

# Online mental health support for young people

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November 2017

XenZone  
FUTURE THINKING FOR MENTAL HEALTH

Research Area:  
Vulnerable Learners  
and Social Mobility



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## About the authors

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## Acknowledgements

The author is grateful to Natalie Perera Executive Director, and David Laws, Executive Chairman of the Education Policy Institute for their editorial advice.

This report was commissioned by XenZone but produced independently by the Education Policy Institute. The Education Policy Institute would like to thank Aaron Sefi and Alexandra Kowenicki from XenZone for information provided and the professionals from Hertfordshire, Halton and Plymouth for participation in our interviews.

## About the Education Policy Institute

The Education Policy Institute is an independent, impartial and evidence-based research institute that aims to promote high quality education outcomes, regardless of social background.

Education can have a transformational effect on the lives of young people. Through our research, we provide insights, commentary and critiques about education policy in England - shedding light on what is working and where further progress needs to be made. Our research and analysis spans a young person's journey from the early years through to higher education and entry to the labour market. Because good mental health is vital to learning, we also have a dedicated mental health team which will consider the challenges, interventions and opportunities for supporting young people's wellbeing.

Our core research areas include:

- Accountability and Inspection
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- School Performance and Leadership
- Teacher Supply and Quality
- Children and Young People's Mental Health

Our experienced and dedicated team works closely with academics, think tanks, and other research foundations and charities to shape the policy agenda.

## About XenZone

XenZone was established in 2001 with the purpose of making it easy and safe for all generations to access the best emotional and mental health services as and when they need them.

They are pioneers of online counselling and support in the UK. Their team of counsellors, support workers and therapists are professionally qualified and operate under close clinical supervision to deliver the highest quality service to their users.

In 2004, XenZone established the first online counselling service in the UK, targeted at children and young people, with direct pathways into the wider social care system. Following the success of Kooth, Qwell has recently been launched as a service for adults and those transitioning into adulthood.

XenZone is an Organisational Member of the BACP (British Association of Counsellors and Psychotherapists). All clinical staff hold memberships with the various bodies that monitor the counselling and psychotherapy professions, such as the United Kingdom Council for Psychotherapy, the Health Professions Council and the BACP.

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## Foreword

Online counselling has the potential to revolutionise the way in which we provide support to children and young people. It opens up access out of traditional working hours and allows teenagers to contact counsellors from their own home. Online forums and advice also empower young people by helping them to learn more about the problems they are facing and facilitating the sharing of experiences with others going through the same difficulties.

This report provides a unique insight into current literature on online counselling as well as data from online counselling service, Kooth. It shines a light on what makes online counselling different to face-to-face services. The report provides valuable evidence on this exciting new way of providing support to children and young people. For example, it demonstrates how young people value the anonymity and control it provides. It also sets out key challenges, such as how to include this new provision in data collection to recognise the potential it has to increase access. Finally, the report sets out where further research is needed to build an evidence base to demonstrate the impact of online counselling provision.

Elaine Bousfield

Founder and Chairman

XenZone.

# Executive summary

## Policy Context

In recent years, there has been growing interest from national government in exploring the opportunities provided by new technology to increase access to mental health services for children and young people. The devolved nature of health commissioning has, however, meant that progress in introducing such services is driven at a local level and has remained highly variable.

## Online provision of mental health support

Existing literature provides insight into some of the benefits associated with online provision of mental health services as well as some of the challenges it presents.

Studies show that young people value the anonymity and confidentiality afforded by online counselling<sup>1</sup> and are more likely to open up online.<sup>2</sup> Young people have also been found to appreciate the control they have over the online interface, such as the ability to log-off or to delete a draft response.<sup>3</sup> The accessibility of online services outside of the working day was also seen as beneficial.<sup>4</sup>

Some of the challenges of online counselling include: misunderstandings caused by the lack of non-verbal communication methods, the anonymity of the counsellor and the time delay of sending messages online.<sup>5</sup> However, these challenges were generally not considered to be insurmountable and counsellors and their clients were still able to develop a high level of trust in the online relationship. Moreover, in many services, such as Kooth, counsellors are not anonymous and recent improvements in technology have reduced some of these identified concerns, such as time delay.

Meta-analyses of existing research point to the potential of increasing access to support using online counselling but also the need for a blended approach with face-to-face support offered alongside online provision.<sup>6</sup>

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<sup>1</sup> Bambling, M., King, R., Reid, W., and Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous single-session counselling to young people. *Counselling and Psychotherapy Research*, 8, 110–116. <http://doi.org/10.1080/14733140802055011>  
Evans S. (2014) The challenge and potential of the digital age: young people and the internet. *Transac Analysis* 44(2) 153-166, doi:10.1177/0362153714545312

A Thematic Analysis of Preferences of Young People using Online Support to Discuss Suicide Ideation - UK © 2013 Sally Evans

<sup>2</sup> Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist's Experience. *Counselling Psychology Review*, 24(2) pp. 24–34.

Suler, J. (2004) *CyberPsychology & Behavior*. July 2004, 7(3): 321-326. <https://doi.org/10.1089/1094931041291295>

<sup>3</sup> King, R. et al (2006) 'Online counselling: The motives and experiences of young people who choose the Internet instead of face-to-face or telephone counselling', *Counselling and Psychotherapy Research*, 6:3,169 — 174. DOI: 10.1080/14733140600848179 URL: <http://dx.doi.org/10.1080/14733140600848179>

Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist's Experience. *Counselling Psychology Review*, 24(2) pp. 24–34

<sup>4</sup> Malik S, Coulson NS. The therapeutic potential of the internet: exploring self-help processes in an internet forum for young people with inflammatory bowel disease. *Gastroenterol Nurs* 2011;34(6):439-448. [doi: 10.1097/SGA.0b013e318237a9ba] [Medline: 22129797]

<sup>5</sup> Fletcher-Tomenius, Leon and Vossler, Andreas (2009). Trust in Online Therapeutic Relationships: The Therapist's Experience. *Counselling Psychology Review*, 24(2) pp. 24–34.

<sup>6</sup> National Collaborating Centre for Mental Health (2014) E-therapies systematic review for children and young people with mental health problems. <http://www.e-afh.org.uk/media/398519/e-Therapies-Systematic-Review-submission-to-RCPCH31012014.pdf>

## Online provision of mental health support: The Kooth Model

Kooth is an online counselling and emotional wellbeing platform for children and young people, provided by XenZone. It is provided free at the point of use for young people living in more than 70 Clinical Commissioning Group areas where the service is commissioned.

The Education Policy Institute has analysed data provided by XenZone to understand more about the use of online counselling services. The median age of a Kooth service user is 15, which reflects the pattern of emergence of mental health problems in young people aged between 14 and 17.<sup>7</sup> Nearly one in five (18 per cent) of the new registrations in 2016-17 were for those aged between 10 and 12, showing that online provision of mental health support is popular with pre-teenage children as well as teenagers.

71 per cent of Kooth clients are girls or young women, compared to 52 per cent of child and adolescent mental health service (CAMHS) clients overall. This could indicate that girls and young women are more likely to ask for help, as young people refer themselves to Kooth. However, comparison with the gender breakdown of Kooth's face-to-face counselling services shows that a slightly higher proportion of boys were accessing the face-to-face services, which also operate on a self-referral basis. Teenage girls are more likely to engage in social media than boys and this could also be a reason why girls are more attracted to using a service like Kooth which is similar in style to social media, with live forums as well as online counselling conversations.<sup>8</sup>

Boys are slightly more likely to use the service at a younger age than girls. 8.5 per cent of the boys using Kooth were aged 11, compared to 4.6 per cent of the girls. 5.7 per cent of the girls were aged 18, compared to 4.2 per cent of the boys. This may indicate that older teenage boys are less likely to engage with mental health support or to engage with such support online.

Around 1 per cent of those responding to the question about their gender chose the category 'Agender' or 'Gender Fluid', compared to the 0.02 per cent of clients in traditional CAMHS services who were recorded as having a gender listed as 'other'. This could indicate that young people are more willing to be open about gender fluidity online.

When compared to the general population in the local authority areas where it is commissioned, Kooth attracts a higher proportion of people from different ethnic minority backgrounds (17.6 per cent compared to 10 per cent). This was a benefit of the service which was mentioned in our interviews with commissioners in Hertfordshire and in Plymouth. There is also evidence from the literature that this is a potential benefit of online counselling.

Although Kooth is busiest in the immediate hours after school, the data shows that young people use the service late into the night, including after professional counselling support closes at 10pm. Some young people also use it during school hours. Seven out of 10 (69.1 per cent) log-ins occurred outside of the traditional working week (9am to 5pm Monday to Friday). This indicates that young people are more likely to want to access mental health support outside of traditional clinic opening

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<sup>7</sup> Jones, P.B. (2013) Adult mental health disorders and their age at onset. Br J Psychiatry Suppl 2013 Jan;54:s5-10.

