel more supported at home.

### Clinical Activity

#### Core-YP

The Core-YP is designed for 11-16 year olds and is a derivative of the Core-OM, a pan-theoretical and pan-diagnostic monitoring tool. Within Kooth, the Core-YP questionnaire is presented to a young person following a chat session. A higher score represents a higher severity of mental health issue. The Core-YP questionnaire can be analysed to establish assessed measure of need of chat users in Kooth.

In Essex 399 users completed the assessment questionnaire. Upon completion of their first Core-YP questionnaire, most (52%) Kooth Essex users are considered to have ‘severe psychological distress’. This stresses the importance of Kooth for young people in Essex.



The Core-YP score of a Kooth Essex user upon completion of their first Core-YP questionnaire

## Future Outcomes

2019 and 2020 will see the introduction of further outcome measures within Kooth. The success of Kooth as an early intervention and prevention service has largely been attributed to the anonymity, flexibility and choice that young people have available to them on the service. These operational values lead to unique experiences for Kooth users who are not necessarily prescribed a specific time-based or therapeutic intervention.

Using research methods that draw on the practice wisdom of our most experienced clinicians, the wealth of data accrued over the past 15 years, and, crucially, direct feedback from young people, we are developing co-created measures that will enable scientifically valid and reliable analysis. This will support assessment of what can be achieved in online, peer-based therapeutic intervention.

# Conclusion

The need for improved access and higher quality mental health care is clear. With half of all mental health problems established by the age of 14, and rising to 75 per cent by age 24<sup>[7]</sup>, the evidence for Kooth is compelling.

Due to the nature of Kooth as a technology platform, there is a large amount of data that provides powerful insight. This analysis has highlighted some of the key successes of Kooth, whilst also emphasising the need for continued effort in some areas.

With the Kooth contribution to MHSDS access rates as high as 11%, it is clear that Kooth is strengthening the ability of the NHS to provide high quality care at the right time to those in need. Encouraging uptake of mental health services by ethnic minority groups is notoriously challenging. However, the data has demonstrated that Kooth is able to overcome these challenges, and offer equity of care.

