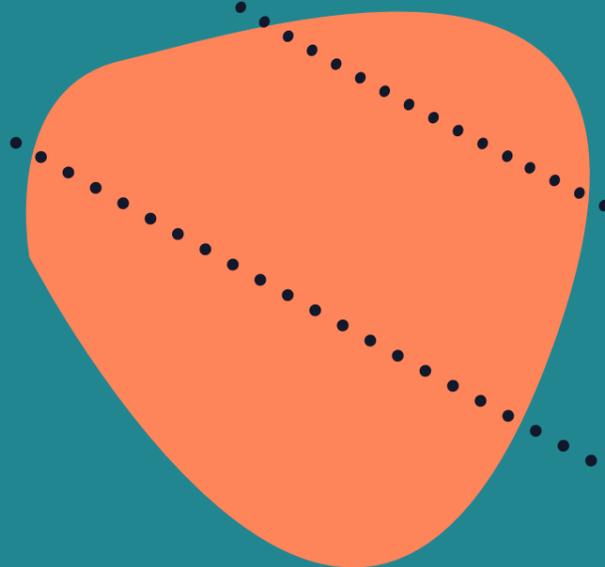




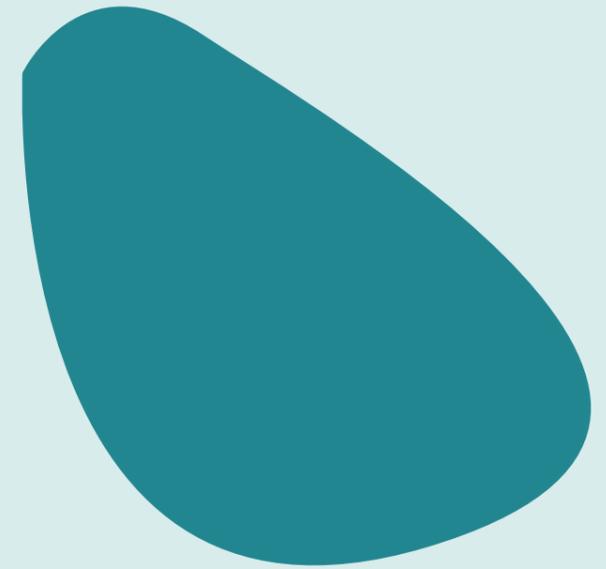
Kooth - Theory of Change
'How do adults use Kooth?'

Rapid Literature Review



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Overview

In 2019 Kooth Plc published the theory of change for Children and young people. This rapid literature review was conducted prior to embark in the theory of change for Kooth adults services.

The purpose of the review was to produce a synthesis of knowledge streamlining some of the methods used in traditional systematic reviews to gather the necessary knowledge for New Philanthropy Capital (NPC) to provide the current evidence available of theory of change for adult mental health interventions.

This document outlines the methodology and synthesis of the evidence available for online counselling through systematic reviews and relevant literature on the topic. Effectiveness and acceptability are explored, alongside the barriers

and facilitators to access online mental health support services identified in the review.

This review provides information about the theory of change methodology, its previous use for complex mental health interventions and justifies the need of conducting this method of research to better understand the provision of digital adult mental health support and its differences with Kooth Children and young people services.

Introduction

Kooth Plc is a provider of online mental health services for children, young people (CYP) and adults. Kooth's service for adults (aged 18-65+) is an online counselling and emotional wellbeing platform that is free at the point of need (<https://www.qwell.io>).

Kooth Plc recently published a comprehensive Theory of Change (ToC) for kooth.com, the equivalent online counselling platform for children and young people (Hanley et al., 2019), and now intends to carry out a similar piece of work for adult service users. The aim of this

report is to lay the groundwork for the Kooth adult project by collating the relevant literature on online counselling interventions and ToC methodologies. Through this exercise we aim to answer the following questions:

- What evidence is available for online counselling interventions?
- What are the barriers and facilitators for accessing online mental health services?
- What is ToC and how has it been used in the field of mental health?
- What are the similarities and differences between CYP and adult users?
- Why is it important to conduct a ToC for adults?

Methodology and limitations

Method

A systematic literature review was originally conceived as primary methodology to follow. However, due to the scope of research questions proposed, the timeframe and the initial search terms, it was identified that a rapid review (Khangura et al., 2012) would be a more appropriate method.

Two researchers, with previous experience in mental health research and theory of change, conducted the rapid review over a period of six weeks. The initial search terms selected were “Theory of Change ” plus “Mental Health ” plus “adults”. These search terms were identified in 15 papers in the ‘PsycInfo’ database and four papers in the ‘Pubmed’ database.