<sup>8</sup> 11 per cent of UK 10 to 15 year old girls and 5 per cent of boys spent over three hours on social media on a normal school day in 2012-13 (Measuring National Well-being: Insights into children's mental health and well-being, ONS, 2015, using data from the Understanding Society survey 2012-13, ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20>)

hours, which poses challenges for the way in which child and adolescent mental health services are currently structured.

Young people engage with Kooth in a variety of ways. In our sample, 27 per cent accessed the self-help articles; 36 per cent engaged with the forums. 25 per cent communicated with counselling via live chat and 26 per cent used the asynchronous messaging option.

The most common reason cited for young people accessing Kooth was stress and anxiety. Other common reasons included problems with friendships or family relationships, bullying, self-harm and lack of self-worth.

Early indications from goals set by young people themselves on what they want to achieve from treatment is that these are being met, with 46.5 per cent of goals fully met.

Feedback from young people using the service shows that Kooth clients seem to be able to build strong relationships with their counsellors and to respond well to counselling sessions.

The Education Policy Institute also used a questionnaire to elicit feedback from Kooth clients about their experiences of the site. 39.7 per cent said that online counselling was their preferred method of support, compared to 14.7 per cent who preferred face-to-face counselling. A quarter of respondents (24.5 per cent) preferred a mixture of both types of support. A significant minority (12.4 per cent) said that the online articles were the element of the site that they appreciated most and 8.7 per cent selected the online forums. This shows the benefit of self-help and enabling young people to support each other in addition to offering professional counselling support.

Young people were asked the top reasons why they chose online counselling. The main reasons were associated with the anonymity involved. Young people also appreciated the convenience of being able to access online counselling from their own home and out of hours. Additionally, Kooth clients appreciated being able to express themselves clearly through sending online messages.

The questionnaire also asked young people who hadn't chosen to use online counselling the reasons why they did not want to use it. The main reasons were a fear of having their comments read and uncertainty about talking to a counsellor via the internet rather than face-to-face. This demonstrates the importance of offering a blended approach so that young people can choose the type of counselling which suits them best.

### Online support in practice

The Education Policy Institute conducted interviews and further analysed local data from three Kooth services in Hertfordshire, Plymouth and Halton.

The themes raised in these interviews reflected the findings in existing research. For example, in all three areas young people appreciated the anonymity, confidentiality, accessibility and control offered by online counselling.

The local commissioners also appreciated the availability of high quality data about service use, which has allowed them to respond to trends in presenting issues by putting in place relevant support offers. Another benefit was that the service could reach groups that were not always accessing traditional services.

Despite all these benefits, the commissioners all acknowledged the need for a blended approach so that face-to-face support was available for those young people who did not want to receive counselling online.

In all three areas, it was difficult to assess the impact of introducing the service on referral rates. One key challenge was that the anonymity of the service meant that data collection on individual patterns of service use was difficult. In addition, measuring the impact of the introduction of Kooth was difficult because it was hard to disentangle this from other changes to local provision.

In all three areas, providers and clinicians had had some concerns **before** the introduction of the service about safeguarding young people and appropriate governance procedures. It was difficult to assess how far this was related to the fact it was an online counselling service or to what extent the misgivings were related to Kooth being offered by a non-NHS provider. In all three cases these concerns had been allayed after the service was introduced and the partner providers had been reassured about its governance models. The benefits of partnership working with a non-NHS provider were raised by two commissioners. For example, they felt that this enabled staff to embrace a different working culture and the use of new technology.

### Further Research

This project has identified emerging findings about the nature of online provision of mental health support for children and young people. It is not intended to be an evaluation of the Kooth model nor of the impact of the introduction of the service. A stated aim of the project, however, was to identify what further research is needed to understand more about the impact of commissioning online counselling. The final section of the report makes recommendations about ways in which an effective evaluation programme could be undertaken.

In particular, sufficient time would be needed for a pilot to be established and to allow for robust data to be collected and evaluated. Clinical Commissioning Groups involved would need to have access to relevant benchmarking data. The research would need to control for potential confounding factors to enable a full assessment of the impact of the service.

## Introduction

This report explores the provision of online support for young people with mental health problems in England. It looks at the research so far on online mental health care, including research on efficacy and on the particular complexities associated with providing counselling and advice via the Internet.

As an illustration of this type of online provision, the report explores the Kooth model, provided by XenZone. The Education Policy Institute have used data provided by Kooth to understand the profile of clients who use the service and their patient journey.

We have also explored the implementation of the service in three areas, Plymouth, Halton and Hertfordshire, using interviews with the lead commissioners from the relevant Clinical Commissioning Groups as well as other local providers and data provided by these areas. The Education Policy Institute has not conducted an evaluation of the impact of the Kooth service, and the report concludes by outlining what further research could be undertaken to evaluate the impact of blending online support with a traditional face-to-face mental health service.

## Methodology

The Education Policy Institute conducted a review of relevant research, which explores the online provision of child and adolescent mental health services and the development of government policy in this area.

In order to consider the reach of the Kooth programme and views about online counselling, we have explored data provided by Xenzone, including:

- demographics of the client base;
- patterns of service usage;
- client experience and feedback;

Kooth is currently commissioned with 45 contracts in over 70 clinical commissioning group areas. 27 contract areas were selected for analysis in this report. These services were live by 1st April 2016, and therefore provided complete data sets for the data collection period of April 2016 - March 2017. The remaining contract areas were commissioned after 1<sup>st</sup> April 2016 and would have provided incomplete data for the period.

To complement this analysis, EPI and XenZone drafted a questionnaire which was posted on the site to gather opinions from the organisation's clients on their use of the service. XenZone also provided written case studies and quotes of clients' experience of using Kooth.

Two case study areas were selected by XenZone to further illustrate the experience of commissioners and partners of the service within a local area.

While this is insufficient to enable an evaluation of the impact of the service, it nevertheless provides some explanatory insights into aspects of the online provision of mental health support and has enabled the authors to make recommendations for further evaluative research.



*Inevitably within this digital era there is a growing shift towards online access to advice, information and support... While digital support can encourage an individual's autonomy over their treatment, online services should be commissioned in a way that is integrated and complementary to face-to-face support. This supports the principles of some services which are already established in this field, such as KOOOTH.*

Children and Young People's Mental Health Taskforce  
'Co-ordinated System Task and Finish Group

## Part 1: Policy Context

Only 25-40 per cent of children and young people with mental health problems receive input from a mental health professional at all or at a sufficiently early age.<sup>9</sup> To tackle this challenge, in recent years the Government has become interested in harnessing the potential of emerging online provision of counselling and support to facilitate early intervention in children's mental health. For example, the Coalition Government strategy for improving children's mental health services, *Future in Mind* proposed that "with additional funding, we could also empower young people to self-care through increased availability of new quality assured apps and digital tools".<sup>10</sup>

*Future in Mind* was the culmination of work by the Children and Young People's Mental Health Taskforce, which had been established in 2014. The taskforce explored the benefits of online therapy but also recognised the importance of an integrated approach, blending online and face-to-face support.

In the 2016 document *Implementing the Five Year Forward View*, NHS England proposed the further use of 'digitally-enabled mental health services'<sup>11</sup> The government has now included examples of online mental health support services on the NHS Choices website.<sup>12</sup> The commissioning of individual support services is, however, a matter for local clinical commissioning groups and local authorities so progress across the country in this area has so far been variable. The way in which data is currently collected at a national level through the national minimum dataset also incentivises investment in traditional services, as young people using online counselling or other self-referral services are not included as part of the total count of young people accessing mental health care.

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<sup>9</sup> Green et al, Mental health of children and young people in Great Britain, Office of National Statistics, 2004

<sup>10</sup> Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing, Department of Health and NHS England, March 2015:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>11</sup> Implementing the Five Year Forward View for Mental Health, NHS England, 2016: <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyf-v-mh.pdf>

<sup>12</sup> <http://www.nhs.uk/Conditions/online-mental-health-services/Pages/introduction.aspx>

## Part 2: Online provision of mental health support

### Privacy, anonymity and confidentiality

Research by Bambling et al into online provision of mental health services in 2008 found that young people appreciate the privacy and anonymity offered by the online environment, particularly in reducing their experience of stigma.<sup>13</sup> This is supported by Australian research into the design of online counselling:

*“I use online so the counsellors can’t hear me crying”.*<sup>14</sup>

Evans found that young people perceive online counselling to be more confidential than offline counselling.<sup>15</sup> A Thematic Analysis of young people’s preferences in support for suicide prevention found that young people consider that the online interface allows them to raise intimate or taboo topics, such as suicide:

*“right I’d personally say online is best ..when you are talking about things you wouldn’t normally like, suicide...”* SUNshiNe, 17 years.<sup>16</sup>

Research into the views of counsellors conducted by Fletcher-Tomenius and Vossler found that they felt that clients were more willing to disclose information online, particularly topics of an embarrassing nature, because they did not have to see the counsellor face-to-face.<sup>17</sup>

This theory is supported by Suler’s concept of the ‘online disinhibition effect’ where people are found to be more willing to disclose personal information in an online context.<sup>18</sup>

There is also an absence of racial and ethnic cues in an online environment. It is possible to hypothesise that it is easier for young people from BAME backgrounds to take part in online counselling without feeling that their experiences will be viewed in the context of the counsellor’s unconscious bias.<sup>19</sup>

### Control

King et al have shown that young people value the control offered by the online context, with young people citing the ability to log off: “[I can] *just walk away for a bit and not feel as bad*” or the chance to take time composing a response, including deleting comments before they are sent: “*you have more time to think about it online*”. The absence of indicators of the counsellor’s views through tone

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<sup>13</sup> Bambling, M., King, R., Reid, W., and Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous single-session counselling to young people. *Counselling and Psychotherapy Research*, 8, 110–116. <http://doi.org/10.1080/14733140802055011>

<sup>14</sup> Beattie, D., Cunningham, S., Jones, R. ‘I Use Online so the Counsellors can’t Hear Me Crying’: Creating Design Solutions for Online Counselling. *Media International Australia*. Volume: 118 issue: 1, page(s): 43-52.

