

May 2021



The State of the Nation's Mental Health

# Kooth Pulse 2021

Identifying issues and collaborating to enable positive mental health for all



[koothplc.com](https://koothplc.com)

# The purpose of this report is to examine the data from April 2020 to March 2021 (NHS Fiscal Year 2020) to present the state of the nation's mental health.

The study focuses on key mental health topics, such as suicidal thoughts, self-harm, and eating issues, as we view them as the prominent mental health concerns over the past year. It identifies issues in different demographics - with attention to ethnic minorities, students, and working-age adults, as well as families and children. By examining the impact of COVID-19 on key mental health issues, the report addresses both the clinical impact of the pandemic, as well as a broader view on how service users are actually feeling about their lives.

## Inside this report

1.0	Executive Summary	03
1.1	Foreword by Sir Norman Lamb	04
1.2	Kooth Insights: the Report Data	06
2.0	The Impact of the Pandemic on the Nation's Mental Health	07
2.1	Suicide and Self-Harm	12
2.2	Eating Difficulties	18
3.0	Black, Asian and Non-White Communities	24
4.0	Families, Parenting and Homeschooling	30
5.0	University Students	34
6.0	Working Age Adults	40
7.0	Conclusion	46
8.0	About Kooth Plc	52
8.1	References	54

## Executive Summary

As the UK's leading digital mental health service provider, Kooth plc has been providing anonymised mental health insights to support the NHS and Local Authorities, Public Health England, policymakers, charities, and businesses since the first lockdown in March 2020.

From the very beginning of the pandemic, Kooth realised that it was in a unique position to provide extraordinary insights into the impact of the pandemic on the nation's mental health. By unearthing the effects COVID-19 has posed on society, a clearer picture of the issues that will need to be addressed now, and in the years ahead, will emerge.

Finally, by collaborating with leading experts the study has helped us to garner an understanding of how, as a nation, professionals, organisations, and citizens, we can work together to enable positive mental health across the nation.



# Foreword

**Sir Norman Lamb**  
Chair of the Kooth Advisory Board



In 2019 I joined as Chair of the Kooth Advisory Board with a keen interest in the role integrative digital mental health care could play to improve the mental health of citizens across the globe.

After all, we are living in an era where internet connectivity has fast asserted itself as an essential utility and there is an exponential increase in the number of connected devices, such as phones, laptops and tablets, making their way into households, businesses and schools. As such, there is an expectation from the nation that the services we use to go about our daily lives are accessible 24/7, how and when we want them - this includes access to healthcare.

It comes as no surprise that over the last few years, Kooth has seen an unparalleled shift towards digital mental health support. Digital mental health platforms are now providing necessary and vital support to the NHS, traditional statutory and non-statutory systems. In order to address the increase in demand for mental health support, the workforce shortages in the health sector, and the digital wants and needs of our population, widening accessibility to effective digital mental health services and offering access to high quality interventions has been, and continues to be, vital.

Fast-forward to March 2020, the implications of the pandemic have further increased the need for additional mental health support and treatment. As the nation adapted to a more home-based life, there has been an even heavier reliance on technology for homeworking, schooling, and for social connections, this has further accelerated the switch towards digitally-based mental health support.

However, the pandemic has also revealed a widening in the socio-economic gaps in UK society. Whole communities have been left behind from a health equality perspective, more often enough being brought about by digital poverty.

As an Advisory Board, it was clear that Kooth was in a unique position to provide a huge data set and real-time insights that could help us to identify the implications the pandemic was having on the mental health of the nation and explore where people were being left behind. We have had many debates and discussions about how best to respond to the data and ensuing trends. We wanted to do more than just publish data and say that there is a pending problem. Hence, we took our data, added anonymous insights from service users, researched information from third-party reports and articles, and collaborated with experts in the field to garner their views - and with this insight the Kooth Pulse 2021: The State of the Nation's Mental Health report was born.

**Sir Norman Lamb**  
Chair of the Kooth Advisory Board

# Kooth Insights: the Report Data

Kooth is an anonymous digital mental health platform that has access to self-declared demographic information such as age, ethnicity, geographic region, and gender but protects service user identity. The data for this report has been collected from over 192k active, anonymous Kooth service users in NHS Fiscal Year 2020 (FY2020). Service users range from 10 to 85 with those between 10 to 25 forming our children and young people population.



## Children and Young People (CYP):

Since January 2020, children and young people (CYP) have been asked to complete a short questionnaire using the brief form CORE (2020) questionnaire. CORE is a session-by-session monitoring tool that is a measure of someone's psychological/emotional distress over the past week. It covers different areas of mental health e.g. symptoms, functioning, and risk. CORE has been standardised and is used widely across both clinical services and research. It is self-reported, i.e. completed by the young person. Although it is optional to fill out, 87% of Kooth users complete the form.



## Adults:

Kooth's adult service users are asked to complete standardised assessments which are widely used across clinical settings. These are the Generalised Anxiety Disorder Assessment (GAD7) (Spitzer, R. L., et al., 2006), the nine item depression scale of the Patient Health Questionnaire (PHQ9) (Kroenke, K., et al., 2001), and the Work and Social Adjustment Scale ("WSAS") (Mundt, J. C., et al., 2002) which is a simple and reliable measure for impairment in functioning.

## Additional information:

Case studies and comments from service users have been amended to preserve anonymity or have the express permission for use by the service user. All names are pseudonyms.

# The Impact of the Pandemic on the Nation's Mental Health

The pandemic and the subsequent lockdowns have had a clear adverse effect on the mental health and wellbeing of the nation. The impact of COVID-19 has seen an 89% upsurge in the usage by adults of Kooth's digital mental health platform. For children and young people, this was 42%. With the long reaching effects - including long COVID-19, the return to work and the changing face of the workplace, unemployment and socio-economic issues - it is anticipated that this will only increase further (O'Shea, N., 2020).

## Key Finding

Impact of the Pandemic on the Nation's Mental Health



- In FY2020, Kooth's data revealed that **63%** of under 18s self-presented as having severe needs.
- 17% of adults accessing professional intervention say that they think about hurting themselves or feel suicidal nearly every day - a **40%** increase on the previous year.
- A further **41%** of users say that they feel nervous every day.

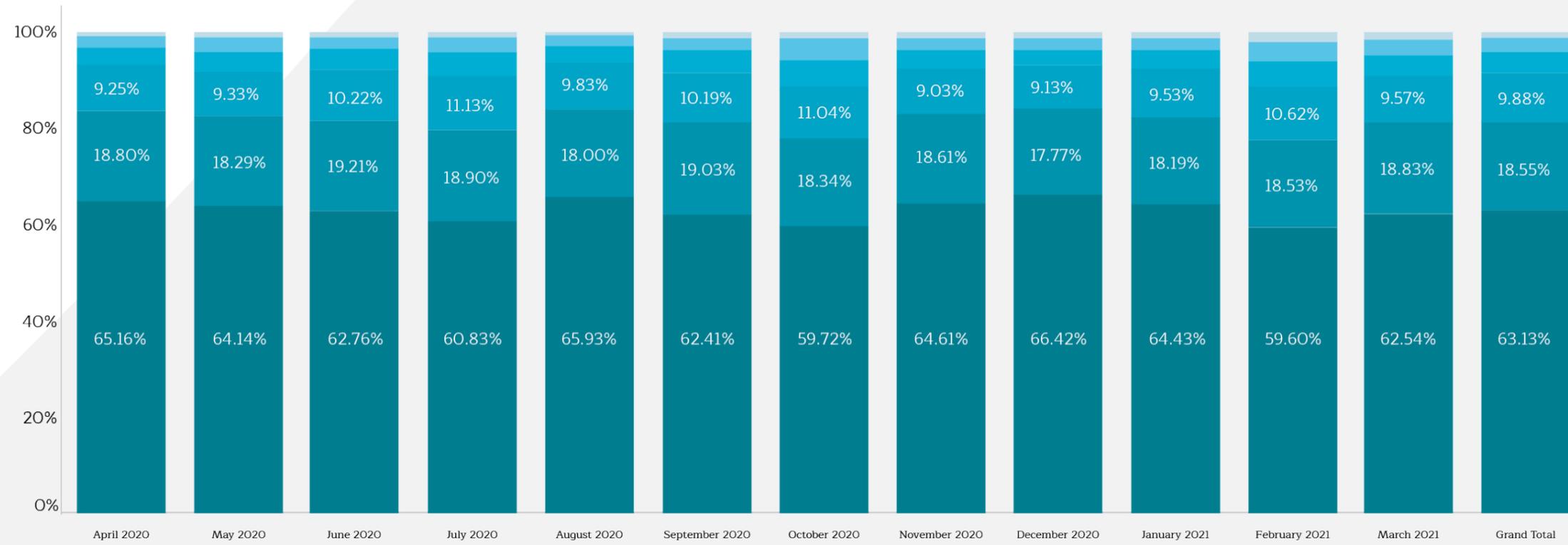
63% of CYP presented in the 'severe' category on CORE. This varied throughout the year with noticeable spikes in April and December 2020, coinciding with the first and second national lockdowns respectively.

The average score of individual users is also notably high compared to averages produced within face-to-face services - in fact, the mean score of young people at the point of entry to Kooth is 25.9 (out of 40). Kooth will be publishing more research this year to explore this further.

Data reference: see page 8-9

# CORE Measure

Data from April 2020 - March 2021



CORE First score (thresholds)

- Healthy
- Low level
- Mild
- Moderate
- Moderate Severe
- Severe

## Increasing severity in Kooth's adult population

In the last year, Kooth has seen a worrying increase in key factors of GAD, PHQ9 and WSAS assessments in its adult population.

### PHQ9

- **39%** of respondents are feeling down, depressed, or hopeless nearly every day - a 28% increase from FY2019.
- **43%** of respondents felt bad about themselves, that they were a failure, or had let themselves or their family down, nearly every day - an increase of 17% from FY2019.
- **17%** of respondents had suicidal or self-harm thoughts nearly every day - an 40% increase from FY2019.
- **49%** had suicidal or self-harm thoughts for several days or more - a 17% increase from FY2019.