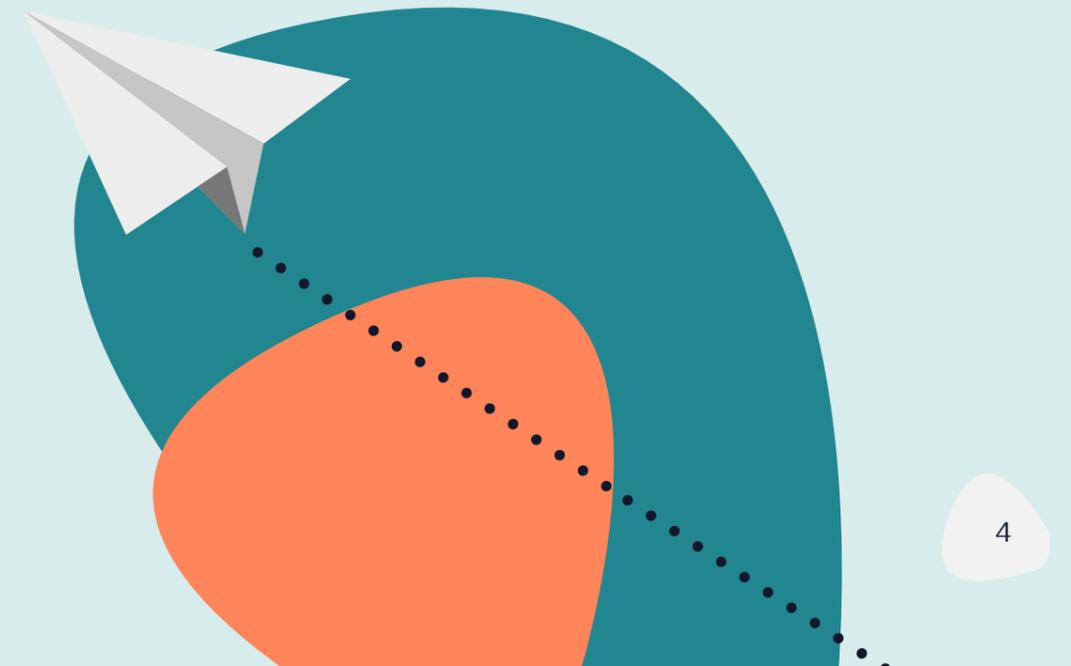
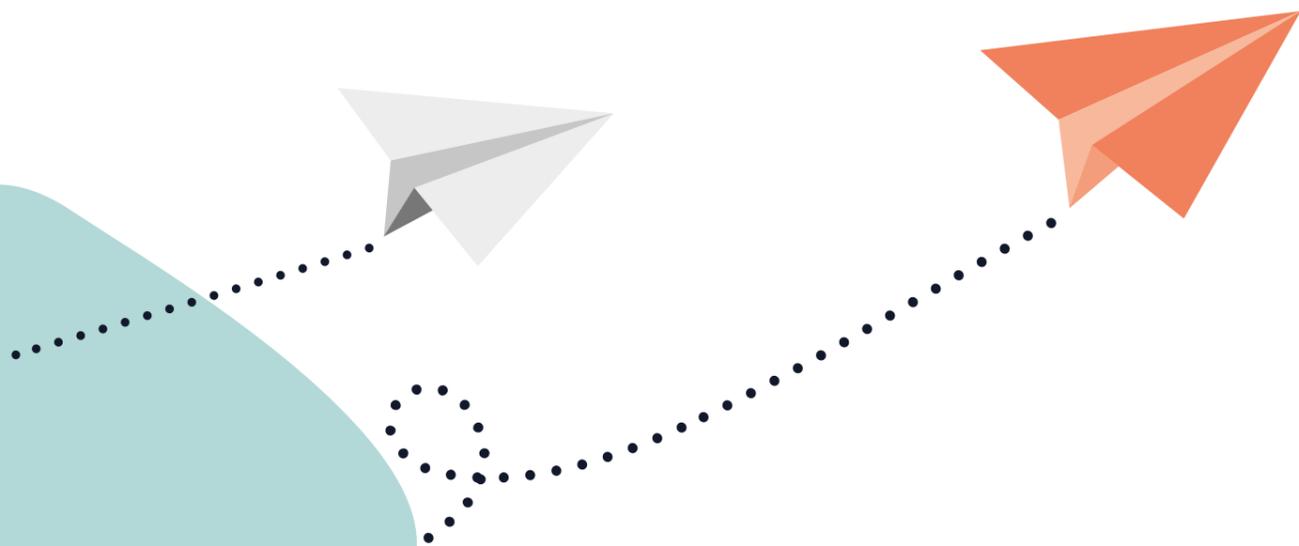
The inclusion/exclusion criteria, which followed the SPIDER framework, were: [S] all ‘adult’ population sample sizes; [PI] internet-based or online mental health interventions; general mental health interventions were also included; [D] systematic reviews, inferential designs, attitudinal and perception survey and interview-based designs with emphasis on identifying theory of change methods; [E] barriers and facilitators, outcomes for online counselling interventions; [R] qualitative, quantitative and

mixed methods. In addition to following-up references and citation pearl growing strategies, A snowballing sampling technique was used to compensate for the lack of articles found through the search terms (Papaioannou et al., 2010). Rapid reviews on internet-based mental health interventions and online counselling that had previously been conducted at Kooth Plc, as well as relevant internal documentation for the services were also added to the core literature of the review.

Researchers reviewed each paper abstract and title and excluded those that were not relevant or did not meet the criteria previously specified. The selected articles were read carefully by both researchers and a narrative synthesis with the findings was completed for each of the questions addressed in this review.

Limitations and bias

- Due to the lack of articles found with the systematic approach (as described above), additional search strategies were utilised by the researchers, which has the potential to introduce bias into the resulting papers reviewed.
- An integration of literature from previous non-published rapid reviews was included. This included a diverse range of investigative methods for synthesis.
- The terms “theory of change” and “online counselling” and “mental health interventions” are not used consistently in the literature, which introduced some difficulty into the overall search strategy. This is not necessarily a limitation, however, rather an opportunity to contribute to the growing evidence-base on theory of change within the mental health field.
- Only English-language articles were included in the review.



