Theory of change

Kooth for adults

How adults use the Kooth ‘positive virtual ecosystem’

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Foreword

Covid-19 has had a devastating impact on people's mental health across the globe. Reduced social connections, job losses and insecurity as well as financial worries are just a few of the ways the pandemic has negatively impacted our mental well-being.

Mental health services that were already underfunded and overstretched are now needed more than ever. Increased adoption of digital health technology, such as apps and teletherapy, can help ensure that people who are suffering from mental health conditions are able to access the support they need in a timely manner.

Provided by the NHS, Kooth Plc offers safe spaces, available to all, for people to access personalised mental health support anonymously for free. We have served as an early intervention and prevention service for mental health problems since 2004. Today, we are a thriving community where adults can receive peer to peer support via community forums, can have immediate access to free one to one counselling sessions with our trained and accredited therapists, and can read and contribute to self-help articles.

The theory of change (ToC) is a ground-breaking movement towards defining the effectiveness of online therapeutic safe spaces for adults. Through ToC, Kooth can start to articulate how we make a difference to individuals and to the system. It is a unique report that details the therapeutic journey of adults using Kooth and seeks to determine the most helpful mechanisms for change.

Kooth's services work and make a real and positive difference in people, but as a new context delivering therapy, Kooth is investing to really understand how and why these services work and exactly what the true benefits are to Kooth service users. The ToC, developed in collaboration with New Philanthropy Capital, allows us to start answering these questions, so we can build a framework for our services that is evidence-based and collects the right information in relation to the change and difference that we are set to make in our users.

Tim Barker
CEO, Kooth Plc

"This place has been an absolute blessing. Hand on heart I don't know how things would've turned out. Thankfully I'm in a better place ... I did for the first time ever open up... Sure it's never easy making that step, being online for me is way easier than face to face. I cannot praise here enough & the people that I've opened up to have done it without judgment. Seriously I've made some really big decisions, some life changing. I know I wasn't strong enough to do that alone, I was given some amazing advice & also shown empathy. I'll forever be grateful."

- 41, Female

New Philanthropy Capital (NPC) is a charity, a think tank and a consultancy whose mission is to help the whole social sector to create as much impact as possible. By doing this, we help the sector to have the maximum possible benefit for the people it serves.

We believe passionately in the potential for data and evidence to help organisations understand the difference they are making and to improve their services. Good theories of change are a key component of this journey because they help organisations to: gain a clear understanding of what they are aiming for; think carefully about how they will achieve these aims; and set themselves up for effective evaluation. Since we published our first guide to theory of change in 2012, we have been really pleased with how much the approach has become an established method across the social sector. It has brought much needed clarity to the sector's efforts to support people in need.

It has been great to work with Kooth Plc over the last six months and to help them develop a theory of change for their adult mental health service. As Tim says, mental health is a serious problem across the UK, and an issue that is being exacerbated by the stresses of Covid-19 and ongoing pressures on the NHS. We urgently need new ideas and new ways for people to access the help they need.

My team has worked closely with colleagues from Kooth to understand the different ways people use the Kooth adults service and how it seems to help those struggling with their mental health. We have been particularly impressed by the concept of a 'digital ecosystem', in which people can interact in ways and at times that suit them best, and by the potential for digital tools like Kooth's to reach people who may be ignored by conventional services.

We commend Kooth Plc for publishing this report on their new theory of change, which should help to raise awareness of their services and of digital mental health services generally. By describing the underlying thinking behind their model, Kooth are also inviting others to reflect on the value of this kind of service, which can only help to improve the quality and impact of these services in the long run. The next stage for Kooth is to test this theory against the evidence it collects and we really look forward to seeing how the service develops in support those who need help with their mental health.

Dan Corry
Chief Executive, New Philanthropy Capital

> I feel strong enough to challenge fears now, thanks to speaking out about it. Yes, I feel a lot stronger than what I did say three weeks ago. I feel ready to finally push for the help I need, I live by that saying every day ... I feel the counselling has helped me feel a sense of relief and made me a stronger person by talking about my issues.
>
> - 28, Male

> I was pleased that I had you to help me explain things about how I was feeling in a way that I understood and you never made me feel as though I was wrong or different or a failure. So thank you.
>
> - 53, Female

Executive summary

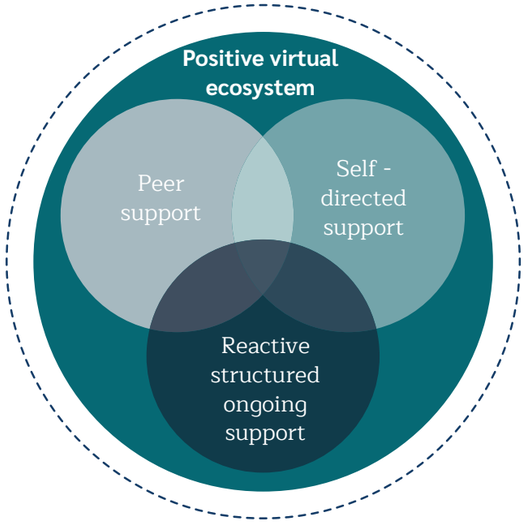
Introduction

Kooth Plc is an online counselling and well-being service in the UK. In 2018, Kooth Plc launched a new version of the platform for over 18s. Before this, Kooth was mainly only available for children and young people (CYP). Kooth offers a unique combination of direct and self-directed therapeutic support, appropriate for a wide range of needs.

Kooth has been serving CYP since 2004 and has since grown to be one of the largest digital providers of CYP mental health support in the country. Because it is still a relatively new service, the adult platform is yet to reach the acclaim and user-base that the CYP service has accumulated over the years as an early intervention and prevention service. However, given that the platform is anonymous, flexible, and free, it has the potential to be an accessible solution for many adults who might face barriers seeking support from traditional services and prevent escalation and crisis in the adult mental health population, as an early intervention and preventative service for adults.

In 2019, a comprehensive theory of change (ToC) for Kooth's CYP platform was published. The report defined Kooth as a 'positive virtual ecosystem,' through which users take ownership of their journey towards wellness and are able to access support in a variety of ways, moving in and out of four distinct 'pathways' of usage.

Kooth CYP positive virtual ecosystem diagram



There are several reasons why now—as the adult platform is in a current state of expansion—it is vital the service has a robust underlying theoretical framework like that of the CYP service. Given that both platforms appear similar at surface-level, it is necessary to understand the main similarities and differences between the services so that they can best cater to the user-populations that they serve. The theory of change will provide the foundation for which outcome measures can be developed to evaluate an adult user's journey through the service.

Finally, 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. A theory of change for adult users will provide relevant stakeholders with insight into the unique impacts that a holistic service with a positive virtual ecosystem can provide, as well as outlining how Kooth has the potential to overcome barriers of accessibility and contribute towards addressing the unmet mental health needs of a population.

Methods

The theory of change development employed a collaborative process involving stakeholders from Kooth Plc and New Philanthropy Capital (NPC).

An initial literature review was conducted that outlined the evidence for online counselling interventions and theory of change methodologies, laying the groundwork for much of the text referenced in this report. A qualitative thematic analysis of chat transcripts was conducted for each Kooth pathway on usage in the adults services, replicating the methodology used in the Kooth theory of change for CYP. Next, a series of online workshops were conducted with counsellors and senior practitioners (n=6) working in adult services at Kooth. Discussions revolved around the similarities and differences between CYP and adults, the over 18 commissioned audience, the intended outcomes and impacts for people, and any risks and assumptions held about the service and its users.

The insights gleaned from the above activities were synthesised and honed into a comprehensive theory of change by a working group consisting of the Kooth Plc research team and consultants from NPC.

Background

Mental health and well-being

For too long, mental health has taken a back-seat to physical health. The past two decades have seen an increase in awareness and acknowledgement of the importance of mental health from policymakers, health workers and the general public.

However, despite there being an increasing number of effective treatments for common mental disorders, many people are still not able to access them (Alonso et al., 2018). Stigma surrounding mental health disorders and who they affect, misinformation about treatment options, and a global lack of resources means that a large proportion of individuals suffering with mental health problems do not get the support that they need (WHO, 2009; Patel et al., 2018).

Approximately 25% of adults will develop a mental health disorder at some point during their lifetime (WHO, 2001). In the UK, one in three adults will receive treatment for their mental health, although there are stark demographic inequalities between those who do so (NHS England, 2014). For example, adults from Black and Minority Ethnic (BME) backgrounds have cited long waiting times, inadequate recognition of mental health needs, imbalances of power between service users and providers, discrimination, and cultural naivety as factors that influence access to mental health services (Memon et al., 2016). Other 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).

Now more than ever, people are turning to the internet to meet all sorts of needs. Factors that motivate clients to choose online mental health services include anonymity, convenience, and the emotional safety of being online (Dowling & Rickwood, 2013). As a result, Kooth and other digital mental health solutions are in a unique position to overcome the barriers that prevent adults from accessing traditional services.

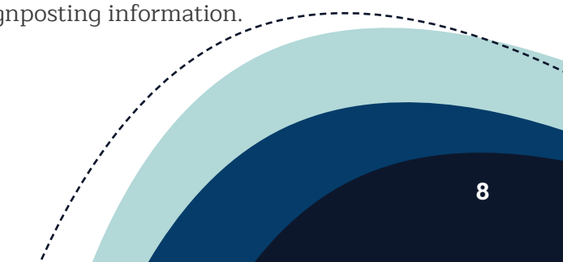
Improving access using digital solutions

All too often, mental health interventions fail to be scaled-up, usually because they have been badly implemented, there is a lack resources and funding, or they are not acceptable to the population (Singla, Ravioli & Patel, 2018). It is therefore vital that digital solutions are evidence-based, align with local and national policy, and are acceptable to their target populations, as well as sustainable from a cost-effective perspective. The UK's Mental Health Implementation Plan 2019/20-2023/24 dedicated a local investment fund of £2.3bn a year to ensure an additional two million people have access to high quality, evidence-based services for mental health (NHS England, 2019). Part of the plan involves a commitment towards digitising solutions, including supporting the development of 'apps and digitally-enabled models of therapy and online resources to support good mental health and enable recovery.'

In line with the knowledge that Kooth is already commissioned within the NHS and aligns with the UK's Mental Health Implementation plan, a robust theory of change will be beneficial to the growth of the service and contribute to the evidence-base on humanistic-driven online therapeutic practices.

Kooth—Children and young people vs adults

One of the defining aims of this theory of change was to unpick the main similarities and differences between CYP and adult usage. It was confirmed with quantitative descriptive analysis that adult users follow a similar pattern of usage, despite there being varying mechanisms, outcomes and impacts between services. The main difference in the pathway conceptualisation was further defining the peer support pathway in adults to include additional 'self-directed' activities, such as the use of online journaling and signposting information.



Findings

The first set of findings confirmed the similarities between Kooth for adults and its equivalent service for children and young people. **Detailed findings can be found in the comprehensive report.**

Kooth, offers a humanistic, integrative, 'whole-person' approach to online therapeutic support, where users are the central decision-makers in their journey towards well-being. This 'positive virtual ecosystem' enables different entry-points into the service, which users can move in and out of depending on their needs and wants. Users can benefit from its anonymous and accessible support provision through different pathways: reactive, structured or ongoing therapeutic support from trained mental health professionals, or through self-directed activities such as peer support or online journaling.

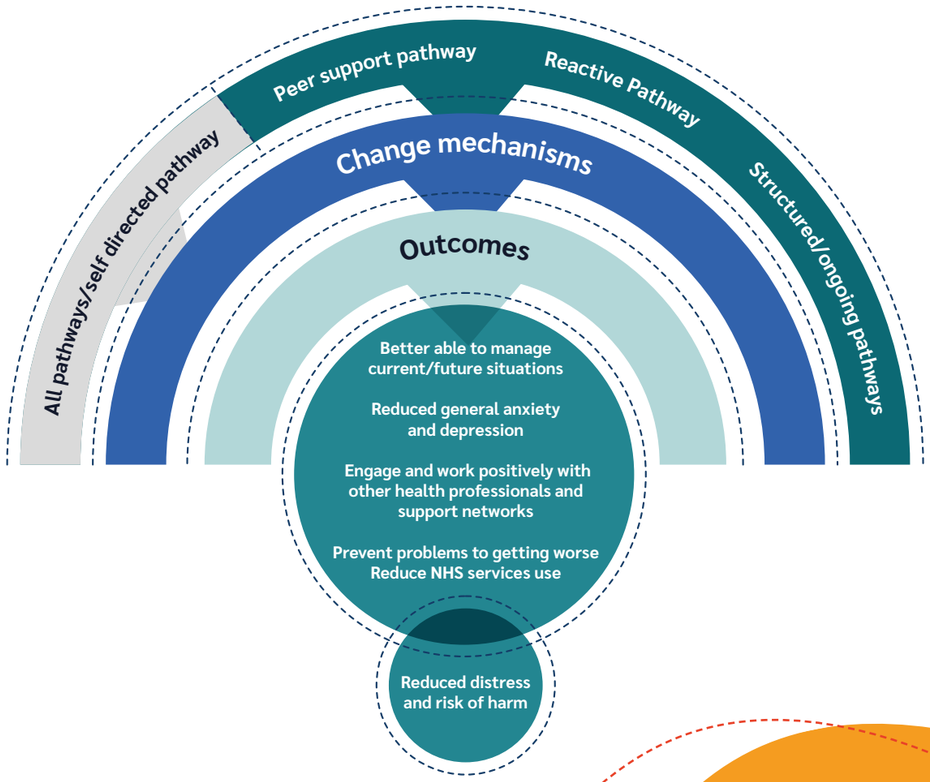
A second finding was that adult users can be conceptualised into four main categories: 1) by the issues they present with when they enter and progress through the service; 2) by the severity of their need, classified as 'immediate' or 'sustained'; 3) by their mental health 'background', including their prior experience with other services, treatments, or diagnoses; and 4) by whether they are currently using other services or sources of support.

The theory of change identified six broad impacts for Kooth and its adult population, which are positive changes that individuals achieve for themselves, in their own lives with the help of the service. The first impact, reduced distress and short-term risk of harm, is an immediate impact of the service obtained by direct therapeutic interventions, while the remainder are achieved as the individual engages with the larger ecosystem. These are:

1) better able to manage their current situation;
2) better able to manage future situations;
3) reduced general anxiety and depression;
4) engaging and working positively with other health professionals and support networks; and
5) prevent problems getting worse and reduced use of NHS mental health services.

In addition to these impacts, each pathway has various outcomes, which are the assets that Kooth gives to adult people to help achieve impacts, and mechanisms, through which the service aims to achieve its outcomes. The shared outcomes between pathways are: reduced feelings of isolation; increased awareness of what kind of support is available and how to access it; increased hope for the future; and increased appreciation of the benefits of accessing support. In addition to the platform being accessed by people in need of support with their mental health and well-being in some way, the other shared mechanisms are: increased familiarity and engagement with a) online support; and b) mental health support generally; and having a positive experience of a) online support; and b) mental health support generally.

In addition to the shared theory of change, each pathway has distinct activities that are available to and delivered to users, although users are able to benefit from more than one pathway during their time using Kooth. For example, some of the outcomes in the reactive pathway are: feeling safe, listened to, having a sense of catharsis / relief, and having reduced feelings of isolation. Whilst some of the outcomes in the structured and ongoing pathways are: increased understanding of mental health, increased confidence to manage mental health, and adopting positive mental health behaviours. Finally, the main outcomes for users in the peer support pathway are: forming new bonds or relationships with their peers, an increased sense of self-worth or self-esteem through helping others, and developing a stronger 'mental health support network'.



Conclusions

Categories / dimensions of people accessing Kooth for adults

1) by the issues they present with when they enter and progress through the service

2) by the severity of their need, classified as 'immediate' or 'sustained

3) by their mental health 'background', including their prior experience with other services, treatments, or diagnoses

4) by whether they are currently using other services or sources of support

This theory of change report has conceptualised and laid the groundwork for the future of Kooth adult services by describing the activities, mechanisms, and outcomes that contribute to long-lasting positive impacts for users.

Whilst it was already clear that Kooth for adults aimed to be a person-centred support service for adults across the UK, the findings confirmed that users can move in and out of distinct therapeutic pathways on the platform, benefiting from individualised support, providing choice that aligns with their wants and needs. Given the breadth and prevalence of mental health problems amongst adults in the UK, and the long wait times for services where they are available, Kooth for adults offers an opportunity to narrow the treatment gap through its provision of accessible, preventative and early intervention online support for mental health.