### GAD 7

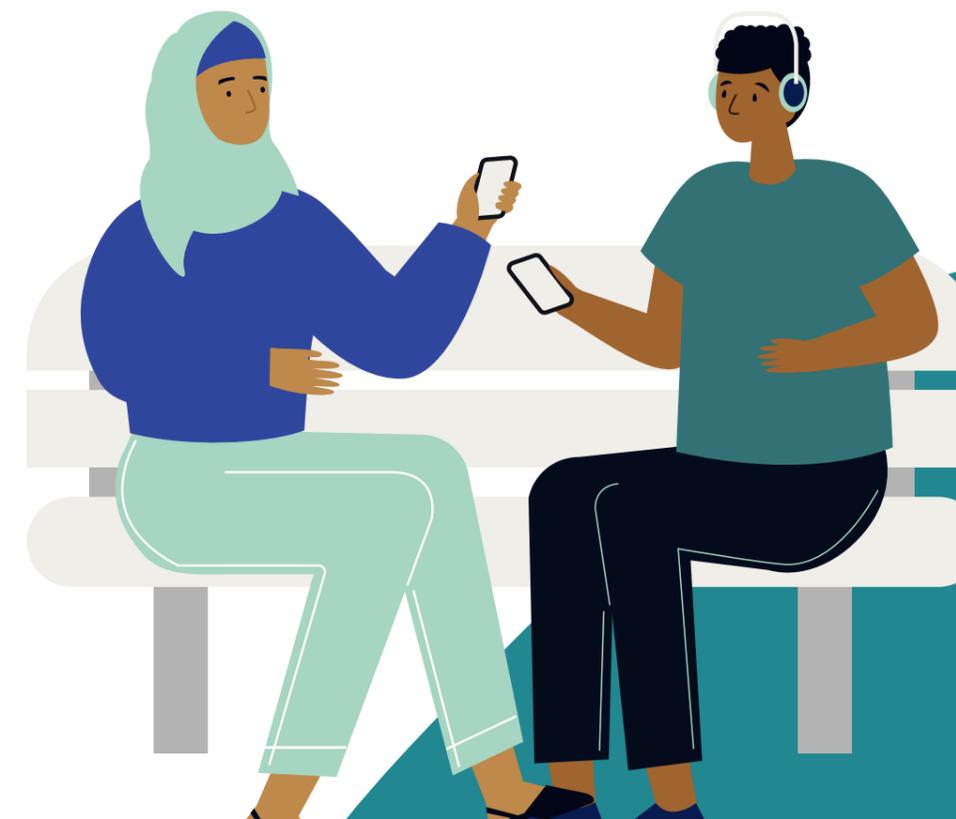
There was an increase in every single category of the GAD7 questionnaire for those identifying in the most severe category of 'nearly every day'. The one exception was a decrease in those identifying severely in being so restless it's hard to sit still.

- **41%** of adult respondents said they felt nervous or anxious every day compared to 35% the previous year - a 19% increase from FY2019.
- **38%** of adults said that they could not stop or control worrying nearly every day - a 25% increase from FY2019.

### WSAS

There has been large increases in all adult respondents claiming that they had been severely or very severely impaired from carrying out work (22% of respondents, and increase of 55% from FY2019). Of note:

- **29%** of adult respondents claimed their private leisure activities were impaired (+24% on FY2019), and 21% saying their social leisure activities were impaired (+22% on FY2019).
- **15%** of respondents claimed that they were severely or very severely impaired from carrying out home management tasks such as cooking, cleaning, and laundry (+42% on FY2019).
- **23%** of respondents claimed that they were severely or very severely impaired in the ability to form and maintain close relationships with others, including those they live with (+11% on FY2019).



# Suicide and Self-Harm

Kooth has seen an increase in the proportion of service users presenting with self-harm and suicidal ideation issues. Specifically, Kooth has seen a large increase in male users and younger users presenting with self-harm and suicidal ideation.

Early intervention and prevention are crucial in providing safe spaces to talk for individuals experiencing suicidal ideation or self-harm. Digital services can effectively work with people to create harm reduction strategies and develop safety plans.

One of the more concerning trends we have seen over the past year has been the increasing prevalence of children and young people self-harming. The number of children aged between nine to twelve years of age being admitted to hospital due to self-injury has doubled in the past six years (Whitworth, D., & Maybin, S., 2020). The figures revealed that hospital admissions are now averaging almost 10 a week, having risen from 221 in 2013-2014 to 508 in 2019-2020.

Kooth's data for the under 18 population age group demonstrates similar trends.

## Key Finding

Suicide and Self-Harm

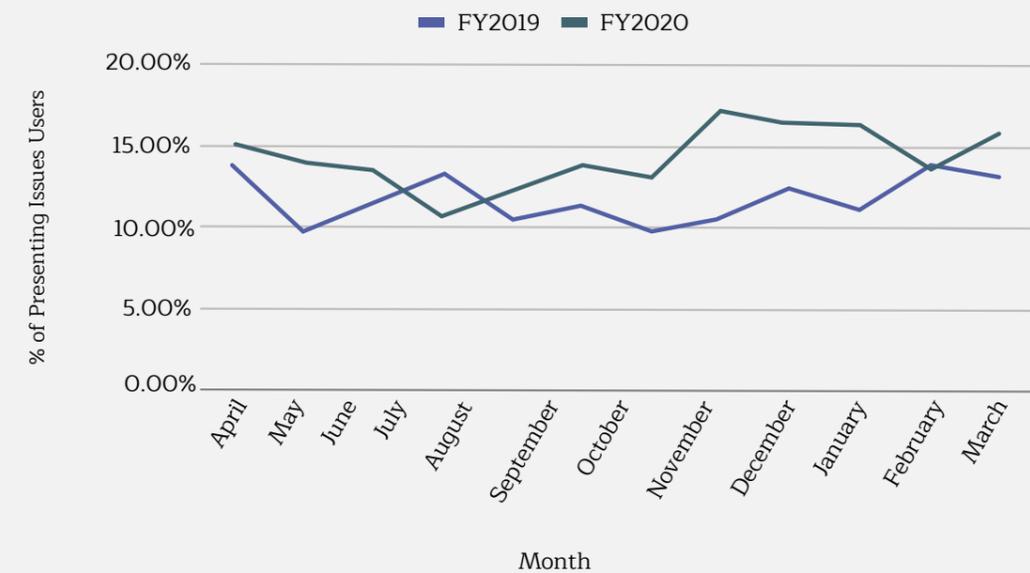


Amongst Kooth's 10-13 year old service users with presenting issues, self-harm issues are being presented by **33%** more users than last year.

For the entire CYP cohort with presenting issues, these issues were **27%** more prevalent than last year. Suicidal thoughts are up **54%** for the 10-13 age group.

There has been a significant rise in the proportion of male service users presenting with issues related to self-harm and suicidal thoughts since the pandemic. **This was especially evident from August 2020, with a recent notable spike in March 2021:**

## Self-Harm



## Suicidal Thoughts



“I have self-harmed a few times over the past few weeks. When I do it and then my parents find out that I’ve done it, I get a lot of attention. We talk about what’s going on but that doesn’t last very long. They just forget about me after a while. They did try to call my doctor but she didn’t really give me any time as she was too busy with COVID-19 stuff. I just wish they would always give me attention.”

Anonymous Service User, 2020

Studies have shown that self-harm is more common amongst those with mental health disorders, including depression, anxiety, and substance abuse disorders (Singhal, et al., 2014). NHS data from 2017 found that over 25% of 11 to 16 year olds with a mental disorder reported self-harming or having attempted suicide (Mental Health of CYP in England, 2017).

Other stress factors that may lead to self-harm include if a family member self-harms or has attempted suicide, adverse family circumstances if the individual is in care as well as in relative poverty.

As noted above, while there are specific risk factors, there is no one cause of self-harm. People who self-harm typically do so because it is the only way they feel that they can cope with their feelings. Moreover, although self-harm is not necessarily an attempt at suicide, the research is clear that those who self-harm (particularly with increasing frequency) have a significant increase of contemplating suicide.

Digital technology is uniquely situated to provide help with early identification and referrals to the appropriate mental health services. A National Inquiry study into self-harm among young people found that peer support approaches are “an important intervention in their own right” (Truth Hurts Report, 2006). Kooth provides counselling for CYP when they need it most. 63% of Kooth chats happen outside of normal working hours, after 5pm and on weekends. This is a crucial measure to support CYP who are self-harming or with suicidal thoughts.

Kooth assesses and monitors risk continuously and across all areas of its site, both in relation to risks that individuals may pose to themselves and also to others, including, for example by moderating ALL submissions before publicly sharing. Through an allocated risk status, practitioners are able to proactively reach out to those who may be most vulnerable and connect an individual’s activity across the site within one place via case notes. Kooth has an enhanced risk assessment and management process utilising psychometrics,

practitioner assessment/risk profiling tools, and with a focus on the effective integration of technology to enhance these processes. It also adopts a ‘root cause’ approach, for example through embedding trauma-focussed practice and routine enquiry as well as early help and preventative initiatives. Additional support for Kooth’s practitioners who manage this increased level of acuity on a daily basis and are at significant risk of vicarious trauma and burnout is a key consideration.

### Key Finding

Suicide and self harm



For our under 18 population who have presented with any issue, Kooth has seen a:

- **27%** increase in users presenting with self-harm in the past year.
- **39%** increase in those presenting with suicidal thoughts versus last year.



### Key Finding

Suicide and self harm



Across our adult users, the numbers suggest similar findings with:

- **23%** increase in self-harm and **35%** in suicidal thoughts since FY2019.
- **40%** increase in those adults in counselling that claim to have thoughts of being better off dead or hurting themselves nearly every day.
- This is now self-reported by **17%** of the adult users in professional intervention on Kooth.

“I have no one to talk to at the moment because everyone seems to be going through a really bad time and I just don’t want to stress out anyone even more. I’m really feeling isolated and have been getting panic attacks most days. The only way I feel better is when I self-harm as it completely distracts me from the emotional pain. My family doesn’t understand or get how I’m feeling at all so there’s no point trying to talk to them.”

Anonymous Service User, 2020



## Expert Commentary

### Louis Appleby

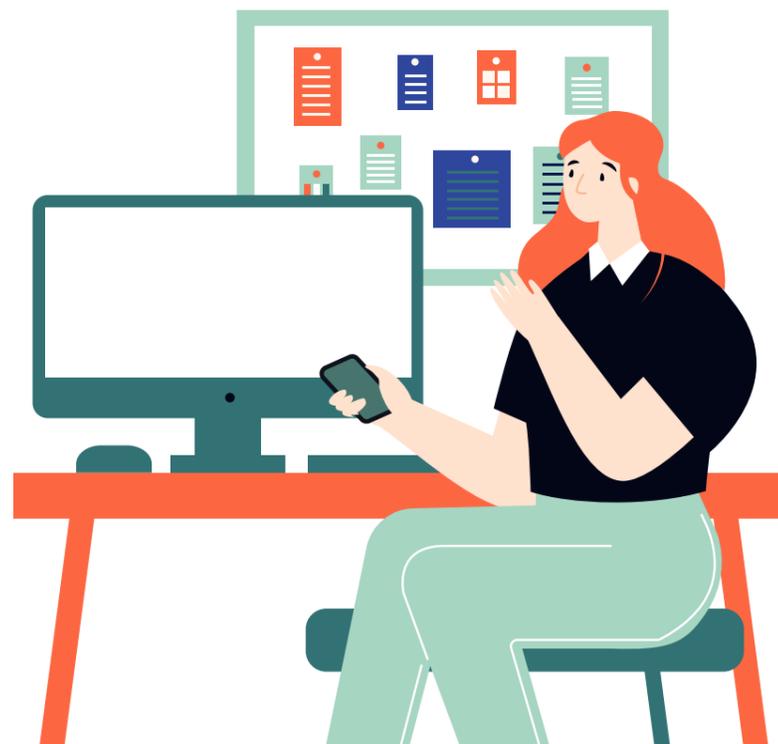
National Suicide Prevention Lead for England



“The rise in suicide and self-harm by young people in recent years has become a major public health concern. As this report shows, Kooth is playing an increasing part in the prevention response. It has become a vital source of support to young people who may be in distress.”