What evidence is available for online counselling interventions

Definitions

Several authors have identified that there is no agreed-upon nomenclature within the online mental health field (Dowling and Rickwood, 2013; Barak et al. 2008).

Some terms that are commonly used within the field of online mental health are: online counselling (or therapy), internet counselling (or therapy), cybertherapy, e-therapy (or e-counselling), computer-mediated therapy and web-based interventions. Today these interventions are generally referred to under the umbrella of digital mental health.

Kooth's platforms fall into the 'online counselling' category, defined as "the provision of psychological interventions delivered over the Internet, either synchronously or asynchronously, and in either an individual or group setting" (Barak, Klein, & Proudfoot, 2009). It can also be argued that Kooth's platforms are 'web-based interventions', given the support provision they provide outside of the counselling and chat features. Web-based interventions are defined as:



A primarily self-guided intervention program that is executed by means of a prescriptive online program operated through a website and used by consumers seeking health- and mental-health related assistance. The intervention program itself attempts to create positive change and or improve/enhance knowledge, awareness, and understanding via the provision of sound health-related material and use of interactive web-based components. (Barak et al., 2009, p. 5)



These definitions are important not just to define what Kooth provides, but to enable comparisons between different services detailed in the literature. One of the main findings that came out of the Kooth CYP ToC, which will be important to establish fairly on in the adult ToC, is the platform's ability to act as a 'Positive Virtual Ecosystem'. This definition sets Kooth apart from many of the equivalent online service offerings available for CYPs, because of its emphasis on the service user being able to tailor their support and interact with the platform as a whole. One of the driving forces behind the Kooth CYP ToC piece was understanding how Kooth operates for young people from a humanistic perspective. This report aims to replicate this approach from the perspective of adults.

Review of the evidence

The literature on online mental health interventions is extensive, yet the degree to which it has been fully synthesized is unclear. This is unsurprising given the breadth of terms that fall under the umbrella of digital interventions, and the varied extent by which they are defined.

Nonetheless, several systematic reviews have been conducted over the past two decades that have attempted to summarise the literature. All these reviews report varying levels of support and positive findings for the application of digital applications, depending on the strength of included papers (Barak et al., 2008; Dowling and Rickwood, 2013; Hoeerman, 2017). While the evidence for online counselling (largely in comparison to face-to-face services) does exist, only a fraction have conducted any inquiry into their effectiveness. The section below will summarise some of the main findings from the previous two decades of research on online mental health interventions for adults. Kooth's platforms are unique services because they are humanistic, rather than symptom-driven, unlike the majority of digital mental health interventions available today. Nevertheless, it is important to summarise literature on other services, in order to build a reliable picture of what service users accessing online mental health treatment or support are seeking.

A systematic review and meta-analysis in 2008 analysed 92 studies examining the effectiveness of online therapy, achieving a medium effect size of 0.53, similar to that of face-to-face (F2F) services (Barak et al., 2008). The effectiveness data for the meta-analysis were collated using

varying outcome measures: expert evaluation, behaviour, self-report, and physiological measures (i.e. blood pressure or brain waves). The authors noted that the effect size for internet therapy would have been much stronger if specific outcomes (physical and physiological) had not been included. They also found an interesting effect of age, whereby adults between the ages of 19-39 benefited more from online therapy than both younger or older patients. It is possible this effect was a result of accessibility at the time, posing the question of whether this effect still remains given the proliferation of technology and usability since 2008.



While the evidence for online counselling (largely in comparison to face-to-face services) does exist, in recent years it has been exponentially overtaken by the development of hundreds of applications and services that purport to provide evidence-based services, when in reality only a fraction of which have conducted any inquiry into their effectiveness.



Five years on, Dowling and Rickwood (2013) conducted an updated review of the literature, including six studies, of which two were randomised control trials (RCTs) and four were naturalistic comparisons. The results of the studies were promising, despite being few in number. All six found a positive effect of online chat counselling and that the anonymity of online chat may help people open up and feel less vulnerable about sharing. Furthermore, being 'invisible' may also reduce the stigma of physically being seen, and allow clients to be more expressive during sessions. The systematic review did have limitations, however, namely that sample sizes were small and contained multiple confounders.

Since the publication of the previous two reviews, there has continued to be a rapid expansion of new technologies that have changed the landscape of digital mental health, requiring a further systematic review as identified by Hoermann and colleagues (2017). The goal of their review was to synthesize the evidence on synchronous text-based psychological interventions in order to guide future research and implementation of online psychological services. The authors included 21 studies, 15 of which were efficacy studies and six which were feasibility and acceptability studies. The authors reported mixed but mostly positive findings, that likely could be explained by the variability in study design. Overall, the review demonstrated that despite the exponential spike in the number of platforms providing online counselling, there is still a need for further evidence. Thereby supporting the clinical viability of this method of delivery (Hoermann, 2017).

Another review of the literature included a rapid review on e-mental health. This review concluded that e-mental health initiatives must be developed within the context of an existing system, and ensure they complement needs for direct care, as well as the needs of the population (Lal & Adair, 2014). Research and evaluation

should be built into any new intervention, and it is important to ensure that ethical and quality issues are addressed when designing an intervention. Furthermore, the involvement of consumers as well as other stakeholders (families, caregivers, service providers and policymakers) is key at all stages of development and deployment.

Despite there being several relatively robust systematic reviews, published at regular intervals, there still remains a number of unknowns regarding the use of online counselling for adults with mental health problems. Nonetheless, internet-based cognitive behavioural therapy has been shown to be as effective as F2F services for common mental health problems (Andrews, et al., 2018), and alongside online counselling has the potential to reduce the treatment gap for mental health by improving accessibility and reducing self- and perceived stigma associated with mental health services.



