



Kooth in the Capital:

Understanding and Supporting the Mental Health of London's Children and Young People

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Foreword

The worst global pandemic since 1919 has taken its toll on the nation's mental health. It's not only adults who have suffered, children and young people have experienced ongoing disruption to education, home and working life as a result of COVID-19.

For the younger generations still at school, the classroom was replaced by online and home-schooling, often running in parallel with parents and caregivers who had swapped the workplace for the home office or the same kitchen table. University and college students didn't have the higher education experience they were expecting - from an educational or social perspective. While those of working age have had to navigate a new world of work - flipping back and forth from a 5-day a week working from home to a hybrid model.

Back in May 2021, we published our first Kooth Pulse 2021: State of the Nation report. At the time the impact of the pandemic on the mental health of the UK's children and young people was clear. We experienced an upsurge in users to the Kooth platform (+42% to be exact) and had seen a significant rise in those using the platform with presenting issues including self-harm (+33%), suicidal thoughts (+54% for the 10-13 age group). Other reports from a wide range of charities, as well as public and private organisations told, and continue to tell, a similar story. It would be easy just to discuss the data, and highlight the

findings and agree that supporting children and young people (CYP) with their mental health has never been more pertinent. But at Kooth we understand that for those supporting children and young people with their mental health, or those with mental health concerns themselves, it can often be difficult to understand how and where to go to find help. And for some, with reports of years' long waiting lists, it can often feel like pushing a boulder up a hill. However, it is important to know that help is available and there's an ecosystem of support that is waiting to make the journey just a little bit better.

This report is the first in a series of regional reports to look a little closer at our own anonymous Kooth user data, third party research and expert opinion to garner a clear understanding of what is on the minds of children and young people in London. Most importantly, it delves deeper into the essential skills those supporting children and young people with mental health concerns can have - spotting the signs, having the conversation, then signposting or seeking the help children and young people need.

Tim Barker
Chief Executive Officer, Kooth

The Report Methodology and 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 24,000 active, anonymous Kooth service users from 01/07/2020 - 30/06/2021. Kooth's service users are aged between 10 to 25.

Children and Young People (CYP):

Since January 2020, children and young people (CYP) have been asked to complete the YP-CORE and CORE 10 forms. These are widely used session by session monitoring tools that are a measure of someone's psychological/emotional distress over the past week. 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.

What the Data Tells Us - Issues of Concern to Young People

For the purposes of this report, we are focusing on key mental health topics, such as suicidal thoughts, self-harm, eating difficulties and school/college issues, as we view them as the prominent mental health concerns over the past year.



Understanding

Children and Young People’s mental health in London

In September 2021, a report published by the [Royal College of Psychiatrists](#) revealed that in just three months, nearly 200,000 young people had been referred to mental health services. This is almost double pre-pandemic levels.

At the same time, the results of the Children’s Commissioner, Rachel De Souza’s Big Ask Survey were made public, highlighting growing concern for the mental health and wellbeing of the UK’s children and young people.

Our own data tells a very similar story: the pandemic has had a significant impact on the mental health of children and young people across the UK. In this report, we compare data from this year (01/07/2020 - 30/06/2021) vs. last year (01/07/2019 - 30/06/2020).

In London alone, new registrations by children and young people to the Kooth platform rose by a third ...

33%

with almost half ...

49%

coming from children and young people of Black, Asian and Non-White backgrounds.

Those using the Kooth platform also logged in more frequently than the previous year, up by...

13%

What’s more ...

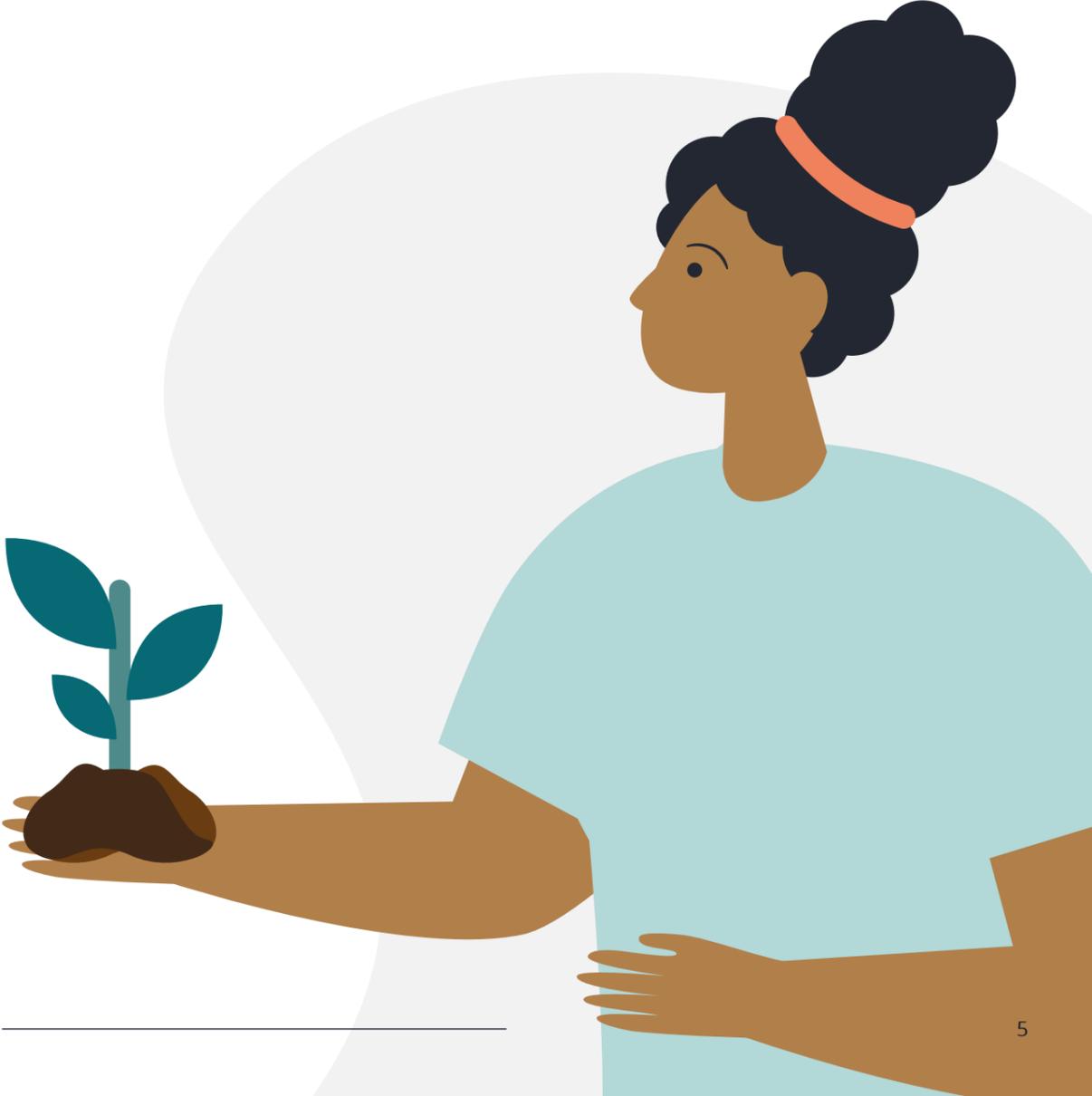
61%

of under-18s and ...

63%

of 18-25 year olds in London that completed the YP-Core questionnaire* scored ‘Severe’, with severity percentages worsening during lockdown two (November/December 2020 and January 2021) and again in April 2021 (coinciding with schools reopening) Those in the severe range are self scoring themselves as significantly distressed in relation to a number of the items and would fall well within the clinical cut offs used within specialist services such as CAMHS.

* Upon registration, Kooth Service Users severity is measured using the YP-Core Questionnaire. A user is considered severe if they score 25 or more.