Intrinsic to the theory of change methodology is that it remains 'theory' until future evaluation is able to confirm and hone the understanding of how change occurs. Future research is needed to understand more about individual users of the service and whether this theory of change resonates with all of them, as well as to what extent Kooth adult services compliment wider mental health support systems. It is also necessary that future research is conducted to test the remainder of the assumptions outlined by this theory of change, especially as the service continues to grow, and the range in contracts expand. Nevertheless, the findings outlined in this report have been reached through robust mixed methodologies involving the contribution of a variety of stakeholders, and thus serve to conclude that Kooth for adults—in conjunction with all the activities and people involved—is a powerful 'positive virtual ecosystem' which delivers high quality, accessible support to adults across the UK.

Comprehensive report

The context for Kooth adult mental health

Mental health is an integral part of an individual's overall health, defined by the World Health Organisation (WHO) as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (WHO, 2001; 2004).

The definition implies that mental health is much more than just the absence or presence of disorders, diagnoses or abilities, and that to achieve a state of well-being on the mental health continuum, people often require support, which can be provided by professionals or networks of care. Mental health support encompasses a variety of resources and treatments that sustain the equilibrium between ill-health and well-being. According to humanistic principles, support should be contextualised to the individual's situation and environment in a personalised manner, such that they are an active decision-maker in guiding the type and extent of support they receive (Angus et al., 2015).

Many adults in the UK face barriers to timely and accessible mental health support. The following sections will outline the current context of mental health care in the UK and how access to treatment for mental health problems continues to be a challenge for the healthcare sector and beyond. The aim of this section—and the report overall—is to highlight how Kooth's digital offering of anonymous and personalised support aims to provide a solution to effectively address and prevent mental health problems on a national scale.

How big is the problem?

More than one in ten people are currently living with a diagnosed mental health disorder globally (Ritchie & Roser, 2018). In the United Kingdom, it is estimated that one in four adults will experience some kind of mental health problem each year (McManus et al., 2009). Despite there being treatments available for mental health problems, and efforts made by the NHS to improve their reach (Mental Health Taskforce, 2016; NHS, 2019), an estimated 75% of people with mental health problems in England still do not get access to effective treatment (Davies, 2014). Furthermore, the demand for mental health services in the UK is steadily rising, with a 21% increase in the number of people contacting mental health services between 2016 to 2019 (BMA, 2019).

A person's mental health is shaped by many factors, including the social, economic, environmental, and physical environments that they encounter throughout their lives (WHO, 2014). Large-scale global epidemiological studies have shown that social inequalities are one of the major risk factors for developing common mental disorders in adults (Patel et al., 2010). An analysis (Between 1970-2007) from 26 European countries found that every 1% increase in unemployment was associated with a 0.79% increase in suicides in adults younger than 65 (Stuckler et al., 2009). Indeed, unemployment or poor quality employment are significant risk factors for adult mental health problems, as is loss of unemployment, which has a close association with depression and anxiety (UCL, 2012). Other risk factors are: lower socioeconomic status, lower income, lower job satisfaction, being female, being of younger age, being an immigrant from a low or middle-income country, childhood adversity, a lack of social / emotional support, poor physical health, and social isolation (WHO, 2012; Mundt et al., 2014; Dalgard et al., 2006; Meyer et al. 2014; McCrone et al., 2008).

Social inequalities are especially relevant at the time of writing, the Covid-19 pandemic has upended many aspects of day to day life, with lockdown measures having severely impacted employment, income, and personal debt (Pierce et al., 2020). The pandemic has not only highlighted the critical need for digital technology as an alternative to face to face (F2F) visits (Torous et al., 2020), but also brought to attention the long-term impact and associated costs that such a seismic event can have on mental health (Richards & Richardson, 2012; Mohr, et al., 2017). A recent economic analysis estimated that the 'cost' of the pandemic on well-being in the UK was up to £2.25bn per day, which show the scope of the challenge ahead (Fujiwara et al., 2020).

What is the cost?

Pandemic notwithstanding, mental health problems exert a substantial economic burden to society, costing the UK an estimated £105.2bn a year (Centre for Mental Health, 2010). In 2019, common mental health disorders (CMD) were responsible for 44% of all work-related ill health cases and 54% of all working days lost due to ill health, equating to 12.8m workdays lost per year (Health & Safety Executive, 2019). Stigma also continues to be a problem in the workplace, with one study revealing that only 11% of employees discussed their mental health with their line-managers, and only 50% of employees reported that they would discuss any mental health problems with their direct supervisor (Stevenson & Farmer, 2017). Poor mental health also contributes to worsened physical health (WHO, 2004), with approximately 46% of people with a mental health problem in the UK also suffering from a long-term physical health problem (Naylor, et al., 2012).

Mounting evidence suggests that early intervention and prevention can improve long-term public health outcomes and reduce some of the adverse consequences of poor mental health in society, while also being cost-effective (Goldie et al., 2016). One evaluation showed a £10.64 return per £1 invested in the first year, and a £48.83 return after six years (Knapp, McDaid & Parsonage, 2011). A more recent study found that, after six years, a specific suicide and self-harm prevention initiative produced a return of £26.14 per £1 invested (McDaid et al., 2017).

Overview of the evidence-base for online mental health support services

The lack of treatment options makes prevention and promotion of good mental health a sustainable strategy to improve outcomes. Primary prevention—also known as universal prevention—include interventions that target the general population with the aim of reducing overall risk (Arango et al., 2018). Furthermore, online preventative interventions provide a unique opportunity to address mental health treatment disparities by solving problems of accessibility (Lindsay, 2020; Flemming et al., 2016). Some common barriers to accessing treatment include living in a rural area, having a physical disability, self or perceived stigma towards mental health problems, and negative past experiences with mental health professionals (Dowling & Rickwood, 2013).

Online counselling, which falls under the broader umbrella of 'digital mental health' or 'e-mental health', is 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). Online counselling services often closely mimic traditional in-person sessions, as opposed to some web-based interventions or internet-operated therapeutic software, which might be primarily self-guided or use technology to simulate a counsellor, respectively (Lindsay, 2020). Several systematic reviews have shown that online therapy has similar effectiveness to that of F2F services, that the anonymity of online chat may help people open up and feel less vulnerable about sharing (Barak et al., 2008; Dowling and Rickwood, 2013), and that it is more convenient for both clients and practitioners (Abbot, Klein, Ciechomsky, 2008; Barak & Grohol, 2011; Haberstroh, 2009). Finally, the anonymity and safety provided by an internet intervention can often lead to the 'online disinhibition effect', where clients choose to disclose more personal and private information sooner, and more often than in F2F sessions (Lindsay, 2020; Suler, 2004). The next section will outline some of the main providers of online mental health services in the UK, before describing the Kooth adults service offering in more detail.

The digital market

Improving Access to Psychological Therapies (IAPT) has transformed mental health treatment in the UK since its launch in 2008, offering increased access to evidence-based psychological therapies using a stepped-care model.[1] Despite its successes, IAPT faces challenges such as the need to reduce wait times, provide more patient choice, equal access, and finally, capitalise on developments in digital healthcare (Clark, 2019). Indeed, the evidence presented so far has emphasised the importance of developing programmes that are effective in preventing or reducing mental health problems at a population level, and how digital options can provide a solution to problems of accessibility. The Kooth adult platform and other digital services are well-placed to address many of the challenges faced by IAPT by continuing to reduce the mental health treatment gap.

[1] A clinical model where the least resource-demanding treatment is offered first and is only stepped up to more intensive and specialised treatment when clinically required.

Kooth is well-positioned in the market as a universal preventive intervention that is also able to provide personalised therapeutic support based on the needs and the wants of the user. Kooth for adults is often commissioned by the NHS, making it free throughout all service delivery, and at present it uses the same outcome framework as IAPT services (PHQ-9 and GAD-7). Aside from support provision on Kooth for adults, which is described in the next section, there are also a variety of ways to seek support for mental health problems online, all of which offer the user a slightly different experience. On Togetherall (formerly Bigwhitewall), which is also commissioned by the NHS and other organisations, users can access a peer support community, resources, self-guided courses, and converse with qualified professionals. Other platforms such as SilverCloud, Beating the Blues and Ieso offer computerised cognitive behaviour therapy (cCBT) to address common mental health problems, while forums such as the SANE Support Forum, Beat Message Boards for eating disorders, or Bipolar UK eCommunity for patients with Bipolar disorder, all offer moderated spaces online for adults to seek support from their peers safely. Adults can also access support through a variety of apps, ranging from general support to those that employ chatbots, like Woebot or Wysa which use artificial intelligence to mimic a conversation with a counsellor.

This report contributes to the growing evidence-base for online services by outlining a comprehensive theoretical framework that underpins the outcomes and impacts of an already established service.

Research methods

This section describes the multi-method research approaches used in this project in order to conduct the theory of change for Kooth adults. The different methodologies are described chronologically illustrating the development of the theory of change, as well as the data collection activities that were conducted for it.

Building on the Kooth theory of change

In 2019 a comprehensive research project was conducted to develop the theory of change for Kooth in children and young people populations (Hanley, et al., 2019). Kooth CYP is a much larger service than its adult counterpart, delivering to c.50,000 young people per year, as opposed to Kooth adult services which currently reach approximately 20,000 adults per year, which meant the Kooth CYP theory of change was based on more experience. However, the learning from Kooth CYP has helped us to explore Kooth adult's theory of change because of the similarity in support pathways for service users.

Collaborative design

The Kooth adults platform theory of change has been a collaborative project involving a range of practitioners, senior management, the Kooth Plc research team and the consultancy New Philanthropy Capital. The project was based on the understanding that staff working in the service held a wealth of knowledge about the way the service benefits service users. Conversations took place through a series of workshops that explored the following themes: the similarities and differences between Kooth adults and Kooth CYP, the service's target groups, the intended outcomes and impacts for service users, risks, and underlying assumptions. The input of practitioners and senior managers provided a depth of understanding that confirmed and explored the wider research findings.

Rapid literature review

An initial literature review provided the groundwork for the project. Through collating the relevant evidence on online counselling interventions and theory of change methodologies, we sought 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 theory of change and how has it been used in the field of mental health?
- What are the similarities and differences between the Kooth CYP and Kooth adults ToC?
- Why is it important to conduct a ToC for Kooth adult services?

The findings of the literature review are referenced throughout this report.

Pathways transcripts analysis

We conducted qualitative analysis of online chat sessions. The aim of conducting the analysis was to inform understanding of the different contexts, outcomes and mechanisms that occur within therapeutic interactions across the different pathways.

The research used a qualitative methodology of thematic analysis based on Braun and Clark (Braun and Clark, 2006). The aim of thematic analysis is to identify patterns of meaning across the data, using a rigorous process in order to answer research questions of interest. This approach to thematic analysis can be conceptualised into six main stages:

- Familiarising with the data / transcripts
- Coding the data
- Searching for themes
- Reviewing themes
- Developing and defining themes and subthemes
- Producing the report

Coding was conducted using an inductive approach, meaning that codes were not assigned based on preconceived ideas but rather emerged naturally through the process. The last stage of defining and developing the subthemes did take a deductive approach, which made use of the previous theory and themes developed during the Kooth theory of change. The aim at this stage was to match the themes and subthemes where the terminology was similar and achieve congruence where possible but also identify any areas where there were obvious differences between Kooth CYP and Kooth adults in each pathway (see the appendix).

Quantitative data analysis

A limited amount of quantitative analysis was possible looking at the patterns of usage between different pathways and the small number of questions that are asked of service users as they sign-up and engage with the service. This analysis contributed to the section on ‘What kinds of people is Kooth adults for?’

Theory of change development

Building upon the intelligence above, the theory of change for Kooth adults services was drafted and refined by a small working group composed of the Kooth Plc research team and consultants from NPC. In addition to synthesising the different data sources above, a key stage in the development of the theory of change was identifying coherence across the themes, subthemes and codes identified intuitively through the transcript analysis work. Coherence across the pathways was identified and confirmed by the earlier developmental discussions with practitioners.

The draft theory of change was discussed with practitioners and senior managers in workshops prior to finalisation.

Service user engagement

Service users were not directly involved in the development of this theory of change. The Kooth Plc team are keenly aware of this gap in engagement, and whilst it was not practical to engage service users at the time, the team have plans for future service user involvement and testing of research assumptions through participation of adults and users of the platform (as detailed in the ‘Further research questions’ section).

The following sections present the findings on what Kooth for adults offers as a service, the features that describe the service, and they kind of people that currently access the platform, to later describe, the intended impacts, outcomes and mechanism of change that take place in the adult service alongside assumptions and future research questions arising from the theory of change for Kooth for adults.

What Kooth for adults offers

Kooth for adults is a digital service that provides safe and confidential access to mental health and emotional well-being support for people over 18 across the UK (formerly qwell.io). [2]

Kooth adult users can receive synchronous or asynchronous support from qualified ***human*** practitioners via booked or drop-in sessions, access useful resources or post to the magazine, set and update their goals, and connect to other adults going through similar experiences through the peer support community.[3]

Kooth requires no referral, has no waiting list, and is free throughout all service delivery. Support is available out-of-hours and is anonymous, making it an accessible solution for many adults who face barriers seeking support from traditional services.[4] Although designed as a universal preventive intervention and early intervention, access to Kooth adult services is currently restricted by contracts and only available to certain cohorts, and some whole regions. Current contracts range from primary to tertiary groups, meaning that some service users are 'healthy' individuals, or they belong to a specific profession for which the service has been commissioned, while others might use it alongside traditional F2F mental health services (for more, see the 'What kinds of people is the Kooth adults platform for?' section).

The Kooth adults platform is a product of Kooth Plc, the longest established provider of digital mental health services in the UK. Kooth Plc also provides a similar service but for children and young people aged 11 to 25, named Kooth CYP. While Kooth CYP was established over 15 years ago, and has a robust theory of change underlying its service offering (Hanley et al., 2019), Kooth for adults was launched in 2018, making it one of the newer services that Kooth Plc offers.

The Kooth ToC has been widely beneficial for understanding the service, developing robust outcome measures, improving personalised support within the pathways, planning future research, and expanding growth. In addition to achieving the same goals, this ToC will also enable the development of an evaluation framework for the service, thus improving its visibility from the perspective of commissioners and key stakeholders.

[2] Kooth adult platform is a pre-moderated environment with a strong safeguarding and clinical governance to make the service safe; users are only encouraged to provide identifiable information in high-risk situations.
[3] Synchronous support is defined as support that occurs in real time, such as a live counselling session, while asynchronous support does not happen in real time, such as sending messages back and forwards.
[4] Kooth for adults counsellors and practitioners are online for chat sessions from midday to 10pm on weekdays and 6pm to 10pm on weekends. Access to the rest of Kooth for adults is available 24 hours a day.

Overall defining features of Kooth for adults

A humanistic, integrative approach

A humanistic approach emphasises the individual as the central decision-maker in their growth and journey to well-being (Scholl et al., 2013). Also, at the core of humanistic psychology is that humans are whole beings and should not be characterised as by-products of other processes.

Within humanistic counselling, people are able to positively change, given the correct environment (Bugental, 1965; Hanley & Winter, 2016). This integrative approach brings together different elements of specific therapies (e.g. humanistic, cognitive-behavioural, psychodynamic) and is based on the philosophy that mental health is influenced by a variety of interrelated factors, this sets Kooth adult services apart from other more 'mainstream' mental health interventions, which are often driven by a one-size-fits-all approach and focus predominantly on symptom reduction. In contrast, humanistic, integrative services tend to place a greater value on helping people 'increase self-understanding through experiencing their feelings' (Gladding, 2008. p. 207). This is reflected in the range of experience, skills and training that Kooth clinicians bring to the service, providing safe support through the use of accredited mental health professionals alongside strong safeguarding and clinical governance procedures.

A positive virtual ecosystem

Similar to its counterpart Kooth CYP, and in line with humanistic psychology principles, Kooth for adults mental health also aims to provide a 'positive virtual ecosystem', where users can take charge of their journey to wellness. The moderated and proactively facilitated ecosystem of Kooth services aims to create a safe and supportive environment for all users across the platform. This person-centred approach allows for a number of different entry-points into the wider ecosystem, including access to a range of resources, discussions with peers, a structured series of counselling, or access to drop-in chats as and when they are needed. In contrast to IAPT, for example, where a structured series of cognitive behaviour therapy (CBT) sessions are the 'norm' for all clients, adult users on Kooth are able to tailor their support depending on their need or desire, embracing the complexity of adults' mental health journeys and the integrative, humanistic offering from trained mental health professionals. The Kooth ecosystem not only describes the platform as a whole—where users can move in and out of pathways depending on where they are in their therapeutic journey—but also relates to the type of direct therapeutic support provided. Each user is conceived holistically, as a 'whole person', making their journey of support unique through processes of self-actualisation and acceptance, helping them to reach their true 'human potential' inside and outside of the Kooth adult mental health platform.