**It is important to acknowledge that the best evidence on suicide trends suggests there was no increase in 2020.**

The increases we see on Kooth could be a result of digital mental health services becoming more known and accepted as a route to support.



## Case Study



### Lara (Pseudonym)

- 14 years old
- White British
- Female
- Existing Kooth User

## Background

For the last year, Lara has been experiencing sleep issues, exacerbated by using her phone for ten hours per day. She also described low self-esteem and poor body image. Her school had referred her to the GP who had organised an appointment with the Child and Adolescent Mental Health Service (CAMHS). Sadly, Lara’s family all contracted COVID-19 and her appointment was cancelled. Unable to go to school or gain support from her family her mental health spiralled, leaving her suicidal.

Kooth offered Lara an intervention immediately on discovering her high-risk presenting issues. A counsellor offered a full assessment which led on to regular therapeutic chat sessions with messaging in between. This intervention encompassed creating and following a comprehensive safety plan. Lara was able to recognise triggers, use alternative self-soothing techniques and communicate fully to her parents. Lara was aware of crisis services and had a plan of action should she feel unsafe.

## Conclusion

Kooth was able to successfully offer Lara a service online, immediately dealing with and reducing risk until the lockdown was over and she was able to see CAMHS. This flexible work aimed to help Lara build resilience and halt her downward spiral. Through a comprehensive therapeutic and solution focussed intervention, Lara’s suicidal ideation reduced and her emotional wellbeing improved significantly meaning she could keep safe, build self-help strategies to cope, and move seamlessly into CAMHS support.

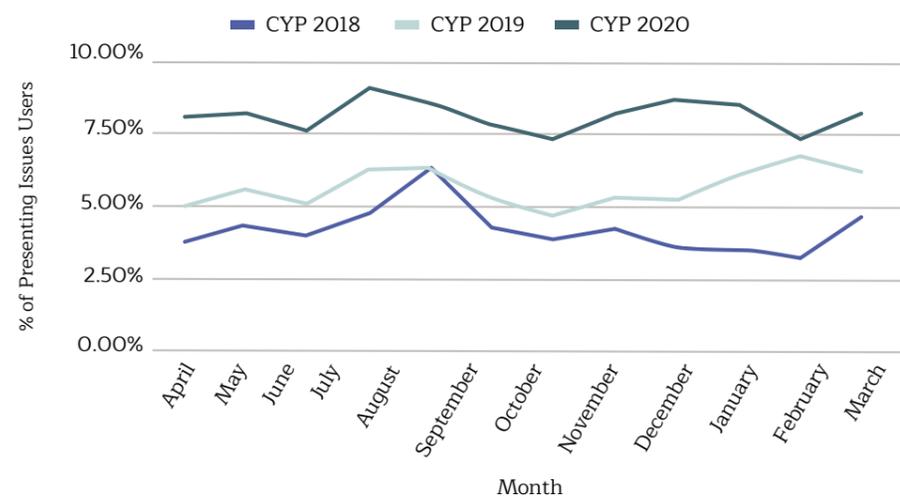
## User Feedback

“I went outside!! I went on a walk with my mum and Gran • I had an AMAZING hair day! I’m actually really proud of myself. I dealt with the pain so well. You reminded me that yeah I do want to live and made me super grateful. I’m so thankful for the workers too because they were all so nice!”

# Eating Difficulties

Eating difficulties are growing amongst our young people. Since the start of the pandemic, Kooth has seen a sharp increase in eating difficulty presentations in under 18s. In FY2020, Kooth handled proportionally 51% more service users presenting with eating difficulties in comparison to FY2019 and 103% more than FY2018.

CYP Eating Difficulties



These findings are echoed by doctors around the UK. In a survey conducted by the Royal College of Paediatrics and Child Health (RCPC) (2020), paediatricians reported a three to fourfold increase in referrals for eating disorders since the start of the pandemic.

In December 2020, the Royal College of Paediatrics and Child Health spoke to paediatricians to see how the pandemic was impacting their patients. Dr. Simon Chapman, a consultant paediatrician at King’s College Hospital and South London and the Maudsley, said “I’ve worked in eating disorders for 10 years and I have never known us to be so busy. Referrals since March have tripled.”

NHS England data for Q2 2020 also reveals that the number of urgent referrals (where the individual requires immediate treatment) for children and young people has almost doubled in the past year (CYP eating disorder waiting times, 2020). Additionally, in order to access potentially life-saving mental health care, young people may be expected to travel hundreds of miles away - far away from their families and support network.

Even more concerning is the fact that the pandemic is not only exacerbating symptoms in people who were already struggling with eating difficulties, it has also triggered a surge in young people contacting Kooth with no prior eating disorder history.

“I don’t know what’s going on with me but ever since the start of the pandemic I’ve developed an eating disorder. I’m in a never ending cycle of bingeing and then restricting. I can’t control it and it’s taken over all aspects of my life. My family can’t understand me at all so I don’t bother talking to them anymore. All I want to be able to do is eat my food without obsessing over everything. PLEASE HELP.”

**Anonymous Service User, 2020**

For many of Kooth’s young people already struggling with eating difficulties, the lockdown has led to a marked worsening of existing symptoms - including binge eating, counting calories, and over-exercising - as a way of coping with the stresses and anxiety of the pandemic.

“I truly don’t know what’s going on but I think I may have an eating disorder. All of a sudden I’ve started getting nervous around some of my favourite foods like pizza and pasta. Slowly I’m cutting out different foods and I’m really uncomfortable when people start mentioning food. There are days when I have stopped eating altogether. I feel really uncomfortable in my body and am constantly body-checking and looking to see how I compare to other people. I’ve started weighing myself every day. My friends are really worried and think it’s getting out of control.”

**Anonymous Service User, 2020**

“Every time I get stressed I head straight for the fridge or cupboard. It’s worse now because I’m at home night and day. My binge disorder is just out of control right now. :(.”

**Anonymous Service User, 2020**

The comments from Kooth service users are consistent with findings from several global studies looking into the impact of COVID-19 on people with eating disorders, including studies published in the International Journal of Eating Disorders (Phillipou, A., et al, 2020) and Eating and Weight Disorders (Nisticò, V., et al, 2021).

Service users identify several factors that have led to a worsening of eating disorder symptoms, including:

- Lack of structure and changes to routine
- ‘Zoom dysmorphia’ i.e. increased use of video conferencing technology exacerbating body image issues
- Triggering home environments
- Isolation
- How much physical activity they were doing
- Access to treatment

“My issue is dealing with the massive focus by the media to lose weight and exercise. It’s non-stop and it’s really making me obsess and think about it.”

**Anonymous Service User, 2020**

With COVID-19 disrupting day-to-day medical appointments, many routine forms of healthcare have been postponed or cancelled. For people with new or existing eating difficulties, this has meant having to wait longer for initial appointments, having treatment postponed or cancelled altogether, and in some extreme cases being discharged early from specialist eating disorder units unable to operate at full capacity.

Furthermore, paediatricians have reported seeing a rise in children and young people admitted to hospital emergency departments with acute symptoms who are in need of immediate treatment and stabilisation, attributed to the reduced number of face-to-face appointments.

In 2015, The Access and Waiting Time Standard for Children and Young People with an Eating Disorder stated that 95% of children and young people referred for assessment or treatment for an eating disorder should receive NICE-approved treatment within one week in urgent cases. Yet the Quarterly Children and Young People with Eating Disorder Waiting Times for Q3 2020-21, reports that only 72.7% of children and young people were able to start treatment within one week of referral - the lowest percentage in three years.

Eating disorders are extremely complex conditions associated with high rates of mortality (Steinhausen, H., 2009). If left untreated, behaviours can become entrenched leading to lifelong conditions that affect every aspect of an individual’s life. The positive news is that eating disorders can be treated. We know that the earlier a person seeks and receives treatment, the greater their chances of making physical and mental recovery.

“I don’t know what to do. I have anxiety and anorexia and because we’re in lockdown I can’t get to see my medical team and therapist. Really struggling and having panic attacks regularly. Please help.”

**Anonymous Service User, 2020**

A recent report by the Royal College of Psychiatrists found that people with eating disorders may have to wait up to 41 months to get treatment. There is strong evidence that digital resources can help to play an important role in not only taking pressure off an overwhelmed NHS, but ultimately in saving lives (online resources helped people with anorexia, 2021). With access available 365 days of the year, Kooth can offer immediate benefits such as peer support and convenient access to qualified counsellors who are able to provide support as well as screen and signpost young people at risk. Early intervention is crucial in order to save lives. Online digital platforms like Kooth can help to bridge the gap between increases in demand for services and access to them.

## Expert Commentary



**Dr Sandeep Ranote**

**Psychiatrist and Eating Disorder Expert**



“I believe that the next pandemic is our mental health one. Within this, we are already seeing a significant rise in the need for support with eating disorders. Kooth has a vital role to play in this with its ability to deliver digital early Intervention and continued online therapies. Moving forward, the power will be in our partnerships and a whole system approach to providing care for whole communities, with shared decision making and therapeutic choice, led by the person and carers accessing support. Kooth is ready and able to be that partner in care.”

## Case Study

### Dahlia (*Pseudonym*)

- 15 years old
- Female
- Bangladeshi
- New Kooth User



## Background

Since the start of the COVID-19 lockdown, Dahlia had felt sad and alone. She has no energy for basic activities and has lost her appetite as well as a significant amount of weight. Although Dahlia has a supportive family, she has few friends. She said that she doesn't know how to 'let people in' or how to trust them. Dahlia came to Kooth for help and support.

Dahlia's initial sessions discussed how the pandemic had affected her. The counsellor looked at Dahlia's support networks and encouraged her to talk to family and friends who were understanding.

Dahlia needed support to build resilience and challenge unhelpful thinking patterns. She practiced affirmations to help with low self-esteem and unhelpful thoughts. She also set goals to practice self-help and self-soothing techniques in order to feel more grounded and positive. The counsellor also encouraged her to adopt healthy eating practices to ensure she was looking after herself. Finally, Dahlia was encouraged to contact her GP for a full assessment.

## Conclusion

Dahlia found her initial sessions incredibly helpful and will continue to use Kooth. She has made an appointment to see her GP and Kooth will continue to support her through this process.

## User Feedback

"Thank you very much!"

## Expert Commentary



### Hope Virgo

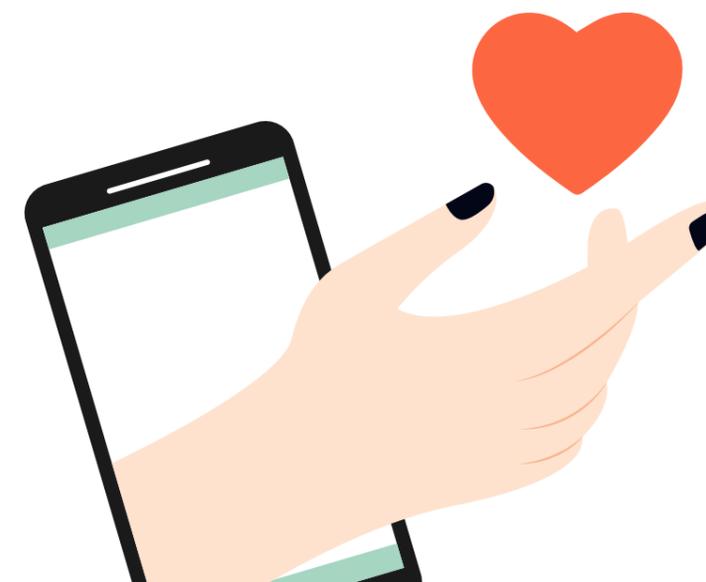
Eating Disorder Campaigner



"During the last year with the pandemic, we have seen a huge increase in the number of people struggling with an eating disorder; and from the stockpiling to the levels of uncertainty, we have seen more and more people struggling with this perfect storm for people with eating disorders. With services overstretched and wider work needed to tackle this, we need to be looking elsewhere for that support. This is where digital services come into play, those creating a safe space for young people to get that support."