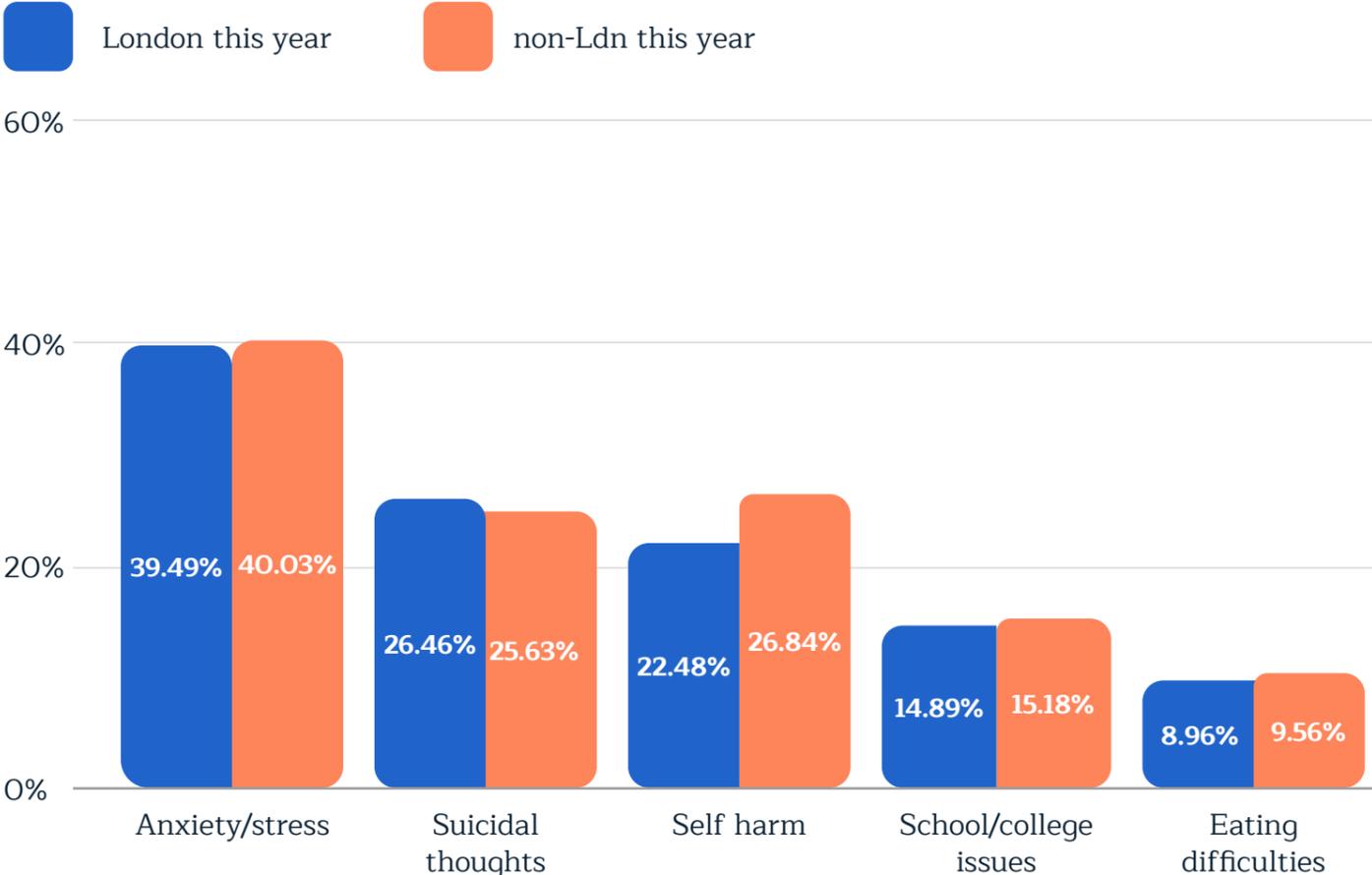


Mental Health: The Capital vs England

Under-18s

The proportion of children and young people presenting* with suicidal thoughts, self harm, school/college issues and eating difficulties was higher in London compared to the rest of the country. Anxiety/stress is worse outside of the capital.

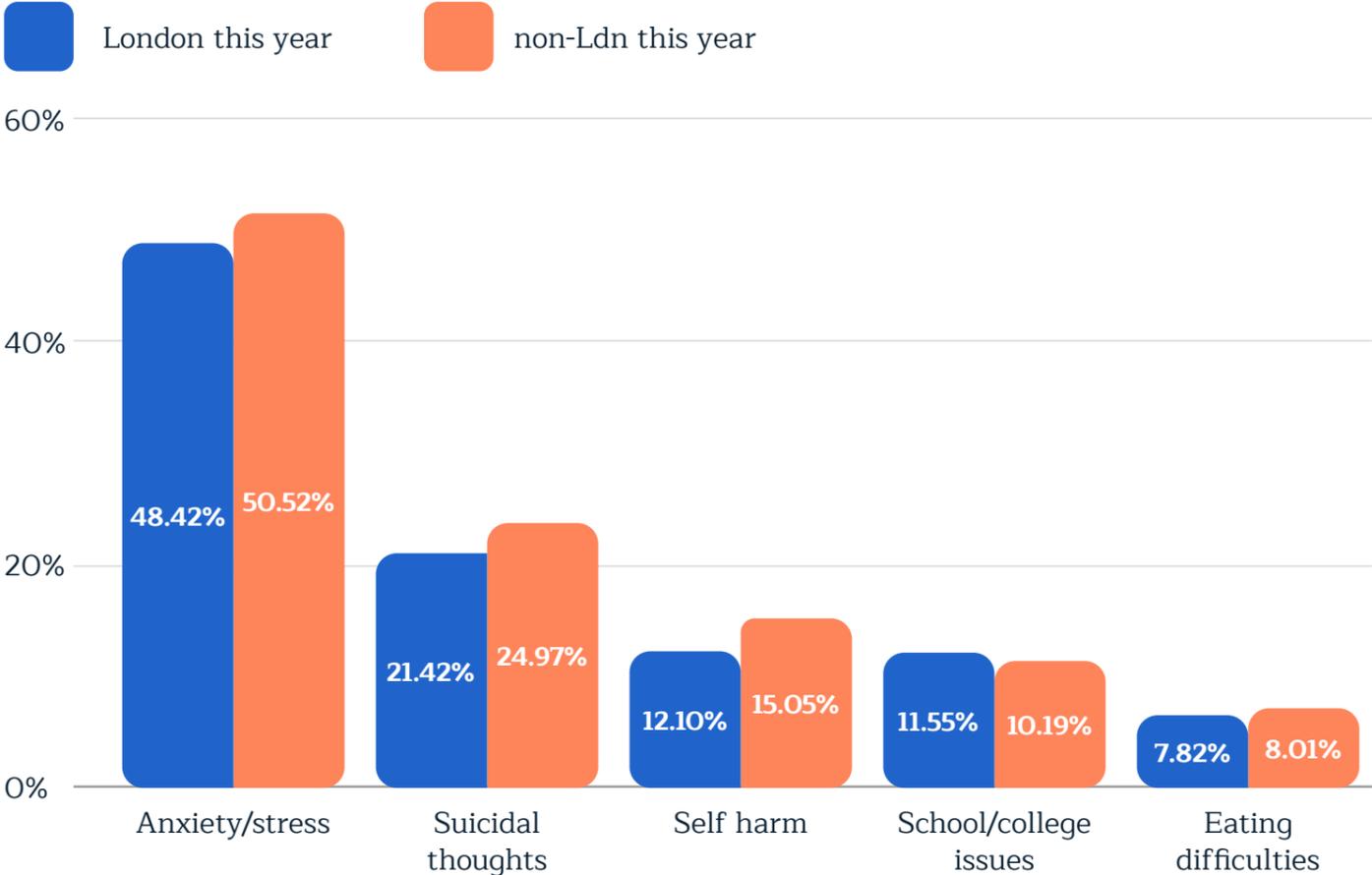
U18s, Ldn vs Non-Ldn, Presenting issues



Over-18s

The situation is slightly different for the over-18 population. The proportion of young people presenting with school/ college issues was higher in London. Anxiety/ stress, suicidal thoughts, self harm and eating difficulties was worse outside of the capital.

18 - 25, Ldn vs Non-Ldn, Presenting issues



*When we refer to percentage of users, we are referring to the proportion of all users who have presented issues, be that via chat, messaging or content.

Drilling down

Eating Difficulties: There was a 32% increase in children and young people presenting with eating difficulties than the previous 12 months. However, for Black, Asian and Non-White children and young people, there was a staggering 56% increase.

Furthermore, in January 2021 - a time that coincided with London moving into England's highest tier of COVID-19 restrictions - just over one in 10 (10%) of under-18s were presenting with eating difficulties.

Changes to routine, social isolation, [increased time spent on social media apps](#), cancelled face-to-face medical appointments and a perceived loss of control are key factors that likely led to a spike in under-18s presenting with eating difficulties.

Demand for [eating disorder services in London](#) has skyrocketed by five times in the past year, resulting in long waiting lists for treatment and increasing the risk of symptoms developing further. The seriousness of the problem was also confirmed by [recent NHS data](#) that found that the number of under-19s waiting for urgent treatment has more than tripled during the pandemic, while the number waiting for routine treatment has more than quadrupled.