Kooth and Kooth adult are unique services because they are humanistic, rather than symptom-driven, unlike the majority of digital mental health interventions available today.



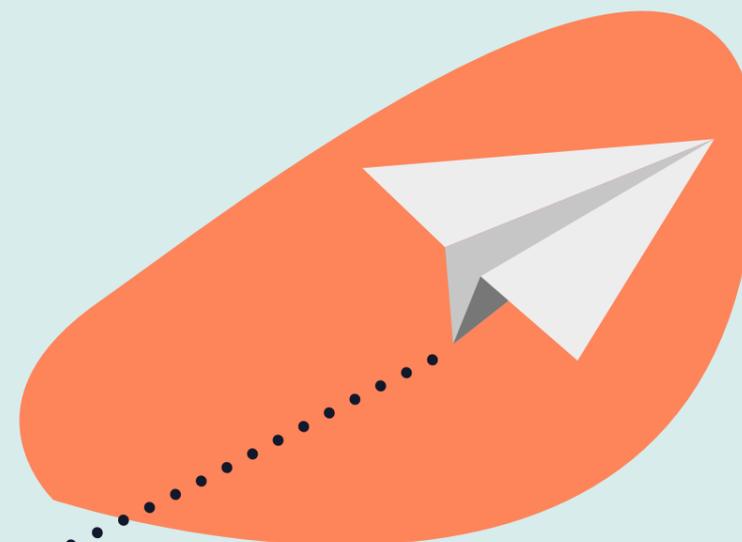
Shift in the literature from effectiveness to acceptability

There has been a recent shift in the literature on digital mental health interventions away from effectiveness, and towards acceptability and how to improve implementation.

For example, one systematic review in 2017 examined public acceptability, service preferences, and attitudes toward e-mental health treatments (Apolinario-Hagen, Kemper, & Sturmer, 2017). The authors found that the intervention delivery mode was key to acceptability, with therapist guided treatments being perceived as more helpful than self-guided interventions, or self-help books.

They also concluded that there is a lack of heterogeneity amongst public acceptability of e-mental health interventions, and that more theory-led approaches and validated measures are needed within the field. Another study measuring the acceptability of online mental health interventions amongst university teaching

staff, suggests that there is still considerable work to be done surrounding the effectiveness of digital counselling options (Farrer et al., 2015). The survey results indicated that teachers were sceptical about services being of equal standing to F2F services, commonly citing that online options were of low-quality, might cause harm, and were unsuitable for managing complex mental health problems. These findings highlight the importance of using implementation strategies that raise awareness about the benefits of online services. In order to tap into acceptability, it is necessary to understand the barriers and facilitators to accessing a service, and how these influence service user demographics, and interaction with the service as a whole.



Barriers and facilitators to accessing online services

Online counselling provides a unique opportunity to address the vast disparities between the number of people suffering from a mental health disorder and those who are able to access treatment.

Some common barriers to accessing treatment include living in a rural area, self- or perceived-stigma towards mental health problems, and negative past experiences with mental health professionals (Dowling & Rickwood, 2013).

Factors that motivate clients to choose online counselling are: anonymity, convenience, and emotional safety of being online (King, Bambling, Lloyd et al., 2006; Skinner & Latchford, 2006; Young, 2005; in Dowling & Rickwood, 2013).

Despite the provision of improved accessibility, it is important to highlight the main criticisms that have been directed at online mental health services. Many of these criticisms have remained constant since early iterations over twenty years ago, such as the lack of F2F visibility, which has been argued to prevent transmission of nonverbal communication and body language between therapist and client (Barak et al., 2008). Indeed, a frequently cited criticism of online counselling is the perception that it is difficult to form a therapeutic alliance between counsellor and client (Fenichel et al., 2002, in Dowling 2013). Other barriers that have been reported cover a range of ethical issues, legal regulations, data storage, training practices, and concerns about the digital divide and access to technology. Today, many of these issues have been addressed through advances in technology and legal frameworks. However, there are still barriers that existed five years ago (Harris & Birnbaum,

2014), especially in regard to data security and confidentiality of personal information (Clough et al., 2019). It is worth noting that F2F services are not without their own barriers, such as lack of accessibility, high

levels of drop-out, stigma and long wait times, all of which are arguably minimised with online services (Oruche et al., 2014).

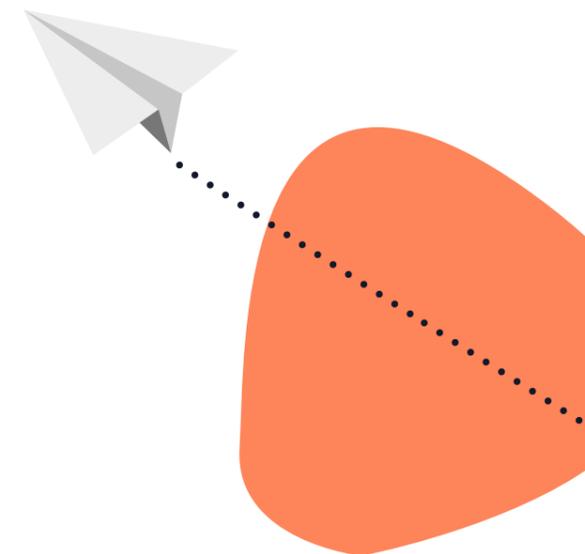
While there is not a significant amount of literature focussing on the motivating factors for adults to access digital mental health interventions, the broader field of digital health interventions (DHIs) provides an interesting body of work from which we can draw hypotheses. For example, facilitators for engaging with DHIs include learning new ways to manage illness and personal motivation to improve health (Miyamoto et al., 2013; in O'Connor et al., 2016). In 2016, O'Connor et al. synthesized the available qualitative data to assess barriers and facilitators patients' and the public experience during engagement and recruitment to DHIs, in order to address some of the gaps in the literature. They found that DHIs are still not considered the 'norm', and work is needed to increase awareness of how they work, as well as what benefits they can bring. One unique aspect of Kooth Plc's services is the work that Kooth Plc's Engagement team do to increase awareness of service offering for CYPs and adults in the areas they operate.