Anonymity

The anonymity of the service supports people to be comfortable with disclosing their problems to practitioners. [5] Kooth users sign up to the service using a pseudonym, and except in the case of a safeguarding concern, are not encouraged to disclose any identifiable information. Anonymity may induce the online disinhibition effect in the user, an effect that has been shown to help with self-disclosure and has been observed across the ecosystem (Suler, 2004; Lapidot-Lefler & Barak, 2015).

Accessibility

Kooth provides easily accessible support, which can remove barriers commonly faced by people seeking support—such as shame, stigma and lack of access. The ability to flexibly access the service outside of traditional working hours, from a convenient location, at no cost, and without a complicated or frustrating process (e.g. no waiting list), and to access online mental health support with a trained mental health professional at the other end, are valuable to users. The service also meets all the WCAG 2.1 digital accessibility standards, so the digital service and content is built in a way that is accessible to everyone, including those people with impairments in vision, hearing, mobility and thinking or understanding.

[5] Practitioners refers to the workers on Kooth for adults, including Emotional and Well-being Practitioners (EWPs), counsellors, and senior practitioners, all of whom are qualified trained mental health professionals.

Pathways

One of the main findings from the Kooth CYP ToC was that users engage with the platform in distinctive patterns, characterised by pathways which users might move in and out of throughout their therapeutic journey. One of the aims of conducting this ToC for Kooth adults was to explore whether users interact with the service in a similar manner. The four main pathways—initially conceptualised for Kooth CYP and then adapted—that Kooth adult users have been identified with are:

Fig 1.

However, in defining these pathways it is important to be clear that every journey will be different. People may be conducting indirect and direct therapeutic activities at the same time, while working on several issues at different stages of their journey. Indirect activities are when practitioners are not directly involved in the support, whereas direct therapeutic activities are those who involve a human practitioner directly, such as chats or messages. People may travel a pathway multiple times, either consecutively or sequentially. And people may engage with more than one pathway, again either consecutively or sequentially. All of which serves to highlight the value of the ecosystem approach, which allows people to adapt their use of the service depending on their circumstances and needs. The aim of setting out these pathways, and of the ToC as a whole, is to provide a broad framework for understanding the different ways people might use the service and the different ways that they might benefit from it.

What kind of people is the Kooth for adults platform for?

Kooth mental health platform is available to adults who are over 18, have access to the internet, and are eligible based on the contracted areas where the service is commissioned. To date, users have been introduced to the service through contracts between Kooth Plc and a number of other organisations. Some of these contracts support access for all adults within a geographical area, such as on the Isle of Man; some support access for people experiencing specific problems or challenges, such as being a carer experiencing domestic abuse; and some support access to particular communities or workforces, such as teachers in the London Borough of Barnet. This range highlights Kooth's versatility and capacity to engage different target audiences from the adult population.

The main referral route is from GPs (20%) followed by 'work' (18%)—which reflects the contracts that Kooth has established for the service. Beyond this, there are a huge variety of referral routes, with many people finding the Kooth adult platform through search engines and social media, and 8% through word of mouth.

To date, most Kooth adult users have identified as women (77%, compared to 21% who identify as male and 2% as gender fluid or agender). Women are also more likely to progress into the structured and ongoing pathways. Nine in ten users identified as White, while one in ten said they were from Black, Asian and Minority Ethnic (BAME) communities, which is broadly in line with the UK adult population as a whole.

At the starting point of using Kooth for adults, all users are in need of support with their mental health problems and well-being in some way. Beyond this, there are four main ways in which service users vary, which can substantially influence their engagement with the service. First, there are a wide range of issues that people face. Kooth records these as 'presenting issues' that are recorded by practitioners when they engage within any of the direct pathways. They describe the main reasons for users asking for help and represent a cue for practitioners to conduct the therapeutic work. The most common issues identified by practitioners in the 'direct pathways' (reactive, structured and ongoing) are 'anxiety / stress', 'depression', 'family relationships', 'suicidal thoughts' and 'self-worth'. This is fairly similar to the indirect pathways, although 'loneliness' is cited more often amongst those who engage with peer support options.

The second dimension is severity. The Kooth for adults platform does not currently have and standardised way to record risk, this is assessed by practitioners and moderators on a daily-basis, including a risk information system for users that divides users into low, medium and high risk categories. However, consultation with staff and transcript analysis indicates that there are two main segments of users:

- In 'Immediate need' for support and relief: People who are experiencing an immediate mental health problem that is causing current distress and who may be at risk of harm at the time of accessing support.
- In 'Sustained need' for support and prevention: People who are experiencing mental health challenges and are looking for ideas, support and possible solutions to overcome their difficulties and prevent further harm to their lives at the time of accessing support.

This categorisation is very broad, and further research is needed to understand the profile of Kooth adult users by severity and how this assessment influences their engagement with the service.

The third dimension is people's mental health 'background' or 'identity'. This refers to people's prior experience of services or support, and the roles and attitudes they have developed about themselves and their experiences of mental illness (Yanos, Roe & Lysaker, 2010). Mental health identity could have a potentially important effect on the way people engage with Kooth adult platforms, and lack of access to mental health services is a key driver for people seeking support online. For example, someone who has never experienced poor mental health before is likely to have a very different reaction—and possibly engagement with the service—compared to someone for whom the Kooth platform is one in a long history using different services, reaching the service with a sense of frustration about their mental health care and support options. It is also worth noting that this is one respect in which users of Kooth for adults will be different from users of Kooth for young people (who on average will come with much less experience).

The final dimension is whether or not people are currently using other services or sources of help. Some users will be using the Kooth platform as their only source of support, while others will use it in complement to F2F therapy. Indeed, Kooth adult platform content and practitioners will actively encourage people to look at other resources and work in collaboration.

Each of the dimensions can potentially influence how a person uses Kooth, the pathway they go down and what they get out of it, so it is an important aspect of the ToC. However, it is fair to say that Kooth's approach to user segmentation is nascent, and data is only currently collected on the first of these four dimensions. While this is appropriate given the relatively early stage of the development of the service, we recommend that the Kooth adult platform starts to build a better understanding of service users and their patterns of engagement with the service so that it can provide a more informed and tailored offer. Hopefully setting out these four dimensions will support that process.

Intended ‘impact’, ‘outcomes’ and ‘mechanisms’ that Kooth for adults aims to achieve for and with people

We begin our description of the theory of change itself by outlining the ‘impact’, ‘outcomes’ and ‘mechanisms’ for Kooth adults as a whole, i.e. for all or most of the pathways. For this we have followed NPC’s definitions as follows (Noble, 2019):

- **Impact:** The sustained change you want to see in your target group, which they will achieve themselves

- **Outcomes:** Changes in your target groups that you believe will contribute to impact

The critical point about these definitions is to see intended impact as a positive thing that people achieve for themselves, in their own lives. Impacts should also be few in number and clearly positive. Outcomes are then seen as any changes in people’s resources or attributes that will help people to achieve that impact.

In describing the impacts and outcomes for Kooth adults, it has been important to stay true to Kooth’s underlying humanistic, integrative, therapeutic approach, that means each person’s experience of the service is unique in content and process. Therefore, service level impacts and outcomes are very broad, and any individual might gain some outcomes but not others.

Intended impact

We have identified six broad impacts for Kooth adult services.

The first impact is distinct from the others because it is more short-term / immediate:

- Reduced distress and short-term risk of harm

We feel it is important to include this as it represents a positive result that some people may achieve through the platform (particularly, but not exclusively, through the reactive pathway). The point is that even if an individual does not go on to use more of the service through ongoing and structured therapeutic support pathways, this impact has still been achieved and is worth acknowledging.

The other impacts are more likely to be achieved the more an individual engages with the different elements of the Kooth for adults ‘ecosystem’.

- Better able to manage their current situation
- Better able to manage future situations
- Reduced general anxiety and depression
- Engage and work more positively with other health professionals and support networks
- Prevent problems from getting worse and reduce the use of NHS mental health services.

The extent to which Kooth adult services contribute to these impacts will depend upon peoples’ needs and the extent of the support offering they engage with. For example, the potential impact of short-term interventions (e.g., the reactive therapeutic pathway) is more likely to be that an individual is better able to manage their current situation over the next month, week, or even day. But if they progress into structured therapy they may be more likely to both manage their current situation and equip themselves to manage future situations in the longer term.

Finally, in the long-term it is expected that Kooth for adults will reduce the use of NHS mental health services and help individuals to work more positively with other networks and professionals, preventing problems from getting worse on an individual level.

Outcomes

Outcomes are best seen as the assets Kooth aims to give people to help them achieve the impacts above. They can be roughly assigned to the different pathways as shown in the table below, although there is no perfect correspondence between outcomes and pathways, and outcomes can be seen across all pathways. Also, progress can be achieved across different outcomes simultaneously, although within the structured and ongoing support pathways, the ToC suggests that service users will experience a 'journey' or progression from increased understanding through increased confidence to the adoption of positive mental health behaviours (For more on this, see the next section of this report).

Outcomes in reactive support pathway	Outcomes in structured and ongoing support pathways	Outcomes in peer support pathway
Feel safe / comfortable	Increased understanding of mental health and the problems they are having	New bonds / relationships with peers
Feel heard / listened to	Increased confidence / strength / motivation to manage mental health	Increased self-esteem / self-worth through helping others
Feeling of catharsis / relief	Adopt positive mental health behaviours	Stronger 'mental health support network'

Outcomes across all pathways

Reduced feelings of isolation

Increased awareness of what kind of support is available and how to access it

Increased appreciation of the benefits of accessing support

Increased hope for the future

Mechanisms

Finally, within this overall summary we highlight the 'causal mechanisms' through which Kooth adult platform aims to achieve these broad outcomes. Mechanisms describe how we want people to engage with the service, and how they feel and act around the service, in order that they start to achieve the outcomes above. In this respect mechanisms are crucial to the success of the service and they should be the focus of performance management the key question being **'do people engage in this way?'**

Mechanisms in *the reactive support pathway*	Mechanisms in *the structured ongoing support pathways*	Mechanisms in *the peer support pathway*
Having a safe place that focuses on themselves	Forming a 'therapeutic alliance'	Relating to others
Sharing / opening-up	Reflecting on their situation	Connecting with others
Forming a 'therapeutic connection'	Recognising the positives– assets they have / things that are good helpful	Helping others (digital altruism)
	Get new ideas / suggestions	
	Taking charge of their own journey	
	Setting goals / problem-solving strategies	
	Have the experience of progress	

Mechanisms across all pathways

Kooth for adults is accessed by those in need of support with their mental health problems and well-being in some way

Increased familiarity and engagement with; a) online support; and b) mental health support generally

Have a positive experience of a) online support; and b) mental health support generally

The following diagram shows how mechanisms and outcomes combine through the different pathways to contribute to the intended impact. Impact is presented in the centre to convey how all parts of the Kooth adult platform have the potential to contribute, and the different parts of the ToC overlap to convey how the different parts are potentially mutually supportive and that each individual has a choice about how to engage.

Change Mechanisms

All pathways / self directed pathways

Increased familiarity and engagement with; a) online support; and b) mental health support generally.

Have a positive experience of a) online support; and b) mental health support generally.

Peer supported pathway

Relating to others

Connecting with others

Helping others (digital altruism)

Reactive pathway

A safe place that focuses on them

Disinhibition effect

Sharing/opening-up

Build trust

Therapeutic

connection

Structured/ongoing pathways

Therapeutic alliance
↓
Reflecting on their situation
↓
Recognising the positives
↓
Getting new ideas / suggestions

'Taking charge' of their own journey
↓
Generating goal / problem-solving strategies
↓
Having the experience of progress

Outcomes

Increased awareness of what support is available and how to access it

Increased appreciation of the benefits of support

Increased hope for the future

Reduced feelings of isolation

New relationships with peers

Increased self-esteem through helping others

Stronger 'mental health support network'

Feel safe / comfortable

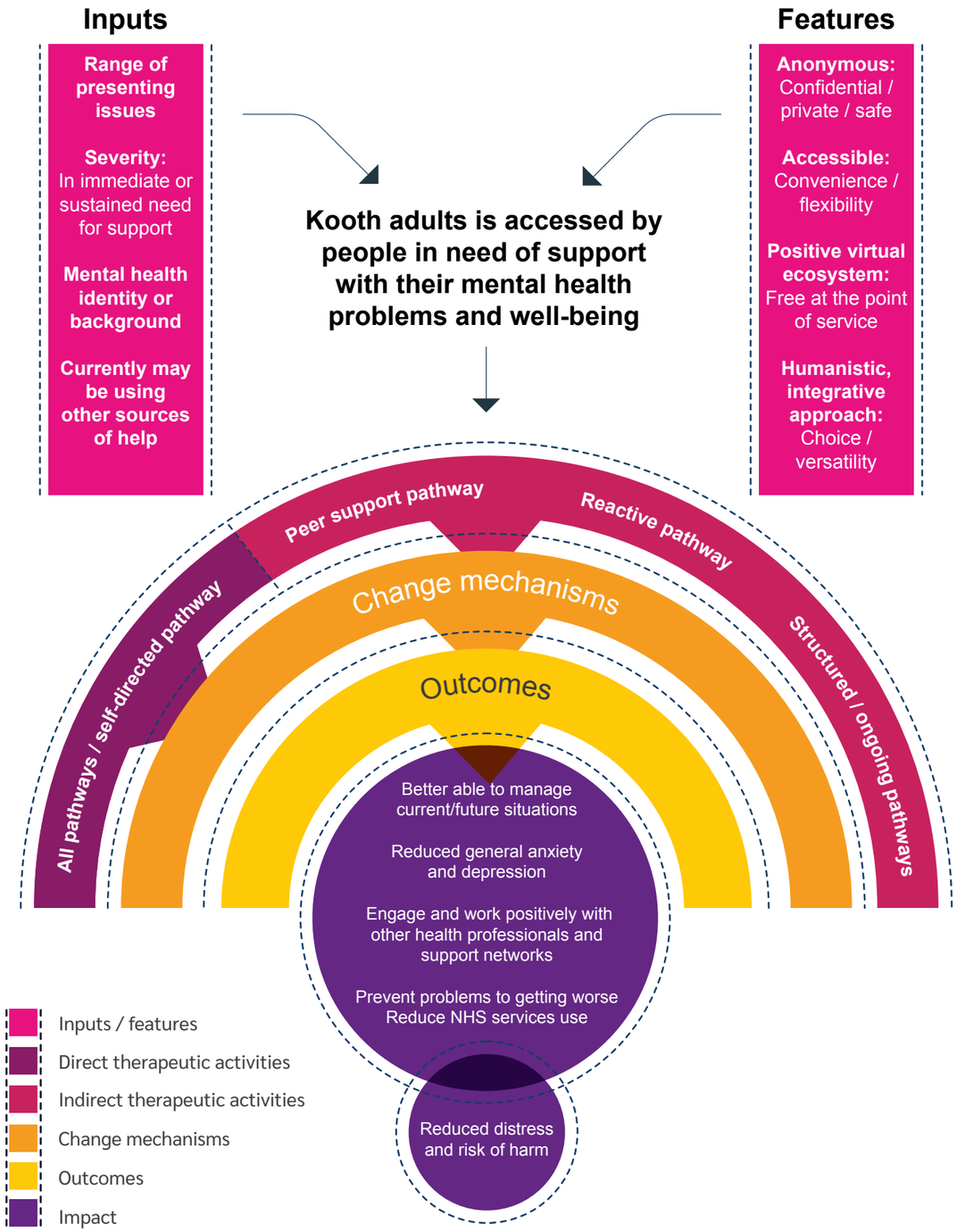
Feel heard / listened to

Feeling of catharsis / relief

Solve problems and improve their immediate situation

Increased understanding of problems they are having
↓
Increased confidence / strength to manage mental health
↓
Adopt positive mental health behaviours

The Kooth adults 'positive virtual ecosystem theory of change'



Detailed exploration of the four pathways

In this section we describe how the overall ToC described above is achieved. We do this by giving a more detailed account of the activities that are available and delivered to people within each of the four pathways. The section is based on consultation with practitioners involved in the delivery of Kooth adult services and analysis of a sample of transcripts from sessions inside the platform.

Reactive

Introduction

The reactive pathway refers to people who have between one and nine sessions of chat over an unspecified time period, drop-in into sessions without taking up or requesting a named practitioner. This can include individuals whose challenges can be resolved in one session, who are merely exploring and testing options or are signposted to external services, as well as those who move onto other support pathways within the Kooth adults service.

How the reactive pathway is intended to work

The perception of the platform as a 'safe space that focuses on them' is a key first step to achieving the goals of the reactive pathway. This is partly achieved through the online 'disinhibition effect' (Suler, 2004; Lapidot-Lefler & Barak, 2015), where anonymity helps individuals to feel more comfortable to share emotional and private thoughts than in F2F settings or within their personal networks (Barak & Grohol, 2011). Another aspect of the 'space' that might be important to initial engagement is that it is seen as there 'for them', that they are in control and that the concern or focus is for them to get better.