"I'm in the same situation. I've gone completely backwards in my recovery because I'm just sat around the house doing nothing. I feel like I don't deserve to eat or need the calories. Some nights are ok but the rest of the time I'm purging and trying to get rid of the calories I've eaten."

Anonymous Service User, 2020



# Black, Asian and Non-White Communities

Black, Asian and Non-white communities have shown significantly higher levels of loneliness and struggles with family relationships and friendships compared to white communities. There were also greater comparative increases last year in Black children and young people expressing worry around school/college.

We need to engage better with ethnic minorities and provide them with access to a wide variety of routes to mental health services. Anonymous and unbiased digital mental health services can provide a safe space and community for all users to explore a wide range of needs. Mental health providers should focus on training and increasing the diversity of their workforce and increasing participation and engagement with ethnic minorities to improve understanding and the success of therapeutic interventions.

Early pandemic data from The Office of National Statistics Centre (2020) revealed that Black, Asian and Non-white communities were disproportionately impacted by the coronavirus pandemic. However, in addition to the well documented physical effects of the pandemic, the evidence suggests that COVID-19 may also have negatively affected the mental health of Black, Asian and Non-white communities more so than white communities, intensifying long-standing racial inequities.

In June 2020, The Guardian published concerning data from Kooth revealing how young people from ethnic minorities were being adversely affected in the first few months of the pandemic (Campbell, D., 2020). Our latest data reveals how both young people and adults from non-white communities are struggling more with certain aspects of mental health. Furthermore, of the entire Kooth service user base, a greater proportion of service users came from Black, Asian and Non-white communities versus last year. 34,600 more service users from these communities have logged onto the Kooth platform than in FY2019.

There has been a noticeably higher proportion of these service users registering issues related to family relationships, loneliness, motivation, and school.

## For Children and Young People

Kooth's data shows that there have been deeply worrying increases in users presenting with specific issues in FY2019 versus FY2020:

- 114% increase in motivation issues.
- 83% increase in sleep difficulties.
- 71% increase in school/college issues.
- 40% increase in suicidal thoughts.
- 37% increase in eating difficulties.
- 25% increase in sadness.
- 19% increase in family relationships.

Schoolwork is often a source of stress for young people in Black, Asian and Non-white communities with a heavy focus on academic achievement.

### Key Finding

Black, Asian and Non-White Communities



For both Black and Asian service users, there was a dramatic increase in those presenting with school/college issues compared to 2019 (+102% and +50% respectively).

As GCSEs, AS, and A-level exams were cancelled and replaced with predicted grades, students from Black, Asian, and Non-white communities were more likely to have their final exam grades under-predicted compared to their white peers (Weale, S. & Batty, D., 2020). Given that worries about health, education and future prospects are so central to poor mental health in young people, this may go some way in explaining the concerning gap between our different populations.

## Expert Commentary

### Steve Gilbert OBE

Mental Health Campaigner and Kooth  
Advisory Board Member



“As a society, we need to do more to understand the impact on mental health for Black, Asian and racialized communities and the barriers to accessing safe and secure treatment that is trusted.

We need to understand the overall disparities in mental health for Black, Asian and racialized communities at all levels, from the significantly high numbers of Black men that are sectioned through to the exceptionally low uptake of Child and Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT) services from the South East Asian communities.

Most importantly, it is incumbent of all of us working in mental health that we work together to implement sustainable and deliberate policies and actions to encourage those from Black, Asian and racialized community backgrounds to enter professional careers in mental health, through promotion, scholarships, and awareness.”

## For Adults

Family relationships, suicidal thoughts, and depression are also prevalent presenting issues among adult users of the platform, with family relationship issues increasing 11% from last year. Loneliness, sadness, and sleep difficulties have also increased by at least 40% since last year.

### Key Finding

Black, Asian and Non-White Communities



Kooth’s data reveals that **52%** of adult service users have presented with issues of anxiety or stress - a **12%** increase on the previous year.

Mental health disparities amongst certain communities are well-documented. For example, Black people are four times more likely to be detained under the Mental Health Act; Black people are 10 times more likely to receive Community Treatment Orders; Black women more likely to experience common mental disorders than White women and British South Asian women between the ages of 16-24 are more likely to self-harm than White women (Carter, C., 2021).

Despite this, ethnic minorities are less likely to access mental health support than White communities for several reasons including, language barriers, racism, discrimination and bias in treatment settings, mental health stigma, and lack of availability in their area.

## Case Study

### Jemila (*Pseudonym*)

- 12 years old
- Black-African
- Female
- New Kooth User



### Background

Jemila is a new user. She is a bright and creative young woman who sometimes struggles with her own mental health and is just beginning to engage with the team. Jemila came to Kooth in light of the recent Black Lives Matter movement and to highlight the need to challenge racism.

### Risk & Needs Assessment

- Jemila comes to Kooth to engage in the front end of the site and currently is not motivated to engage with the counseling or emotional wellbeing support team.
- Risk was set as low in light of this.
- Jemila wanted a place to engage positively with her peers.

### Intervention

Jemila uses the safely moderated forums, discussion boards and the magazine in order to share her political views, and encourage critical thinking amongst her peers. Jemila was particularly keen to engage with the Black Lives Matter movement and enjoyed writing songs, poetry, and thought-provoking pieces for the wider Kooth community.

### Outcomes

(Goals and other observed outcomes)

- Jemila has set and is working on the following goals:
  - Tidy my bedroom
  - Grow my hair to my shoulders
- Jemila continues to engage prolifically on the front end of the site, contributing creative and issue based content to be shared with her UK-wide peers. Jemila was encouraged to keep writing.
- Jemila wrote a discussion piece which featured on the site.

### Conclusion

Jemila came to Kooth to express her thoughts and opinions on the current political climate, encouraging her peers to think critically and have more of a stake in their communities. Young people like Jemila can have a huge positive impact on our world by encouraging young people to engage in politics, challenging racism and equality. The transferable skills gained from this will support her to boost her own self-esteem, setting her in greater stead to begin to work on her own emotional wellbeing as she continues to access Kooth.

## Expert Commentary



### Kaljit Johal

Lead for Diversity at Kooth Plc



“We need to promote mental wellbeing and mental health to Black, Asian and Non-White communities. Particularly for young people, Kooth does this by promoting role models in schools and education settings and via social media to help create an environment of trust and choice for these communities. Working closely with trusted faith and community groups is vital to create appropriate awareness and understanding of what services are available and how to get help and support.

For us to truly engage with and provide the best services for Black, Asian and Non-white community groups, it is imperative that we listen to the individual voices and needs within these communities. Kooth has therefore invested heavily in an engagement team to work with existing and potential users from all backgrounds as equal partners in improving and developing our service provision so we can ensure their needs are being met in the best way possible.

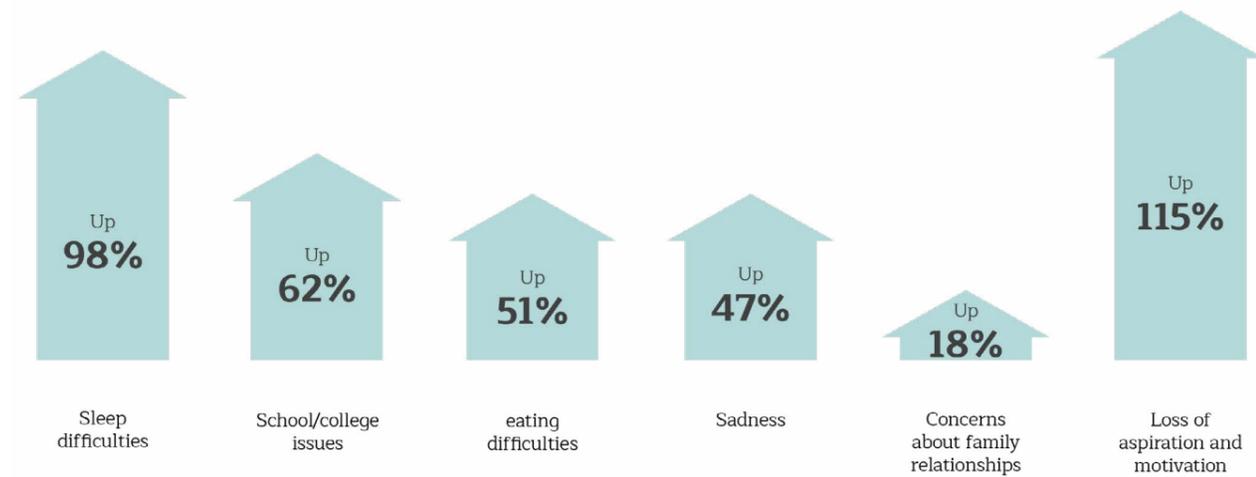
Providing accessible and culturally appropriate mental health services is a vital step to narrowing the gap in outcomes. Kooth is anonymous and easily accessible via your mobile phone or tablet, reducing stigma and allowing freedom to express your feelings in a safe environment. Peer-to-peer environments are particularly important - whether virtually or in safe community settings - for people struggling with mental health. It is important to know that there are people like you, going through the same struggles and from the same or similar backgrounds. At Kooth we create a diverse range of content and peer-to-peer communities to welcome children and young people from all backgrounds.”

# Families, Parenting and Homeschooling

In 2020 the disruption to school and working life, resulted in months of homeschooling running in parallel with homeworking. Stretched families tried to balance working virtually and in workplaces, with trying to parent. And children had to adapt to extended periods away from their peer group and the structure of the school environment.