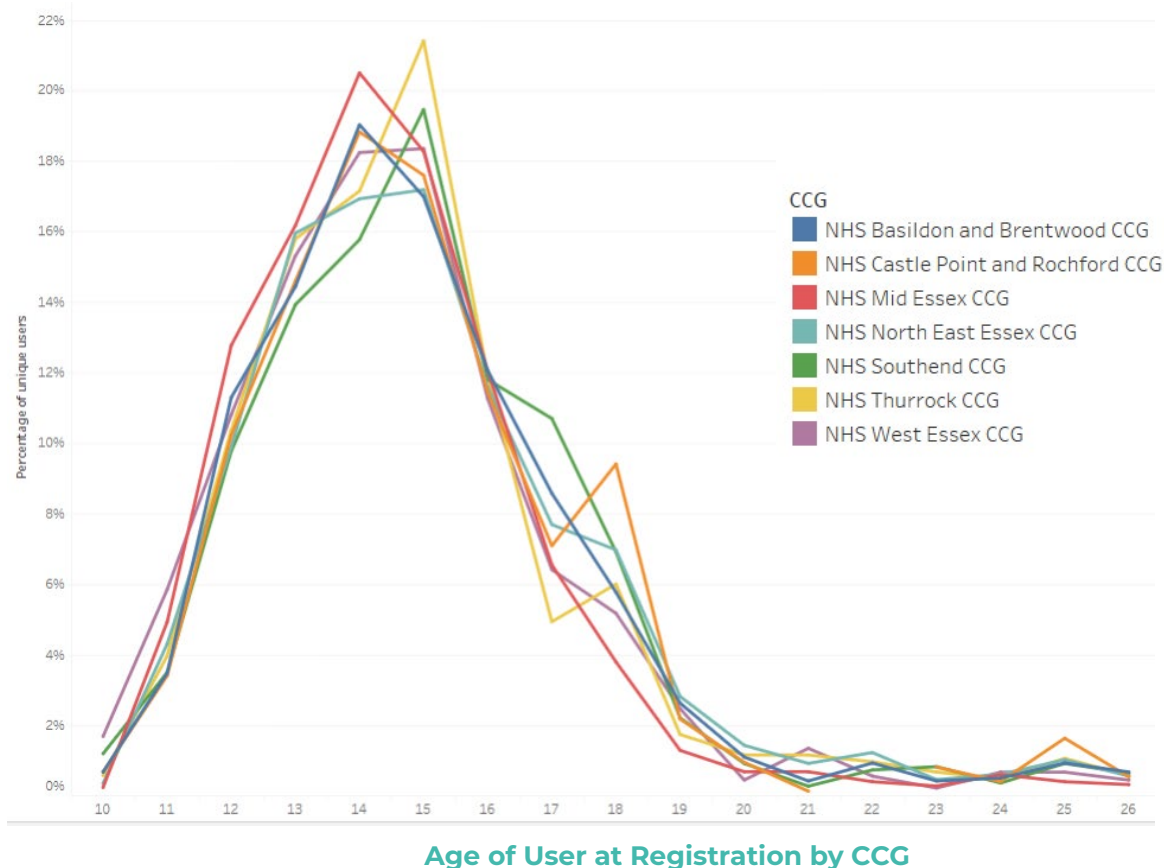
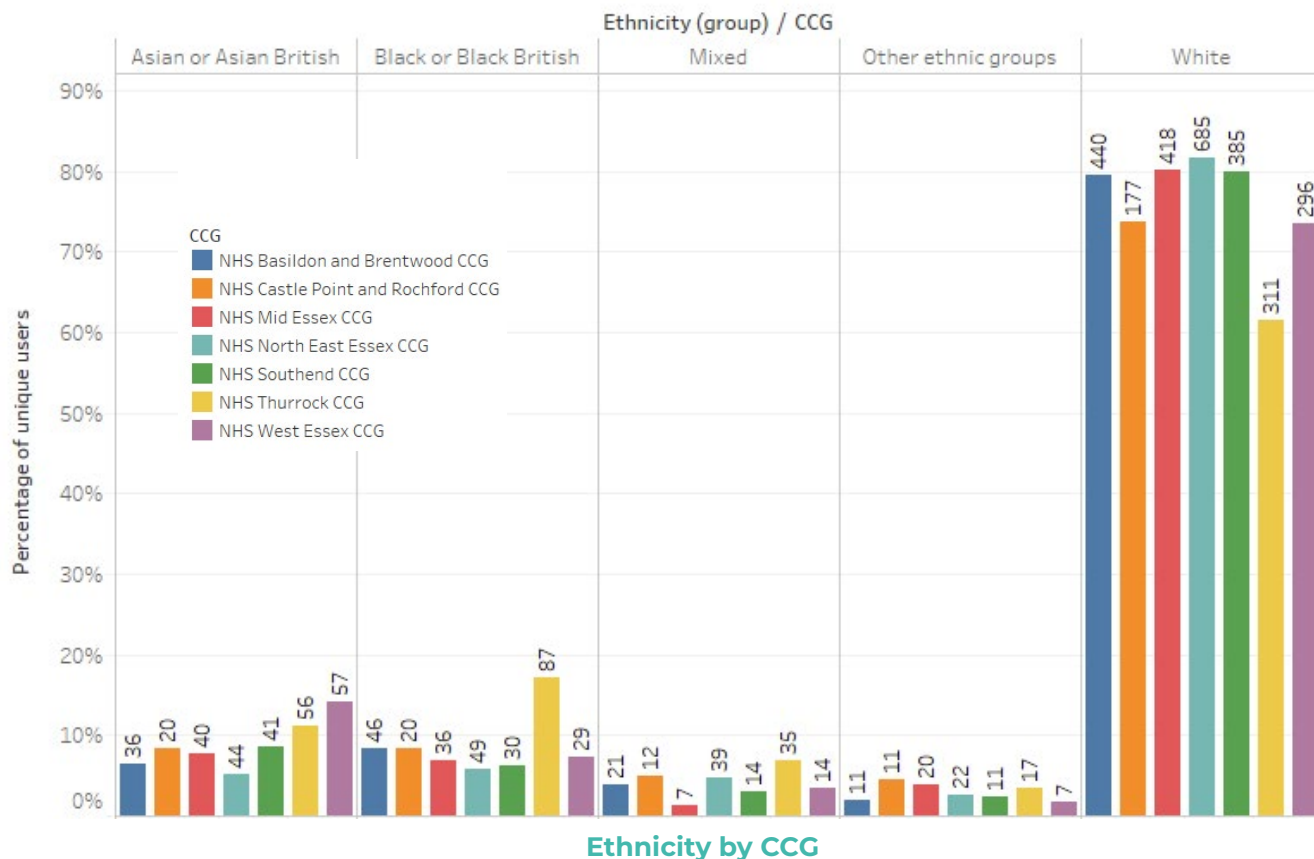
Gender is an entrenched issue within mental health services, that needs significant pressure to change. Although trends have shown that women are more likely to experience a mental health disorder<sup>[6]</sup>, this is disproportionate to the use of mental health services by each gender. XenZone are committed to improving access to males. Recently, a survey was conducted to understand how to increase male engagement on Kooth. This collected valuable ideas and suggestions from over 1700 young males and is being used to improve Kooth advertisements.