The reactive pathway involves anonymous 'chats'[6] with a practitioner and there are a number of different qualities practitioners bring to sessions:

- Practitioners use 'active listening', as well as asking questions to get to know the users and their needs. In doing this they aim to be non-judgemental, appropriate, sensitive and empathetic - to help people feel sympathised with and reassured.
- An especially important goal at an early stage is people feeling that their problems and feelings are **valid**—to reduce any feelings of embarrassment or stigma.
- Practitioners also aim to build upon people's existing resources to help initiate and empower them to make a change.

People opening-up and sharing is an important mechanism within the therapeutic (and other) pathways. The qualitative analysis highlighted that the telling of their story will involve identifying and offloading key concerns, problems and daily struggles. For some, this may include exploration of their 'mental health identity' (an individual's past and present experience with all aspects of their mental health, including positive and negative). Through sharing, people feel more comfortable, listened to / heard and may achieve a feeling of catharsis / relief.

[6]A 'successful' chat is characterised as one that is over eight minutes long although chat sessions vary in length, between 30-90 minutes.

Moreover, the process of writing thoughts, feelings and situations down may help people to process things and understand them better. Research suggests that text-based support can lead to the expressive writing of emotions and feelings, and the articulation of internal processes and reflection (Pennebaker & Chung, 2011), which may lead to new insights that support the therapeutic process.

We have identified three related and overlapping outcomes that can result from engaging in the reactive pathway.

1) It can support people to take steps to address problems and improve their immediate situation. Repeated reactive sessions may increase confidence in people's ability to make decisions and take personal responsibility. By the end of sessions, people may be better able to manage their current and possibly future state. The time horizon for this may be measured in as little as weeks, days or even hours depending upon the mental health of the service user.

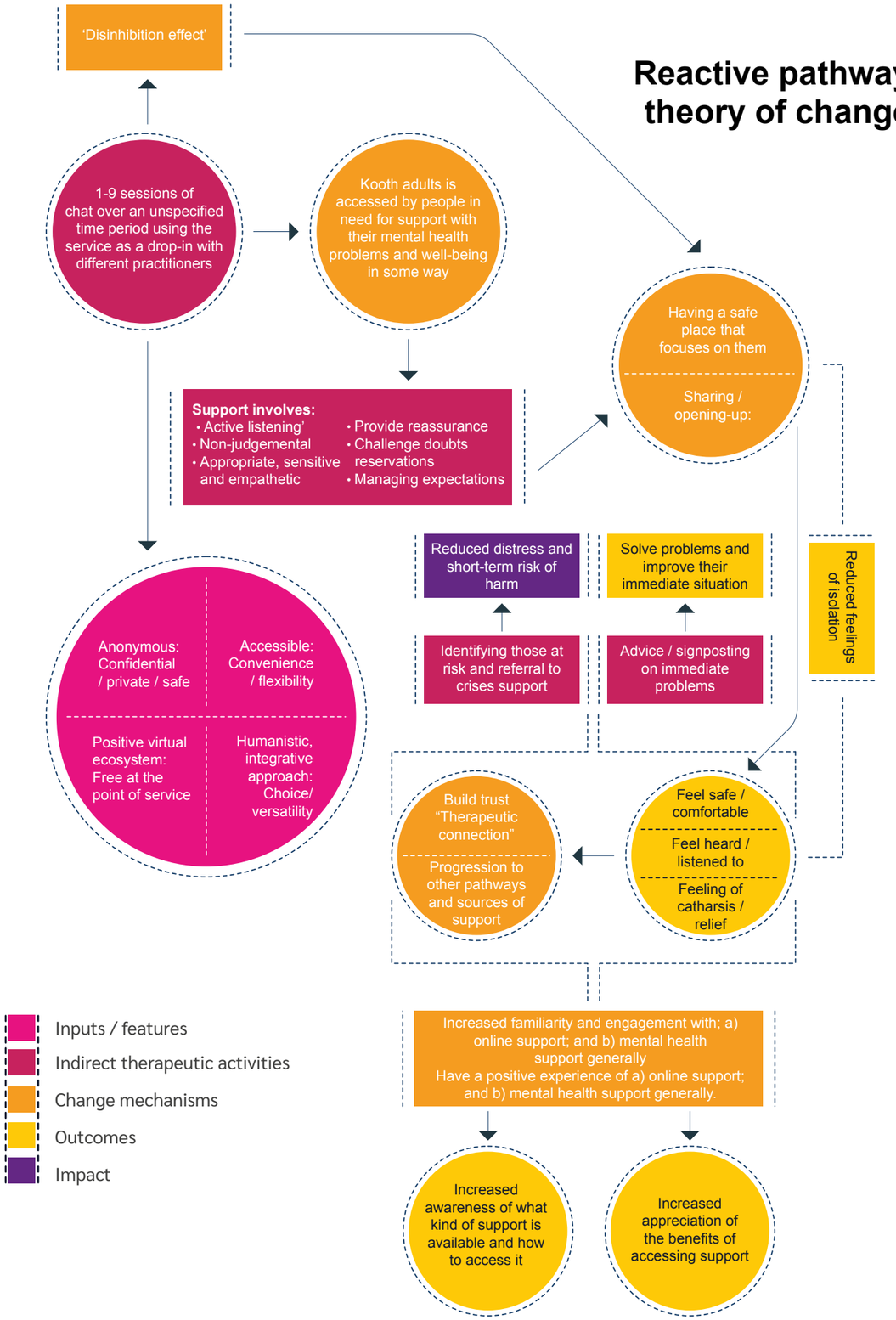
In some situations, a single session may be enough to reduce someone's distress. More rarely, a practitioner might identify that someone is at risk of harm to themselves or others and can advise them on what to do and where to go for help (for example to Accident and Emergency). Practitioners may also actively refer someone to crisis services or liaise directly with these services on someone's behalf. However, it is important to note that Kooth for adults is not intended to be a crisis service so its role in these situations is to signpost towards the more appropriate and immediate support they need.

2) Even over the course of a single session, the 'reactive' process may mature into feelings of 'trust' and a 'therapeutic support connection'. Indeed, the qualitative transcript analysis revealed that service practitioners are adept at quickly establishing and nurturing therapeutic relationships with users—even within a single session. The user's articulation of feelings, thoughts and emotions through text help the counsellor to identify subtle cues and a good sense of the users' feelings, which can help to establish trust (Wright, 2002), which is especially crucial for online counselling where verbal cues and facial expressions are absent (Fletcher-Tomenius & Vossler, 2009).

   A short-term benefit of this connection may be to reduce a person's feeling of isolation. Moreover, any 'therapeutic connection' established may in-turn lead to continued engagement with the reactive pathway or onto the structured pathway. It may also support future engagement with other mental health services. In this sense, the 'therapeutic support connection' is a means to an end, so we have presented it as a mechanism of change rather than an outcome.

3) Finally, having a positive experience of the reactive pathway may promote the achievement of two crosscutting outcomes: 'increased appreciation of the benefits of accessing support' and 'increased awareness of what kind of support is available and how to access it'.

The following diagram summarises the discussion above on the key features of the reactive pathway.



Structured and ongoing support

Introduction

The 'structured pathway' is composed of users that follow a structured set of sessions, between two and nine, agreed in advance and with a named practitioner. It is the pathway that most resembles mainstream counselling or mental health support.

Where people continue to benefit from the service after the structured work has ended, or after several (reactive) drop-in sessions without any structure, they may move on to the 'ongoing pathway', where they continue to have regular engagement with the service, for more than ten sessions.

The mechanisms and outcomes for the structured and ongoing support pathways are presented as identical. However, with ongoing support there is the prospect of achieving more progress over a longer period. It should be noted that whilst academic literature addresses the advantages of internet-based treatments for common mental health disorders (Andersson & Titov, 2014), it lacks evidence about more complex presentations and so there is an untested assumption around whether the Kooth adult platform is suitable for more complex cases.

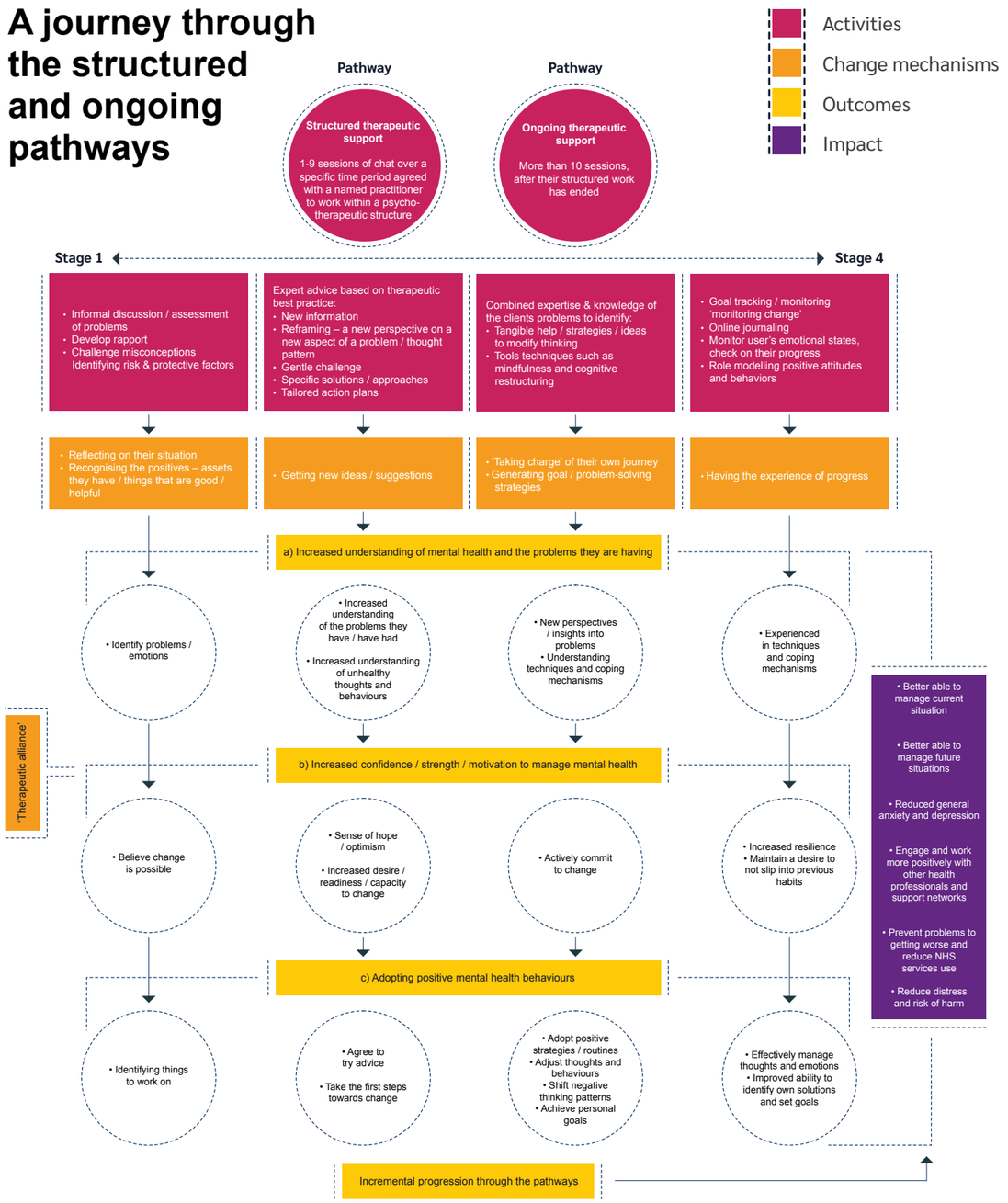
How the structured & ongoing pathway is intended to work

Like the reactive support pathway, the foundation for the structured and ongoing pathways is the relationship between the service user and the practitioner. But in these pathways the relationship is more likely to consolidate over time because the user sees a named counsellor in scheduled sessions. Therefore, we refer to this stronger connection as a 'therapeutic alliance' rather than the 'therapeutic connection' that might be achieved through the more one-off sessions in the reactive pathways.

The alliance is achieved in much the same ways as the connection. It is firstly established through offering a non-judgemental and safe space in which the user reflects on their situation. The qualitative analysis highlighted that the users often disclose their problems and daily struggles in a way that might feel cathartic, through telling stories and offloading key concerns. This can include expressing difficult thoughts and feelings, both due to present stressors and difficult previous experiences. Practitioners work with the service user to sensitively revisit the traumatic experiences when it is appropriate and safe, and provide reassurance and a gentle challenging of critical beliefs. This can also include managing daily stressors, where users disclose stressful situations and events that impact their lives and mental health. Common themes for adult users of the service include sharing interpersonal problems, financial concerns, and career challenges such as worries around professional development or career expectations. While all this is similar to the reactive pathway, structured therapeutic support provides greater time to explore individual stories than is possible in one off, reactive therapeutic sessions. As with the reactive pathway, the process of writing things down can support the users to process their experiences and feelings.

Once a therapeutic alliance is established, the ToC for the structured and ongoing pathways is based around a loose journey that both guides a practitioner's actions and objectives and reflects the outcomes that people might experience at each stage. In positing this, we acknowledge that change in psychotherapy and mental health is rarely linear (Hayes et al., 2007; Schiepek, 2009) and that people will work on a range of

disparate or interlinked problems at varying rates of progress. We are only saying that there is a general pattern and trajectory to positive change that is useful to bear in mind. This journey is summarised in the four stages of the diagram below and at each stage the service user might experience: a) increases in understanding; b) increases in confidence / motivation; c) changes in mental health behaviours.



Stage 1

The first level of outcome attained through the reactive and therapeutic support pathways will be an increased understanding of their mental health and the problems they are having. For the majority of people, a part of their journey will include exploration of their 'mental health identity', including positive and negative experiences with services, diagnoses, professionals, and medication, as well as the set of roles and attitudes that a person has developed in relation to their understanding and experiences of mental illness (Yanos, Roe, Lysaker, 2010). Where appropriate, support encourages exploration of mental health identity in relation to engagement with external care networks, focusing on increasing adherence to treatments, or providing psychoeducational information on the effects of medication, in addition to monitoring change in users. This is aligned with research that shows psychoeducation is more effective when supported by a practitioner on internet-based interventions (Arjadi, et al., 2018; Richards & Richardson 2012; Nobis et al., 2015). The practitioner will also review 'risk and protective factors', where practitioners evaluate risks that surround the user and protective positive factors that contribute to good functioning, in order to provide the right advice.

In line with the humanistic approach, the therapy is 'assets-based', so throughout sessions practitioners will encourage users to recognise their assets, as in things that are good in their life.

Practitioners also provide strategies and advice on change, making use of their expertise on the problems presented. Over time, the user begins to 'take charge' of their own journey and to generate their own goals and problem-solving strategies.

Stage 2

The second level of outcome attained through the reactive and therapeutic support pathways is the identification of things to work on.

This process of identifying and articulating clearly the problems and emotions the user is experiencing leads to an increased understanding of those problems and related unhealthy thoughts and behaviours. As new perspectives and insights are incorporated, the practitioner and user will start to explore techniques and coping mechanisms. Where challenges are experienced, practitioners make suggestions and explore new ideas and ways of looking at issues.

This process may start to increase people's confidence, strength and motivation to manage their mental health. First the user begins to believe that change is possible and as their sense of hope and optimism increases, so too does their desire, readiness and capacity to change.

The behavioural goal at this stage is that individuals agree to try advice and take some small positive steps to change (albeit potentially quite small ones).

Stage 3

The third level of outcome attained through the ongoing and structured support pathways is the gradual adoption of positive mental health behaviours.

To support this, practitioners will provide both specific advice and suggest ‘therapeutic tools and techniques’ such as mindfulness and cognitive restructuring. The intended result will be the adoption of positive strategies and the adjustment of thoughts and behaviours, including the shifting of negative thinking patterns.

Emphasis is placed on building capacity for change within this pathway. Interactions between practitioners and users promote and maintain change in the life of the user. These interactions focus on taking action and reinforcing the motivation to carry out plans and actions. The user and practitioner work together to recognise the individual’s difficulties and problems that need solving, and they discuss how the therapeutic support can meet these needs.

Stage 4

The final stage focuses on embedding and maintaining positive behaviours.

Practitioners work with users to monitor and acknowledge any positive changes they are seeing and to continue ‘role modelling’ positive attitudes and behaviours. The achievement of personal goals and recognising progress further reinforces the change, until the individual’s own ability to identify solutions and set goals has increased. Through this process, and the reflection that is built into the therapeutic support relationship, the user has the experience of progress, which underpins and reinforces outcomes. As the user begins to contemplate action, they experience the first stages of change (Prochaska & DiClemente, 1983), which culminates in increased resilience and a maintained desire not to slip into previous habits.