I've been struggling to eat since lockdown #1. I just have no appetite and have cut out breakfast and lunch. It got so bad that I fainted and had to go to the hospital but they just told me to drink plenty and eat more. It's really weird because I used to love my food and going out to eat with my friends. I don't understand why this is happening and I just want it to stop but don't know how to stop it. None of my friends understand. I don't want to carry on like this. Please can you help me.

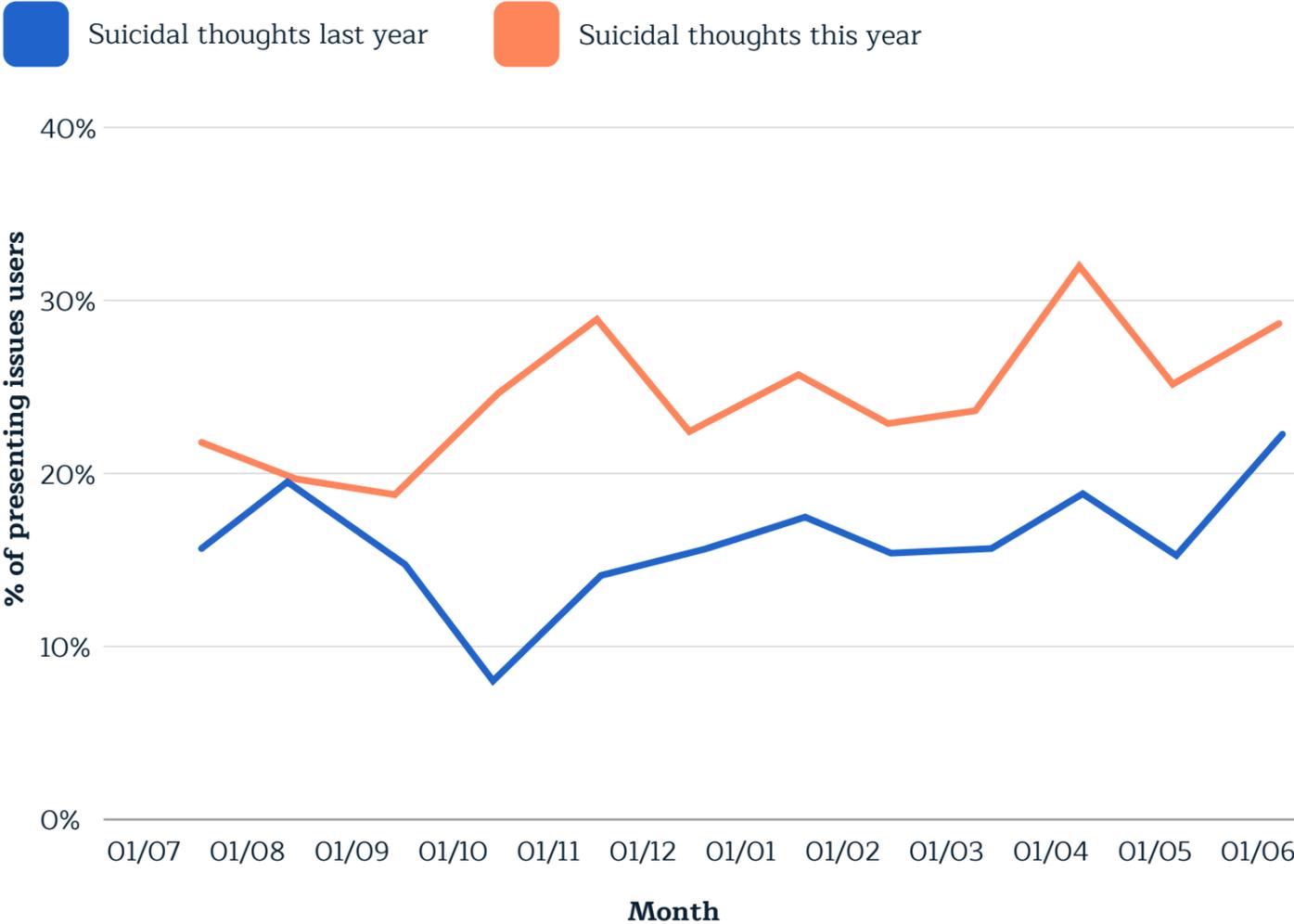
~ Anonymous CYP Service User (London)

Suicidal Ideation*: Suicide ideation amongst the under-18 population of London is on the rise, up 47% on the previous year. For 10 out of the 12 months, more than one in five under-18s registered to the Kooth platform were presenting with suicidal thoughts. In fact, every month from July 2020 through to June 2021 (with the exception of August 2020) saw a year-on-year increase in the number of young people presenting with thoughts of suicide.

Sadly, in April 2021 alone, Kooth recorded its highest number of young people presenting with suicidal ideation - an increase of a third on the previous year (31.7%).

*Suicidal ideation refers to thoughts about suicide - which can range from fleeting to more persistent. Suicide intent relates to more active thoughts about the goal of ending one's own life.

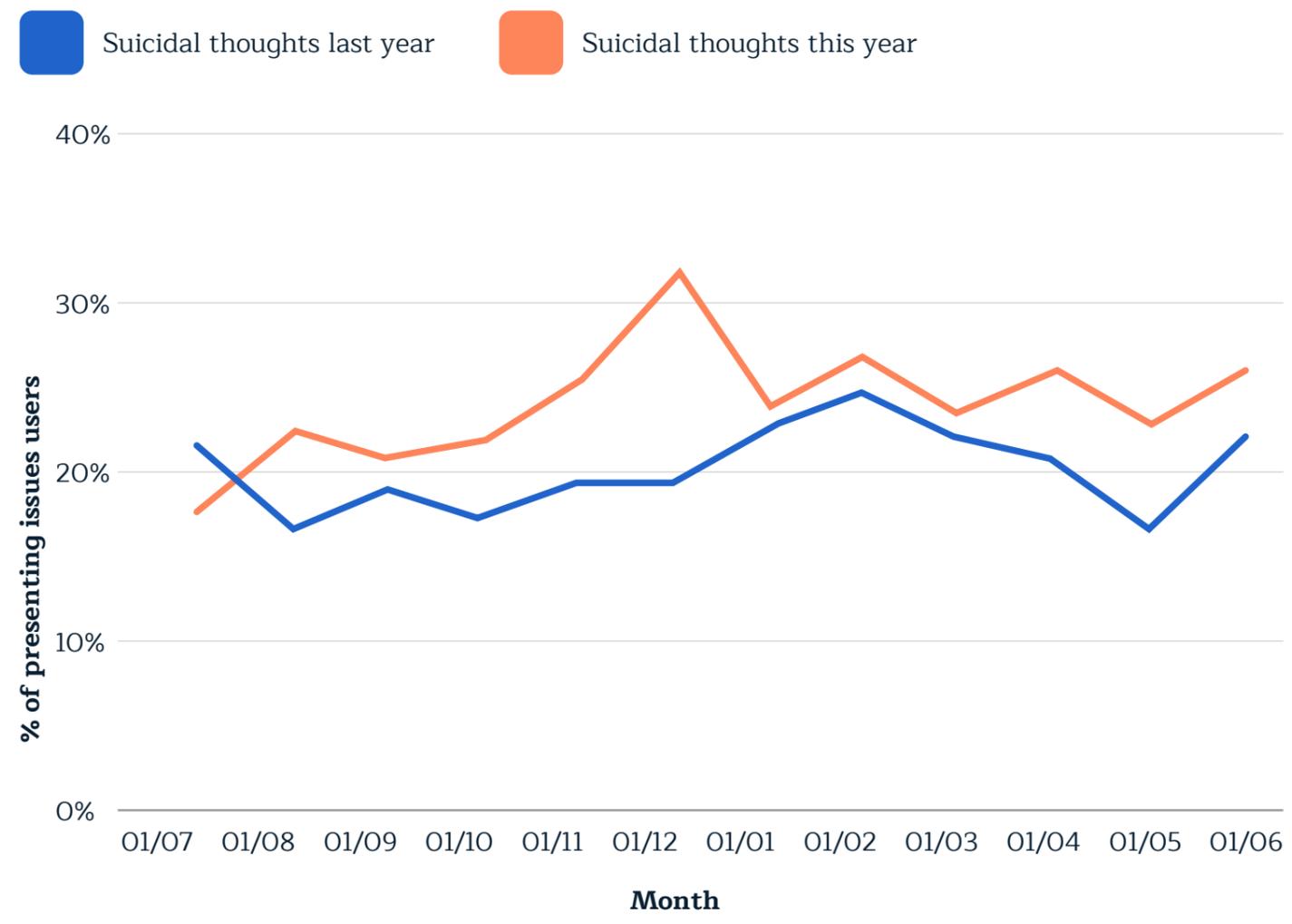
Suicidal thoughts





For our **over-18 population**, there has been a 12% increase in those presenting with suicidal ideation year-on-year. This is significant because for the rest of the country we saw a -3% decrease year-on-year for 18-25s.