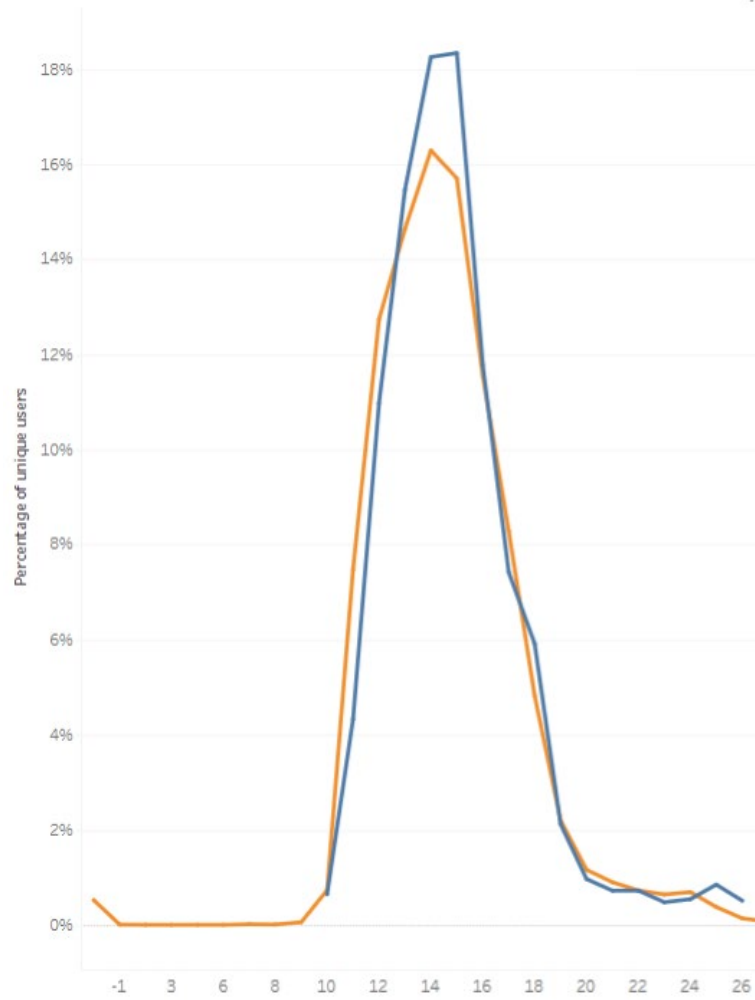
The impact of I&P work is obvious from the strong correlations between school visits and registrations. This is crucial to increasing the use of the mental health service Kooth and also in removing mental health stigma. Considering the lack of I&P work in youth offending teams and other youth services, there are a considerable number of Kooth users who have heard about Kooth via these routes. This suggests it may be beneficial to expand I&P work from schools into these areas.

This data tells a compelling story for the value of Kooth and its ability to innovate the field of mental health. The opportunity of Kooth to further enhance the quality and access to mental health care is exciting and this report will act to shape this journey.