As per O'Connor et al's recommendation, Kooth Plc's Engagement team not only raise awareness by increasing traffic to services and facilitating access, but they also educate the public on mental health and wellbeing. Before signing up to a DHI, users also consider whether the service is better in one or more ways than current standards of care (O'Connor et al., 2016). For example, additional support, such as peer support, can be an effective strategy for attracting 'hard to reach' populations. Other research has found that age, prior use, and online confidence are significantly associated with

intention to use online therapist-assisted services in the future (March et al., 2018). Through gathering information on the demographics of adult service users, understanding the ways that users interact with the different components of the platform, and highlighting usage patterns, we will be able to test the assumptions we hold about how users access the platform. Furthermore, we will be able to answer questions that need to be addressed in order to understand the service as a whole and develop a program-theory for adults through understanding the ToC.



... DHIs are still not considered the 'norm', and work is needed in order to increase awareness, and describe what benefits they can bring. One unique aspect of Kooth Plc's services is the work that Integration & Participation (I&P) workers do in order to increase awareness of service offering for CYP and adults in the areas that services operate.





What is a Theory of Change?

ToC is a methodology that demonstrates ‘how’ and ‘why’ something works, and is often used to understand the underlying theory that underpins the mechanisms of an intervention or programme (Weiss, 1995).

ToC first started to gain recognition as a methodology in the 1990s in the field of programme evaluation, and quickly gained popularity across theory-driven evaluation research, given its simple yet effective premise (Coryn et al., 2011).

Given its diverse use across the design, implementation and evaluation of interventions, there is no agreed upon definition of a ToC, but nevertheless its use is widely accepted (Connell

& Kubish, 1998). One definition that is suitable for the purpose of this review is that ToC is “a structured participatory approach to the design and evaluation of interventions that provides a systematic and cumulative study of the links between activities, outcomes, and contexts of the initiative” (Connell & Kubish 1998, p. 16). The authors argue that the participatory approach in ToC should follow three main principles:

It is **plausible**. The evidence suggests that the activities of the intervention or programme, if implemented, will lead to the desired outcomes.

It is **Feasible**. Are the economical, technological, political institutional and human resources available? Are the outcomes and its time frame realistic?

It is **testable**. The information and content should be enough for an evaluator to track its progress in credible ways.

Breuer and colleagues (2015) conducted a systematic review on the use of ToC for design and evaluation of public health interventions. Out of 62 articles found, only three (4.8%) related to a mental health intervention or programme. The authors developed a reporting checklist to improve the quality and number of studies using

ToC for the design and evaluation of public health interventions, including in the field of mental health. Despite these findings, the use of ToC in mental health research has increased over the past decade, especially for the evaluation of complex interventions.

Why is Theory of Change useful for mental health interventions?

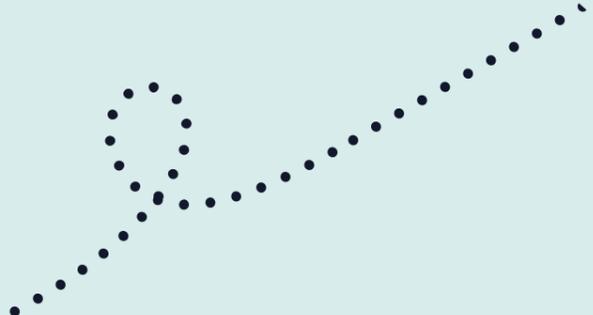
Mental health services and interventions are complex in nature. They are often made up of a variety of interrelated components that are sensitive to contextual factors, making it difficult to demonstrate causality or identify the mechanisms of change.

This is further complicated when accounting for moderators that under- or over-estimate causal links. Below is a synthesis of studies that have used ToC or logic models frameworks to articulate and evaluate mental health interventions.

There have been a number of studies in the field of global mental health that have utilised the ToC approach for developing and evaluating interventions. The Programme for Improving Mental Health Care (PRIME) aimed to integrate mental health services into primary health care across five low and middle income countries (LMICs), and used ToC to identify the design of the cross-country evaluation (Da Silva et al., 2014; Breuer et al., 2014). De Silva and colleagues also conducted a ToC for the Rehabilitation Intervention for people with Schizophrenia in Ethiopia (RISE) trial to determine the feasibility and delivery method for the intervention, as well as identify local resources and establish buy-in with key stakeholders. The authors advocated for incorporating a ToC approach into the Medical Research Council (MRC) framework for designing and evaluating complex interventions, which when used appropriately increases the likelihood that an intervention will be effective, sustainable and scalable (Craig et al., 2008). A good example of this is the Friendship Bench, a brief intervention for common mental disorders developed in Zimbabwe, which has been successfully scaled up to a variety of different contexts (Chibanda et al., 2015). The authors used a theory-driven approach to gain political

buy-in from key stakeholders, as well as to define key interventions, indicators, assumptions and rationale for the programme, which were then assessed in a cluster randomised control trial (Chibanda et al., 2016).