## For Children and Young People

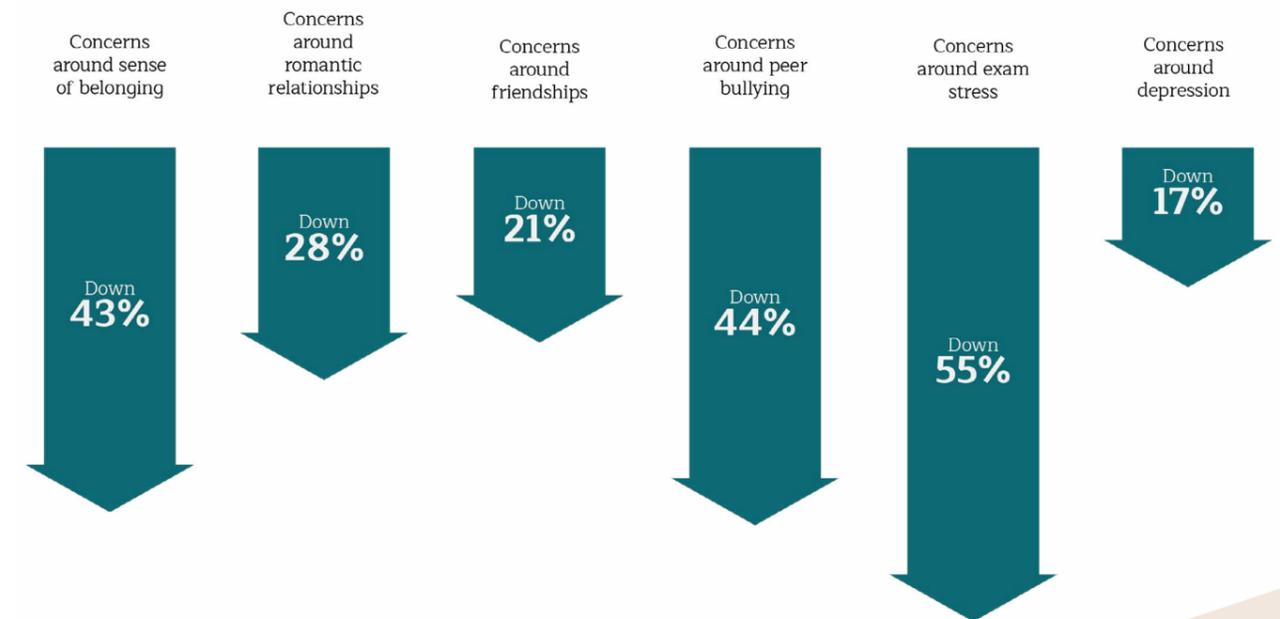
The pandemic has caused a rise in a wide number of presenting issues for children and young people. Kooth data reveals that there has been an increase in:



“I am really struggling at the moment with my mental health at home because I live in a busy family and life is always chaotic and I feel as though I never get the chance to breathe. I also have ADHD although I haven’t told anyone in my family about it because I know how they would react but I need to somehow tell them so advice on that would be great. I’m the youngest in my family and I feel like I’m the poor kid that’s always getting bullied except it’s my parents who are the bully’s and they just can’t accept me and if I say anything about my opinion on something then I’m in the doghouse when at school I’m always getting told that I should voice my opinion. I’m never rude about it and I always try to see both sides of a story, but I wish my parents could too because then life might actually be [sic] bearable. If you have any advice I would really appreciate it.”

Anonymous Service User, 2020

In addition to those areas where Kooth data shows heightened concerns, it also reveals a real reduction in factors causing day-to-day challenges for school children:



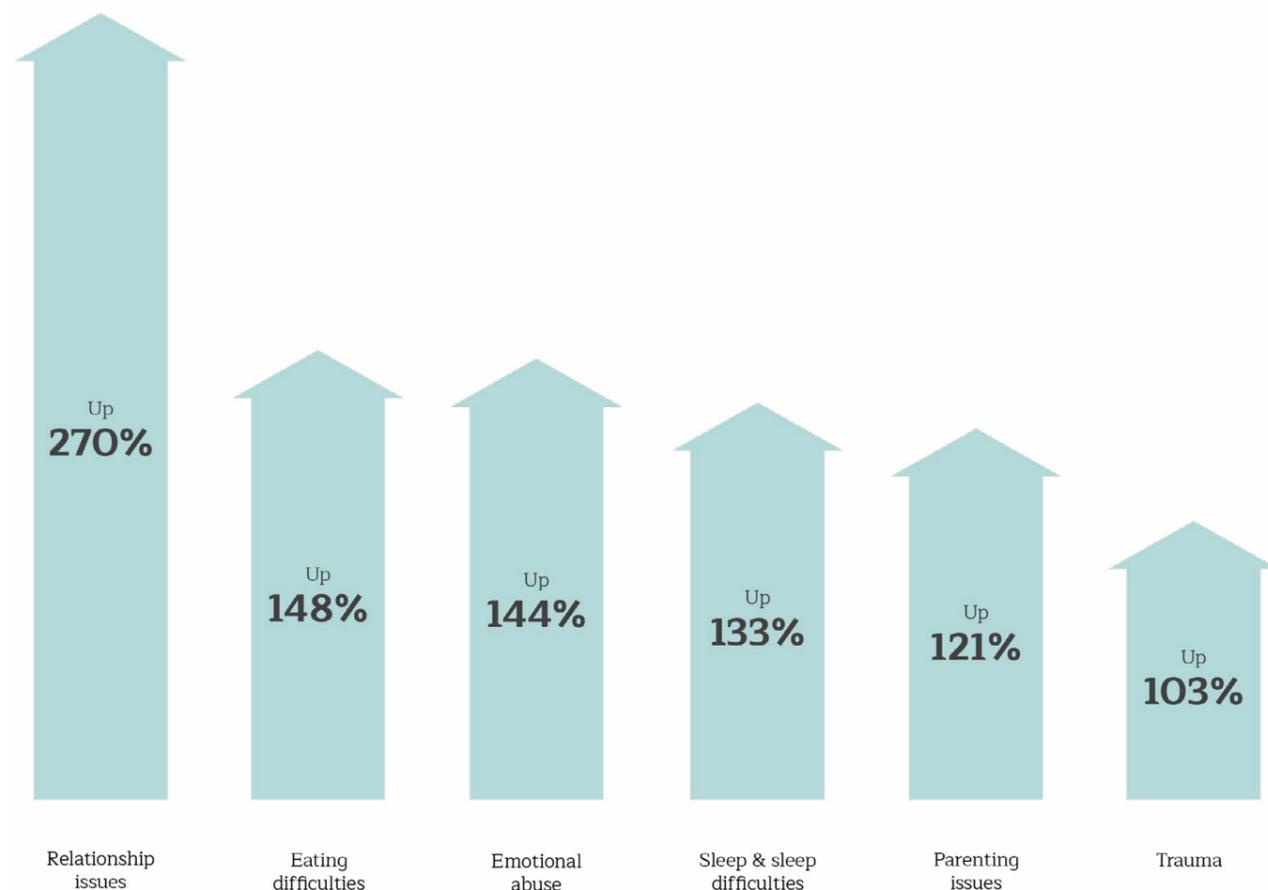
“Hello, I find social situations with new people hard because I feel like I’m a naturally awkward person and I don’t know what to say to seem likeable. Even with people I am friends with sometimes I feel as though I’m awkward and uncomfortable to be around.

I often feel like I am the only one who experiences it, as no one else around me seems to have the issue - does this happen to anyone else?”

**Anonymous Service User, 2020**

## For Parents

During the pandemic, one of the recurring themes for parental concern was the struggle to access support and care for their children via CAMHS, schools, and special educational needs (SEN) schemes. Kooth’s data for this population shows there was also an increase in specific presenting issues including:



“I am a Mother juggling a job and children and house etc etc. My daughter is showing signs of lacking attention and I am trying my best to give time to her and my son who also needs help to stay on track, all the time they’re not really doing what they could. Their Dad doesn’t get involved, like a positive input just gets angry and tells them off if they do something wrong so I’m trying to ward that off too and while trying to do my job and look after mental health - it’s hard, it’s so hard and I get where you’re coming from.

When I can I go for a walk and listen to my music or a podcast, or I’ll take myself away to my bedroom for 5 mins or so. I think we have to just try and accept that we are doing our best and we can not do anymore. One more thing that’s helped me is talking on here or to someone that I think I can trust.”

**Anonymous Service User, 2020**



## Expert Commentary



**Dr Lynne Green**  
**Consultant Clinical Psychologist and**  
**Chief Clinical Officer at Kooth plc:**

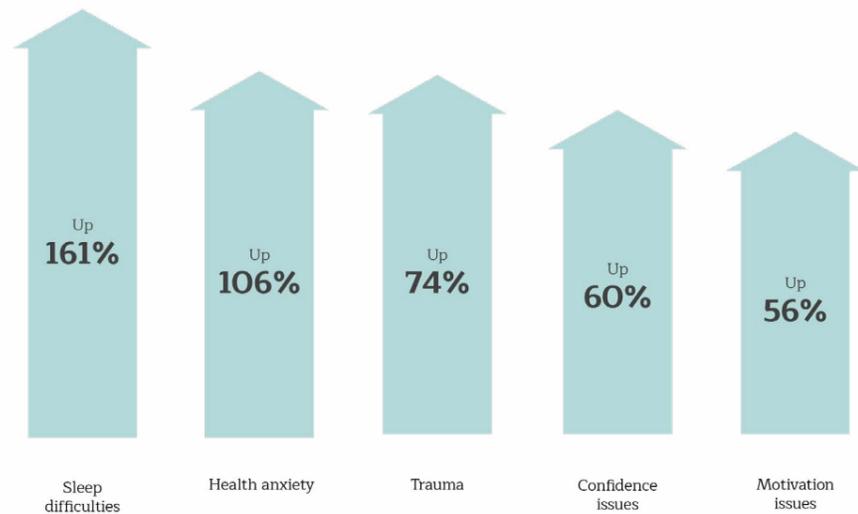
“There is a strong evidence base for parenting interventions to support positive outcomes for children with mental health difficulties. However, there is a difference between ‘parenting interventions’ and ‘interventions for parents’.

Sometimes, what parents want and need is support for themselves regarding their own mental health, stressors and juggling demands and indeed this can have an extremely positive impact on their children - without the need for a more targeted (and sometimes costly) intervention aimed at parenting skills specifically.”

# University Students

University students are a vulnerable population. In addition to coping with academic pressures, they are also faced with unique concerns, from financial and social changes, to adjusting to life away from family and friends. These can have a significant impact on their mental health. While mental health stressors have been a major issue for students for several years, the pandemic has only exacerbated a growing crisis.

Kooth has seen a 25% uptake in student counselling since the start of the pandemic. Furthermore, the data shows the total number of students presenting with mental health issues has increased in the following areas:



In the past decade, there have been rising numbers of students struggling to cope with university life. Data analysed by the Press Association revealed that two-thirds of universities recorded an increase in student drop-out over the past five years. In 2015/16, there was a fivefold increase in the number of students reporting a mental health problem, while at the same time, 94% of higher education institutions reported an increase in demand for counselling services (Thorley, C., 2017). Of increasing concern, is the rise in student suicide rates. Between 2007-2015, the number of student suicides increased by 79%. Despite the government launching initiatives like a student mental health task force and the University Mental Health Charter (co-created with Student Minds), demands on services continue to outpace supply.

With campuses around the country closed, students have grappled with the switch to online learning and social isolation from their peers. This has led to increased rates of mental health issues.

“Online learning is so challenging. I’m finding it really hard to stay motivated and work and the whole situation is making me so anxious. It’s also impacted me socially as I haven’t got anyone to talk to and it’s just made me feel so lonely and isolated. It’s the opposite of what I thought my university experience would be like.”

**Anonymous Service User, 2020**

“I’ve never felt so lonely in my life. I only started university this year and have found the whole thing so challenging. In fact, it’s impacted my mental health so much that I have ever spent the past month mostly in bed. I just don’t know whether to even continue with it anymore. I have some support from my boyfriend but we’re not living together and I don’t want to put it all on him”.