Between October 2020-June 2021, more than one in five were presenting with suicidal thoughts, with numbers peaking in November 2020 when suicidal ideation was present in 29% of this age group.



Over the course of the last year, suicidal thoughts have increased in prevalence amongst **CYP from Black, Asian and Non-White backgrounds**. Specifically, **27%** of Black, Asian and Non-White under-18s with presenting issues are presenting with thoughts of suicide, **an increase of 47%** on the previous year. And the data also reveals that **Black, Asian and Non-White** under-18s are 10% more likely to present with thoughts of suicide versus white under-18s. These trends are in line with the rest of the country.



Self-Harm: Kooth's data indicates that the number of young people between the ages of 18-25 presenting with thoughts of self-harm has increased during the pandemic. Whilst self harm and suicide do not necessarily go hand in hand, those who persistently self harm are at increased risk of suicide which is why it needs to be closely monitored, particularly if other risk factors are present.

This was especially evident in the late autumn and winter months when we saw a rise in COVID-19 cases. In November 2020, our data shows that almost **one in five (19%)** young adults registered to the Kooth platform were presenting with self-harm. And in December 2020 and January 2021, the data shows that there was a staggering increase of **374%** and **114%** of young adults in London presenting with self-harm behaviours compared to the same months the previous year.

Kooth also saw a **28%** rise in young Black people in London presenting with self-harm this year versus last year.

School and College Issues: the education of children and young people in London faced untold disruption during the pandemic - from home-schooling and learning, to pressure over qualification results and, for some, securing a place at university. As a result there was a **40% increase** in over-18s, and almost a **25% rise** in under-18s in London presenting with school/college issues.

One in 10 (11%) Black children and young people presented with school/college issues, an **increase of 37%** on last year. And more than **one in 10 (11%)** South Asian children and young people presented with school/college issues, **an increase of 15%** on last year.

“

Tom Johnson

**Programme Manager, NL ED Provider Collaborative & NWL MH Partnership
Central North West London & West London Trust**

“We know that the needs of our children and young people changed over lockdown, and the impact of this on their mental health and wellbeing is only just beginning to be seen with many more children and young people seeking help. Working with partners like Kooth is critical to making our services accessible, and allows us to provide support sooner and more flexibly – which is exactly what children, young people and their families have told us they need. Our North West London partnership has commissioned Kooth for exactly this reason, creating a service that is integrated within our clinical teams and designed with children and young people themselves.”

Case Study

Luke (*Pseudonym*)

14 years old White British
Male Waltham Forest



Background

Luke came to Kooth struggling with his intrusive and obsessive thoughts, as well as difficulties he is experiencing with his family relationships. Luke's parents are aware of his intrusive and obsessive thoughts and behaviours. Luke feels able to talk to them about how he is feeling and finds parents supportive.

Luke has also spoken to his GP who has referred him to CAMHS.

Intervention

Luke was given space to explore his intrusive and obsessive thoughts. He has been making use of his Kooth journal, which is a safe space for him to express her feelings. Luke has been signposted to Kooth's Magazine article about OCD as a way for him to access peer support.

Conclusion

Luke has been able to receive support from Kooth while he is waiting on his referral to CAMHS. He has been encouraged to access support regularly and relevant resources were given to encourage his development of positive coping strategies.

Case Study

Anarosa (*Pseudonym*)

15 years old Islington
Female



Background

Anarosa came to Kooth for support with anxiety and panic attacks. She is currently awaiting support from CAMHS after a referral was made by her GP. Due to CAMHS waiting times, her GP suggested Kooth to access in the meantime, for immediate support.

Intervention

Anarosa accesses support from Kooth through message support interventions and live drop-in chat sessions. Resources and psychoeducation based on anxiety and panic attacks were explored to allow Anarosa to gain an awareness of possible triggers and coping strategies. Anarosa disclosed self-harm and a swift harm reduction response was put in place. A safety plan was explored, which included coping strategies to use when experiencing thoughts of harm and support networks to reach out to if needed. Anarosa's parents and GP were aware of her self-harm and were monitoring her.

Conclusion

Anarosa has been able to use the space during interventions on Kooth to share recent anxiety and panic attacks issues and explore thoughts of harm, whilst looking at coping strategies to help. Resources and techniques for Anarosa to refer to on her safety plan were explored. Anarosa later replied that the techniques had been helpful and had helped her to manage the thoughts of harm coming up for her. Anarosa is also working towards adding more self-care activities into her routine. In the End of Session feedback completed, Anarosa replied that she felt heard, understood and respected in her Kooth chats and confirmed that she would recommend Kooth to a friend. "Thank you for all of your help and advice".

Case Study

Ellie (*Pseudonym*)

24 years old Haringey (Over 18s)
Female



Background

Ellie has returned to Kooth having moved from another area and was now residing with her mum, step-father and brother. Ellie was seeking support for anxiety and depression for which she was being medicated. She is now more comfortable reaching out for support from her GP when needed. Ellie has mild learning difficulties and a hearing impairment and is awaiting new housing accommodation.

Intervention

Ellie has been offered person-centred, solution-focused and compassion-led support in structured chats with her named worker. She was encouraged to use the safe space in chats to explore difficult emotions as well as ways of managing those emotions. Ellie was encouraged to work towards goals each week to help her to have a focus for the work. To build her confidence and resilience, relaxation exercises were suggested as was a course in CBT. Psycho-education materials on anxiety and relaxation techniques have also been shared with Ellie.

Conclusion

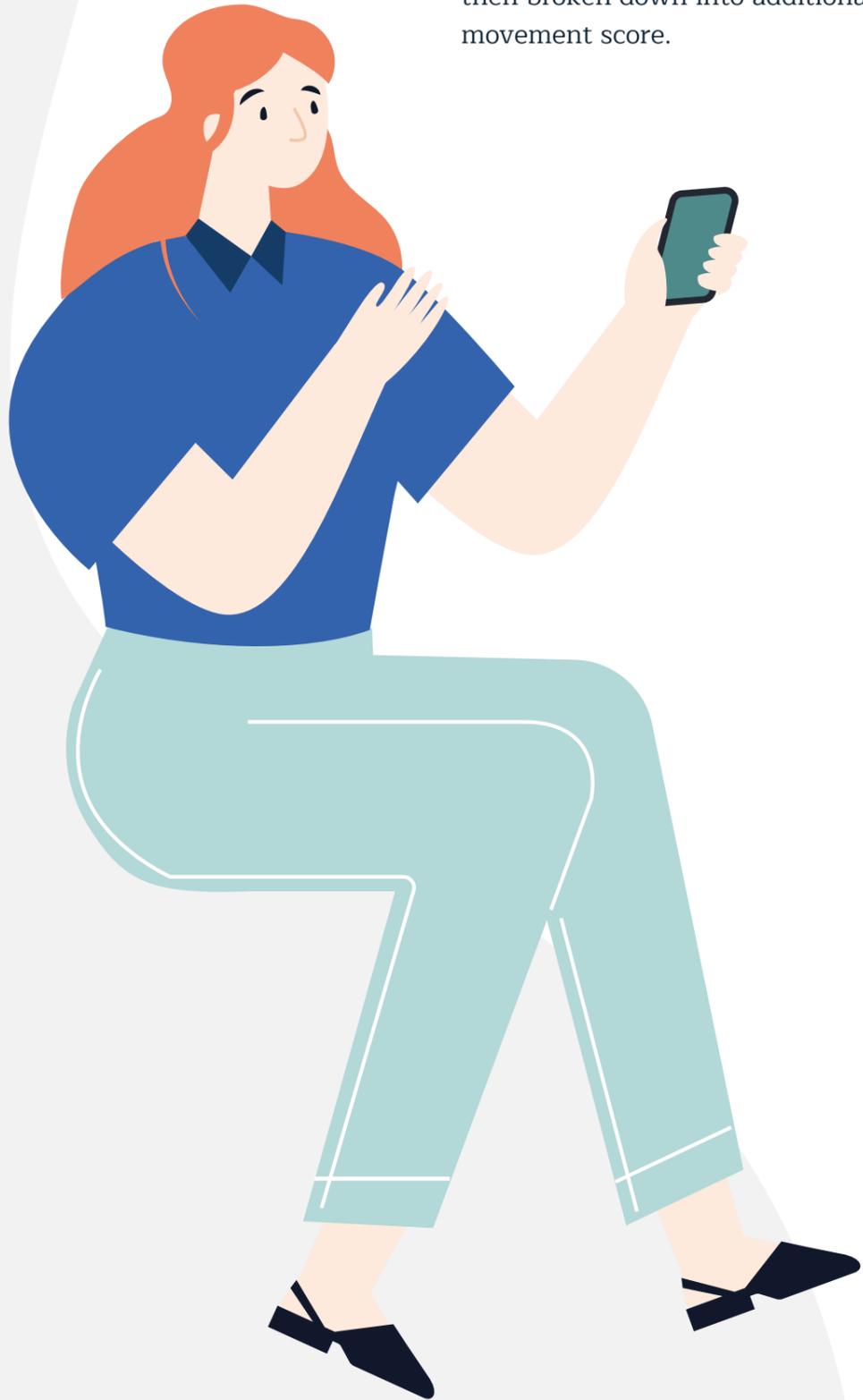
Since Ellie started receiving support from Kooth, she has become more confident and capable in managing difficult emotions and she has reached out to family and her GP. As a result, she has secured a CBT course, a Psychiatrist, and a Support worker to help her adjust to her new home.