The developers of a community-based prevention intervention for preventing violence against women in Mumbai described the three main benefits for using a ToC to understand their programme (Daruwalla et al., 2019). First, it showed how different primary and secondary intervention activities can act as positive feedback loops for effectiveness, in comparison to other interventions that mainly focus on primary prevention activities. Second, they showed that the theory is adaptive and provides information about context-specific characteristics that differ between cultures and locations. Finally, a ToC provided the authors with more granularity than previous theories on domestic violence prevention interventions. By listing the pre-conditions that need to be fulfilled for each component of the theory to ‘work’, the developers were able to identify causal connections between each component, as well as any adverse effects that may arise during implementation.



As described in the examples above, researchers often use ToC to develop evaluation frameworks. Walker (2015) described using ToC to synthesize the components of interventions to develop the theory for their intervention for young adults with severe mental health conditions in the United States. This was developed over the course of several years, in different iterations, and resulted in a framework to help evaluate and design positive development programmes for young people. ToC is also used to identify and implement systematic methods to collect monitoring and evaluation data. For example, The McPin Foundation utilised ToC to evaluate a range of programmes developed using the South London and Maudsley NHS Foundation Trust Wheel of Wellbeing framework, which is used to improve people's understanding of mental health and wellbeing (Hann, 2017). A ToC was conducted because process and outcome data had not

previously been collected in a systematic manner, and the programme required a consistent, theory-based method to evaluate its activities.

This section has provided a brief summary of why and how ToC has been used when designing and evaluating complex mental health interventions. In recent years, commissioners of social interventions have begun to expect a ToC as a necessary element of effective delivery. This has been spurred by growth in the field of implementation science, and an understanding that techniques from the field can be used to formulate strong ToCs that improve the design and delivery of interventions, and eventually lead to better evaluations (Ghate, 2018). Additionally, complex interventions almost always exist within complex, adaptive, and responsive systems, which experimental methods alone are not fit to evaluate (Ghate, 2015; Kainz & Metz, 2019).

What are some of the similarities and differences between Kooth for adults and Kooth for children and young people?

Some of the main findings that emerged from the Kooth CYP ToC report were that: 1) Kooth is a 'Positive Virtual Ecosystem'; 2) CYPs use Kooth in many different ways (specifically through four distinct pathways); 3) distinct mechanisms exist for change depending on the pathway, and 4) impacts can come from a variety of shorter-term outcomes.

The counselling provided on Kooth – and the platform as a whole – follows the principles of humanistic psychological practice. This principle places the client at the centre of their therapeutic journey, using goals, i.e. the 'internal representations of desired states' (Austin & Vancouver, 1996, p. 338; in Hanley et al., 2017) as therapeutic outcomes (Hanley et al., 2017). Goal-oriented therapy is defined as any therapeutic

practice which centres around the specific goals that have been articulated by the client. There have been a number of papers that have explored how goal-oriented therapy contributes to therapeutic alliance and successful outcomes in CYPs (Shirk, Karver, & Brown, 2011; in Hanley et al., 2017) but the literature on adults is more scarce.



In theory, the Kooth adult platform provides a user experience almost identical to that of the Kooth CYP platform. However, the extent to which adults approach therapy and peer-support in similar or different ways than CYPs do on Kooth, is the driving force behind this investigation. The ways that service users utilise Kooth was initially conceptualised as seven pathways, but reduced to four distinct areas (that users move in and out of) through detailed analysis. The four resulting areas are: 1) Therapeutic Content and Peer Support; 2) Reactive/Responsive Therapeutic Support; 3) Structured Therapy; and 4) Ongoing Therapeutic Support.

It is expected that Kooth for adults will replicate these pathways, as the service provision is very similar, however, the frequency of usage of these pathways may be different between adults and CYPs. It will also be important to test the assumption of whether the goal-oriented aspect of the therapeutic process for adults is able to nurture a therapeutic relationship between client and counsellor, as it has been shown to do in CYPs. When therapists and clients demonstrate cooperation through patient-therapist goal development, and patients are actively involved in their own treatment, outcomes are improved (Tyron & Winograd, 2001).



Another obvious, albeit important difference, is how individual characteristics of users differ across the CYP and adult platforms, not only because of age, but also because of how developmental and environmental changes impact children and adults in different ways. It is important to consider the wellbeing of CYPs and adults in a specific manner, and we expect that both services will require distinct measurement instruments to test their outcomes once a theory is developed. (Ryff, 1989; Ryff & Keyes, 1995; Clarke et al., 2000). Kooth's adult service uses PHQ-9 and GAD-7 (Kroenke, 2014), replicating the IAPT outcome framework, while Kooth for CYPs does not, making use of YP-CORE (Twigg, et al., 2009) and goal based outcomes (Jacob, Da Silva, Edbrooke-Childs, 2020). There is extensive research on the transition between children and

adolescents services (CAMHS) and adult services (AMHS) in the UK, and a clear divide that has been investigated (Lamb & Murphy, 2013; Signh 2009) in order to improve transitions. Research has highlighted differences between both services, which is not only reliant on age, but also on theory and practice research, eligibility thresholds, and level and style of interventions (Lamb, Hall, Kelvin & Van Beinum, 2008). These differences also impact commissioning frameworks and how services are procured, which, in part, is why the age range of Kooth's CYP platform and the Kooth adult platform overlap (Kooth CYP: 11-25; Adults: 18+).