**Anonymous Service User, 2020**

“I’ve got deadlines looming and I’ve barely started my essays. Got no motivation whatsoever because of COVID-19 and the personal stuff that’s going on for me. Every day I think it’s going to feel different but it’s just not happening.”

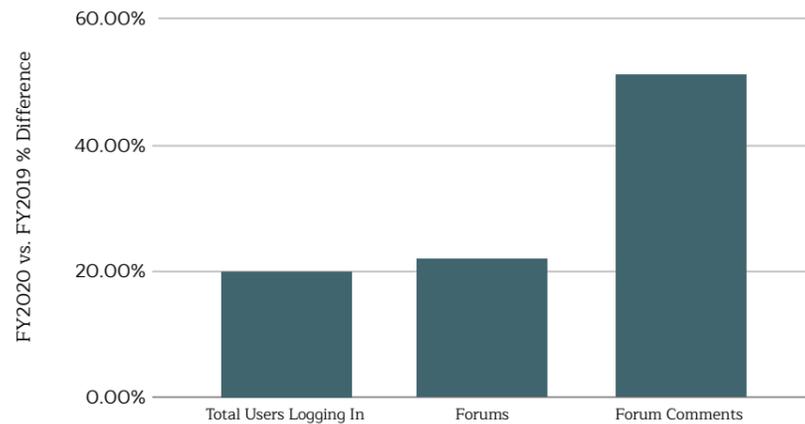
**Anonymous Service User, 2020**

“OMG, I feel exactly like that too. Loved my first year but this year has been crap. I’ve lost all motivation for my course. It’s not like the workload has eased up during this, if anything it’s worse and I just can’t do it. It’s making me feel ill. Does anyone else feel like this?”

**Anonymous Service User, 2020**

At a time when university students have been both socially and physically isolated from their peers, Kooth has seen a large spike in the number of peer support discussions on the topic of schools (“School” forum is defined as any forum with any of the following key terms: college, education, e-learning, exam, school, university):

Forum Engagement: FY2020 vs. FY2019



- There has been a huge increase in forum activity this year: forum comments have increased by 51%.
- This has been driven by a 20% increase in forum comments per person.
- 21% of all CYPs that logged in to Kooth engaged with a forum in FY2020.

Despite the government taking steps to address the situation, mental health provision for university students continues to be stretched. The UK offers its students a world-class education yet without increased funding and long-term investment, the universities will fail some of the country’s most vulnerable and brightest. Given that one in four students are likely to experience mental health issues each year (Smith, M. 2016), it is imperative that we act now.

“Mental Health is a team sport, it’s everybody’s business. Kooth is on the UWE team, partnering support services and giving staff a further signposting option. Importantly, Kooth is alongside our students providing them constant access to a choice of interventions, including counselling by chat for those who are suffering or struggling, but who wish to remain anonymous.”

**Steve West, University of West England**

## University Institutional Case Study

“Our shared vision is for UK universities to be places that promote mental health and wellbeing, enabling all students and all staff to thrive and succeed to their best potential.”

**Universities UK, 2020**

There is a compelling vision and strategy for scaling mental health support set-out in 3 initiatives:

- Stepchange: mentally healthy universities, 2020.
- Suicide Safer Universities Guide, 2018
- The University Mental Health Charter

In 2017, Steve West, Vice Chancellor at The University of West of England (UWE), led the way by embarking on a stepchange, whole university approach. He describes mental health as a ‘team sport’ with 3 essential skills:

1. Spotting the signs (engagement in academic and non-academic activities for example)
2. Having conversations and encouraging disclosure
3. Giving hope and providing structured and continuous care and support.

Steve has been implementing this strategy to align people, process and technology to aid in the promotion of mental health, prevention of crisis, provision of intervention, and postvention, in addition to learning from past stories and data. He brought in Kooth in 2017 to complement student support and help further their vision for mental health support at UWE.

### UWE digital support for a mentally healthy university

DOMAINS	Community Peer Support	Self-Help	Immediate Counselling	Goal Feedback (Evidence Based)
<b>Learn</b>	✓	✓	✓	✓
<b>Support</b>	✓	✓	✓	✓
<b>Live</b>	✓	✓	✓	✓
<b>Work</b>	✓	✓	✓	✓

Over 1,000 students logged into Kooth from UWE in the last calendar year, with issues from anxiety through to suicidal thoughts. Kooth worked closely with UWE to ensure that the Kooth student service was embedded into its pathways for mental health support, not as a stand-alone application operating in isolation. 92% of students said they would recommend the service to other students.

The service is now available to the university sector to help tackle challenges including:

- Reducing transition risk by being alongside ‘freshers’.
- Providing an anonymous alternative to student support.
- Shortening and triaging support queues.
- Encouraging disclosure, providing structured support, and accredited counselling.
- Promoting early intervention - particularly for those with suicidal ideation.

### Case Study



#### Gem (Pseudonym)

- 20 years old
- Black (Other)
- Male
- Kooth Student User

#### Background

Gem is an international student studying at university. He expressed concerns about loneliness and lack of socialisation and feels these issues have ‘increased’ due to Covid 19. Gem was finding it hard to find his place, missing his family and logged on to Kooth for help and support.

#### Conclusion

Gem began to feel more in control of his situation, making small steps to improve his mood, leading to an increase in his resilience.

#### Intervention

We encouraged Gem to look at ways to feel more connected with flat mates and reach out digitally to family and friends. Gem also explored problems with a language barrier. We were able to praise how well he was communicating and build confidence here. Gem also mentioned financial strains as working became impossible with lockdown. We supported Gem practically to access his university hardship fund.



### Expert Commentary

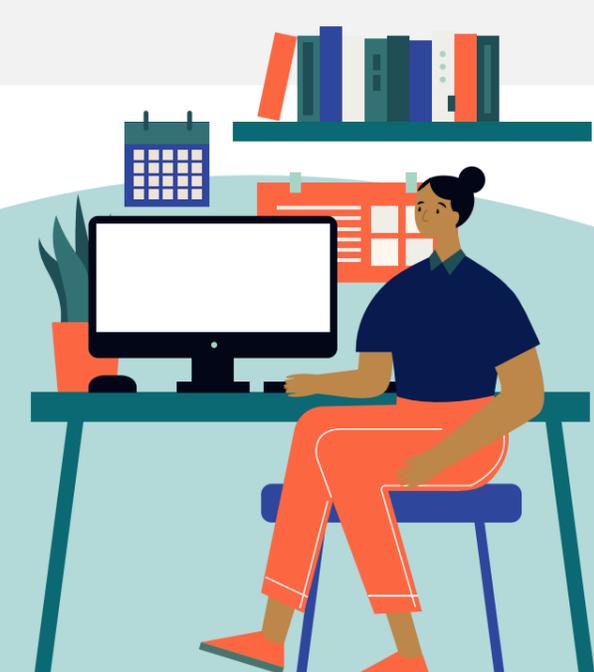


**Larissa Kennedy**  
NUS National President

“It should be no surprise that the majority of students have experienced deteriorating mental health as a result of the pandemic. It is deeply troubling that students are not getting the support that they need, with only 29 percent of those reporting worse mental health accessing services.

Students deserve better than their treatment this year. It is time for governments to fund university, college and NHS mental health services to ensure all students can get the support they require. Students’ unions also need greater investment to continue to provide essential services to students.

Covid-19 has not had an equal impact on all and has further entrenched the disadvantage that marginalised groups feel. Targeted support must be offered to students of colour, disabled students, student parents and LGBT+ students, and funding should be provided to mental health charities working with these groups. We must tackle the root of these issues. There was already a mental health crisis on campus that has been exacerbated by Covid-19. To alleviate this crisis students need greater financial support, rent rebates and investment to tackle digital poverty.”



# Working Age Adults

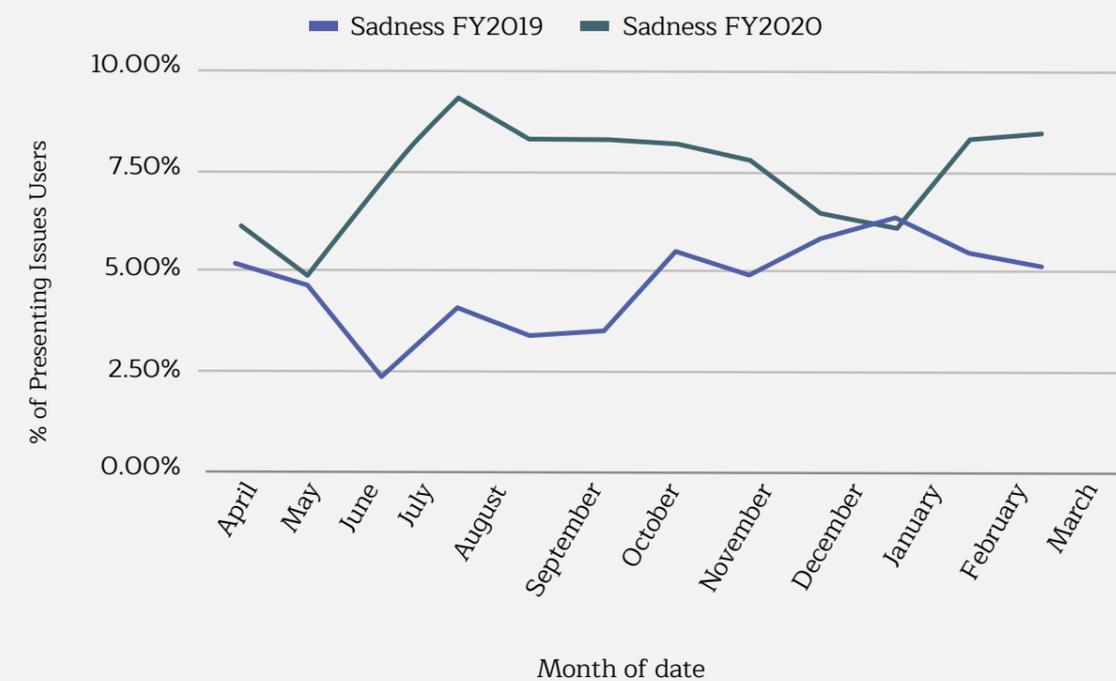
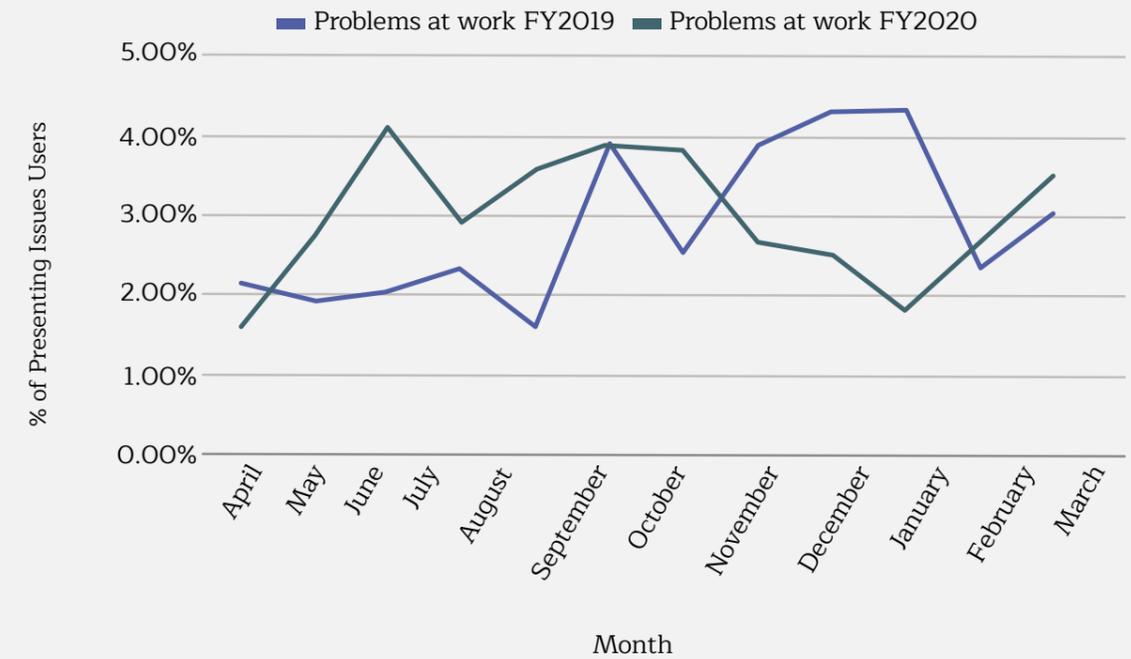
The unprecedented health and economic crisis caused work disruption on an unparalleled scale. Across the UK, the three lockdowns forced many companies to close offices and transition their employees to remote working.