<sup>15</sup> Evans S. (2014) The challenge and potential of the digital age: young people and the internet. *Transac Analysis* 2014 44(2) 153-166, doi:10.1177/0362153714545312

<sup>16</sup> A Thematic Analysis of Preferences of Young People using Online Support to Discuss Suicide Ideation - UK © 2013 Sally Evans

<sup>17</sup> Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist’s Experience. *Counselling Psychology Review*, 24(2) pp. 24–34.

<sup>18</sup> Suler, J. *CyberPsychology & Behavior*. July 2004, 7(3): 321-326. <https://doi.org/10.1089/1094931041291295>

<sup>19</sup> Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist’s Experience. *Counselling Psychology Review*, 24(2) pp. 24–34.

of voice was also seen as beneficial when compared to telephone counselling: *you never feel like you are bothering them*.<sup>20</sup>

Fletcher-Tomenius and Vossler also highlighted the control over the process offered to the client, who can end a session at the touch of a button.<sup>21</sup> The process of typing out a response was also found to engage the client with their emotions in a unique way compared to speaking about their problems in a face-to-face consultation. The opportunity to re-read text passages from earlier conversations was felt to reinforce this, whereas counsellors and clients would have to remember conversations from face-to-face sessions.

## Accessibility

Online support services are often available outside of the working day, which enables people to receive support and advice when more traditional resources are unavailable.<sup>22</sup>

A 2014 study of young people's experiences of using mobile phone text based counselling found that young people valued the accessibility, anonymity, control and autonomy of this type of support.<sup>23</sup> Despite the anonymous nature of the service, young people felt able to develop a relationship with their counsellor. Research into the views of counsellors find that they appreciate the convenience and safety of online counselling.<sup>24</sup>

## Peer support

Research by Prescott et al in 2017 found that young people value the way in which online support empowers them to help each other, for example through moderated forums.<sup>25</sup> The research found that such online forums provide young people with information and emotional support which is both directive (clear advice on what to do) and non-directive (providing support by sharing experiences).

## Challenges of working online

There are certain difficulties inherent to working online which create a barrier in building trust. For example, the anonymity of the therapist can make it difficult for some clients to feel that the therapist is accountable: *"It's faceless. They can preserve their own anonymity and I guess they can't necessarily be judged"*.<sup>26</sup>

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<sup>20</sup> King, R. et al. (2006) 'Online counselling: The motives and experiences of young people who choose the Internet instead of face-to-face or telephone counselling', *Counselling and Psychotherapy Research*, 6:3, 169 – 174

To link to this Article: DOI: 10.1080/14733140600848179 URL: <http://dx.doi.org/10.1080/14733140600848179>

<sup>21</sup> Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist's Experience. *Counselling Psychology Review*, 24(2) pp. 24–34

<sup>22</sup> Malik, S. and Coulson, N.S. (2011) The therapeutic potential of the internet: exploring self-help processes in an internet forum for young people with inflammatory bowel disease. *Gastroenterol Nurs* 2011;34(6):439-448. [doi: 10.1097/SGA.0b013e318237a9ba] [Medline: 22129797]

<sup>23</sup> Gibson, K., and Cartwright, C. (2014). Young people's experiences of mobile phone text counselling: Balancing connection and control. *Children and Youth Services Review*, 43, 96–104. <http://doi.org/10.1016/j.chidyouth.2014.05.010>

<sup>24</sup> Hanley, T., Ersahin, Z., Sefi, A. and Hebron, J. (2016) Comparing Online and Face-to-Face Student Counselling: What Therapeutic Goals Are Identified and What Are the Implications for Educational Providers? University of Manchester, *Journal of Psychologists and Counsellors in Schools*. doi 10.1017/jgc.2016.20

<sup>25</sup> Prescott, J., Hanley, T., Ujhelyi, K. Peer Communication in Online Mental Health Forums for Young People: Directional and Nondirectional Support. *JMIR Ment Health* 2017;4(3):e29

DOI: [10.2196/mental.6921](https://doi.org/10.2196/mental.6921)

<sup>26</sup> Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist's Experience. *Counselling Psychology Review*, 24(2) pp. 24–34.

In some studies, young people have also expressed frustration with communication via text: “*with web counselling you cannot communicate as easily as things like voices pitch/laughter/etc aren’t there...*”. This can lead to the emergence of misunderstandings.<sup>27</sup>

Bambling and King found that counsellors felt that the slow speed of text exchange hindered their ability to complete counselling interventions.<sup>28</sup>

Some of the technical challenges of online counselling include:

- Missing non-verbal communication
- Increased opportunity for miscommunication
- Time delay when using email or online chat
- The computer skill deficiency of either the counsellor or client
- The inability to intervene when there is a crisis
- Cultural clashes
- The question of identity (Is this really who they say they are?)
- The data protection and safety of sending sensitive material over the internet.

A 2009 study on trust in online relationships found that the lack of body language cues and methods specific to face-to-face counselling can create a barrier to the process:

*“If a client is upset... They may say something like I'm crying, but with body language and personal contact, you can see to what extent that crying is. When they say they are crying they could just have tears running down their face or they could be fully sobbing.”*<sup>29</sup>

This lack of cues also leads to some uncertainty for the counsellor, as it is difficult for them to ascertain the accuracy of their mental picture of the client.<sup>30</sup>

Nevertheless, Fletcher-Tomenius and Vossler found that counsellors have found ways to overcome such barriers, including techniques like acronyms and abbreviations such as LOL (laugh out loud). Interviewees in this study were able to establish a high level of trust in online therapeutic relationships. Moreover, this lack of certainty was felt to actually support the development of trust between the counsellor and client. The study found that the initial stages of the therapeutic relationship were easier to establish than in face-to-face counselling, which was felt to be due to the ease with which clients were able to open up online:

*“...they do seem very, very open ... Normally, with face-to-face therapy, there's [sic] certain, initial periods where everybody is feeling their way.”*<sup>31</sup>

The researchers proposed the theory that engaging in online counselling requires a ‘leap of faith’. Because the counsellor and client do not have the usual cues of physical appearance and body

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<sup>27</sup> King, R. et. al. (2006) 'Online counselling: The motives and experiences of young people who choose the Internet instead of face-to-face or telephone counselling', *Counselling and Psychotherapy Research*, 6:3, 169 — 174. DOI: 10.1080/14733140600848179 URL: <http://dx.doi.org/10.1080/14733140600848179>

<sup>28</sup> Bambling, M., King, R., Reid, W., and Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous single-session counselling to young people. *Counselling and Psychotherapy Research*, 8, 110–116. <http://doi.org/10.1080/14733140802055011>

<sup>29</sup> Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist’s Experience. *Counselling Psychology Review*, 24(2)

<sup>30</sup> Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist’s Experience. *Counselling Psychology Review*, 24(2)

<sup>31</sup> Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist’s Experience. *Counselling Psychology Review*, 24(2)

language to form an assessment of the personal characteristics of the other as they would with a face-to-face consultation, they are obliged to take a 'leap of faith' in trusting that person as a pre-condition for working in the online environment.

## Conclusions based on existing research

Given some of the challenges of online provision as outlined above, Hanley et al have noted the potential benefits of offering an approach which blends online and face-to-face support.<sup>32</sup>

A critical review and evaluation report of UK counselling in secondary schools in 2013 found that 46% of secondary school children surveyed would look online for support.<sup>33</sup> The report concluded that it would be useful to evaluate whether the effectiveness of school-based counselling could be enhanced with blended online and face-to-face counselling.

A systematic review of e-therapies for children and young people with mental health problems conducted by the National Collaborating Centre for Mental Health in 2014<sup>34</sup> hypothesised that such provision could be used to increase access to support for young people, particularly young people who are more likely to engage with an anonymous source of support or who would be put off from accessing support due to the fear of stigma. The review also highlighted the need for continued, robust evaluation of such provision and the need for an integrated approach with other mental health services.