The furthest extent of the journey at this level will be for the user to become more experienced in techniques and coping mechanisms relevant to their individual situation and mental health identity.

Self-directed support pathways

The self-directed support pathway is composed of:

- Peer support
- Online journaling
- Information provision
- Signposting to other sources of support

In considering how these pathways contribute to the intended impact of the Kooth adults platform, it is important to bear in mind that they might be used by both people who engage in the other pathways and by those who don’t, for whom this is their only engagement with Kooth for adults.

This leads to two very different theories of change for this pathway: one where self-directed work supports and underpins a deeper level of engagement through other pathways and one where it stands alone. Our assumption is that the first of these is more powerful and that the outcomes and impact from using self-directed pathways alone is more limited. As elsewhere, this part of the ToC is based on qualitative transcripts analysis and practitioner reported experience.

Peer support (supportive community)

We used the term ‘peer support’ as a well recognised term to define what is in essence on Kooth a supportive community. ‘Peer support’ is a function on Kooth for people to submit or comment on articles and discussion forums. Users can interact with other people on the platform in an anonymous and asynchronous way also by reading and engaging with the wider range of Kooth content designed for the adult population. This is a relatively new part of Kooth for adults services and not yet widely used. Our arguments below are therefore based partly on the literature around online communities and in part on analysis of adult services transcripts. But until participant numbers increase, this aspect of the ToC is somewhat hypothetical.

‘Peer support’ is a different place within the Kooth for adults platform, where people can share their experiences, the challenges they are facing and can ‘open-up’—which is known to have benefits through the mechanism of social support (Cobb, 1976), including in an online space (Proudfoot et al., 2012). As noted on page 27, the process of articulating these feelings, in writing, has the potential to give people new insights or perspectives into their own problems.

Our analysis of the Kooth for adults transcripts suggest that people on the service use the peer support forums to seek help and reassurance. This is seen through displays of wanting to change or fix a problem but needing advice on how to do so or asking whether anyone else was struggling with a similar problem. Users not only ask for advice but also seek out peers who have experienced similar things by directly asking whether anyone else has gone through an experience. Through these conversations, people relate and connect with others through shared ‘lived experience’ and by empathising with one another’s situations.

Learning about how others have handled situations can give you new perspectives on your own problems. Peers will also often encourage changes of mindset by reframing or offering new perspectives on a problem. The analysis showed that this can help people to build hope, through acknowledging positives along the way and building a sense that change is possible—a potential contribution towards the intended impact of increased hope for the future.

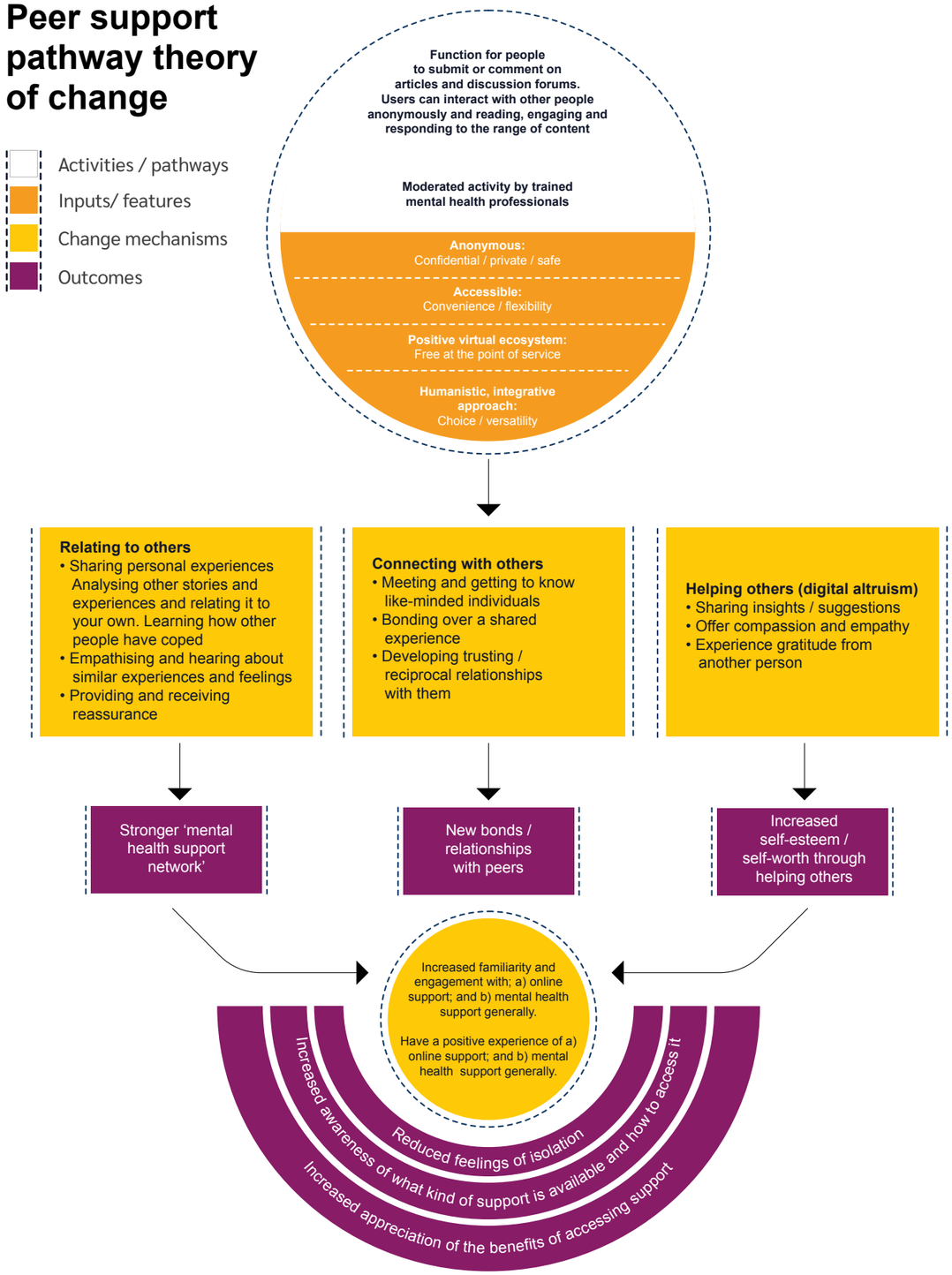
A main benefit of sharing with others through the adult platform’s peer support function is likely to be reduced feelings of isolation. Individuals may feel that ‘they are not alone’, that their experiences are ‘normalised’ in their minds, and they may get a sense of relief because of this.

Experiences of peer support may, in time, lead to a sense of community, even an individual developing their identity within a group of like-minded individuals (Wood, 1996). Key themes within this sense of community include the building of trust, development of reciprocal relationships and altruistic offers of compassion and empathy within the platform. This positive sense of social support provides psychological and physical advantages for people facing stressful situations, which is a factor known to reduce psychological distress in individuals with mental health problems (Harandi, Taghinasab & Nayeri, 2017). The qualitative transcript analysis showed that this was present throughout and particularly so where users were bonding over shared experiences.

Furthermore, individuals with mental health problems gain empowerment, hope, and a greater sense of identity by connecting with similar individuals online (Naslund et al., 2016). The combined experience of the peer support community contributes to increased self-esteem and self-worth through the process of helping others and has been demonstrated to improve help-seeking offline (Lawlor & Kirakowsk, 2014).

Finally, a desired outcome across the peer support pathway, and the other pathways, is that people have, and feel that they have, a stronger mental health support network that may be sustained beyond their engagement with Kooth adult services.

Peer support pathway theory of change



Online journaling

Online journaling is made up of users who chose to utilise the optional online journaling tool.

Journals are monitored by practitioners who may make suggestions or signpost the users to relevant information or services. The ToC is largely based on organisational understanding of the value of this activity and future research would enable confirmation of the assumptions, underpinning the ToC, however academics have argued that the process of writing out one's story is therapeutic in itself (Sheese, Brown & Graziano, 2004). By reflecting on their story, the user is already engaged with the process of therapy, before the therapy aspect even begins.

A key mechanism of change for this pathway is that the service user feels that they have a safe and confidential place where they can focus on their journaling. Research shows (Sheese, Brown & Graziano, 2004) that journaling supports increased insight and recognition of changes / progress. Self-directed reflection and learning is reinforced and supported by practitioners who review and signpost to appropriate information and / or services, as well as monitoring risk.

Signposting and information provision

Signposting and information is available on the adult platform and embedded into all aspects of service provision. Practitioners will direct people to resources during therapeutic support sessions, yet equally users can access information by themselves.

Internal support can be in the form of information on the online portal or further services offered by Kooth for adults. External support can be in the form of information or services provided by other organisations. Information provision is composed of self-directed access to information on the online portal. The information provision is tailored to the user, their presenting problems and their mental health challenges. From psychoeducation content or self-help articles, to worksheets and material to aid the therapeutic process. The signposting often occurs through risk / safety management, where practitioners explore the safety of users offline, and are present in all interactions of the platform. At times, mutual agreement to breach anonymity is required to provide the relevant signposting, or when the user requires practitioners to work with other members of their care network to prevent harm. This is often followed-up through the clinical governance and safeguarding processes that are put in place and multi-agency working protocols, established to enhance support at the service and offline.

Increasing awareness of what kind of support is available and how to access it is central to this part of the pathway and if people engage with the relevant signposted information then a corresponding increase in appreciation of the benefits of accessing support is expected.

Assumptions and future research questions

Whilst every effort has been made to ground the Kooth for adults ToC in a robust evidence-base, there are inevitable and natural assumptions that have had to be made.

Theories of change are powerful tools and intrinsically they remain 'theory' until such a time as monitoring, research and further exploration confirms and hones understanding of how change happens. Assumptions are a key part of the theory and these are conditions or beliefs needed for the success of Kooth adult services achieving impact. The theory will also evolve as the needs of service users and the external context continue to change. Therefore there are, and will continue to be, further research questions that require further exploration to support the continuous improvement of the impact, experience and quality of Kooth for key stakeholders. Key assumptions and further research questions are outlined below.

Assumptions

The Kooth for adults service fills a critical gap in mental health services

As discussed in the beginning of the report, there is a considerable unmet need in addressing and preventing mental health problems. Positive virtual ecosystems, like the one described in this ToC, are a type of digital solution that is posed to contribute to addressing unmet needs, complementing NHS provided service delivery as an early intervention and preventative service. Ever-growing need means that waiting lists can be long, and despite improvements being made to access targets in the healthcare system in the UK, waiting times remain lengthy (Reichert & Jacobs, 2018).

Crises like the Covid-19 pandemic have emphasised the need for timely mental health support to deal with difficulties such as anxiety and isolation, as well as the importance of being able to shift resources to provide more specialised support, such as bereavement or suicidality interventions (Xiang, et al., 2020). The Kooth for adults platform, as an online, positive virtual ecosystem, can thrive in these conditions, continuing to improve the accessibility of frictionless mental health support in the UK through its anonymous and safe platform, and clinical governance. Adoption of digital mental health support may benefit other telemedicine approaches like video-based secure platforms, as opposed to text-based synchronous and asynchronous support provision. In Kooth for adults both telemedicine approaches advocate for the effectiveness of human mediated digital support, but Kooth adults makes use of a communication medium less commonly used for mental health support in mainstream services (e.g. telephone and video-conference).

The Kooth for adults service supports diversity, equality and inclusiveness

The Kooth adult platform provides an inclusive service for the communities where it is available. It is assumed that the anonymity, accessibility and targeted content of the service benefits communities most likely to fall through the gaps of traditional services (particularly at times of heightened need, for example the Covid-19 pandemic), such as ethnic minority groups and older populations. It is not uncommon to face geographical barriers to accessing mental health care in the UK, especially in rural areas where it is common to travel long distances to receive care, but also in cities, where irregular public transport or a lack of a private car can hinder access (NICE, 2011). A free and anonymous digital mental health support service for all can remove these barriers for those with access to the internet, making Kooth for adults a promising solution.

The theory of change (ToC) will resonate with people supported

The primary assumption underpinning Kooth adult mental health's ToC is that the organisation's understanding—based on research, analysis, and extensive counsellor experience—will resonate with people. There are four ways in which dissonance may arise:

- **Peoples' experiences are unique**, the service is delivered on a humanistic model, meaning that every service user's experience of the service will vary. For this reason, it is not possible nor desirable to group individuals into more specific, detailed pathways. This is a key strength of the service, despite the impact measurement challenges that it inevitably brings. Therefore, in line with a humanistic approach, sequencing of outcomes and mechanisms within the ToC are loose and it is clear that individuals will experience their own journey with variations relating to timing, order and strength of the insights and skills acquired.

- **The service is delivered on a contract model**, meaning that service user cohorts can vary greatly depending upon contract type and location. The ToC is intended to transcend such variations, however the assumption that it does will require testing at the outset of each new contract.

- **Little is known about why some potential service users do not engage with the service**. This may be those eligible to receive the service who did not follow-up the referral from the commissioner or those who briefly visit the site but don't have sustained engagement with it. In this context, the ToC assumes there will be a wide range of reasons and the contribution of perceived gaps in service delivery are unknown.

- **Service users were not directly involved in the development of the theory of change (ToC)**.Whilst the humanistic and highly individualised service model means that no one individual, or group of individuals, might represent all users, the Kooth adult team are conscious of the benefits of codesign and have plans in development for further user involvement. Examples of possible areas for deepening understanding are in relation to gender (most users are women), on diversity (the majority of practitioners are white women), and in relation to those who self-identify or are deemed by the counselling team to be low-risk and yet may simply be presenting limited detail at the outset.

The peer support pathway engagement will increase with their number of service users

At the time of writing, there had been limited engagement of service users with the peer support community. The qualitative transcript analysis confirmed that there were notable positive outcomes for users of the pathway, and therefore it is assumed that the engagement levels are reflective of the overall cohort size and that engagement with the peer support community will increase as the total cohort volume increases.

Relationships with referral bodies are mutually supportive

Strong relationships between practitioners and referral bodies and agencies, such as the police and statutory professionals, is crucial to the programme's success. Practitioners note that the understanding of and attitude towards the services of these key stakeholders has a major impact on the efficacy of referrals. It is assumed that these strong and mutually supportive relationships will continue and be replicated across all contracts. Communication across agencies to understand the clinical governance model of Kooth and its anonymity principles are key to develop successful growth in this area.

The evidence-base and adoption of digital mental health intervention will continue to grow

Digital interventions are on the rise and have the potential to enhance the health care system. A recent review highlighted the extent of evidence required, and necessary leadership and adoption required by the healthcare workforce and wider system, to enhance the reach of digital technology in mental health interventions (Topol, 2019). Mental health digital interventions in particular are posed to have a transformative effect in the UK healthcare system (Foley & Woollard, 2019); as such, it is assumed that the evidence for effectiveness and research on this area will rise alongside innovations. Despite the publication of the 2019 **NICE guidelines on evidence standards in digital health technologies** (DHTs, NICE, 2019; Craig, Shore & Russell, 2019), randomised controlled trials are often impractical or difficult to execute and it is yet unclear what alternative approaches will be agreed upon to demonstrate digital effectiveness. Following the current NICE DHTs framework, Kooth for adults will address Tier 1 and Tier 2 and can achieve Tier 3 with a quasi-experimental study. Further opportunities for economic evaluations, with cost-consequence or cost-utility analysis, on Kooth for adults regional contracts will also meet the economic impact standards of the framework. It is assumed that adoption and evidence of telemedicine and digital intervention will continue and influence the healthcare system in the UK, but standards of evidence may also evolve in the near future.

Similarities and differences between delivery of the service (separately) for adults and young people are fully understood

The experience of delivering a similar, and larger, service for young people has been instrumental in developing the ToC for adults. It is assumed that the similarities and differences between the two services have been sufficiently understood to enable appropriate evidence for each distinct service. The two services share a humanistic approach and a similar positive virtual environment for a whole population solution to mental health and well-being. Both services also include the same pathways. Key variations include:

- The service for adults tends to be more reflective and longer-term than the reactive and immediate feel of the service for young people.
- Kooth for adults is a developing service, with around 2,000 users per year. It had a 61% growth in users from March 2019-May 2020 . In comparison, Kooth for children is an established service with around 50,000 users per year, and a growth rate of 33% from March 2019-May 2020.
- The experience users seek differs, with adults viewing the service as 'me time ... with my therapist,' and a sustained commitment —whereas young people's experience is often 'testing this out.' Part of this difference may stem from the Kooth adult platform users generally having greater pre-existing experience of mental health services.
- Kooth's adult users are able to access named-practitioner support more quickly than is possible currently within the young person's version of the service.