It didn't end there, many firms had to make difficult decisions to furlough or lay off workers to simply stay afloat. While the focus for many organisations has been to preserve business continuity and protect the health and safety of employees, the emotional and mental health of their workers is a factor they can no longer afford to ignore.

Although working from home has offered some benefits - no commute, no dress code, and increased autonomy - it's become apparent that twelve plus months of uncertainty, stress, and isolation has placed a heavy toll on employees' wellbeing.

Kooth's data reveals the profound impact COVID-19 had had on the mental health of working adults.:

- **Sadness** has increased over the last year, and in 2020 is significantly higher than the same months in 2019 (despite a slight decline in December 2020 and except for January). In July 2020, Kooth saw a 129% increase in the proportion of users presenting with sadness.
- **Sleep difficulties** have been consistently more common compared to the previous year. In November 2020, sleep difficulties were 106% more prevalent than in 2019.
- **Suicidal thoughts** have also been increasing over the past year, with significant spikes in November and December 2020. In February 2021, 27% of all adults presenting issues displayed issues of suicidal thoughts.
- **Self-Harm issues** have been rising among adults and have been worse than the previous year in every month since August 2020, and most prominently in February and March 2021.



Further Kooth data further reveals the severity of the problem. Using the Work and Social Adjustment Scale (WSAS) to measure functioning, there has been a 54% increase in the number of service users reporting that their ability to work has been severely impaired, compared to last year.

“Struggling to stay on top of things. I thought that I had managed to get myself back on an even keel after the first lockdown but now I’ve got the kids around all the time again and all the pressures of work, I’m just losing it again. Honestly, I would be quite happy to just fall asleep and have someone wake me when this nightmare is over.”

**Anonymous User, 2020**

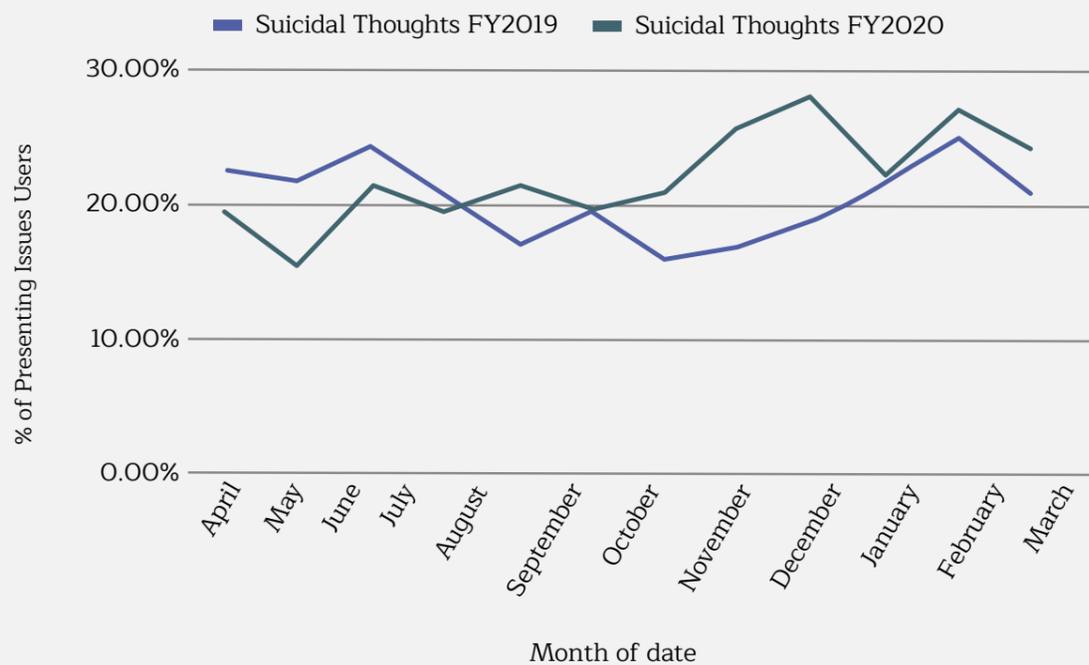
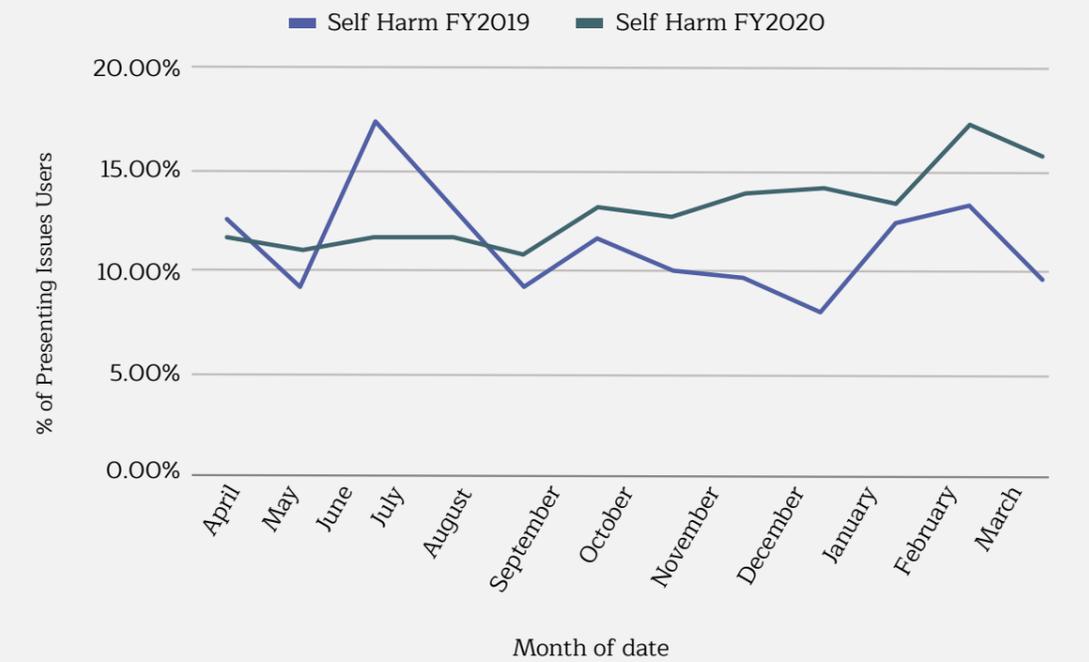
“I used to really love my job but since the pandemic, I feel like I have more and more piled on me. It’s non-stop and just doesn’t slow down at all. I tried to speak up but was effectively told that I should feel lucky to have my job given the current economic situation. I truly don’t know what to do anymore. All I do is feel sick and stressed and guilty. Is it me? Should I just deal with it?”

**Anonymous User, 2020**

Pre-COVID-19 analysis by Deloitte (Parsons, L., & Gibson, S., 2020) found that mental health-related issues were costing UK firms up to £45 billion a year; the Sainsbury Centre for Mental Health estimates that businesses could save up to £8 billion a year if they implemented effective mental health policies (Removing Barriers, 2009).

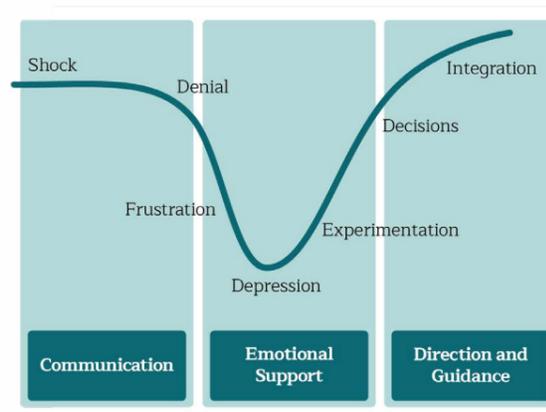
As business leaders prepare to navigate the new reality after COVID-19, it is likely staff will be turning to their employers for additional support and resources as they struggle to cope. And although mental health has been a focus in workplaces for some time, a 2019 study found that only two in 10 small and medium-sized businesses have a health and wellbeing strategy in place (Hall, A., 2019).

The COVID-19 pandemic has left people suffering and struggling. 74% of employees report their mental health has been negatively impacted (Aetna International Release,



2020) and 76% expect their businesses to do more to support their mental health (Oracle Global Study, 2020). Against that backdrop, 82% of companies plan to move to a hybrid workplace model (Gartner Survey, 2020), arguably the greatest social change in office history. This means that companies will travel on a change curve in 2021 that will affect every single employee.

The Kubler-Ross change curve is based on the five stages of grief (denial, anger, bargaining, depression, and acceptance). The curve was adapted for the world of business to reflect typical stages towards an organisational change. Leaders are expected to actively help each individual on their personal journey or risk some getting stuck, making change more difficult or impossible.



Some people will be carrying a heavier burden than others into the new world of work. Mitigating ‘interference’ to their potential may be beyond the capability of coaches and leaders. In any case, less than 50% of employees are prepared to discuss their mental health (Murphy, M., 2020) and so ‘below the waterline’ distress like anxiety, depression, or suicidal thoughts go under the radar for many leaders.

Forward-thinking employers who offer and invest in mental health benefits and wellbeing initiatives are at a significant advantage. As, for every £1 invested in employee assistance programmes, the business return average is £7.27 regardless of company size, location, or sector (Roberts, P., 2020).