Ellie continues to access support on Kooth and continues to be supported to reach out to external support networks as and when needed. Ellie also indicated that she has felt heard and understood and that she would recommend Kooth “Thank you.”

Goals

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. This year, 58% of the goals set by Kooth CYP users engaging in goal-based outcomes moved by 3+ points (this is considered to represent meaningful progress according to NHS recognised outcome measures). For the over-18s, 81% of all goals set moved by 3+ points.

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 top 10 goals for each age group that users are focusing on to make changes in their lives and the average goal movement score.



Kooth Under-18s

Goal Category	Avg. Goal Movement
Self Help Self Care	6.13
Getting Professional Help In Service	7.4
Emotional Exploration	6.32
Emotional Regulation	5.48
Feeling Happier	4.75
Motivation	3.84
Getting Professional Help Outside Our Service	6.52
Getting More Help From Significant Others	6.93
Challenging Thoughts	5.54
Confidence Self Acceptance	5.01

Kooth Over-18s

Goal Category	Avg. Goal Movement
Self Help Self Care	6.42
Getting Professional Help In Service	8.16
Emotional Exploration	7.7
Emotional Regulation	5.95
Getting Professional Help Outside Our Service	7.41
Self Exploration	7.12
Feeling Happier	6.18
Challenging Thoughts	6.3
Confidence Self Acceptance	6.55
Motivation	3.79

Sir Norman Lamb

Chair of the Kooth Advisory Board

“Ensuring that the children and young people of the Capital have access to mental health support and treatment is now more vital than ever. From my time in the field, I’ve experienced first-hand just how important it is for families, teachers/lecturers, GPs, employees, as well as healthcare decision makers, statutory bodies, and the volunteer sector to work together - cooperating and collaborating to prioritise. Only then can we make sure that no child or young person feels alone or unable to seek the mental health support they need and deserve.

“I’m also acutely aware that mental health is affected by so many different factors, and every individual has their own specific needs. A mental health ecosystem that includes a variety of services and support - such as 24/7 accessible digital platforms and early support hubs - but continues to innovate is essential to achieving a mentally healthier London for our children and young people.”



Awareness

Recognising the signs of mental health in Children and Young People

They say it takes a village to raise a child, and the same approach should apply when it comes to supporting a child or young person's mental health. Creating awareness of mental health concerns and ensuring the CYPs do not feel there is any stigma surrounding it, is extremely important. However, equally important is signposting CYP - and those supporting them - to where they can access mental health services and support. In fact, a robust and 'joined-up' community made up of parents/carers/guardians, siblings, extended family, teachers, social workers, employers and other stakeholders must work collaboratively to ensure that the children and young people in their lives receive timely and effective mental health support.

Identifying and recognising the signs that a child or young adult is experiencing concerns or issues with mental health, or is actively trying to seek support, is vital.

Parents/caregivers/guardians: It's not always easy to detect the signs of mental health issues in children and young people, particularly as symptoms will vary depending on age and type of illness i.e., how do you know if your child is just experiencing typical 'ups and downs', or if it's a sign of something more?

Some of the warning signs for parents / caregivers / guardians that a child or young adult may have a mental health disorder can include:

- Feelings of sadness lasting for two or more weeks
- Increased irritability
- Withdrawing from or avoiding social activities
- Difficulty concentrating
- Avoiding or missing school; Changes in academic performance
- Hurting oneself or talking about hurting oneself
- Lack of self-care
- Talking about death or suicide
- Drastic changes in mood, behavior or personality
- Changes in eating habits; weight loss
- Difficulty sleeping

Dr Lynne Green

Chief Clinical Officer, Kooth

“Being aware of common signs is important and helpful, however this can also feel overwhelming for parents and carers who are not trained in mental health and who may be anxious about over ‘pathologising’ their child’s behaviour. This is particularly true with adolescents as many of the symptoms of worsening mental health can be attributed to hormonal/brain changes and ‘normal’ development. The best piece of advice I could give to parents is to pay attention to changes in your child and talk to them about the potential reasons. This will help you both to understand whether there might be an underlying mental health difficulty which may need exploring further. Do remember to be alert to and ask about positive changes in presentation too as in some cases, this can mask an underlying problem (e.g. initial happiness that comes from successfully controlling eating can quickly lead to obsessional dieting which can turn into an eating disorder if not monitored). If in doubt, always seek help from a specialist - that’s what they are there for! My message for parents is: you are not overreacting; you are not wasting people’s time; you have not failed as a parent - sometimes we all just need a bit more help.”



Teachers/Lecturers: Given that young people spend the majority of their daytime in school or university, teachers/educators are in a prime position to be able to identify any student struggling with their mental health. It is vital, therefore, that teachers are given basic mental health training so they can identify any red flags early on. Indeed, [the government has just announced that up to 7,800 schools and colleges](#) will be included in a programme to train a senior member of staff as a mental health lead. When it comes to young adults - talking about what's on your mind can be extremely difficult. Many freshers adjusting to university life for the first time; returning students struggling with the pressure of exams and coursework deadlines; or those facing challenging life events including the impact of COVID-19, may not be ready, or comfortable, sharing their thoughts and concerns about mental health with other students, friends or lecturers.

Some of the signs for teacher/lecturer that a student may be struggling with their mental health can include:

- Forgetfulness/lack of concentration; sleeping in class
- Compulsive behaviours
- Frequent, unexplained absences, poor attendance or truancy
- Becoming sullen and withdrawn; Anxious or depressed mood
- Bullying or getting into fights/trouble
- Weight loss/gain; Frequent visits to the bathroom
- Perfectionist thinking; Black and white thinking
- Inappropriate sexual behaviour
- Self-harming; Talking about dying or suicide



Dr Patrick Johnston
Director of Service Operations and Transformations

“For those working in education, in any role across many sectors, you can and do play an important role in supporting the mental health of young people. Time and time again, young people tell us that teachers and those in education are trusted adults whom they frequently seek help from. Supporting young people with their mental health does not require you to be a mental health professional. As an educator, you can play such a positive role by listening to concerns, non judgmentally and empathetically. Young people want to be heard, and feel that their struggles are valid.

Knowing when to seek the support of a professional is key. Familiarise yourself with what support is available locally to young people, remembering you are not there to support young people alone. Lastly, take time for yourself too. In my personal experience, those of us in education frequently forget about ourselves, yet you are a vital piece of the puzzle.”

Employees: Just as a school/university environment can have a significant influence on a young person's emotional health, it is important to remember the role and impact workplaces have on a young adult's health and wellbeing. It is vital, therefore, that we ensure workplaces influence in a positive and not a negative way, otherwise they can also contribute to the development of mental health issues like depression and anxiety. The culture around mental health in the workplace is changing fast. Work to address stigma and a greater openness means that managers' roles are changing and employees' expectations are shifting. A supportive workplace is no longer seen as a 'bonus', but is becoming the new normal.

If you have noticed your coworker exhibiting one or more of the signs and symptoms listed below, they might need some additional support.

- Changes in work habits - lack of concentration, lack of motivation, lack of productivity
- Turning up late for work, leaving early or taking unplanned leave
- Avoiding social activities
- Changes in physical appearance e.g. are they showing up for work dishevelled or unkempt
- Increased aggression
- Alcohol/substance abuse
- Mood swings and erratic behaviour



Addressing

Talking to Children & Young People About Their Mental Health concerns

Mental health is different for everyone, but when noticing any changes the first port of call for anyone supporting a child or young adult with mental health concerns is to try and talk openly with them. This is also relevant for any employer focused on supporting mental health within the workplace.

It can be tricky to know what are the right things to say to put the young person at ease. While simply talking can sometimes feel daunting to those playing a supporting role, it is a crucial first step to addressing difficult emotions.