The Chief Medical Officer has also noted that online services may widen access for groups who find it difficult to access traditional services, through access to support out of traditional hours and from a young person's own home.<sup>35</sup>

A study by Barak et al of previous research found a moderate effect size of online therapy which was 'quite similar to the average effect size of traditional, face-to-face therapy'.<sup>36</sup> Online forums, in addition to online counselling, have been shown to have the potential to be beneficial for young people with mental health problems. In an evaluation of an online peer support forum for university students suffering depression, Horgan, McCarthy and Sweeney found the forum beneficial to young people as it provided a safe place for them to share, offer and receive emotional and informational support, again supporting earlier research on the supportive nature of online forums.<sup>37</sup>

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<sup>32</sup> Hanley, T., Ersahin, Z., Sefi, A. and Hebron, J. (2016) Comparing Online and Face-to-Face Student Counselling: What Therapeutic Goals Are Identified and What Are the Implications for Educational Providers? University of Manchester, Journal of Psychologists and Counsellors in Schools. doi 10.1017/jgc.2016.20

<sup>33</sup> [http://www.bacp.co.uk/docs/pdf/11355\\_sbc%20review%202013-01-19%20-%20cooper.pdf](http://www.bacp.co.uk/docs/pdf/11355_sbc%20review%202013-01-19%20-%20cooper.pdf)

<sup>34</sup> National Collaborating Centre for Mental Health (2014) E-therapies systematic review for children and young people with mental health problems. <https://www.minded.org.uk/course/view.php?id=122>

<sup>35</sup> Annual Report of the Chief Medical Officer 2013

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413196/CMO\\_web\\_doc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf)

<sup>36</sup> Quoted in - Hanley, T. and Reynolds, D. (2009). Counselling psychology and the internet: A review of the quantitative research into online outcomes and alliances within text based therapy. *Counselling Psychology Review*, 24 (2), 4\_13.

<sup>37</sup> Horgan A, McCarthy G, and Sweeney J. An evaluation of an online peer support forum for university students with depressive symptoms. *Arch Psychiatr Nurs*. 2013 Apr;27(2):84-9. doi: 10.1016/j.apnu.2012.12.005. Epub 2013 Feb 13.

## Part 3: Online provision of mental health support: The Kooth Model

### 3.1 Kooth approach to mental health service delivery

Established in 2001, XenZone works in partnership with child and adolescent mental health services (CAMHS) by providing early intervention support through an online counselling and emotional wellbeing platform, Kooth.

Kooth is continuing to grow and is currently commissioned with 45 contracts in over 70 Clinical Commissioning Group areas: Barking, Dagenham, Redbridge and Havering; Bath and North East Somerset; Bracknell Forest; Bristol; Calderdale; Cambridgeshire and Peterborough; Cardiff; Cheshire East; Cornwall; Cumbria; Devon; Dudley; Essex; Halton; Hertfordshire; Kent; Kingston upon Thames; Knowsley; Leicestershire; Lewisham; Lincolnshire; Manchester; North East Lincolnshire; Nottingham City; Nottinghamshire; Oldham; Plymouth; Powys; Rochdale, Middleton and Heywood; Sandwell; Shropshire Telford and Wrekin; Slough; Somerset; Surrey; Trafford; Tri-borough of Hammersmith and Fulham, Kensington and Chelsea, and Westminster; Wakefield; Walsall; Warrington; West Sussex; Wiltshire; Windsor and Maidenhead; Wirral and Worcestershire.

Kooth can work with young people aged between 10 and 25. A young person who lives in an area which commissions the service can sign up and register log-in details and access the service online for free. Kooth works together with specialist CAMHS to integrate support for those young people who require more specialist treatment. Young people accessing Kooth may be those who:

- simply want advice and support;
- do not meet the threshold for a specialist service;
- are on a waiting list for CAMHS;
- refuse to engage with face-to-face counselling; or
- are accessing both online and specialist face-to-face support.

Kooth provision is particularly aimed at secondary school children, although young adults from vulnerable groups (such as care leavers) can access the service up to the age of 25 in some areas, and with 10 year olds in some areas as part of their transition to secondary schools. XenZone is looking to develop a service focused on university students, running a pilot this year with the University of the West of England. XenZone also provides face-to-face counselling services, primarily in secondary schools and community settings in the following areas: Cornwall, Halton, Knowsley, Nottingham City, Powys, Wakefield and Warrington.

The site provides access to self-help advice, in the form of articles on a variety of issues such as self-harm and eating disorders. It also offers moderated discussion forums, which facilitate peer to peer support. One to one counselling support is also available up until 10pm every day. After 10pm, the self-help advice and support remains available and young people are signposted to other organisations for support in case of crisis.

The Kooth online and face-to-face service, is an accredited service with the British Association for Counselling and Psychotherapy (BACP), and all clinical staff hold personal membership with the various bodies that monitor the counselling and psychotherapy professions, such as the United

Kingdom Council for Psychotherapy, the Health Professions Council and the BACP. Clinical staff must also have at least three years post-qualification experience, receive ongoing training and clinical supervision both internally and externally. All staff work under governance procedures, which include, but are not limited to: confidentiality, safeguarding, prevent, information sharing and clinical governance policies.

Kooth works alongside the i-THRIVE model of care, providing support within the four quadrants of 'Getting Advice', 'Getting Help', 'Getting More Help' and 'Getting Risk Support'.<sup>38</sup> The organisation is working with i-THRIVE to develop a methodology for mapping the different aspects of the Kooth model to the four quadrants of the i-THRIVE approach:

<b>iThrive model</b>	<b>Kooth model</b>
Getting Advice	Young people using the self-help elements of the site, such as the moderated forums, journal entries and self-help articles. As shown below, one in five (22.0 per cent) of all the young people logging into Kooth in 2016-17 only accessed the self-help articles and moderated forums and did not receive professional counselling support.
Getting Help	Young people starting to use the online chat function and/or asynchronous messaging.
Getting More Help	Young people having extensive professional counselling sessions and/or messaging, often with more complex needs. 694 young people engaged in seven or more sessions in the review period, less than 1 per cent of the total user group.
Getting Risk Support	Kooth propose to include in this quadrant those young people flagged with a high-risk marker on their system and those referred on to specialist CAMHS and other agencies. In addition, the service will include those who have experienced serious incidents and those who have been referred to social services.

### 3.2 Online provision of mental health support: analysis of Kooth data

The Education Policy Institute analysed data provided by XenZone to explore initial findings about how young people use online mental health support. We assessed the following aspects of this service provision:

- The demographics of those using online mental health support;
- The patterns of service usage;
- Client feedback and initial outcomes monitoring.

#### Demographics

<sup>38</sup> Bousfield, E. (2017) The Door That Never Closes: How digital counselling can enable early intervention, XenZone.

Data provided by XenZone has enabled the Education Policy Institute to understand the demographic breakdown of young people using the service. There is currently no standardised data collected on the demographics of those who use child and adolescent mental health services. We have therefore used the information provided to the Office of the Children’s Commissioner in their 2016 Lightning Review to provide comparative information about the demographic breakdown of the wider CAMHS system.<sup>39</sup>

As can be seen in figure 3.1, the median age of a Kooth service user is 15. The age profile of Kooth clients reflects the pattern of emergence of mental health problems in young people aged between 14 and 17. Half of adult mental health problems start before the age of 15 and 75 per cent before the age of 18.<sup>40</sup> As the service is aimed at secondary school children, it is not surprising that there are smaller numbers of new registrations after the age of 18.

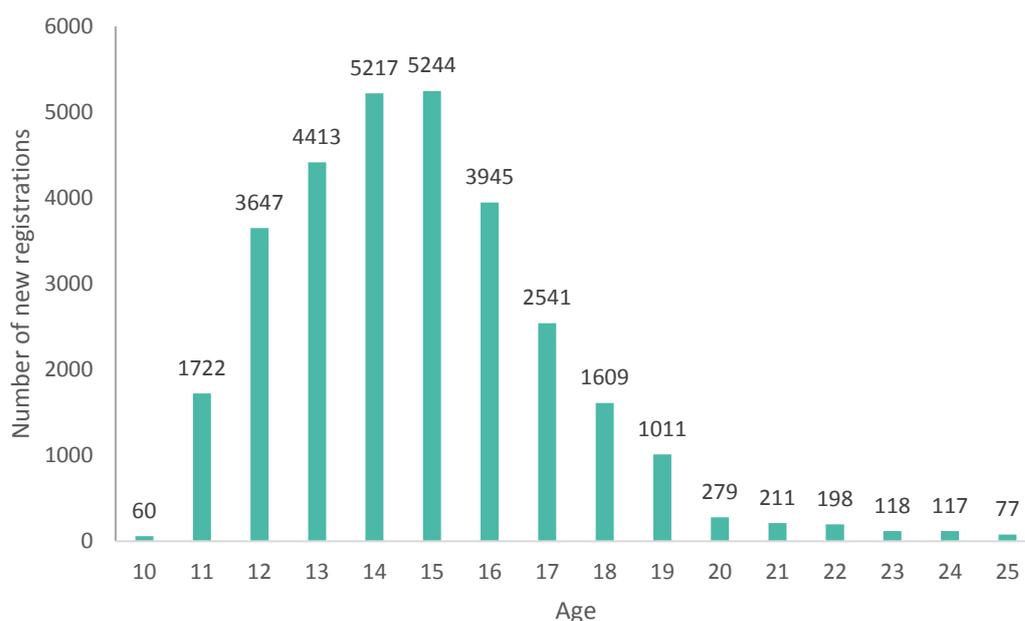
It is notable that nearly one in five (18 per cent) of the new registrations in 2016-17 were for children aged between 10 and 12, showing that online provision of mental health support is popular with pre-teenage children as well as teenagers.