However, these enlightened employers still face the following challenges when deciding on which initiatives to back in subsequent years:

- Is the stigma that still surrounds mental health driving people to stay anonymous and not use our provided service?
- Are initiatives lacking the internal marketing they require in order to gain adoption?
- Does the suffering being experienced (post-COVID-19) exceed the internal expertise of leaders?
- How immediate and inclusive is the access to help and early intervention?
- Do we have data on what works, so that we can prove our investment is having a positive impact on the company becoming ‘mentally healthier’?

Mental healthcare providers like Kooth can offer digital tools that empower leaders to sign-post employees to access high-quality mental health care conveniently and easily on their own time. They can also provide the data to evidence what is actually working in helping to support employee mental health. The Chartered Management Institute (CMI) is one organisation that has partnered with Kooth plc to make the Kooth digital mental health platform freely available to all its members.

### Case Study



#### Kate (*Pseudonym*)

- 28 years old
- White British
- Female
- Kooth Adult Service User

#### Background

Kate recently lost her job as an accountant due to COVID-19 but is applying for new posts. She has struggled with low mood and distressing emotions for many years but recently, due to losing her job and the ending of a romantic relationship, she is feeling a sense of loneliness and rejection. Kate was also mugged recently and is now afraid to exercise outdoors, which used to help calm her anxiety. She is traumatised by the recent assault and is feeling overwhelmed and vulnerable.

#### Intervention

Kate completed three assessment sessions and started working with a practitioner. With the practitioner’s help, Kate identified that it is vital for her mental and physical wellbeing to exercise and when she feels safe enough, she will exercise outdoors again. She will purchase a personal alarm so that she feels protected. Kate was also encouraged to cook more - a hobby she finds relaxing, and build a ‘toolbox’ for her wellbeing to help her to feel grounded.

#### Conclusion

Kate came to our service looking for support with low mood and distressing emotions, which were further exacerbated by an assault whilst she was out running. Kate built a good rapport with her practitioner and found the site a useful support.

# Conclusion

The purpose of this report is to collate data, insights, opinions, and experiences to garner an understanding of what the global pandemic has meant for the state of the nation's mental health. It examines the clinical impact of the pandemic, as well as opening up a broader view on potential issues and how Kooth service users are actually feeling about their lives. This creates an understanding of how, as a nation, professionals, organisations, and citizens, we can collaborate to enable positive mental health for all.

It is clear from the findings that COVID-19 has had a profound effect on people's mental health and wellbeing, but in ways we are only really beginning to understand. It is anticipated that the full picture will only truly present itself in years to come as the ripple effect caused by lack of social connection, worries over job loss, finances and furlough, and issues connected with homeworking and home-schooling continue. Added to this is the sense of unfairness or remorse following grief and the loss of loved ones.

The snapshot the study delivers has unearthed a number of key trends over the past twelve months, including incidents of heightened anxiety and an increase in suicidal thoughts, self-harm, and eating issues amongst all demographics.

The pandemic has had a significant impact on the mental health of children, young people and adults in the UK. There has been an 89% increase in the number of adult users and 42% increase in children and young people using the platform, as compared to the previous year. Furthermore, the percentage of both CYP and adults reporting severe mental health symptoms has risen in the last year.

Kooth has seen an increase in the proportion of service users presenting with self-harm and suicidal ideation issues. Noticeably, Kooth has seen a large increase in male users and our younger users presenting with self-harm and suicidal ideation. The data shows that the percentage of people presenting with eating difficulties has increased during the pandemic. Concerningly, there has been an uptick in both new cases as well a worsening of symptoms for people with a prior history of eating difficulties.

However, the study also reveals that as the nation adapted to the turbulence of the past year the impact was felt harder across the Black, Asian and Non-White communities, university students, working age adults, and with parents and children.

Black, South Asian and Non-white communities have shown higher levels of loneliness and struggles with family relationships compared to white people. Black children and young people are also expressing more worry about school and college issues.

Kooth has seen a 25% increase in uptake in student counselling since the start of the pandemic. Forum comments amongst the student population was also up by 51% on the previous year. Amongst working age adults, there has been an increase in those presenting with sadness, sleep difficulties, self-harm and suicidal thoughts.

Children and young people have experienced an increase in presenting issues including, sadness, concerns about family relationships, sleep difficulties and loss of aspiration and motivation. On the positive side, there has been a reduction in factors causing day-to-day challenges for children, including concerns around peer bullying, concerns around sense of belonging and concerns around exam stress.

This report demonstrates the evidence, and an increasing need, for early access to mental health support, in a system that too often lets people down. In order to address the mental health and wellbeing needs of the nation, choice and diversity in how people access mental health support must be embraced - there is no longer a one size fits all approach to care. It is clear that there must be a focus on providing support outside of the clinic, or the therapy room - meeting the needs of the nation by providing support when and where it is needed. Digital support should be embedded into wider support structures to provide a safety net for people.



With this in mind, the government and policymakers must also take note of the vital work that clinically governed digital mental health services can provide. While we recognise that the UK government has put £500m into mental health, including ring fenced budget for early intervention and community support, it is vitally important that this goes hand-in-hand with offering a choice around access. The work being developed in schools as part of the government’s green paper initiative should be heralded, but it needs to ensure the provision of support reflects the ways in which children and young people want to access services.

It’s fair to say that digital mental health services are being embraced by savvy companies and universities, which recognise the importance of good mental health support. This needs to go even further, we believe that universities and employers have a key role to play in protecting the nation’s mental health.

As a nation, we have a duty of care to shine a light on the issues surrounding mental health, while we continue to provide support to the people who need it the most. The mental health of this nation is everyone’s responsibility.

## Digital Mental Health Services

Digital mental health services go beyond just supporting mild to moderate mental wellbeing.

Safe digital services staffed by professionals can be an effective source of support for people with mild to severe mental health needs when properly embedded into the local ecosystem. Anonymous digital mental health services should be a key component in increasing and encouraging access to support. They provide safe interventions while supporting and motivating people into appropriate care when needed.

There is a misleading perception that digital mental health interventions only meet those with lower severity needs. There are a vast variety of digital mental health interventions available - including Cognitive Behavioural Therapy (CBT) based applications (typically used within IAPT models), mindfulness, self-help applications, peer support and online counselling. All are valuable interventions that increase access, early intervention, and provide convenient support.

Kooth is embedded within the care or corporate systems in which it operates. In the public sector, this includes the NHS system and Kooth is widely publicised through health promotion, primary care, education, and secondary care. As Kooth requires no referral and is anonymous, service users often present a high complexity of needs, this requires comprehensive risk assessment and management, as well as ongoing and structured support. The Kooth community provides an ongoing safe environment for those who want immediate access to peer-to-peer and professional support.



### Expert Commentary



**Tim Barker**  
CEO of Kooth Plc



“The COVID-19 pandemic has seen rapid adoption of a suite of digital mental health interventions. The Kooth insights show us that our platform is being used by a large number of people ranging from mild to severe needs, and the benefits of open access services to expand access to mental health support. The imperative now (especially with the upcoming reorganisation of the NHS around Integrated Care Systems) is to continue to ensure that digital services are embedded within the traditional pathways of NHS mental health care to safely look after and support everyone. Across all mental health services, we have seen an increase in need and as a country, we must continue to reduce the stigma and increase access to support for all those that need it.”

# Services that Give Hope and Foster Control

Empowering people by making them an author of their own journey is an important part of managing mental health. Kooth has always championed goal setting and achievement as a key outcome for young people and adults. The ‘asset-based’ approach helps people to strengthen their capabilities in managing mental health, and goals fit right into that. Also, users find setting goals in counselling and support constructive, as a way of breaking down the work into manageable chunks, and being able to describe to others, and themselves, what it is that therapy is achieving.

On Kooth, people are supported to set their own goals, both directly with a practitioner, and indirectly, through the platform itself. Then they are scored from 1-10 to measure the level of achievement. As reflected in similar outcomes reported in recently published research (Jacob, J., et al, 2020), in 2020, 63% of the goals set by Kooth CYP users engaging in goal-based outcomes moved by 3+ points (this is considered a paired outcome within the NHS Mental Health Services Minimum Data Set).

Furthermore, these goals can be categorised into areas people want to work on - both within themselves (intrapersonal) and in relationships (interpersonal). These are then broken down into additional categories. Below is the most common goal categories and their average moved score:

Users: 10-17 years old	
Goal category	Average movement
Further professional support in service	6.96
Further professional support outside service	6.92
Emotional exploration	6.46
Further help from significant others	6.14
Challenging thoughts	5.72
Self-help - self-care	5.66
Emotional regulation	5.27
Feeling happier	4.76
Confidence / Self-acceptance	4.04

## Users: 18+ years old

Goal category	Average movement
Further professional support in service	7.64
Further professional support outside service	7.56
Emotional Exploration	7.17
Self-exploration	7.07
Challenging thoughts	6.68
Feeling happier	6.68
Emotional regulation	6.61
Self-help - skills for life	6.37
Self-help - self-care	6.13



The best achieved common goals for all ages relate to getting further support - this shows the importance of ensuring online support is joined up with support mechanisms for young people - in work or in school, or health settings. With the younger age group, well achieved goals focus around getting help from significant others too, i.e. from family and friends is vital.

Other activity based goals that feature highly are self-help goals - tasks to continue the work of therapy in a user’s own time, to self-care, or develop skills for life. The remaining goals focus closely on intrapersonal concerns that are typical in counselling - regulating and exploring emotions, challenging thoughts and goals to boost confidence and self acceptance are all very well achieved in Kooth.

# About Kooth plc

Kooth is the UK's leading digital mental health platform. Our mission is to provide accessible and safe spaces for everyone to achieve better mental health. Our platform is clinically robust and accredited to provide a range of therapeutic support and interventions. All our services are predicated on easy access to make early intervention and prevention a reality.

## Our four services are:

- **Kooth:** for children and young persons
- **Kooth Student:** for university and higher-education students
- **Kooth:** for Adults
- **Kooth Work:** for employees



Kooth is a fully safeguarded and pre-moderated community with a library of peer and professional created content, alongside access to experienced online counsellors. There are no thresholds for support and no waiting lists. Currently, Kooth sees over 4,000 logins a day.

For adults, Kooth operates across distinct locations and serves specific cohorts, including parents, teachers, victims of crime, and those who have suffered from or continue to experience domestic violence. It is also offered as a benefit by a number of corporate organisations delivering anonymous digital mental health support services to employees.

## Kooth's platform comprises of four pathways of usage:

1. Proactive community - Users actively involved in reading, creating, and commenting on the Kooth magazine, participating in self-help activities such as mini-activities and journaling and users actively participating in peer-to-peer conversations via forums.
2. Responsive support - Users receiving immediate interventions for brief and intermittent therapeutic support.
3. Structured counselling - Users actively working through therapeutic interventions with a Kooth practitioner.
4. Ongoing therapeutic support - Users who choose to use Kooth's service instead of traditional mental health services.

Kooth is the only digital mental health provider to hold a UK-wide accreditation from the British Association of Counselling and Psychotherapy (BACP).

Kooth recently launched the #DontDoItAlone campaign alongside five well known influencers to share the importance of not dealing with mental wellbeing alone. You can view our campaign video at [youtu.be/PEShtDOvTzc](https://youtu.be/PEShtDOvTzc)

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