The Kooth CYP ToC research identified seven characteristics of CYP as the main motivators to use an online counselling ecosystem. Some of the CYP characteristics will be shared with adults (e.g. unable or unwilling to access conventional mental health services), but others may not be as important. Despite the service characteristics being replicated for both services, the practitioners and the activities on each platform may actually be quite different for each service, and thus is in need of further

examination. For example, all counsellors at Kooth Plc are required to have an accreditation status within twelve months of their employment (BACP, UKCP, NCS, HPCP), however the training and background experience may differ between professionals. Clinical governance and safeguarding risk processes are very similar for both services. However, there may be differences in the type of in-house training offerings that change the way counselling services are delivered to adults.

Another clear divide between adult and CYP mental health services are diagnostic criteria. Even though both the Kooth adult and the Kooth CYP platforms are humanistic services, differences between diagnostic processes may impact referrals across adult and CYP services. Adult mental illness is still largely defined using Diagnostic and Statistical Manual of Mental Disorders IV and V (American Psychiatric Association, 2000; 2013), whereas CAMHS does not have a formal manual and traditionally follows a more cautious path for diagnosis (Reimers, 2011). Therefore, the adult platform may encounter more medically diagnosed cases with more complex assessments and presentations of mental health difficulties, which in turn can complicate the humanistic work and the counselling approach for individuals who have been diagnosed through an AMHS service.

There are also differences and similarities between CYPs and adults at the policy level. Kooth's platforms provide digital access to psychological services, a type of provision that is encouraged in the 'Five Year Forward View for Mental Health' (Mental Health Taskforce, 2016) through innovation and expanding the access to digital services and products. The 'NHS long term plan' has committed to providing additional capacity to access adult psychological therapies by 2024, in line with the Improving Access to Psychological Therapies (IAPT) programme. IAPT provides access to 1.9 million people a year with common mental health problems in the UK. However, there remains a gap in funding for early intervention and prevention services for adults and disinvestment for integrative therapeutic approaches and other psychological therapies (Clark, 2018). IAPT does also offer programmes for young people. On average, both the IAPT young person and the IAPT adult services have waiting list times that are higher in comparison than Kooth Plc services. This is due to the immediacy and accessibility that Kooth Plc services can provide through their online and out of hours service. A green paper on CYP mental health published in 2017 (Department for Education & Department of Health & Social Care, 2017) outlined the need to incentivise mental health support in schools and colleges by identifying and training mental health leads, and funding mental health support teams under the supervision of NHS staff. It should be noted that policies concerning CYP mental health are written jointly by the Department of Health and Education. The Kooth CYP platform is able to directly benefit from this since schools are one of Kooth's main referral sources and promotion of services are more prominent.

Furthermore, in July 2019, the NHS published the Mental Health Implementation Plan for 2019/20 - 2023/24, which set out how a local investment fund of £2.3 billion will be used to ensure an additional two million people have access to high-quality evidence-based services for mental health (NHS England, 2019). The plan highlighted that an additional 345,000 children and young people aged 0-25 will receive support via NHS-funded mental health services (such as Kooth for CYPs) and school- or college-based mental health support teams. For adults, the plan aims to increase access to IAPT services by 25% for those in need, while maintaining the model of provision and standards of referrals, treatment time and recovery. Kooth for adults is not an IAPT service and therefore cannot benefit from this implementation. However, the plan does mention increasing provision of digitally enabled and secure mental health care, by offering local systems a range of self-management apps, digital consultations and digitally-enabled models of therapy, a category which the Kooth adult service does fall into. Both Kooth CYP and adult services also fall under the plan's objectives in regards to suicide prevention and bereavement support. The goal here is to enable partnerships through sustainable transformation partnerships (STP) and integrated care systems (ICS),, of which 80% are targeted to receive investment for suicide prevention programmes. Kooth for adults can also benefit from the plan around 'provider collaboratives' (formerly 'New Care models'), especially when Kooth Plc expands its services to include treatment for specialised service delivery.

Finally, Kooth for adults also benefits from the broader policy and sector opportunities in regard to occupational mental health. A recent report commissioned by the government has highlighted the impact of high workloads and a lack of work-life balance on the wellbeing of teachers (Ofsted, 2019). In response, Kooth Plc has successfully rolled out an after-hours provision to support the education workforce at a local authority level in Barnet. Kooth Plc also aims to expand the support provision to private organisations by aligning with human resources and internal employee wellbeing policies in order to provide an affordable, high-quality, and accredited service.


Another clear divide between adult and CYP mental health services are diagnostic criteria.


... largely defined using Diagnostic and Statistical Manual of Mental Disorders IV and V (American Psychiatric Association, 2000; 2013)

Why is it important to conduct a Theory of Change for Kooth for adults?

This review has described some of the prominent examples that have used a ToC methodology to guide the design, evaluation, or implementation of complex mental health interventions.