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<sup>39</sup> Children’s Commissioner (2016) Lightning Review: Access to Child and Adolescent Mental Health Services

<sup>40</sup> Jones PB. (2013) Adult mental health disorders and their age at onset. Br J Psychiatry Suppl 2013 Jan;54:s5-10.

**Figure 3.1: Age Profile of young people using Kooth online mental health support**



Note: Not all 27 local authorities commission Kooth to support those aged 10 or 20 and above

As shown in figure 3.2 the majority (71 per cent) of Kooth clients are girls or young women. This compares to 52 per cent of CAMHS clients overall. The higher proportion of girls and young women seen by Kooth could be related to the fact that the service is based on self-referral. It could indicate that girls and young women are more likely to ask for help. This is borne out by wider research into health behaviours by gender,<sup>41</sup> which shows that men are less likely to access healthcare, such as GP appointments or screening checks. However, comparison with the gender breakdown of Kooth face-to-face counselling services, which also operate on a self-referral basis, shows that a slightly higher proportion of boys were accessing the face-to-face services (37.2 per cent compared to 27.8 per cent). Teenage girls are more likely to engage in social media than boys and this could also be a reason why girls are more attracted to using a service like Kooth which is similar in style to social media, with live forums as well as online counselling conversations.<sup>42</sup>

Another interesting finding is that around 1 per cent of those responding to the question about their gender chose the category 'Agender' or 'Gender Fluid'. In the Lightning Review of CAMHS services conducted by the Office of the Children's Commissioner, 0.02 per cent of clients were recorded as having a gender listed as 'other'. This could potentially indicate that young people are more willing to be open about gender fluidity due to the anonymous nature of online provision.

<sup>41</sup> Bogle V. No frills: qualitative research into men, health, the internet and Man MOT. Men's Health Forum ([https://www.menshealthforum.org.uk/sites/default/files/pdf/haringey\\_man\\_mot\\_no\\_frills\\_for\\_publication.pdf](https://www.menshealthforum.org.uk/sites/default/files/pdf/haringey_man_mot_no_frills_for_publication.pdf))

<sup>42</sup> 11 per cent of UK 10 to 15 year old girls and 5 per cent of boys spent over three hours on social media on a normal school day in 2012-13 (Measuring National Well-being: Insights into children's mental health and well-being, ONS, 2015, using data from the Understanding Society survey 2012-13, ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20>)

**Figure 3.2: Gender breakdown of Kooth clients**

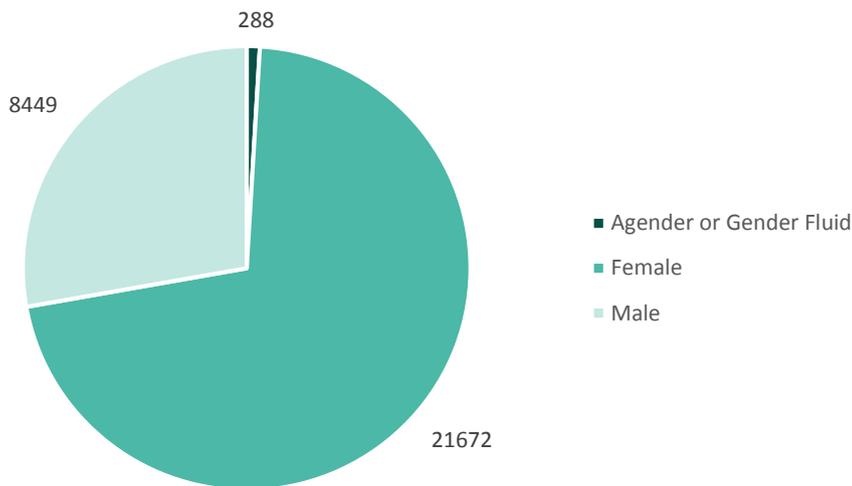


Figure 3.3 illustrates that there is a slight variation in the age profile of boys and girls who use Kooth. Boys are slightly more likely to use the service at a younger age than girls. 8.5 per cent of the boys using Kooth were aged 11, compared to 4.6 per cent of the girls. 5.7 per cent of the girls were aged 18, compared to 4.2 per cent of the boys. This may indicate that older teenage boys are less likely to engage with mental health support or to engage with such support online.

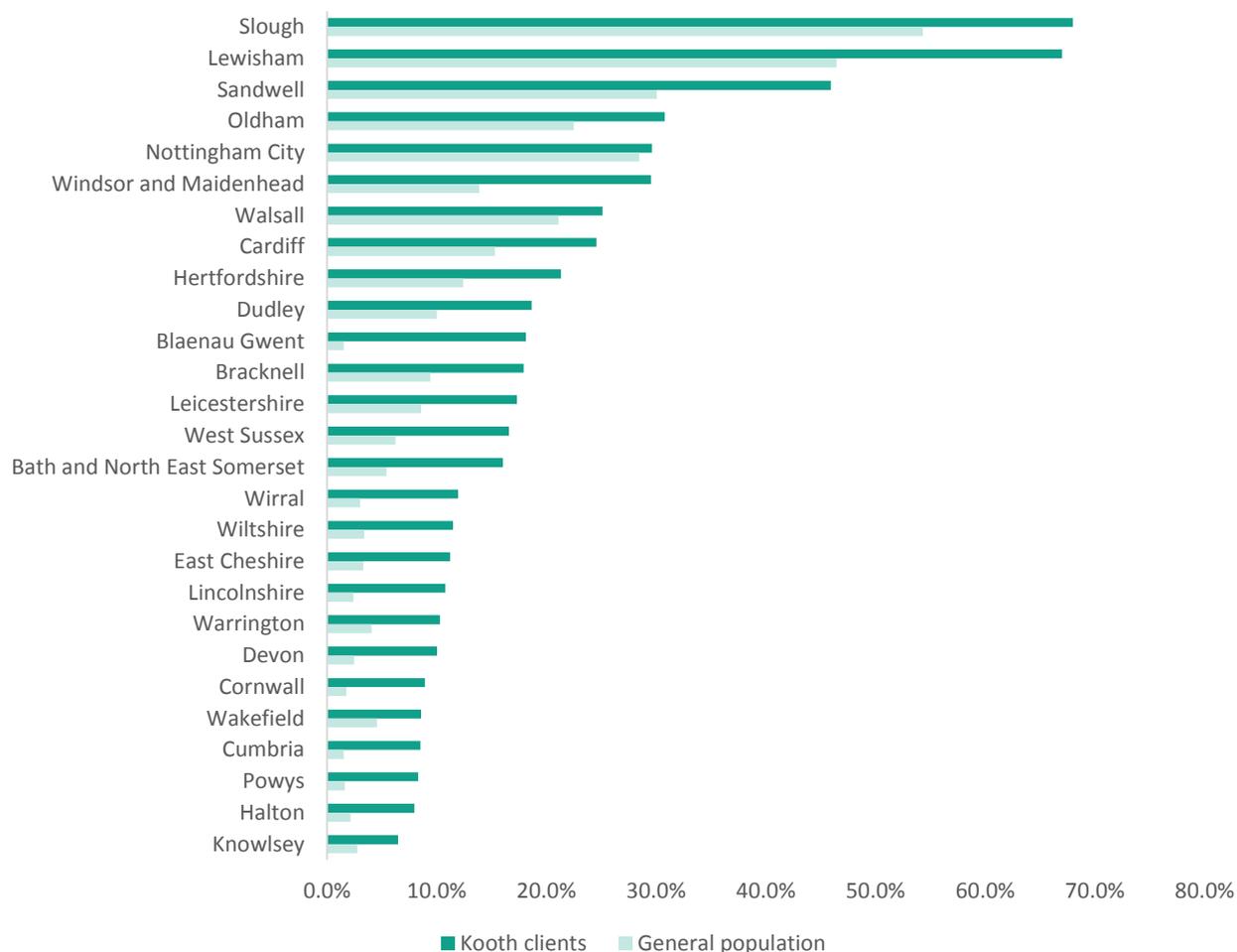
**Figure 3.3: Age profile of Kooth clients by gender**



We also explored the ethnic background of clients using Kooth. Overall in the 27 local areas for which we had data, 81.8 per cent of Kooth clients gave their background as White and 17.6 per cent had a BAME background (a small number of clients did not give this information). We compared this to the rate of BAME groups in the general population of the same local authorities. Overall in these areas 90 per cent of the population was white and 10 per cent were BAME. This demonstrates that Kooth had attracted a high rate of clients with a BME background – higher than the overall

proportion within the local populations. As shown in Figure 3.4, this pattern was true for every local authority area.