It's essential that a safe space - at home, school, work, etc - is provided where a child or young adult feels that they have time to talk and will be listened to; having somewhere they can share their worries when feeling anxious, without judgement and fear of stigma can really help.

Providing a calm and welcoming environment, and showing that you are willing to take the time to listen to a child or young adult, are important first steps in helping to start the conversation. After all, disclosing sensitive information about mental health can be difficult for children and young people.



Here to Help - Let the young person know that first and foremost you're here to help them and try to create an environment where there is space for them to talk or express how they are feeling...the following tips should enable this.



No Pressure - Shifting early questions away from 'what's wrong' to 'what's happened' can be a really useful way of helping young people to tell you about themselves without feeling pressured to respond to a question that they may not have an answer to ('what's wrong' typically leads to a 'don't know' or a 'you tell me' response).



I'm Worried - Let the young person know that you are worried about them - many young people feel their mental health related difficulties are trivial and that they should not be bothering other people with them.



Open-Ended - Asking more open-ended questions generally encourages meaningful conversation whereas questions with yes/no answers (whilst sometimes necessary) can shut young people down in the early stages.



Don't Downplay - Try to avoid the temptation to downplay how a young person may be feeling, even if this is a wellintended attempt to 'normalise' their experiences. This may be helpful further down the line - but taking this approach too early can be off putting for young people - sit with their feelings for a while first.



Not Alone - Not to be confused with 'normalising' too quickly, do remind the young person that they're not alone - just hearing this can be powerful and you can do this without minimising their experiences.



Hear Me Out - Try not to jump too quickly to solutions/advice giving; linked to the above, it is actually more helpful to spend time in the early stages focussing on the 'problems' - not only does this help young people feel heard; they often start to naturally talk about some of the solutions themselves and that sense of self discovery is important.



Balancing - In the early stages, finding the balance between listening and asking questions is tricky! As a general rule, the more a young person feels listened to, the more likely it is that they will value the interaction and come back for more help. Ask questions, but try not to overload them!



Reactions - Be mindful of your own reactions, both verbally and nonverbally - if a young person feels 'judged' (no matter how unintentional), they are unlikely to feel able to be open with you.



Respect Privacy - Lastly, always respect the young person's privacy and be clear about confidentiality - young people just want to know where they stand and feel you are being transparent with them when it comes to sharing information.

Specific Tips for teachers and lecturers talking to Children & Young People:

Show that you care by validating and listening. Often students don't need anything more than to have someone be on hand to support and validate their feelings. You don't need to be a trained mental health professional or have all the answers. Just showing that you're listening and taking them seriously can make a difference.

Check-in to see how your students are doing. Regular check-ins with students is a good way to see how they're faring and to spot any warning signs early on. If it's not possible to do it face-to-face, send them an email or a note and let them know you're available if/when they need to talk.

Flexibility with coursework/tests. Students with mental health issues may need extra time to be able to complete assignments and tests. When possible, allow extra time. Offer to help them prioritise their work.

Find ways to normalise conversations about mental health. Students may feel ashamed or embarrassed to admit they need help for fear of being judged or labelled. Open and honest conversations about mental health in the classroom can help to reduce stigma, and encourage others to come forward for support.



Six ways employers can support Young Adults:

Lead by example: as an employer, it's important to set a good example and 'practice what you preach'. If employees are being asked to be in the workplace 60% of the time, make sure leaders are too. At the same time be mindful that everyone wants to look after their people, especially given all the challenges we're facing during the pandemic. But it's also important to recognise when you're not the best person to offer help.

Communication is a two-way street: provide a safe space for employees to raise their concerns and fears about work, i.e., an anonymous pulse survey or employee engagement platform/app and/or mental health first aider.

Be flexible and fair: ensure that employees are being listened to and concerns and fears that employees have regarding work are being addressed. And adjust plans and policies to make individual employees feel safe and secure.

Provide mental health training for all leaders and managers: on how to identify and respond to mental health issues and concerns from themselves and employees.

Schedule regular one-on-one check-ins with employees: go beyond the perfunctory 'how are you' and ask open-ended questions to really find out what's concerning employees and how as an employer you can support them. Signpost employees to your mental health support: ensure all employees are familiar with mental health programmes, Employee Assistance Programmes and any anonymous digital health services such as the Kooth platform, that the company provides.

Action

Where and how to get support?

A recent [investigation by the BBC](#) - using information from a Freedom of Information Request - suggests that children have faced, and are facing, 'agonising' waits for mental health care. The report states that one in five children seen in the past year faced a 12 week wait for help, with almost half (49%) waiting longer than four weeks for specialist services.

When your child is experiencing difficulties with their mental health or emotional wellbeing, finding available support can be tricky. Figuring out how best to support them and actually knowing where to find the help they might need can feel a bit of a minefield.

Mental health services for children and young people are available across London. As with everything in life, there isn't a 'one size fits all' when it comes to providing services that address children and young people's mental health and wellbeing needs - choice and diversity in how they access mental health support must be embraced.

If you are wondering where to start with supporting your child, what to do, and how to do it, you are definitely not alone! It can feel that way, especially when trying to support your child through what can sometimes feel like the unknown.

Here are just a few helpful tips on where to find support for your child if you are worried about their mental health or emotional wellbeing.

Find support online

Digital mental health services go beyond just supporting mild to moderate mental wellbeing. Over the past 15 years, these platforms have created a positive virtual ecosystem as 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 children and young people into appropriate care when needed. Kooth is embedded within the care or corporate systems in which it operates. In the public sector, this includes the NHS - with Kooth being commissioned by more than 90% of NHS England clinical commissioning groups (CCGs) to support the mental health needs of children and young people from the age of 10. This includes full coverage across all 32 London boroughs. Kooth offers access to mental health support from qualified practitioners and lots of other useful resources too, including therapeutic content, moderated live forums, an activity hub and more.

Talk to your GP

Speaking to your doctor can be a helpful way to explore what your child might need right now and also give you a chance to talk about your own worries too. You might be signposted to local or specialist services such as CAMHS (Child and Adolescent Mental Health Services) where your child can be assessed for support. You might even be signposted to services that offer parent support too which could be really helpful.

Getting support from CAMHS

As above, one of the most efficient ways to get a CAMHS referral is through your GP so they can refer you to the most appropriate service. To find information for your local CAMHS service, just type "CAMHS" and your local area into your search engine.

CAMHS can help with a range of difficulties from anxiety, depression, eating difficulties, self harm and many other complex mental health concerns. CAMHS teams usually consist of professionals such as nurses, psychotherapists, psychologists, psychiatrists and other mental health professionals.

While CAMHS support might be available for your child, please be mindful that there could be a waiting list in your area and so gaps between being assessed and receiving support are not uncommon. For this reason, looking at other support in the interim could be really useful too.



Dr Ellie Cannon, GP

NHS GP with 15 years' experience in family and women's health. She is the resident GP for the Mail on Sunday and MailOnline and well known as the on-screen GP for Sky News Sunrise.

"Even before COVID-19, we were seeing an increase in the numbers of children and young people struggling with their mental health. But the compounding effects of lockdowns, school closures, fear and isolation from their peers has had a significant negative impact on children and young people's mental health.

It's difficult to know exactly where to go or who to reach out to, but it's important to seek help early on. Making an appointment to talk to your GP is a good place to start. We will be able to make a diagnosis, offer support and advice, as well as signpost you to services like Kooth, that can provide you with free and confidential help immediately.

Having a mental illness is not something to be ashamed about, and no one should ever feel as if they are suffering alone."

Early Support Hubs

Early Support Hubs are an essential part of the mental health care and support ecosystem as they offer an excellent response to the limited opportunity that statutory health services provide – every person is an individual with differing needs and wants.

As the nation moved out of full lockdown, many young people did crave the experience of being out of the home and meeting face-to-face. The likes of 42nd Street in Manchester, Off The Record in Bristol, and YPAS in Liverpool can be accessed by children and young people in the local area without a referral or having to navigate the health system. They offer a safe, physical space where children and young people can quite simply grab

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Kadra Abdinasir

Strategic Lead, The Children and Young People’s Mental Health Coalition

“Early support hubs are a crucial part of the mental health system by providing early support for children and young people with their mental health. Based in the community, early support hubs offer easy-to-access mental health support without a referral so that children and young people can access the right support, at the right time, where they need it. Providing services of this kind would also ensure that a young person does not need to reach crisis point before they get help. We are proud to be part of the Fund the Hubs campaign alongside our partners Centre for Mental Health, Black Thrive Global, Mind, The Children’s Society, YoungMinds and Youth Access, which has been calling for the Government to invest in a national network of early support hubs across the country.”

a drink, take a seat and mull over what has happened to them – that is causing upset or concern – over the last few hours, day, week or month. And if they need it, there’s someone on hand – trained professionals with a range of backgrounds and approaches – that they can talk to about it. This is why it is vital that we wholeheartedly back the #FundTheHub campaign.