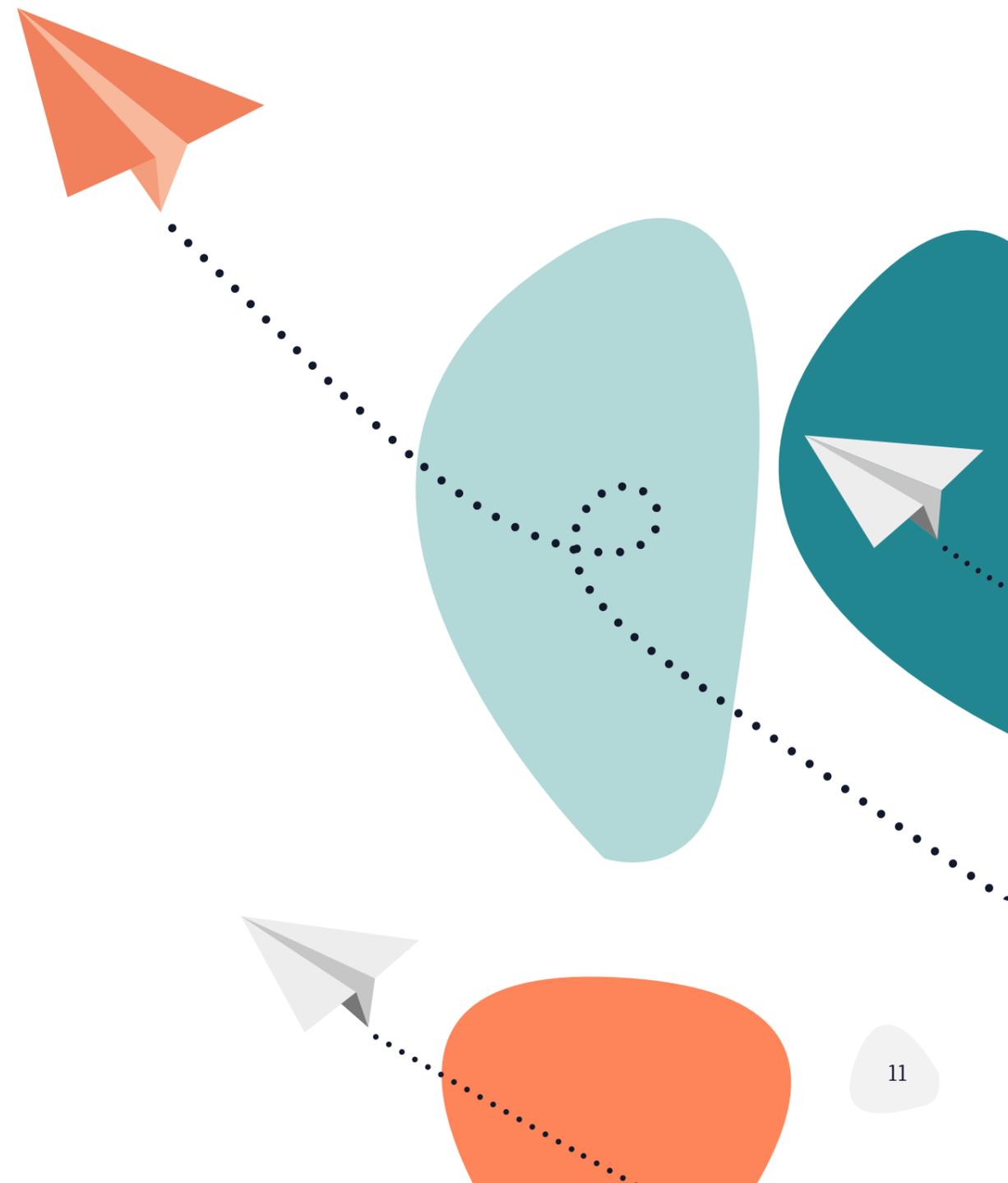
It is clear that ToC is a powerful theory-driven tool for understanding how an intervention works and can flexibly be applied to a wide range of evaluation needs. Despite its reputation in programme-theory evaluation, there is a lack of research using ToC to understand and conceptualise online counselling programmes. However, previous research – including the existing Kooth CYP ToC – shows the clear benefits of developing a ToC to develop a framework for evaluation and to add to the evidence-base for mental health services.

There are several other reasons why this is a critical time to conduct a ToC for Kooth adult services. However, the evidence suggests that there is a clear divide between mental health services for CYPs and adults at an individual, contextual, and policy level, and it would be unwise to impose the Kooth CYP ToC upon Kooth for adults without fully untangling the latter's programme theory. There is also a need to build upon the evidence-base for low-intensity, preventative, humanistic counselling therapies, as opposed to relying on the commonly used symptom-based medical model. Kooth Plc is in an advantageous position as leaders in the provision of online counselling, especially considering the rapid expansion of service provision over the past year, and the attention that digital health services currently receive. It is vital that the

evidence-base grows in conjunction with service delivery in order to ensure our services always align with wants and needs of users. This is not only important from a research perspective, but will also be key for the business development

strategy, and will contribute to the evaluation and outcome reporting required for key stakeholders while Kooth adult provision grows.

While the Kooth CYP platform is already commissioned in over 80% of clinical commissioning groups (CCGs) across the UK, Kooth for adults has a much smaller user base. However, Kooth for adults has the potential to provide accessible support to thousands of adults across the UK who are suffering with mental health and wellbeing problems. One in four adults in the UK experience mental illness at some point in their life (McManus et al., 2016) – and despite IAPT services having improved wait times and accessibility – there are many who could benefit from the holistic care that Kooth offers, who wish to remain anonymous, or face physical or systematic barriers to accessing mental health care. Finally, the Kooth adult ToC will enable the development of an evaluation framework that aligns with UK policies driving the provision of adult mental health services and improving its visibility as a service from the perspective of commissioners and key stakeholders.



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