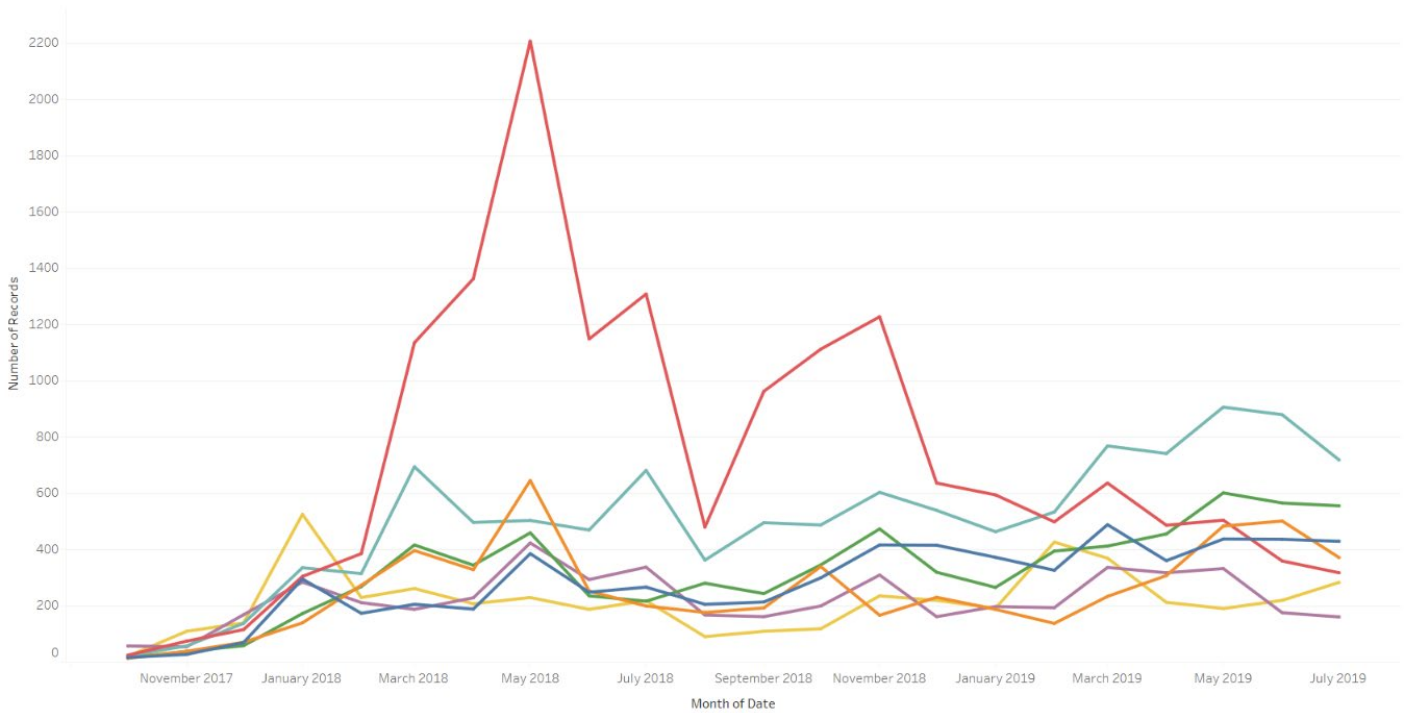


# Appendix



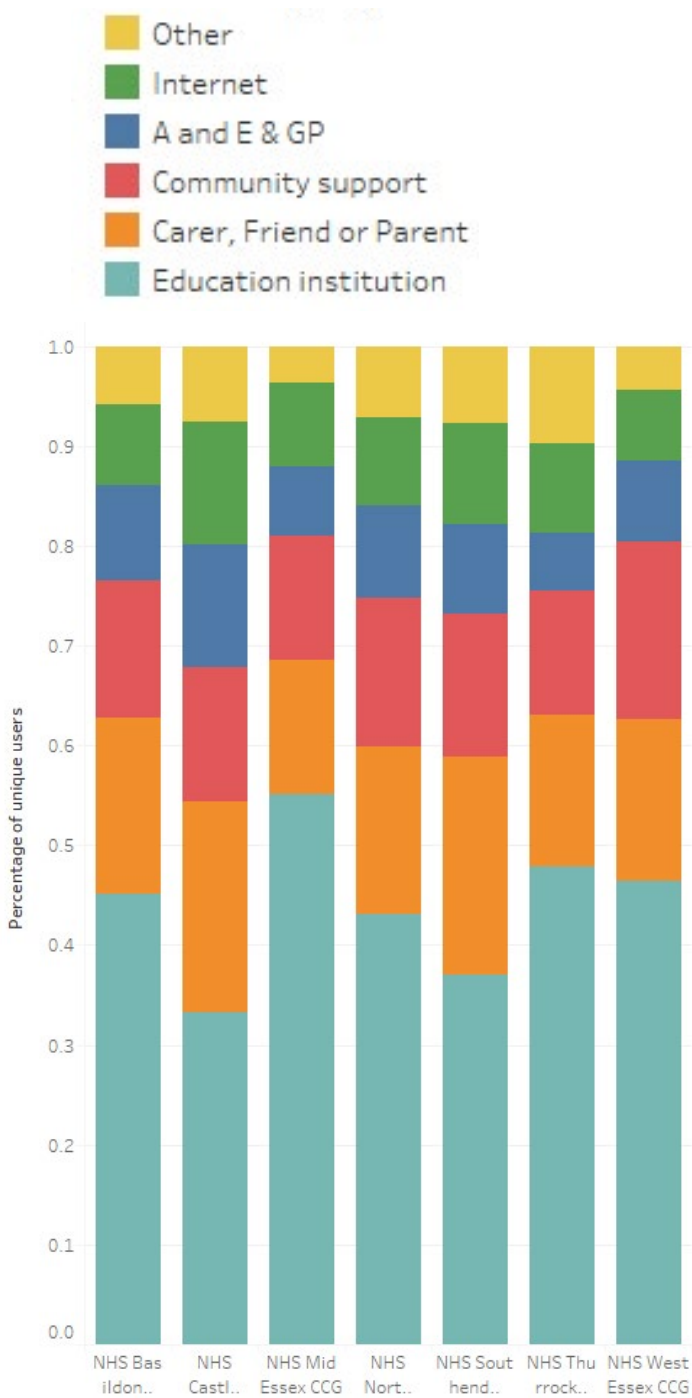


Age of user at registration