Talk to your child’s school

This can be a great idea for some early intervention if your child is finding things difficult but isn’t necessarily needing specialist mental health support. It can be important to think about your child’s age and being respectful of their boundaries and need for confidentiality here. For example if they are in year six (or younger if it feels right) and older, talking to your child first could be more respectful and appropriate than talking to anyone without their permission. This way, the decision to reach out to the school feels like a shared one.

Schools are often really well equipped to help with your child’s wellbeing and sometimes have additional support services in school that could be useful.

Primary schools sometimes have targeted work going on behind the scenes to help with a wide range of emotional and wellbeing issues; secondary schools often (but not always) have counselling, pastoral or inclusion teams who support students too. Schools also have access to other professionals who they can refer to if it feels appropriate, so giving them as much information as possible could be really helpful here.

If talking to your child’s school feels like a daunting prospect, sometimes an initial email to explain your concerns can feel less overwhelming and help you make sense of the situation too. If you are doing this with permission from an older child, having a think together about what feels okay to share could be useful.



Finding emotional support privately

If seeking support from your GP or child's school doesn't feel right for you for any reason at all, you can always find professional support privately from a qualified practitioner.

If looking for a private therapist feels like the right option for you and your child, make sure that the person is suitably qualified to work with children and is registered with a professional body. This gives you some assurance that they are practising professionally, ethically and are qualified too. Don't be afraid to ask for a practitioner's qualifications and areas of expertise in order to find the right person for your child. If they are registered with a professional body, they should also have a registration number so you can check.

Finding other support online for your child

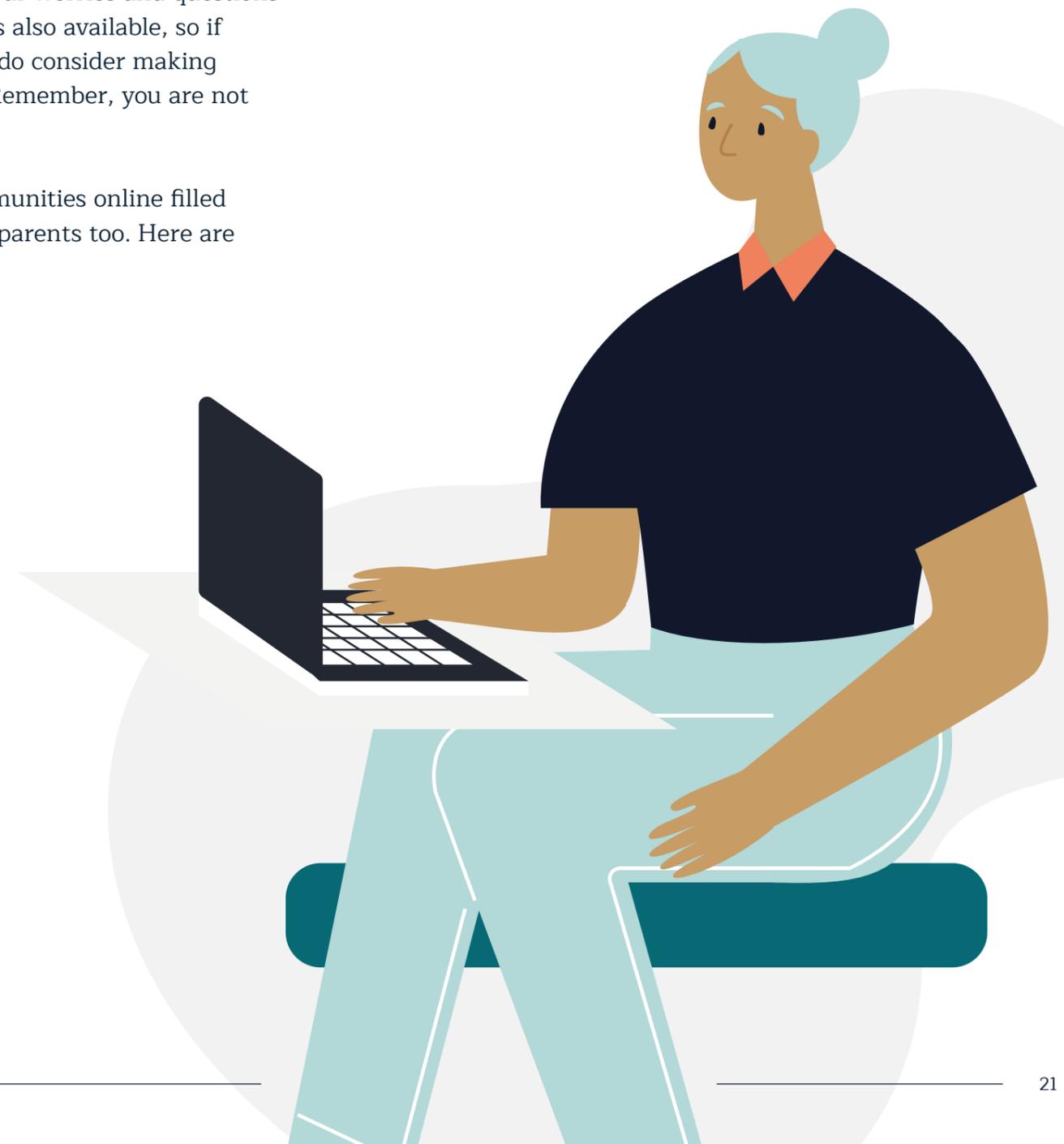
If your child is dealing with something quite specific, there is help out there, but it can feel a bit overwhelming if you are looking for information. Here are just a few trusted organisations that you might find useful.

- BEAT – a leading organisation that supports people with eating difficulties
- Hope Again – is the youth website association with Cruse Bereavement Care and supports young people who are experiencing grief and loss.
- Turning Point – a UK charity that helps young people from the age of 14 with drug and alcohol issues.

Support for parents

We all struggle and/or feel guilt from time to time. This is completely normal. If you feel that you need help and are in crisis, head here to see a list of organisations that can help. Alternatively, if you feel able to, share your worries and questions with trusted friends or family. Your GP is also available, so if you are feeling in need of more support, do consider making an appointment with your local doctor. Remember, you are not alone.

There are lots of parenting support communities online filled with help advice from professionals and parents too. Here are just a few you might find useful:



General parenting communities

- Mumsnet – The UK’s best-know parenting website
- Bounty – If you have young children, you might remember your free bounty pack when you became pregnant. This parenting network offers specialist information from midwives, doctors, and parenting experts too
- Babycentre – An online community to help you from pregnancy and into parenthood.

For families who have children with additional needs

- Contact – A charity that helps families with disabled children
- The Autistic Society – An organisation offering information for families with autistic children

Baby loss support organisations

- Sands – A stillbirth and neonatal death charity
- Bliss – Support for families with babies born premature or sick
- The Miscarriage Association – Support for those affected by miscarriage

Supporting Siblings of CYPs with Mental Health Illnesses

Siblings of children or young people with a mental health condition often experience a range of confusing emotions. At times, they may feel empathetic and loving towards their brother or sister, whilst at other times, they will feel anger and frustration. And because parents/guardians often devote much of their time, energy and resources towards taking care of the child with mental health issues, the other sibling(s) may begin to feel resentful and that their own needs are not being prioritised. Siblings of CYPs with mental health issues may also feel under pressure to support their parents emotionally or take on extra responsibilities around the home.

Fortunately there are things parents/guardians can do to help ensure all your children are getting the support they need.

Be open and honest about the illness.

Siblings will almost certainly have plenty of questions about their brother or sister’s diagnosis. Explain the situation in simple, clear and age-appropriate terms so that they understand what’s going on and why you might not be able to spend as much time with them as usual. It will also help them to understand why their brother or sister has been behaving in a certain way.

Give each child one-on-one time.

When possible, try to schedule some alone time with each of your children. For example, you could go to see a film, take them out shopping or go for a quick walk around the block. Try to take at least five minutes each day to find out what’s been going on in their lives.

Validate your child’s feelings.