**Figure 3.4: Ethnic background of Kooth service users in 2016-17 compared to general population in each local authority area**



This ability to reach young people from BME backgrounds was mentioned in the literature as a benefit of online counselling. It was also raised in interviews with commissioners in Hertfordshire and Plymouth (see part 3).

### When do young people use online counselling?

There were a total of 30,409 new registrations in 2016-17. Figure 3.5 illustrates the use of the Kooth online service by hour of the day and day of the week. It shows that the service is busiest in the after-school period. It also shows that young people are using the service when in school and late into the night, including after 10pm when the structured counselling element is not available. 69.1 per cent of total log-ins occurred outside of the traditional working week (9am to 5pm Monday to Friday). This indicates that young people are more likely to want to access mental health support outside of traditional clinic opening hours, which poses challenges for the way in which child and adolescent mental health services are currently structured.

Wednesday is the busiest day for young people to go online to seek support. This finding is supported by the Crisis Text Line service in the United States, which found that Wednesday was the day when young people were most likely to contact the service due to anxiety.<sup>43</sup>

There is a marked drop off in use of the service on the weekend, although the service gets busy again on Sunday evenings. This could be for several reasons, such as young people being busy with social activities or not having the privacy to access the service on weekends. The increased activity on Sunday evenings could indicate potential school-related sources of stress.

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<sup>43</sup> <http://crisistrends.org/>

**Figure 3.5: Unique log-ins to Kooth online by day of the week and time of day**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0 - 1	322	289	333	344	389	450	405
1 - 2	173	174	156	139	146	190	221
2 - 3	94	79	78	82	89	95	143
3 - 4	50	40	43	54	57	51	73
4 - 5	41	30	38	37	31	34	58
5 - 6	40	45	26	45	43	37	37
6 - 7	116	170	176	163	164	76	35
7 - 8	316	379	437	489	386	201	151
8 - 9	1275	515	634	688	590	416	325
9 - 10	1084	885	798	800	854	536	468
10 - 11	767	996	1100	1058	1139	690	560
11 - 12	997	1213	1245	1033	1179	667	632
12 - 13	1424	1428	1630	1690	1460	738	694
13 - 14	1611	1409	1868	1719	1566	704	754
14 - 15	1609	1525	1685	1604	1556	731	782
15 - 16	1935	1823	1979	2024	1774	836	905
16 - 17	2558	2684	2663	2677	2359	823	1045
17 - 18	2913	2903	2825	2900	2546	1160	1393
18 - 19	2994	3260	3137	3035	2625	1932	2457
19 - 20	3338	3411	3565	3316	2760	1842	2550
20 - 21	3300	3664	3524	3426	2709	1873	2681
21 - 22	2874	3072	2884	2809	2568	1850	2441
22 - 23	1591	1699	1818	1593	1618	1219	1392
23 - 00	722	761	769	718	909	805	782

When this information is broken down by gender, a similar pattern of usage appears. A notable finding is that boys appear more likely to access the service during school hours than girls (37.4 per cent of boys were on Kooth during the hours of 8am and 4pm on weekdays compared to 23.8 per cent of girls). The reasons for this difference are unclear but could include boys being more comfortable with taking the risk of breaking school rules by going online during the school day, or boys being more reticent to access the service at home. To explore this issue further, future research could include qualitative studies of the different experiences of boys and girls when using online mental health support.

### User activity

Many of these clients browse the Kooth site to read articles and self-help guidance, and they can contribute articles they have written. They can also read and/or contribute to discussion forums.

In addition, young people can receive professional counselling sessions. 22.0 per cent of all the young people logging into Kooth in 2016-17 only accessed the self-help articles and moderated forums and did not receive professional counselling support. This is an interesting finding as one in five users of the service only accessed self-help and peer support which is much cheaper to provide

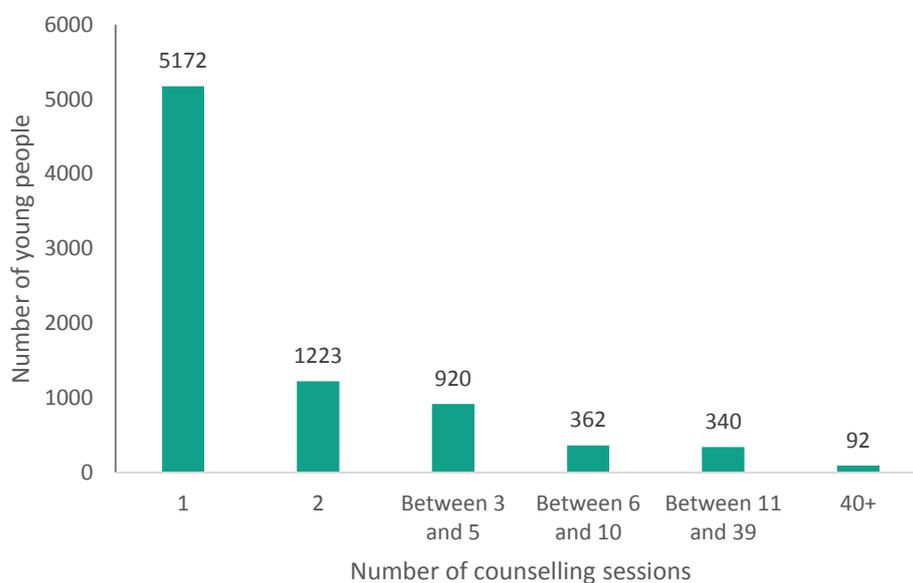
than staffing a counsellor team and could therefore indicate that a significant proportion of young people are able to access the support they need in a cost-efficient way.

In 2016-7 8,118 young people took part in professional counselling sessions, 25 per cent of the total number of young people using the site.

There was extremely wide variation in how many chat sessions young people undertook. The median and modal number of sessions was one (the vast majority of young people only required one structured session). This is true of child and adolescent services more generally and is worth exploring in more detail in future research.<sup>44</sup>

The average number of sessions (mean) was three and the vast majority of young people required fewer than ten sessions (92.6 per cent). A small minority of young people (1.1 per cent) took part in over 40 counselling sessions. The highest number of sessions for one individual client was 195.

**Figure 3.6: Young people taking part in professional counselling sessions by number of sessions**



## Messaging

When a live session with a counsellor is not available, young people are able to send and receive messages with counsellors. For example, a young person could send a message to a counsellor after the 10pm closing time for live counselling and receive a response the next day. This messaging facility also works for young people who are not able to fit in time for live counselling sessions, or who prefer to receive support through asynchronous messaging. This may be because they do not feel confident to engage with a live counselling session. For example, a client who responded to an EPI questionnaire on Kooth described that she found the messaging function easier to engage with:

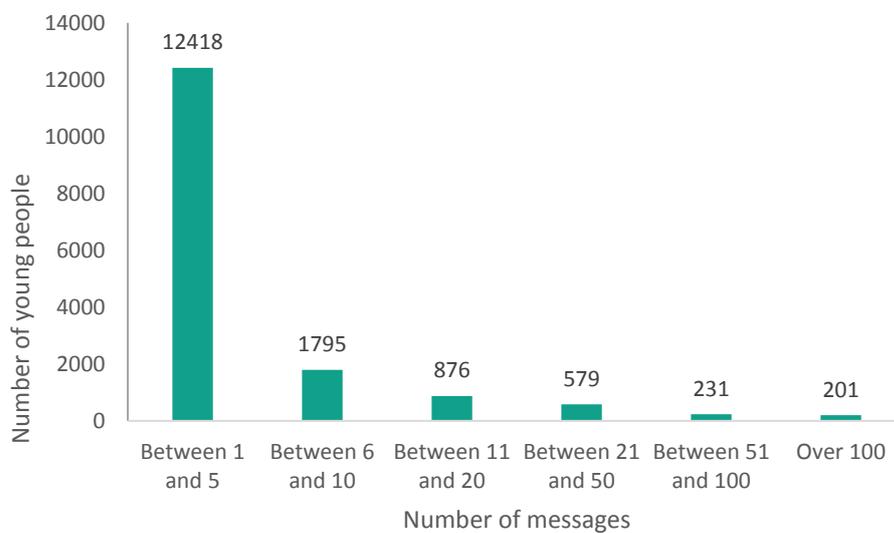
*“I am too shy to speak out. I think that chatting via message would be better... I just find it easier to talk to someone not face to face”.*

<sup>44</sup> Wolpert et al. (2015) Child and adolescent mental health services Payment system project, Final report , p21.

It may be that those young people who only have one or two live counselling sessions are also contacting the counsellors through the messaging system. Messaging is a distinctive aspect of online counselling as young people using face-to-face services do not usually have the option of sending messages outside of formal counselling sessions.

In total, 138,764 messages were sent in the financial year 2016-17. As shown in Figure 3.7, the vast majority of young people sent or received fewer than five messages. The average (mean) number of messages was 8. In total, 5,277 young people sent or received one message and 22 young people sent or received over 500 messages each. The young person who used the messaging service most sent or received 3,633 messages.