of Kooth Essex and Kooth UK

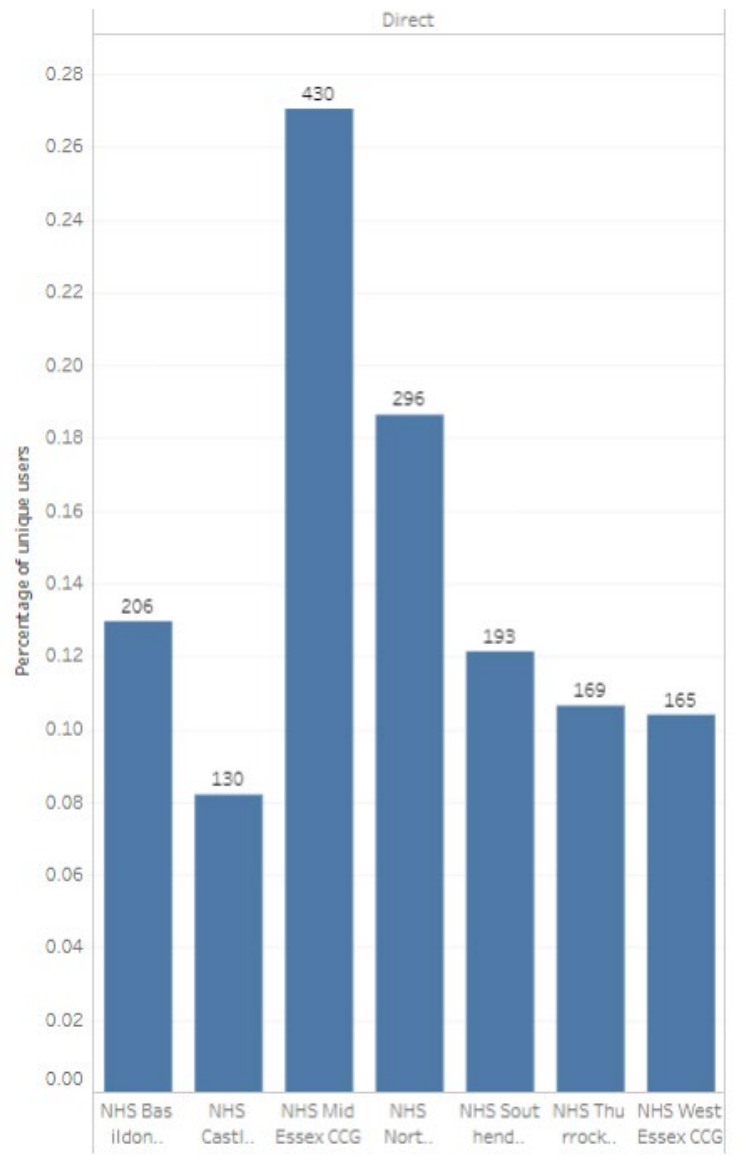


Number of logins by month