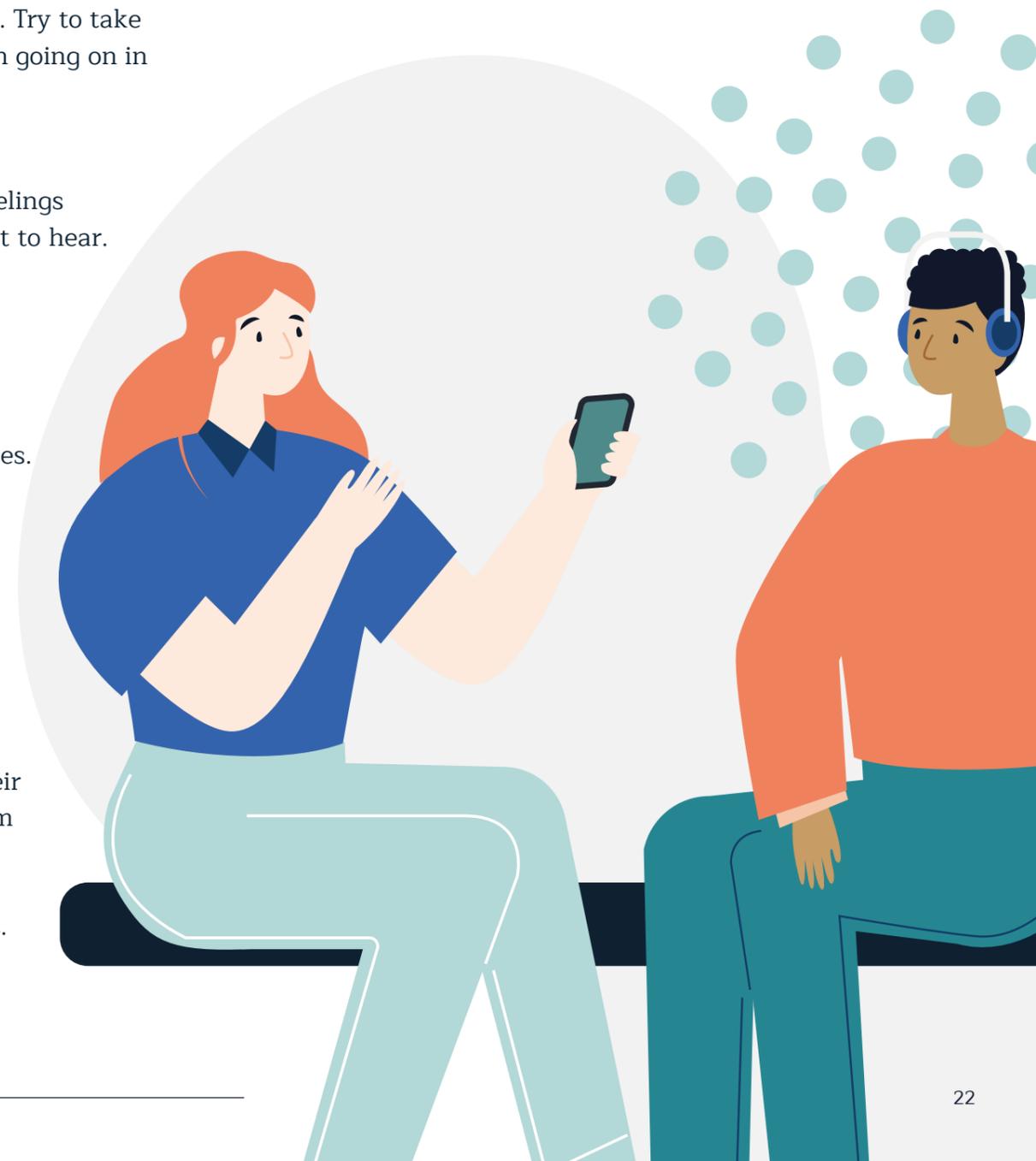
Give each child time and space to talk about their feelings and emotions - even if what they’re saying is difficult to hear. Acknowledge and validate their feelings.

Help them find a peer support group or online community.

It may be helpful for siblings to talk and connect with others who are going through similar experiences. We can often get the best advice and support from people who have been in the same position. Rethink Mental Illness (Vauxhall) holds a meeting on the last Wednesday of every month for anyone who has a brother or sister with a lived experience of mental ill health.

Encourage separate hobbies and activities.

It’s important that your children are able to have their own life outside of the family. Try to encourage them to develop hobbies or take part in activities that are of interest to them. This can not only help boost self-esteem, but also help them to make new friends.



Glossary

the mental health terms you need to know

Mental health - Mental health is psychologically, emotionally and socially well. The World Health Organisation defines mental health as “a state of well-being in which the individual realises 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”.

Mental illness - A mental illness is a group of health problems that can affect how a person behaves, thinks and interacts with others. Around 1 in 4 people in the UK experience a mental illness.

Stigma - Stigma is when someone is viewed in a negative way as a result of their mental health illness.

Mental Health Services and Support:

Adult Mental Health Services (AMHS) - When a young person reaches a certain age (between 16-25 depending on where you live), they may be discharged from CAMHS and referred to adult specialist mental health services.

Children and Mental Health Services (CAMHS) - An umbrella term for all services that assist children and young people with emotional, behavioural or mental health problems.

Clinical Commissioning Groups (CCGs) - Groups of doctors/GP practices form CCGs. They are responsible for commissioning the majority of healthcare, including mental health services in their area. All CCG's will be absorbed into Integrated Care Systems (ICSs) by April 2022.

Cognitive Behavioural Therapy (CBT) - CBT is a type of psychotherapy that tries to teach people new skills and techniques for coping with mental health issues.

Early Intervention - Early intervention means preemptive help given to CYPs showing the first signs and symptoms of a mental health condition. Early intervention can help prevent issues from worsening.

Family Therapy - A form of therapy that involves members of the immediate and/or extended family.

Independent Mental Health Advocates (IMHAs) - An IMHA is a specially trained mental health advocate who can support people detained under the Mental Health Act.

Inpatient Hospitalisation - 24-hour mental health treatment in a psychiatric hospital or psychiatric ward of a general hospital.

Integrated Care Systems (ICSs) - ICSs are partnerships between local authorities and commissioners of NHS services across a geographical area. Each ICS is responsible for planning and managing resources.

Online Therapy - Therapy that takes place via the Internet rather than in person.

Peer Support - A type of support when two or more people of lived experience share their knowledge and emotional support in order to facilitate recovery.

Prevalence of 'X' - The proportion of a population living with a specific mental health condition in any given year.

Psychiatrist - A psychiatrist are medical doctors who specialise in diagnosing and treating mental illness.

Relaxation Techniques - Techniques you can practice to reduce stress and help you to relax. For example, taking a hot bath, going for a walk or meditating.

Sectioned - Refers to a person being detained in hospital under the Mental Health Act.

Self-help group/Support – A group of people dealing with a common condition who meet regularly (either online or in person) to support each other, share helpful information and experiences.

Social Worker - A trained professional who will work alongside you and signpost you to direct support services. Some social workers may also be able to provide counselling.

Presenting Issues:

Anorexia nervosa - A type of eating disorder. It is often characterised by significant weight loss and refusal to maintain a healthy body weight. Young people with anorexia may also have a distorted view of their body and a preoccupation with food/calories.

Antidepressants - A type of drug used to treat depression..

Anxiety - Anxiety is a persistent feeling of worry or distress. Common physical symptoms include increased heart rate, dizziness and headaches.

Attention Deficit Hyperactive Disorder (ADHD) - is a condition in which a person has trouble paying attention, controlling impulsive behaviours and focusing on tasks.

Bipolar Disorder - Bipolar disorder is a mood disorder that causes extreme fluctuations in mood ranging from extreme highs (mania) to extreme lows.

Bulimia nervosa - An eating disorder characterised by episodes of bingeing (eating large quantities of food and purging (getting rid of food) in a short period of time. Self-induced vomiting, excessive exercise and misuse of laxatives/diuretics are common purging behaviours.

Depression - A type of mood disorder where people experience persistent feelings of sadness, hopelessness or unhappiness.

Obsessive Compulsive Disorder (OCD) - An anxiety disorder characterised by recurrent and unwanted thoughts or compulsive behaviours that cause distress or anxiety. Common types of compulsive behaviours include excessive hand washing, excessive checking of locks or electrical appliances, skin picking and repeating words a certain amount of times.

Panic Attack - A sudden and intense feeling of anxiety. Symptoms may include racing heartbeat, feeling faint or dizzy, sweating and feeling sick.

Self-Harm/Self-injury - Refers to when a person deliberately hurts themselves. Self-harm can take on different forms including: skin cutting, picking at wounds, burning of skin, head banging and punching self and taking an overdose.

Suicidal Ideation - Term used to describe behaviours and thoughts associated with ending one's life.

Trauma - An extremely upsetting or stressful experience that can cause a wide range of physical and psychological symptoms.

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 (Qwell)
- 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 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 with complex needs who require longer term support.

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



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