**Figure 3.7 Frequency of use of messaging service by number of young people**



## Presenting issues

Young people cite a wide variety of reasons for accessing Kooth. These are not the same as a mental health diagnosis. In order to understand these reasons, the service has grouped the individual presenting issues into six categories:

- Behavioural (e.g. eating difficulties, violence)
- Emotional (e.g. anxiety, depression)
- Health (e.g. autism, disability, alcohol)
- Home environment (e.g. bereavement, abuse, homelessness)
- Relationships (e.g. sexuality, romantic relationships, culture or religion)
- Learning or employment related (e.g. exam stress, unemployment)

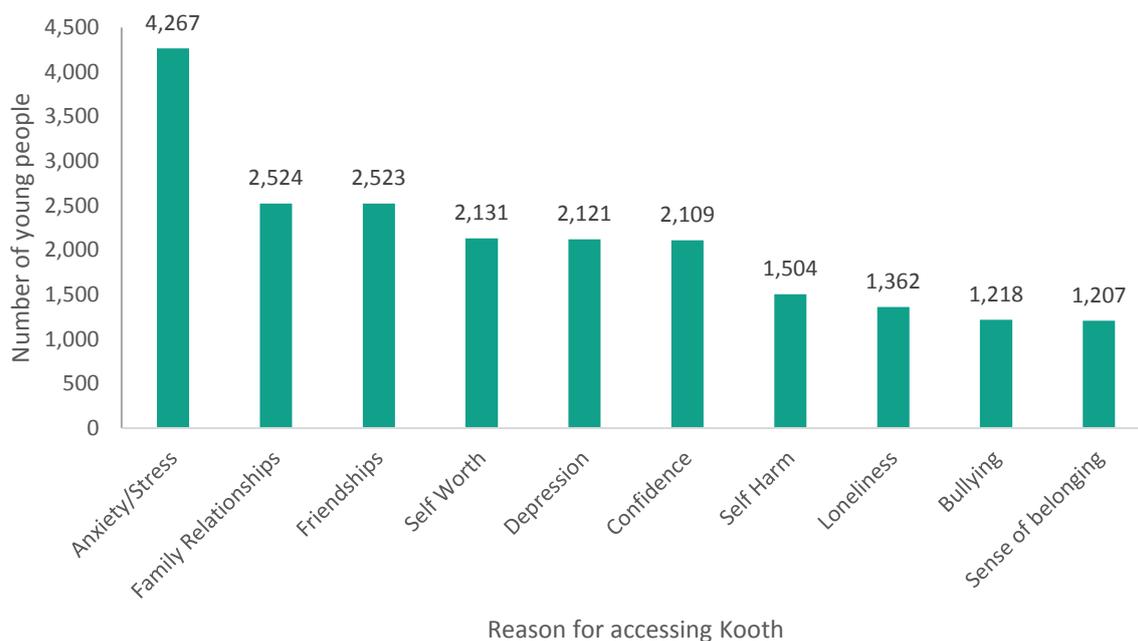
Figure 3.8 shows the number of young people presenting in each category. Most young people (16,344) were accessing Kooth for support with emotional difficulties but a large proportion access the service to get support with external factors such as relationships and their home environment.

**Figure 3.8: Reasons cited by young people for accessing Kooth by category**



Figure 3.9 illustrates the top ten individual reasons young people give for accessing Kooth under the above categories. These include a mixture of internal emotional factors such as ‘self-worth’ and external causes, such as bullying. The most common reason is stress and anxiety. This breakdown may indicate that online counselling is more suitable for certain presenting issues, including internalising conditions such as anxiety rather than externalising problems such as conduct disorder.

**Figure 3.9: The top ten reasons young people cite for accessing Kooth online mental health support**



As discussed in Part 2 of this report, research indicates that young people find the anonymity of the online environment enables them to open up about intimate or taboo issues. This is reflected in the issues raised by young people on Kooth. 1,504 young people presented with suicidal thoughts, 411 wanted to discuss their emotional response to their emerging sexuality and 210 raised sexual abuse.

#### Case study: Sal, 16

Sal felt that the safe, anonymous space provided by Kooth enabled her to disclose that she had been raped at 13 by her boyfriend who was 15 at the time. This was the first time she had told anyone about this as she had previously felt “unable to share what happened” because of her embarrassment and shame about the incident. After having a positive experience online Sal felt more confident about trying to access additional face-to-face support. She was referred to Victim Support which helped her think through her options should she decide to report her attack. She continued to use Kooth and disclosed that she was self-harming as a coping method. Her Kooth counsellor helped her to identify triggers for this behaviour and how to adopt coping strategies and to minimise risk. During her time with Kooth, Sal reports that she has stopped self-harming. She has also been encouraged to get support from her mum. Sal is keen to recommend Kooth to others. The anonymity offered was a significant contributory factor to Sal seeking help from Kooth.

## Outcomes

Over the last decade<sup>45</sup>, the child and adolescent mental health system has been moving towards more robust assessment of outcomes. This includes clinical outcomes measurement, client feedback

<sup>45</sup> A significant date is the 2002 establishment of the Child Outcomes Research Consortium, founded by a group of mental health professionals determined to understand the impact of their work: <http://www.corc.uk.net/>

and 'Goal-based outcomes', developed in partnership between the clinician and the young person.<sup>46</sup> Goal-based outcomes stem from the pluralistic approach to counselling and psychotherapy advocated by Cooper and McLeod.<sup>47</sup>

Previous research has demonstrated the need for outcomes measures used within online counselling to be different from those used for face-to-face consultations.<sup>48</sup> Inspired by Goal Based Outcome Measures, XenZone has worked with Professor Terry Hanley of the University of Manchester to develop a bespoke outcome measure: CoGS (counselling goals system), an interactive tool that allows young people to feel in charge of their goals and progress, allowing them to input personalised goals and track them week by week.

XenZone's research arm, Xenzone Alliance, was awarded research funding from the British Association of Counselling and Psychotherapy (BACP) to develop the CoGS project as an innovative tool to evaluate online counselling and support.<sup>49</sup> This initial research found that there was a higher proportion of complex needs presented to the online service compared to traditional face-to-face counselling, thus presenting challenges to those seeking to make a comparison between online and offline counselling. For example, the level of disclosure of sexual abuse and self-harm was significantly higher in this study than in face-to-face counselling, although the authors acknowledge the need for further research to corroborate this finding.

Progress in meeting the goals is measured by young people moving themselves on a scale of 1 to 10 in how far they have achieved the goal they set themselves. As shown in Figure 3.10, 2016-17 data provided by Kooth shows that 46.5 per cent of goals saw a movement of 10.

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<sup>46</sup> Law, D. and Bradley, J. Goals and Goal Based Outcomes (GBOs). In: Law, D., and Wolpert, M. (2014). Guide to using outcomes and feedback tools with children, young people and families, pp.129-136

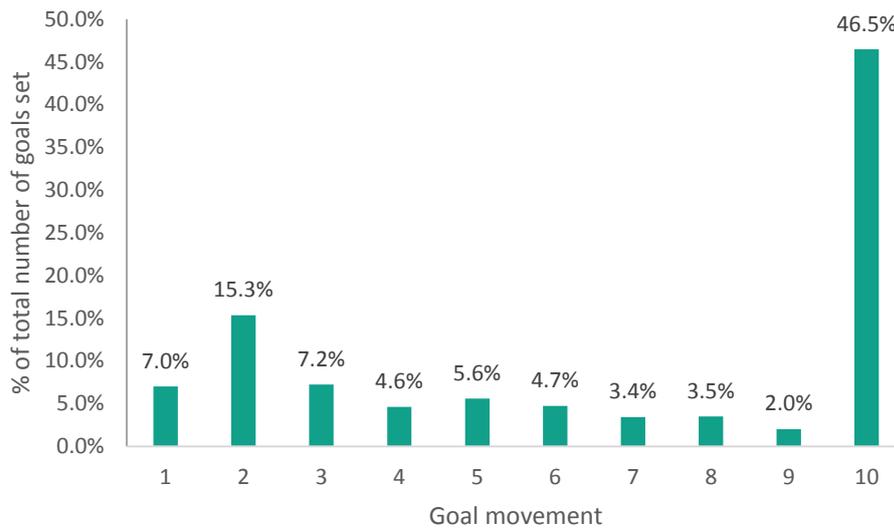
[https://www.researchgate.net/publication/277998740\\_Law\\_D\\_Bradley\\_J\\_Goals\\_and\\_Goal\\_Based\\_Outcomes\\_GBOs\\_In\\_Law\\_D\\_Wolpert\\_M\\_2014\\_Guide\\_to\\_using\\_outcomes\\_and\\_feedback\\_tools\\_with\\_children\\_young\\_people\\_and\\_families\\_pp129-136](https://www.researchgate.net/publication/277998740_Law_D_Bradley_J_Goals_and_Goal_Based_Outcomes_GBOs_In_Law_D_Wolpert_M_2014_Guide_to_using_outcomes_and_feedback_tools_with_children_young_people_and_families_pp129-136)

<sup>47</sup> Cooper, M., and McLeod, J. From either/or to both/and: Developing a pluralistic approach to counselling and psychotherapy. *European Journal of Psychotherapy & Counselling* Volume 14, 2012 - Issue 1: Pluralism: Developments and Challenges Pages 5-17. 31 Jan 2012.