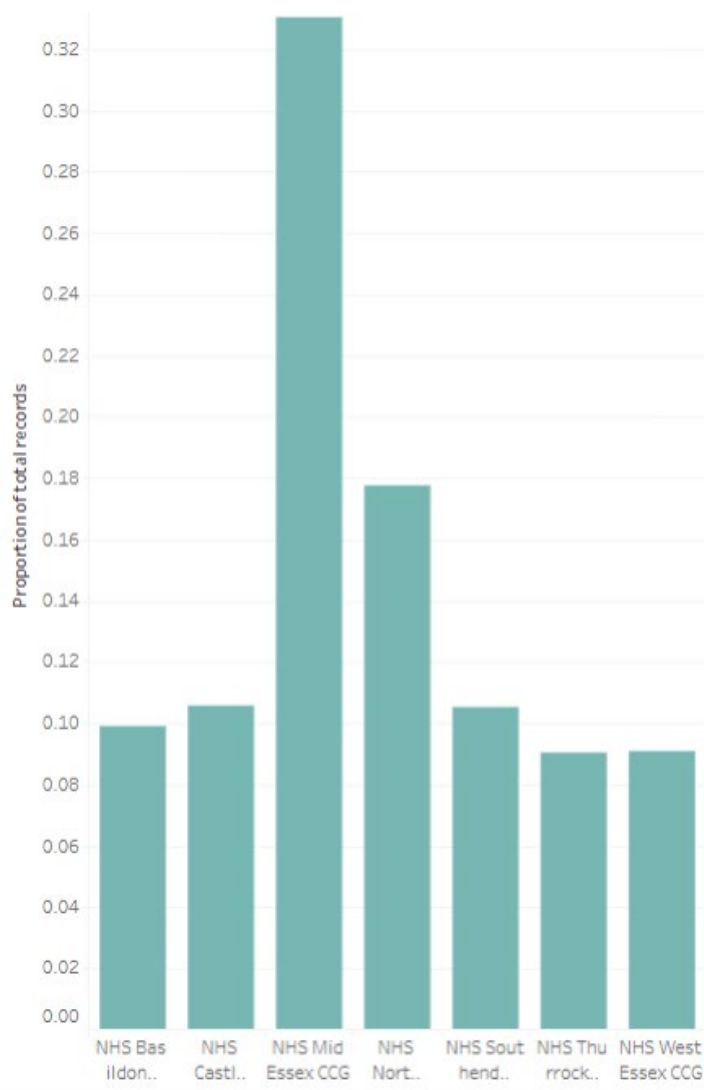




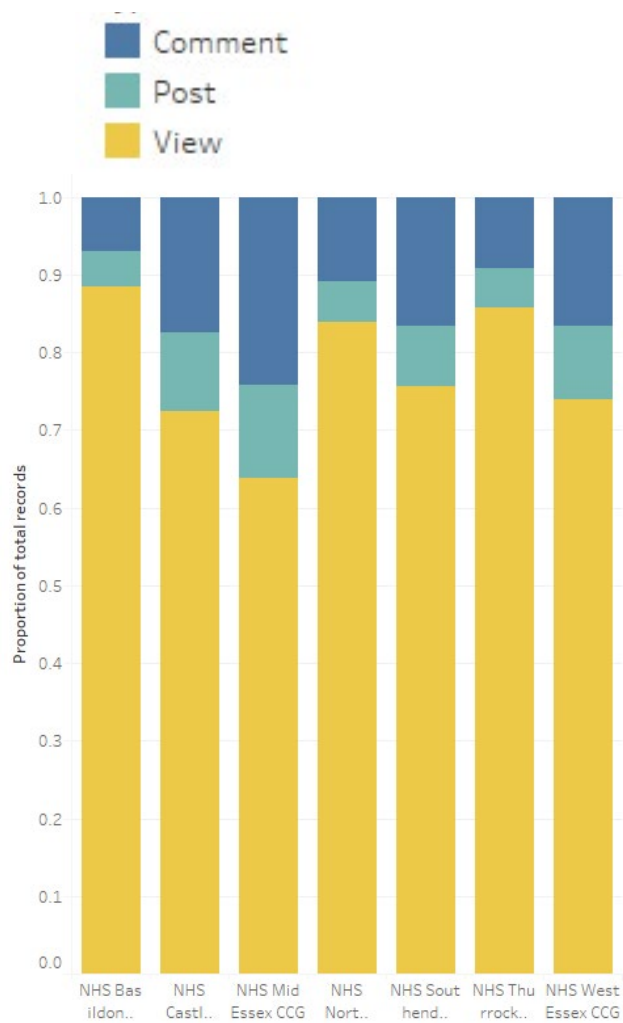
Categories of where users heard about Kooth by CCG