Service users engage with signposted information and services

The intended outcomes of the signposted information element of the self-directed pathway are dependent upon people choosing to engage with the information provided. There is a difficult balance between preserving anonymity and acquiring the necessary feedback data to demonstrate the effectiveness of this signposting and social prescribing element of the platform. Over time, the team intends to test these assumptions alongside exploring the impact of a mutual agreement between counsellor and service user to waive anonymity in order to facilitate referral to an external service.

Further research questions

To what extent does the theory of change (ToC) resonate with people?

As detailed in the assumptions above, further research is desired to explore the extent to which the ToC resonates with service users and potential service users.

What kinds of people / communities might be particularly keen to start using Kooth for adults?

Current usage patterns reflect both the contracts that Kooth Plc has secured for Kooth adult populations and the more generally observed patterns for use of mental health services. In addition, there are a number of potential opportunities for Kooth, where groups or communities face barriers to engaging with more traditional F2F services as a result of personal comfort levels, the time or location of services and / or strained capacity levels of other services (e.g. IAPT). For example:

- Men, who are currently under-represented on the adult platform, may find the anonymity of Kooth an easier way to access support for the first time. This under-representation reflects help-seeking patterns among traditional mental health services (Galdas, Cheater & Marshall, 2005)
- BAME communities facing increased mental health issues due to existing inequalities
- Communities in rural and / or locations where transport and distance are barriers to access
- Individuals with physical health barriers and / or other barriers that stop them from travelling, or individuals who are shielding due to Covid-19
- Parents, carers, and workers with wide ranging responsibilities that make online, flexible services much easier to access
- Should the necessary language skills and technical functionality be available, groups excluded from other services due to language barriers

What impact does anonymity have on delivery of the Kooth adults service?

Anonymity is a factor that aligns well with online technologies and is believed to provide a sense of safety and lack of accountability that promotes the disinhibition effect. However, it can also be a challenge for the service and hinder its growth. For example, if the integration with other agencies becomes difficult or impact evaluations of the service are required by commissioners, there is not currently the ability to link the data with the NHS patient records to demonstrate the value and effectiveness of the service. Linked to this exploration, the team would like to better understand the effect of mutual agreement between counsellor and service user to waive anonymity in order to facilitate referral to an external service.

Is the Kooth for adults platform best suited for specific age groups? How can other age groups be better supported?

A systematic review and meta-analysis in 2008 (Barak et al., 2008) found an interesting effect of age, whereby mid-age adults (19-39) benefited more from online therapy than both younger or older clients. It is possible this effect was a result of accessibility and literacy of the time, posing the question of whether this effect remains given the proliferation of technology and its adoption across ages since 2008.

To what extent does Kooth adults integrate and compliment wider mental health support systems?

Reviews of e-mental health services have 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). Recommendations included that research and evaluation should be built into any new intervention, and include service users and other key stakeholders, to identify the extent to which this is taking place.

How cost-effective is Kooth adult platform as primary or secondary preventative intervention?

Economic evaluations looking at the cost-benefit of Kooth for adults as a preventive intervention, linking with public health outcomes, are relevant and aligned with this work. Kooth is human-mediated intervention, hence operational costs are to be compared with the current provision of online and digital mental health care.

Why do people access Kooth for adults?

There is a limited body of literature considering the motivations for accessing online mental health services. Whilst it is assumed that ease of access around other life commitments and the anonymity of such services are key factors, further exploration of the motivations of adult service users will be critical in supporting increased quality and reach.

To what extent does the ongoing support pathway mirror the structured support pathway?

Whilst academic literature addresses advantages of internet-based treatments for common mental health disorders (Andersson & Titov, 2014), it lacks evidence about more complex presentations in the same context, resulting in the fundamental assumption for this pathway that change mirrors less complex cases.

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Kooth adults pathways qualitative transcripts research report

Appendix

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Acknowledgements to: Emily Rothwell, Kate Elliot.

Introduction

The aim of this report is to document the findings from a qualitative analysis of online chat sessions delivered via Kooth Plc's online mental health and well-being service for adults aged 18-65+.

Kooth for adults is an online platform where people can access asynchronous or synchronous support from accredited counsellors and practitioners[1] via booked or drop-in sessions, set goals, write journal entries, and interact with other adults through the peer-support community. This report is part of the overarching research project to develop a Theory of Change for Kooth adults, which aims to inform understanding of the different contexts, outcomes and mechanisms that occur within therapeutic interactions across the different pathways through which users engage with the platform.

The Kooth pathways of usage define how users engage with the platform in distinctive ways. Their definitions stem from Kooth, Kooth Plc's service offering for children and young people (CYP) aged 10-25, for which a Theory of Change has already been conducted (Hanley et al., 2019). The Kooth Theory of Change defined four pathways of usage that CYP move in and out of, which are:

1. **Therapeutic content and peer support** CYP who read content online, create online content from personal experience and participate in peer support discussions with others.
2. **Reactive / responsive therapeutic support** CYP who have between one and nine sessions of chat with a Kooth worker over a non-specified period of time, without taking a structured series of chat sessions.
3. **Structured therapy** CYP who are offered a series of chat sessions (up to 10) by appointment with a named practitioner.
4. **Ongoing therapeutic support** CYP who attend more than ten sessions of chat. This might take place over an extended period of time.

Because Kooth adult services provide a user experience almost identical in Kooth, the theory underpinning the usage pathways was borrowed from the Kooth CYP Theory of Change, having tested the assumption that users interact with the service in a similar pattern to CYP. This analysis aimed to replicate the qualitative aspects of the Kooth CYP Theory of Change in an attempt to understand the processes that occur in the interactions that characterise an online mental health support provision to adults. The objective was to answer the same research questions that the Kooth Theory of Change researchers developed for each pathway, alongside the overarching question: which themes and characteristics of support are specific to the adult population?

Methodology

The research used a qualitative methodology of thematic analysis based on Braun and Clark (2006) with secondary data collected routinely from Kooth adult services (formerly Qwell.io). The aim of thematic analysis is to identify patterns of meaning across the data using a rigorous process in order to answer research questions of interest. This approach to thematic analysis can be conceptualised into six main stages:

1. Familiarising with the data / transcripts
2. Coding the data
3. Searching for themes
4. Reviewing themes
5. Developing and defining themes and subthemes
6. Producing the report

The majority of coding was conducted using an inductive approach, meaning that codes were not assigned based on preconceived ideas about what the data would hold, and instead naturally emerged through the process (Boyatzis, 1998). The last stage of defining and developing the sub-themes did take a deductive approach, which made use of the previous theory and themes developed during the Kooth CYP theory of change . The aim at this stage was to match the themes and sub-themes where the terminology was similar in order to achieve congruence for the theories underpinning online counselling and identify any areas where there were obvious differences between adults and young people across pathways (Crabtree & Miller, 1999).

Participants

The participants included in this study were Kooth for adult users that engaged with the platform between January 2019 and April 2020. The sample of potential participants (n=2,021) included users aged between 18-65+ and was extracted using routinely collected data and information as secondary data. All users on Kooth are anonymised through pseudonyms and therefore no identifiable data is held within the platform. The inclusion criteria for participants was not limited to any gender, age, ethnicity where adult services are commissioned. All participants opted-in at the time of registration so that their data and transcript conversations could be used for service improvement, thus issuing consent to being included in this piece of evaluation work.

The sample pool of participants was segmented into pathways in order to select the transcripts for analysis (single session, n=277; intermittent, n=122; structured, n=34; and ongoing, n=39). The remaining cases were excluded as no direct therapeutic contact occurred on the platform. A total of thirteen participants were selected for the analysis, resulting in a final set of 29 transcripts. Random selection of cases was initially attempted, but was not always possible because of missing data. Cases were disqualified if there was not sufficient data for analysis, such as where chats were less than 10 minutes, or peer support forums had less than three comments. The included cases where chats happened (in all pathways except for peer support), the average duration was 50-60 minutes per chat which can be considered a full intervention in the service. The ages of the cases selected was between 22-56 (*Mean*=35.7; SD=11.5) years old. The distribution of gender between cases was 84.6% of females and 15.4% of males, and the ethnicity distribution of the sample was 84.6% White British, 7.7% Irish and 7.7% any other white background.

Data collection

Cases for each pathway were randomly selected using a sequence of five numbers, each selected participant case and their data was subsequently reviewed and anonymised to reduce any bias. Only the first three cases from the sequence were selected for analysis, each selected case having a total of three chat transcripts to analyse in this study. Due to their operational definition, the single session and intermittent pathways used seven cases, as the total number of transcripts were not sufficient to obtain enough information for the purpose of the study, further demographic information about the cases and number of transcripts extracted can be found in Table 1. The peer support pathway did not differentiate between dynamic content (i.e. content from live forums in Kooth CYP) and static content (discussion boards and the magazine) as it was done in the theory of change for Kooth CYP. Because live forums do not exist on adult services, and magazine posts get between zero and two comments on average, this analysis was focused solely on the discussion boards, where a purposive sampling strategy was used to select the forum excerpts that contained enough interaction between users.

Pathway type	Case	No. of selected transcripts	Age	Gender	Ethnicity
Reactive pathway					
	Case 1	1	33	Female	White British
	Case 2	1	56	Female	Any other white background
	Case 3	1	32	Female	White British
	Case 4	1	26	Male	White British
	Case 5	2	22	Female	White British
	Case 6	1	44	Female	White British
	Case 7	3	25	Female	White British
Structured pathway					
	Case 1	3	26	Female	White British
	Case 2	3	46	Female	Irish
	Case 3	3	47	Female	White British
Ongoing pathway					
	Case 1	3	50	Male	White British
	Case 2	3	23	Female	White British
	Case 3	3	34	Female	White British

Procedure

A group of four researchers were allocated to analyse the pathways. Two researchers analysed each pathway to increase congruence and robustness of the findings.

The researchers received training on thematic analysis prior to conducting the analysis to ensure that all six phases of the analysis were applied. The group discussed their progress and findings during three workshops throughout the analysis period, where they shared their observations, reviewed and revised codes until a consensus was reached amongst the group, and developed the overarching themes for each pathway.

In order to replicate the work conducted for the Kooth CYP theory of change (Hanley et al., 2019), the researchers attempted to answer the same research questions used for Kooth but adapted them to the adult population (Sukumar & Metoyer, 2019). The research aimed to address the following questions:

Peer support pathway

What are the factors that influence perceived positive behaviour change in adults who participate in an online peer support intervention?

Reactive pathway

Single session: How does online single session therapy reduce distress in adult users?
Intermittent: How does intermittent therapy build capacity for adult users to manage their well-being?

Structured pathway

What factors influence positive change for adult users in short term online interventions?

Ongoing pathway

What factors influence change in complex adults engaging in ongoing therapeutic support on Kooth?

The analysis also aimed to answer the overarching research question: What emerging themes and characteristics of support are specific for the adult population of Kooth?

The researchers addressed this last question during the final workshop by contrasting the outputs from the Kooth CYP alongside the final outputs for Kooth adult services. The aim of this stage was to unpick the specific characteristics of the adult service, but also to develop a deeper understanding of some of the differences and similarities between both populations as online therapeutic support services.

Results

Five to six themes and multiple sub-themes emerged for each of the four pathways. Themes such as mental health identity, building capacity to change, and therapeutic alliance emerged in all three pathways characterised by direct therapeutic activity with a practitioner. The themes and sub-themes are described for each pathway below, alongside a thematic map to visualise the coding hierarchies.

Peer support pathway

The peer support pathway on Kooth is made up of users who submit or comment on articles and discussion forums. The analysis began by coding the text separately based on giving and receiving support, and eventually converged into five main themes, which encapsulate both types of usage patterns. Figure 1 displays a visual representation of the pathway.

Bonding over shared experiences (Social support)

The first theme **'bonding over shared experiences'** was prevalent throughout the transcripts, and covered how support is offered on the peer support forums via sharing personal experiences, such as disclosing a personal struggle or describing a similar experience that has happened to them. The first sub-theme **'sharing personal experiences'** related to how users disclosed their personal story on an initial post, or 'hijacked' others' posts to do the same, while **'empathy via lived experiences'** related to how users were able to provide empathy toward another user based on having gone through the same experience, either through offering to chat or providing sympathetic words.

Seeking help and reassurance

Adults on the service use peer support forums to seek help and reassurance. This was seen through displays of wanting to change or fix a problem but needing advice on how to do so, or asking whether anyone else was struggling with a similar problem, as referenced by the sub-theme **'asking for advice'**. Another sub-theme **'searching for like-minded individuals'** described how users not only ask for advice but also seek out peers who have experienced the same thing as them, by directly asking whether anyone else has gone through a similar experience. The third sub-theme **'offloading problems'** summarised how SUs use the forums to vent about their problem(s), which they perhaps do not have the space to do so offline. This was often tied to feelings of hopelessness or a struggle to cope with daily problems.

Perspective shifting

This theme covered any information or support provided where the intention was to change someone's perspective through advice or encouragement. In the first sub-theme, **'developing insight into a problem'**, users reflect on their problem or journey as a direct result of a commenter offering advice or a new perspective. Another sub-theme, **'encouraging changes of mindset'**, was evidenced where users reframed or offered a new perspective on an aspect of a problem, while **'building hope'** was seen where peers provided encouragement about positive progress, and how holding onto hope can lead to change.

Solution focused

These codes encompass sub-themes that relate to solutions offered by peers to peers. On the adult service, a user might offer an **'informal assessment of the problem'**, by asking for more details or clarifying behaviour in an attempt to identify the core of a problem, in addition to **'offering specific solutions to a problem'**, when users suggest coping mechanisms, reference expert advice, or encourage their peers to access further support. The other sub-theme 'expert vs. experience' describes the contrast between users asserting their credibility on a topic and users offering advice, with the caveat that they are not an expert but do have lived experience.

Building a safe community

The final peer support theme relates to how users derive therapeutic support through building relationships with peers online. One common pattern, **'developing trust'**, emerged because there was evidence of reciprocal relationships developing between commenters, through their provision of reassurance, agreeing to try advice, or bonding over a shared experience. The second sub-theme **'digital altruism'** referred to support that occurs by way of developing an anonymous online community, where users offered compassion and empathy to others despite not knowing each other, and showed evidence of wanting good outcomes for each other offline.

Peer support
Thematic tree

* Indicates codes that are specific to adult service users

Figure 1. Analysis of themes, subthemes, and codes for the peer support pathway diagram.

Reactive pathway

The reactive pathway on Kooth refers to users who have had between 1-9 sessions of chat over an unspecified time period without a named practitioner. The analysis was conducted using transcripts from both single-session users and intermittent users, who have between 2 and 9 sessions, to cover the breadth of the pathway. The codes were kept separate for single and intermittent users initially until they naturally converged at the point of thematic development. As a result, the themes below represent both single and intermittent reactive users. Figure 2 displays a visual representation of the themes found in the pathway.

Therapeutic alliance

This theme represents the interactions involved in establishing a therapeutic alliance between user and practitioner. The first sub-theme **'establishing a therapeutic connection'** involved the practitioner utilising active listening, as well as asking questions to get to know the client and their needs. This then matured into **'nurturing the therapeutic connection'**, where the relationship develops through the provision of empathy, reassurance and hope by the practitioner. Finally, the user displays evidence of being **'grateful for connection'**, where they display their gratitude towards someone listening to their problem(s).

Mental health identity

This theme refers to an individual's past and present experience with all aspects of their mental health identity, including positive and negative experiences with services, diagnoses, professional relationships, and medication and treatment outcomes. The two sub-themes were **'personal experience with mental health and diagnoses'**, where the user described any previous or current diagnosis they have received from a professional, or self-diagnosed with, and **'experiences with mental health services and treatment'**, where the user described any positive or negative experiences they have had with MH services in the past (or present).

Telling my story

The theme related to the space the user is given to offload specific problems within a session. This often manifested through **'identifying and offloading key concerns'**, where a user disclosed their problems and daily struggles in a cathartic manner. This theme also covers 'sharing interpersonal problems', which was specific to sharing concerns about other people in their life, and **'exploring financial and career problems'**, where they shared their worries around professional development, career expectations, or financial concerns.

Resolving ambivalence to change

This theme covered the user's journey from first accessing the service throughout their journey of change, from initially being ambivalent, to actively deciding to change, and then finally identifying solutions to make a change. Within the first sub-theme **'getting ready to change - precontemplation to contemplation'**, a user might have identified the problem and the desire to change, but was yet to decide to establish a commitment towards the change and what actions or steps should be taken. Next, **'taking charge of journey'**, is where the user accepts their problems are valid and shows evidence of readiness to change, such as demonstrating a desire to not slip into previous habits. The third sub-theme **'building up the motivation to change'** involves mechanisms that encourage behavioural change and are then reinforced by the practitioner. Finally **'taking the first steps towards change'** is where the user and/or practitioner identified the necessary actions to put in place goals to achieve change.

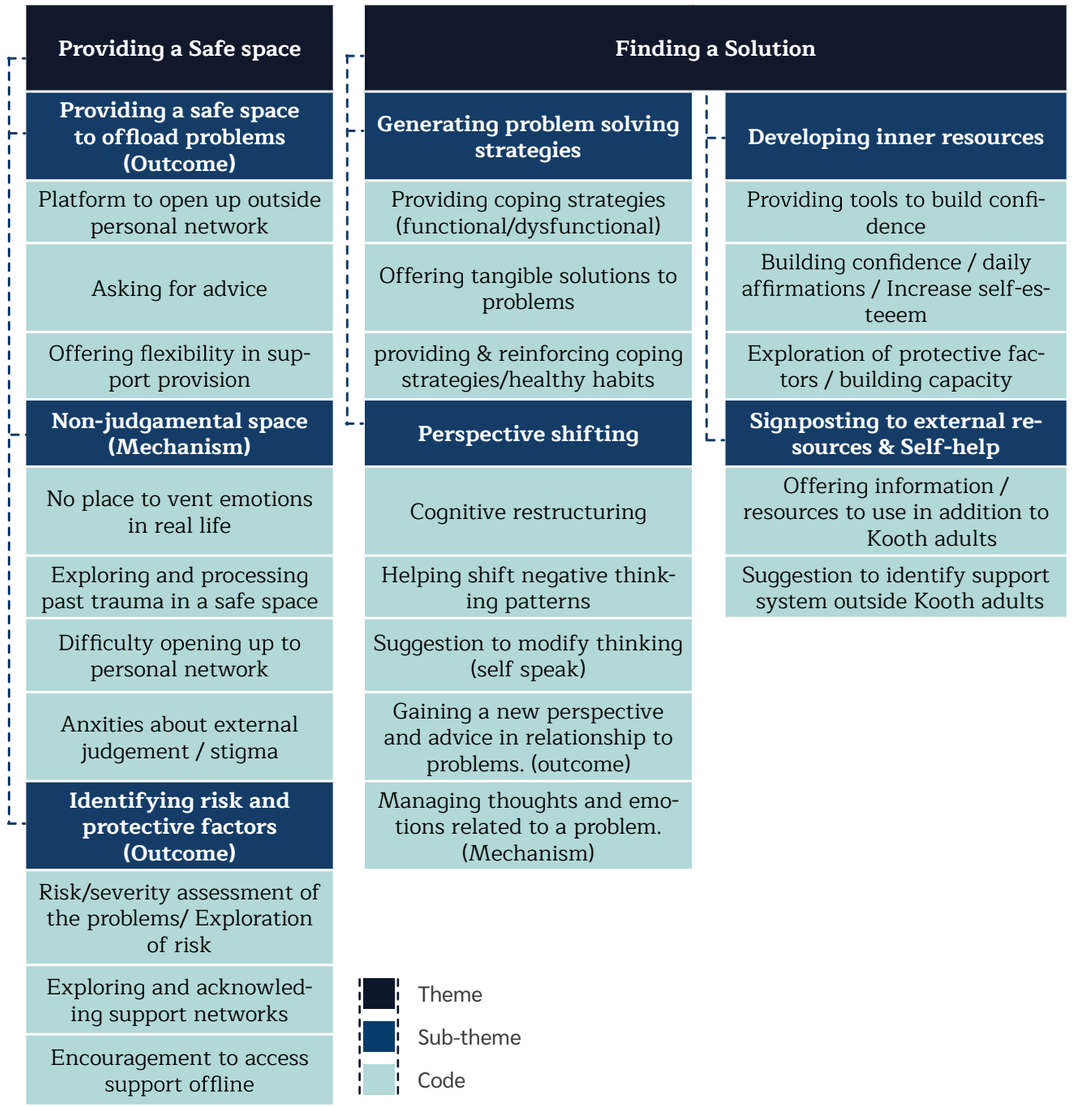
Providing a safe space

This theme covered the interactions that promote a safe environment to talk and discuss problems in an online environment. This included **'providing a safe space to offload problems'**, demonstrated by users feeling comfortable asking for advice in a space outside their personal network, in a flexible manner. Next, having a **'non-judgemental space'** emerged as important, evidenced by users disclosing their difficulty opening up to networks offline, often accompanied by anxieties around judgement and stigma. Finally, **'identifying risk and protective factors'** is where practitioners evaluate risks that surround the user in order to promote their well-being, in addition to identifying the protective and positive factors that contribute to good functioning.

Finding a solution

The crux of this theme was defining how users can overcome their problems using specific tactics learned during a chat session. The sub-theme **'generating problem-solving strategies'** was seen when counsellor and user discuss and reinforce the use of coping strategies to address a specific problem, whereas the sub-theme **'developing inner resources'** related to discussions around building confidence and capacity through the use of daily affirmations. Another sub-theme was **'perspective shifting'**, which occurred where the practitioner assisted the user to modify their negative thought patterns or gain a new outlook on a specific problem by reframing it. The final sub-theme 'signposting to external resources & self-help' demonstrated how the chat could be used to refer the user to additional resources on or offline, as well as encouraging the user to access additional support if needed.

Reactive support 2
Thematic tree



* Indicates codes that are specific to adult service users

Figure 2. Analysis of themes, subthemes, and codes for the reactive pathway

Structured pathway

The structured pathway in Kooth is composed of users that follow a structured set of sessions (between 2-9) agreed in advance with a named practitioner. It is the pathway that most resembles traditional counselling or mental health support. The analysis started by coding a set of transcripts to identify seven main themes and respective sub-themes (Figure 3).

Mental health identity

This theme represents the interactions where users disclose experiences related to past and present concerns of mental health. The first emergent sub-theme was **'mental health background'**, where users share their mental health difficulties, negative experiences, previous diagnoses and other characteristics of their mental health background. In the next sub-theme, **'medication and treatment support'**, the practitioner would offer professional advice to help manage current treatments. A sub-theme also emerged specifically around **'enhancing mental health networks'** where practitioners encouraged users to work in collaboration with and explore the care network available to them.

Empowering positive change and experience of support (Contemplation to Action)

This theme relates to the first stages of change (Prochaska & Diclemente, 1983), where the practitioner would acknowledge a user's problem and their desire to address it in chat. A range of techniques and processes might be covered, such as **'positive reinforcement'** where positive affirmations about effort and progress aimed to increase motivation to change. In the sub-theme **'building capacity to change'**, practitioners worked with users to help build their individual capacity for change, and acknowledged positive changes reported throughout the process. Practitioners at Kooth adult services also provided strategies and advice on change, making use of their expertise on the problems presented by the users. The last sub-theme, **'establishing therapeutic alliance'** comprised therapeutic reassurance and other techniques that validate and nurture the positive working relationship between user and practitioner, which occur to promote action towards positive change.

Building capacity to change—Action

This theme emerged as part of more advanced stages of change and relates to the actions the users take to promote positive changes in their lives. These actions might be specific, such as **'goal-setting and problem-solving'**, in which goals were established to work on during and outside of chat sessions. Ongoing users also benefit from the sub-theme **'monitoring change'**, where practitioners monitored user's emotional states, checked on progress, and created tailored action plans to their needs. The third sub-theme **'exploring therapeutic techniques'** described specific techniques offered by the practitioner for users to adjust their thoughts and behaviours, such as mindfulness and cognitive restructuring.

Working with support networks

This theme was related to interactions that focused on interpersonal relationships. The first sub-theme **'encouraging positive relationships'**, was seen during exploration of the user's positive networks, and when a practitioner encouraged the direct integration of those relationships within their support. The next sub-theme, **'expressing**

relationship breakdown' emerged when negative interpersonal problems were discussed, and the dynamics and their impacts explored.. A final sub-theme emerged called **'setting boundaries'** where independence was fostered and the practitioner supported the user to recognise any negative behaviours in their interpersonal relationships, and then worked with them to build safe and trusted relationships with boundaries that they are comfortable with.

Processing key concerns and experiences

This theme related to the interactions around a user's main problems and experiences, often serving as the basis of the therapeutic work conducted by the practitioner. The **'expressing difficult thoughts and feelings'** sub-theme emerged because users often disclosed difficult thoughts and feelings, both due to present stressors and difficult previous experiences. Often this will have traumatic content, leading to **'safe revisiting of trauma'**, where practitioners worked with the user to sensitively revisit the traumatic experiences when it was appropriate and safe, and provided reassurance and gentle challenging of their critical beliefs. Another sub-theme was found around **'managing daily stressors'**, where users disclosed stressful situations and events that impact their lives and mental health. As adults, most of these stressful situations were related to work, financial situations or difficulties in relationships. Practitioners acknowledged this stress and worked with the user to manage their stress and negative emotions relating to the stressors by 'providing empathy', the last sub-theme.

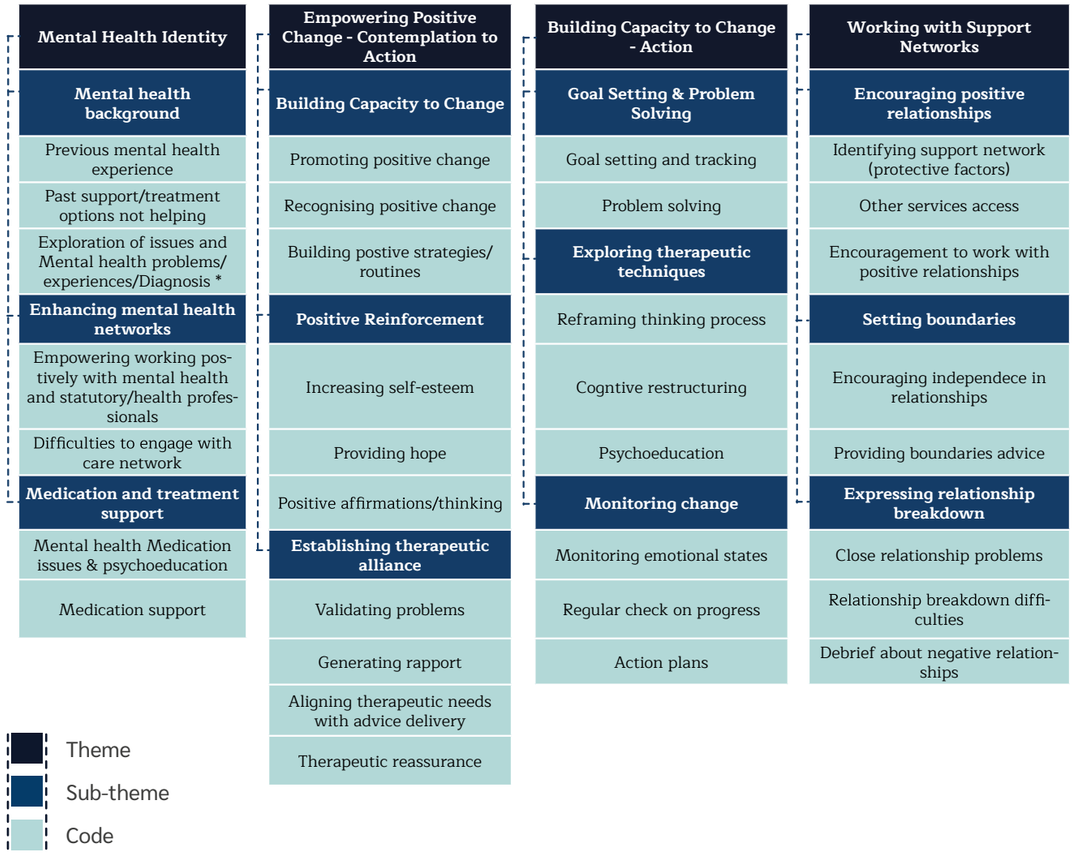
Risk / Safety Management

This theme covered all interactions from the analysis in relation to ensuring safety and exploration of risk from the users. The first sub-theme that emerged was **'ensuring the safety of users offline'**, covering risk assessments conducted by practitioners, when they consider the safety of users outside the platform to ascertain and prevent risk. The platform offers a safe and non-judgemental space for users to share their concerns, as described by **'providing a safe space to open up'**. This safe space is built in a variety of ways, for instance making use of the psychometric questionnaires that prompt direct questions around safety, self-harm and suicidal ideation, or through a positive relationship generated throughout the sessions. The final sub-theme **'assessing and monitoring risk'** described how practitioners explored risk on a regular basis, promoting the safety of the user when taking actions to promote positive change.

Anonymity, flexibility & Access for support

The final theme for this pathway comprised some of the main characteristics of the service that benefit users. First, **'anonymity as a safety mechanism to open up'** showed how the principle of anonymity and confidentiality are a positive source for comfortable disclosure of problems to a practitioner. Kooth for adults provides easily accessible support, which can remove barriers such as shame, stigma and lack of service availability, which are commonly faced by people seeking support. This leads to the second sub-theme **'accessibility'** where requests for sessions outside of traditional working hours highlight how valuable this feature is for users. The final characteristic was represented by the sub-theme **'flexibility of structured work'**, which is key to allow positive engagement for adult users. The structured work is flexible around the commitment required by the user, and practitioners provide adaptability to deliver the support. Users positively acknowledge the flexibility provided by the service to adapt to their needs.

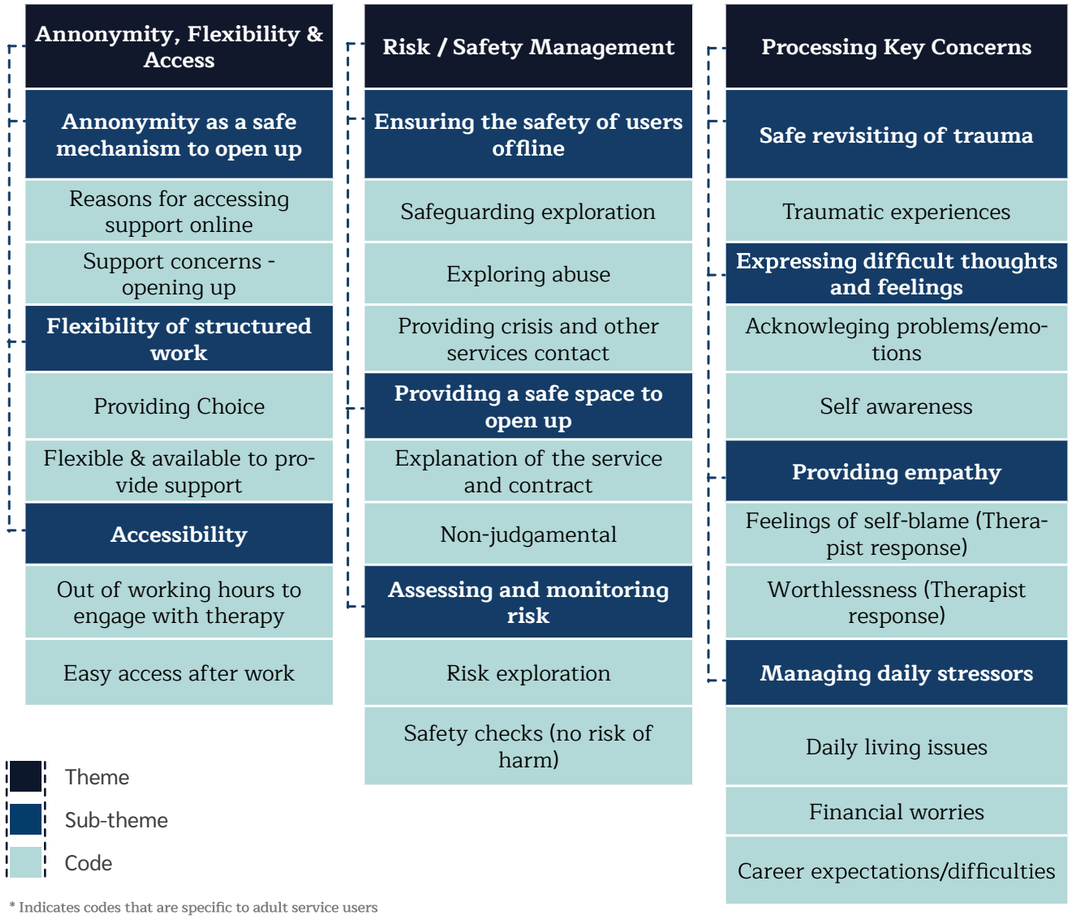
Structured support 1
Thematic tree



* Indicates codes that are specific to adult service users

Figure 3. Analysis of themes, subthemes, and codes for the structured pathway

Structured support 2
Thematic tree



* Indicates codes that are specific to adult service users

Figure 4. Analysis of themes, subthemes, and codes for the ongoing pathway diagram

Ongoing pathway

The Ongoing Pathway on kooth represents the users that continue to benefit from the service after their structured work has ended, or after several drop-in sessions without any structure. They have regular engagement with the service, and they engage for more than ten sessions with service practitioners. A visualisation of the thematic tree can be seen in Figure 4.