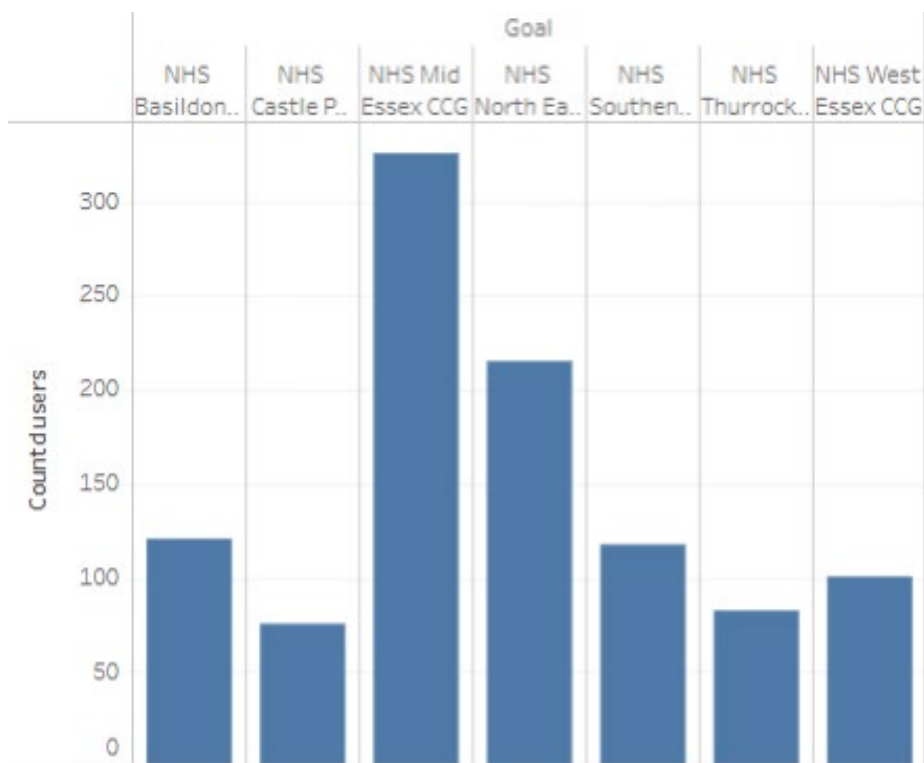
Use of chat, by CCG



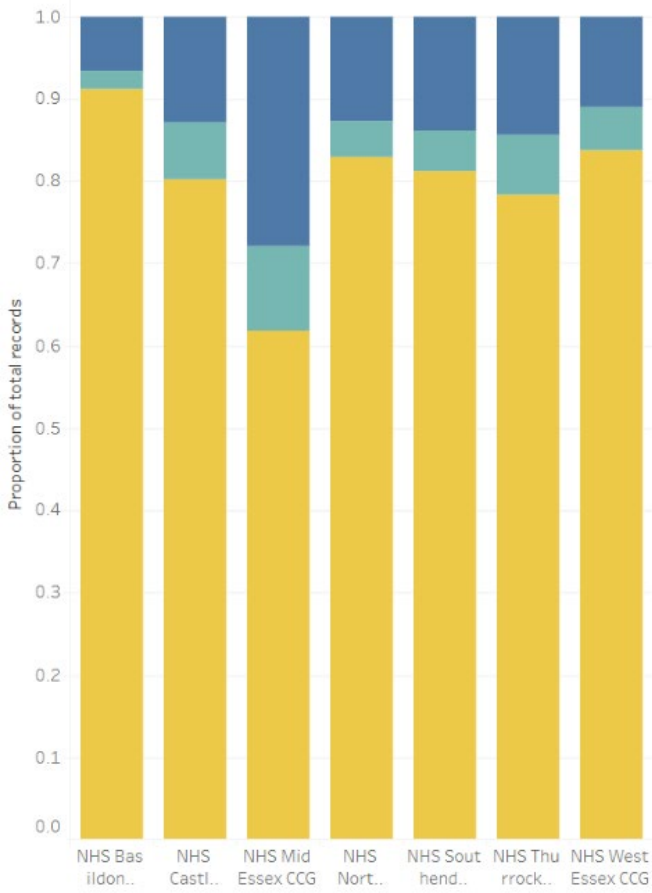
Use of Messaging, by CCG



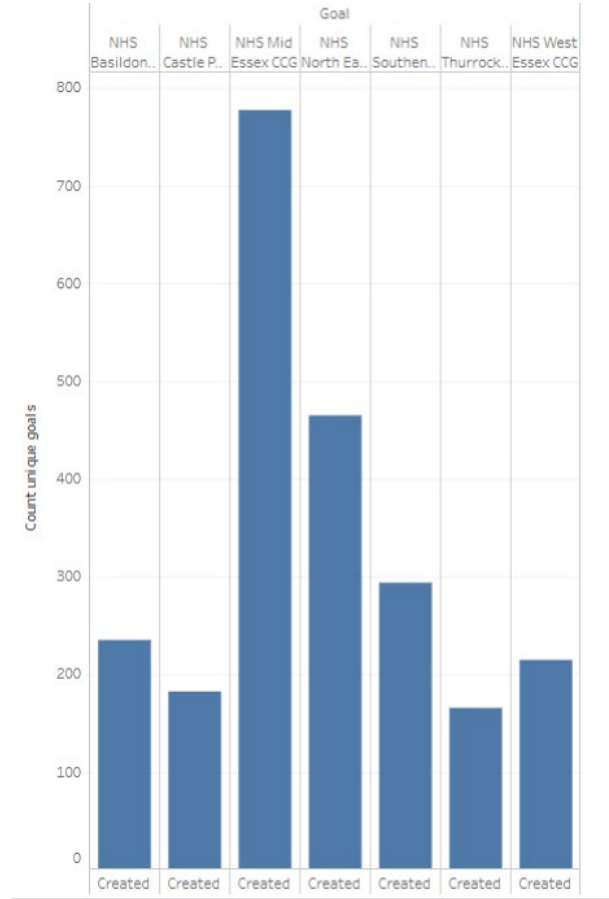
Interaction with Articles, by CCG



Number of Users who have created a goal



Interaction with Forums, by CCG



Number of Goals Created

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