Sharing my story

This theme refers to the therapeutic benefit that a user gains from sharing and exploring their story and key concerns. The first sub-theme **'offloading key concerns'** highlighted how helpful it was for users to talk through their current difficulties and issues in a space that is safe, supportive and non-judgmental. The second sub-theme that emerged 'previous mental health experiences' was specific to how users disclose their past experiences with their mental health, from techniques that have not worked in the past, to current treatment concerns. It also represented the disclosure of previous background and medical history.

Building capacity to change—Action

The theme covers the interactions that relate to promoting and maintaining change in the life of the user. These interactions focus on taking action and reinforcing the motivation to carry out plans that the user intends to take towards positive change. Within the first sub-theme **'identification of needs'**,the user and practitioner work together to recognise the user's difficulties and problems that need solving, and discuss how the service can meet these needs. The next sub-theme **'exploring coping mechanisms '** involves the exploration of past and current ways of coping, helping to identify positive ways to confront present difficulties. The last sub-theme **'Identifying therapeutic strategies'** encompasses the interactions that provide resources and strategies that are helpful for the user. These might range from the practitioner gently challenging a user's beliefs, to providing problem solving techniques or psychoeducation material.

Reinforcing positive change

This theme is composed of three main sub-themes, and aims to strengthen the motivation of users towards sustaining positive change in their lives. The first sub-theme **'building of hope'** relates to setting up realistic goals that are important for promoting positive and sustainable change,increasing feelings of self-esteem, and reframing negative beliefs about the future. The second sub-theme that emerged was **'monitoring change'**, which describes how practitioners regularly check in on a user's progress throughout the sessions, made possible by developing an action plan to achieve their agreed upon goals, or by monitoring the user's emotional states and their progress on goals. The final sub-theme 'enabling reflection' refers to how user's are able to reflect on their progress with the support of their practitioner. Through this reflection users achieve self-awareness of their problems and can articulate progress made to date.

Developing a therapeutic relationship

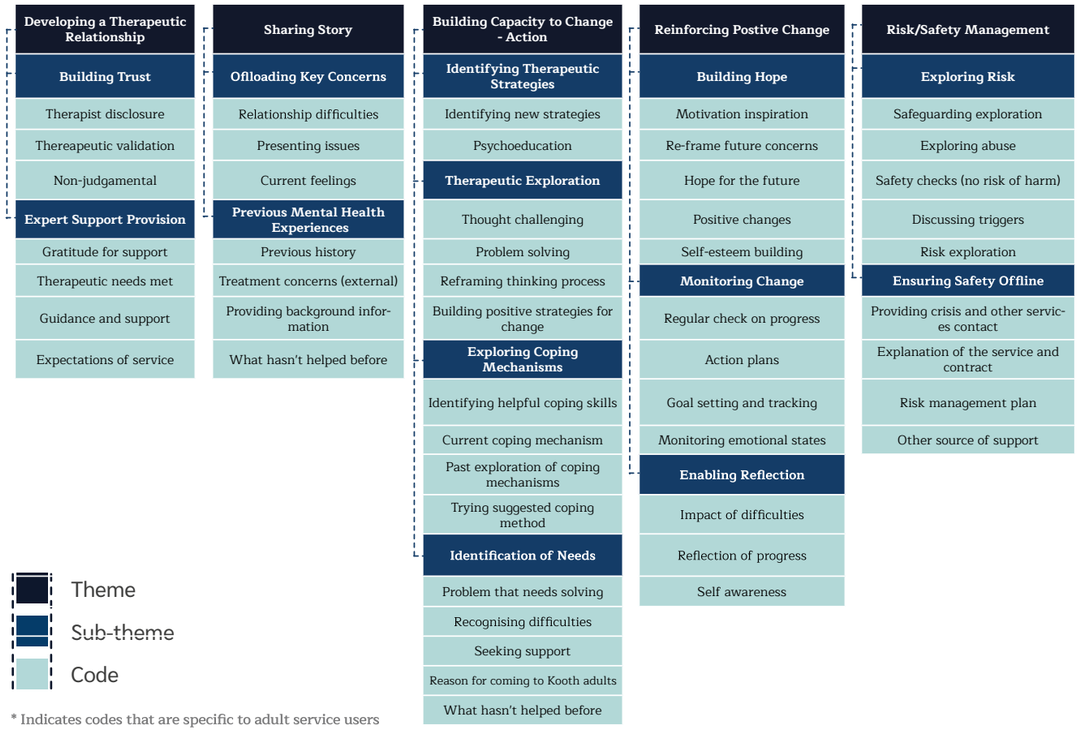
The theme refers to how a trusting and supportive relationship is built between the practitioner and the user. The first sub-theme, **'building trust'** arose through therapeutic validation, disclosure and a non-judgemental

approach to the support interactions. The therapeutic relationship was also enabled through 'expert support provision', where practitioners displayed their expertise in managing the expectations of support, providing advice and guidance on problems, and meeting the therapeutic needs of users in their interactions online. Users showed gratitude in these interactions as a key indicator of a developed rapport between user and practitioner.

Risk / safety management
This theme refers to the sub-theme **'exploring risk'**, which encompasses a set of activities that the practitioner undertakes to ensure that the user is safe during chat sessions. It also relates to the second sub-theme **'ensuring safety offline'**, where therapists explored the safety of those around the user who may also be vulnerable. Risk is often present in the lives of ongoing users, due to their complexity, so practitioners must regularly assess and monitor this risk during sessions. This can be through the provision of external resources and crisis support contacts to manage and mitigate the risk encountered, or can manifest in developing a risk management plan.

Ongoing Support

Thematic tree



* Indicates codes that are specific to adult service users

Figure 5. Analysis of themes, subthemes, and codes for the ongoing pathway diagram

Discussion

This qualitative research aimed to gain a deeper understanding of the pathways of usage for the online counselling platform for adults using transcripts. It also aimed to replicate the analysis conducted for the same purpose but for the distinct CYP population of Kooth (Hanley et al., 2019), in order to understand the similarities and differences between both services and their user population. Below, we have synthesized the results of the Kooth adult services analysis by examining each pathway through the lens of its research question, as well as examining the features of online counselling that are specific to an adult population.

Peer support

The analysis of the peer support pathway aimed to uncover the factors that influence perceived positive behaviour change in adults. The themes uncovered in the analysis are consistent with findings in the literature on how adults can benefit from support from their peers with lived-experience of a similar experience online (Proudfoot et al., 2012) .

One way that peer support is known to exert its benefits is through the mechanism of social support (Cobb, 1976), which was clearly observed in adult service. Social support is defined as any information that helps an individual realise that they are cared for, and that they belong to a network of communication and mutual obligation. This was present on Kooth adult services throughout, but especially within the theme 'Bonding over shared experiences'. Adult users on the platform also received positive benefits by sharing personal experiences and providing empathy based on lived experience. The resulting sense of community can be explained by social comparison theory – the process of relating information about others to the self – which can lead to an individual developing their identity within a group of like-minded individuals (Wood, 1996). Furthermore, individuals with mental health problems gain empowerment, hope, and a greater sense of identity and pride through connecting with similar individuals online (Naslund et al., 2016). Adult users promote well-being in their peers through building hope and encouraging changes in mindset, the latter of which has been shown to improve help seeking offline (Lawlor & Kirakowsk, 2014).

It is important to note that the extent of peer support that occurs on the adult services from Kooth Plc is low in comparison to Kooth CYP. Based on the findings of this analysis it is more likely this is due to a lack of users rather than a lack of want or need for peer support, given that where it does occur there is clear evidence of its benefits to both givers and receivers of support.

Structured pathway

The findings from the structured pathway acknowledge different factors that influence positive change in adults with online short interventions. Identifying support networks and working towards establishing and identifying positive relationships are key factors that influence positive change in adults. Practitioners explore and enable users to reflect on relationship breakdowns, and manage to set boundaries in their surrounding networks, in addition to encouraging work with supportive individuals in their networks offline. The sense of social support provides psychological and physical advantage for people facing stressful situations, which is a factor known to reduce psychological distress in individuals with mental health problems (Harandi, Taghinasab, & Nayeri, 2017).

Structured online interventions promote positive change through two other main factors, empowerment and building capacity for change in the adult user. These factors are aligned with the transtheoretical notion of behavioural change and motivational interviewing (Prochaska, & DiClemente, 1983; Miller & Rodnick, 1991), specifically in relation to contemplation and preparation to action. In these stages, practitioners facilitate exploration of user's situations by considering pros and cons about making decisions in relation to change. This is done in a non-judgmental and supportive manner that helps the user to take responsibility for their situation and enables action towards positive change.

Risk and safety management is also a salient factor for promoting positive change in online interventions. Another important factor that emerged from the analysis is the flexibility of an online service, allowing adults to access support in a different way compared to other mainstream mental health services (e.g. IAPTS, mental health community services, etc.). The provision of support out of hours seems to be an important element for engaging with adult users, as well as the anonymity that induces the disinhibition effect in the user, which has been shown to help with self-disclosure and was observed across pathways (Suler, 2004; Lapidot-Lefler & Barak, 2015).

Finally, a theme emerged on Mental Health Identity, similar to the other pathways. Previous mental health previous experiences were salient for adult users, and this theme captured a set of roles and attitudes that a person had developed about themselves in relation to their understanding and experiences of mental illness (Yanos, Roe, Lysaker, 2010). The support that practitioners provide in short-term online interventions allow exploration of this identity and enable positive work and engagement with external care networks. These interventions focus on managing treatments and increase adherence, or providing psychoeducational information on the effects of medication, as well as monitoring change in the users. This is aligned with research that shows psychoeducation is more effective when supported by a practitioner on internet-based interventions (Arjadi, et al. 2018; Richards & Richardson

2012; Nobis et al., 2015). Overall, this theme highlights the importance of discussing previous mental health experiences and diagnoses when working with adult users, and the importance of practitioner support in online mental health interventions.

Reactive pathway

The analysis for the reactive pathway investigated how counselling reduces distress and builds capacity for adult service users to manage their well-being. Like the structured and ongoing pathway, offloading mental health concerns, previous treatment experiences, and diagnoses contributed to a substantial portion of chat sessions, which were labelled under the theme of mental health identity. Building capacity to change also emerged as a key theme, again similar to what was observed in the structured and ongoing pathway.

The theme 'providing a safe space' is consistent with what we expect Kooth for adults to provide as an anonymous support provision. This 'disinhibition effect' causes individuals to feel that they are better equipped to share emotional and private thoughts in a manner that would not be possible in a face to face setting (Barak & Grohol, 2011). Another aspect that is core to building a meaningful therapeutic relationship is trust (Fletcher-Tomenius & Andreas, 2009). This is especially true for online counselling where verbal cues and facial expressions are absent. Indeed, the transcripts revealed that practitioners on Kooth adult services are highly adept at quickly establishing and nurturing therapeutic relationships with users – even within a single session – ultimately gaining their trust, and resulting in better outcomes.

Single session counselling is effective when it builds upon someone's existing resources to help initiate and empower them to make a change. Furthermore, some have argued that the process of writing out one's story is therapeutic in itself (Sheese, Brown, & Graziano, 2004). Similar to the theme 'telling my story', entering into a 'zone of reflection' means that someone is already engaged with the process of counselling, before the counselling aspect even begins.

Ongoing pathway

The analysis of the ongoing pathway investigated the factors that influence change in complex mental health problems for adults engaging with longer and ongoing support in the service. While the literature addresses advantages of internet-based treatments for common mental health disorders (Andersson, Titov, 2014), it lacks evidence about more complex presentations in the same context.

The transcripts revealed similar themes to that of the reactive and structured pathways, such as sharing stories and offloading concerns in an online environment, risk and safety management of adult users, and also themes like reinforcement and building capacity to enable positive changes in the user.

Furthermore, the analysis highlighted the emergence of the therapeutic relationship in ongoing work, a factor that was not found in Kooth CYP for the ongoing pathway. Therapeutic relationships are a critical component of any mental health treatment (Wampold, 2015), and the findings from this analysis align with the evidence that human therapist support is a significant moderating factor in therapeutic outcomes and positive change (Rickwood & Bradford, 2012). Previous research has also shown that therapeutic alliances can be established in online settings (Cook & Doyle, 2004; Lopez et al., 2019). Some studies have found positive factors to this online alliance, like communicating information out of hours, which has shown to increase such relationship alliances (Richard & Simpson, 2015), but further research on factors contributing to the therapeutic relationship in the online context is still needed (Berger, 2017).

Features specific to adult support on Kooth

The overarching research question of this report centred around the specific characteristics that are exclusive to the adult population in comparison to CYP on Kooth. Using the Kooth CYP theory of Change analysis as a comparator, alongside expert knowledge of online counselling on Kooth, the research team conducted an exercise to isolate adult-specific sub-themes within each pathway and then provided a rationale as to their specificity.

Within the peer support pathway, only one sub-theme, 'expert vs. experience', was specific to adults. The reason for this is that adults appear to be more concerned than CYP about the authority of information or advice they offer on the platform. For example, adults often add a caveat of not being an expert, despite acknowledging their lived experience. CYP on Kooth are more willing to assert their credibility on a topic if they have a solution that has worked for them. The reactive pathway had one sub-theme, 'exploring financial and career problems', that was deemed specific to the experience for adults, mainly because adults are more likely to have financial and career problems to worry about than CYP. While CYP do discuss financial problems on Kooth, this will often be in relation to a parent or family member, rather than to themself.

One theme that was consistently specific to adults across all pathways (except peer-support) related to mental health identity. More specifically, each pathway has a sub-theme related to current and previous experiences with mental health services, treatment, and diagnoses. While discussions around these experiences do occur on Kooth CYP, the main difference occurs because of the relationship between age and experience, and the point in life where SUs access each respective service. Adults who access Kooth often seek it out as a last resort, as an addition to existing support provision, or due to accessibility reasons, whereas Kooth CYP users typically are at the start of their journey with mental health services. The structured pathway also had a sub-theme specific to adults around medication and treatment

support, because the outcome and course of treatment is a key concern and a source of support for adult users. Also within the structured pathway was ‘empowering working positively with MH and care networks’, a sub-theme that emerged because adults experience more barriers to working with statutory professionals, which appeared to be a key feature of adult support in the service.

Limitations

This qualitative research was conducted by internal staff with relevant research experience at Kooth Plc, each with unique individual skills and background knowledge on the field of mental health, introducing potential researcher bias into the analysis. Agreement between researchers was achieved through workshops and group discussions to overcome this, but an inter-rater reliability score of the agreement between coders was not collected during the study.

The data extraction followed a randomisation protocol to reduce biases in the selection of transcripts, however, this protocol was not followed for the peer support pathway or the reactive pathway as insufficient data was collected following the protocol. Instead, a purposive sampling method was used, which may limit the generalisability of the findings for the two pathways.

The cases selected during the study were predominantly female participants from White British backgrounds, which again limits the findings to a very narrow demographic. Further exploration of adult users from different backgrounds and genders is required in order to fully understand the wants and needs of the service in regards to other populations. Despite this, the ratio of participants was fairly representative of the contracts that compose the Kooth adults offering. This is important because some contracts are dedicated to specific population groups, such as victims of domestic abuse, which skew the demographics when selecting cases with randomised techniques, and some of the areas evaluated have a low percentage of Black, Asian and other minority ethinc backgrounds in their populations (e.g. Isle of Mann, 2.7% non white ethnic population). Each pathway in the Kooth theory of change analysis was conducted by different practitioners, all of whom chose their own research questions. While not necessarily a limitation, this did mean there was variability across the resulting Kooth themes and sub-themes, introducing a higher degree of subjectivity into the analysis from the start.

Conclusion

This report has provided an overview of the results from a qualitative analysis of the pathways of usage on Kooth for adults, Kooth Plc’s online counselling support provision for adults.

The aim of this piece of work was to replicate a similar analysis and methodology that was done for the equivalent service Kooth CYP, in order to understand the similarities and differences between the way that individuals utilise each service. The analysis showed that adult users have similar but distinct themes emerging in respect to each pattern of usage to that of Kooth CYP, confirming the existence of different pathways in both services. While there is a clear distinction between each service, there is also congruence between the emergent themes and sub-themes, fulfilling the objective of replication, with expected differences in terminology and concepts. The results did reveal key characteristics unique to the adult population, however, such as the presence and discussion around mental health identity, an influence of features specific to adulthood, i.e. financial and career worries, and the way that adults offered advice to their peers on discussion forums, with less confidence than CYP, albeit having substantial lived experience. Finally, these findings are well aligned with current literature on online counselling, such as through the existence of therapeutic alliances apparent across the direct therapeutic pathways, and the provision of social support within the online peer support community.

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