<sup>48</sup> Sefi, A. and Hanley, T (2012): Examining the complexities of measuring effectiveness of online counselling for young people using routine evaluation data, *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development*, 30:1, 49-64. <http://dx.doi.org/10.1080/02643944.2011.651224>

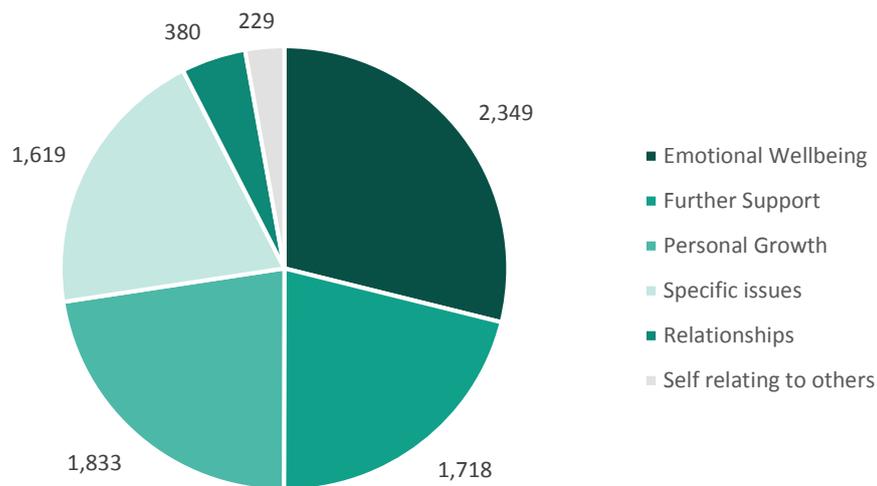
<sup>49</sup> Sefi, A. and Hanley, T. (2012): Examining the complexities of measuring effectiveness of online counselling for young people using routine evaluation data, *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development*, 30:1, 49-64 To link to this article: <http://dx.doi.org/10.1080/02643944.2011.651224>

**Figure 3.10 Distance moved towards goals by percentage of total goals set.**



The goals set by young people provide an insight into the difficulties they hope to address through online counselling. Figure 3.11 shows the number of goals set in each category.

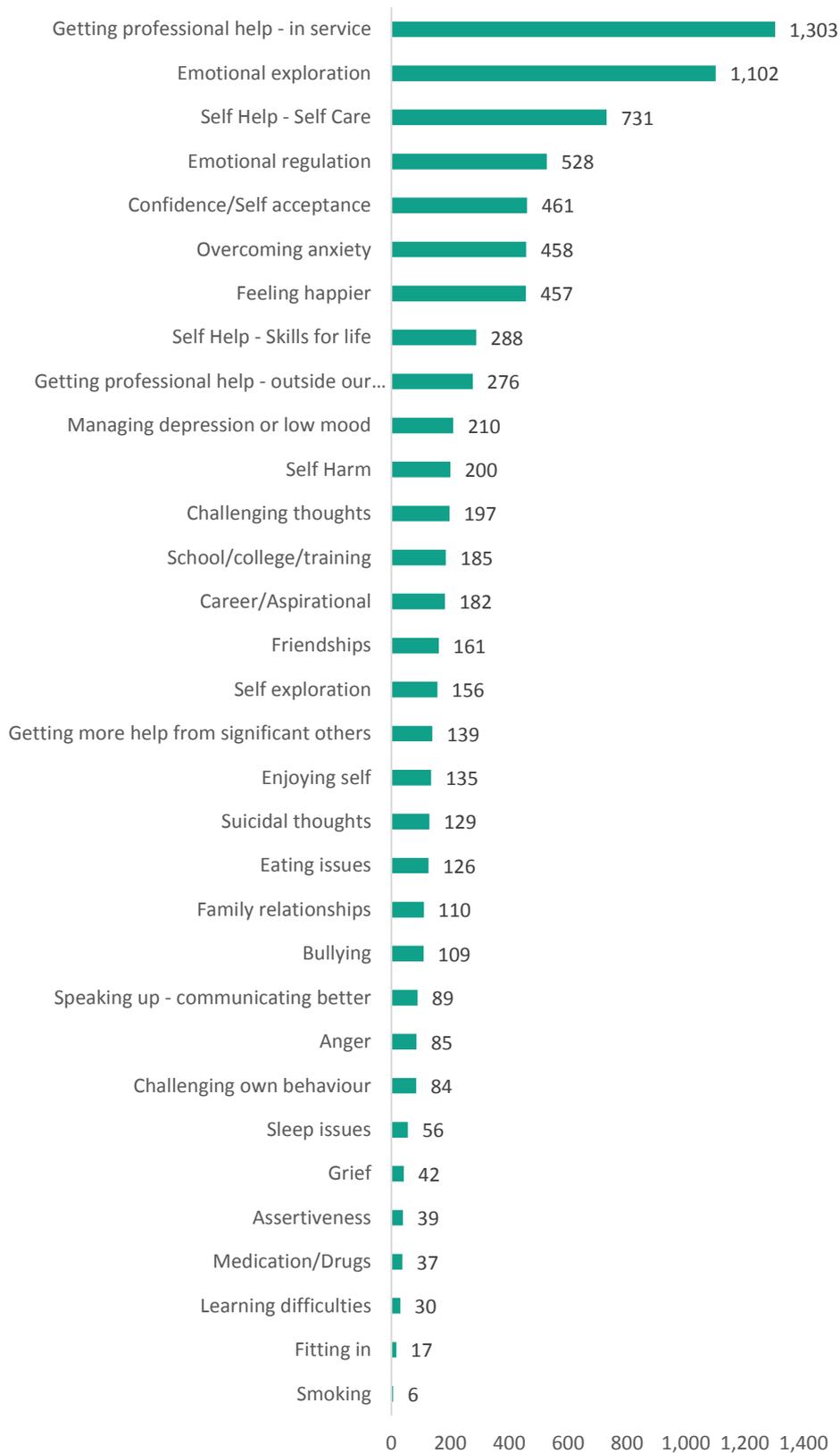
**Figure 3.11 Total number of goals set by category**



The largest category of goals set was emotional wellbeing. This covers areas such as anger, wanting to feel happier, and coping with grief. The next largest category, further support, includes goals which are about seeking further support from family members or professionals. Personal growth covers goals set around building self-confidence or developing life skills. ‘Specific issues’ covers a wide range of topics such as substance misuse or problems with sleeping or eating. Relationships includes bullying, family relationships or friendships; whereas ‘self relating to others’ covers goals which specifically address individual behaviour such as assertiveness or ‘speaking out – communicating better’.

Figure 3.12 looks at individual goals set within the above categories.

**Figure 3.12 Frequency of goals set by category**



This shows that the most common goal set is about accessing professional support for a mental health problem. After this, the most common goal set by young people is about exploring their own emotions. The next two categories are similar to this – about being able to help themselves get

better and about regulating their emotions. These quite broad goals are more common than specific goals about tackling eating issues or self-harm or handling grief. This information about the kinds of goals set by young people demonstrates that young people accessing mental health support are often experiencing non specific issues which need to be addressed in a holistic way rather than a specific individual problem to be addressed with a more specific solution.

Research by Hanley et al in 2016 explored the different goals set by young people using the Kooth online counselling service and young people using face-to-face counselling.<sup>50</sup> This found that young people using online services were more likely than those using face-to-face counselling to set goals relating to their personal approach to others, and that this difference was statistically significant. For example, young people online chose a large number of goals relating to accessing other services (e.g. “speak to head of year about...”). The authors of the study speculated that this may be attributable to young people using the confidential online setting as the first place for accessing support and concluded that this could demonstrate that traditional services are not always easily accessible for young people and that young people may wish to access support via the internet.

Hanley et al also found that young people were more likely to set personal growth goals when working online. The authors hypothesised that this could be due to the more explorative and slower paced nature of online therapeutic work, based on research by Bambling et al.<sup>51</sup> Young people online were more likely to set goals relating to improving their relationships with friends, whereas those in face-to-face services were more likely to want to improve family relationships. While this is an interesting finding, more research would be needed to understand why this might be the case. 16.9 per cent of the goals set by young people using online counselling were related to intimate relationships whereas none of the goals set by those using face-to-face services were related to this. This may indicate that young people are more willing to discuss these more personal issues in the anonymous context of online counselling. The researchers stated that:

*“It can be suggested, therefore, that online counselling has the potential to provide an important support system for issues that might otherwise remain unexplored”.*

The researchers also concluded that the many overlaps between goals set in online and face-to-face counselling demonstrate that online counselling can fulfil the same role as face-to-face counselling in supporting young people with mental health problems.

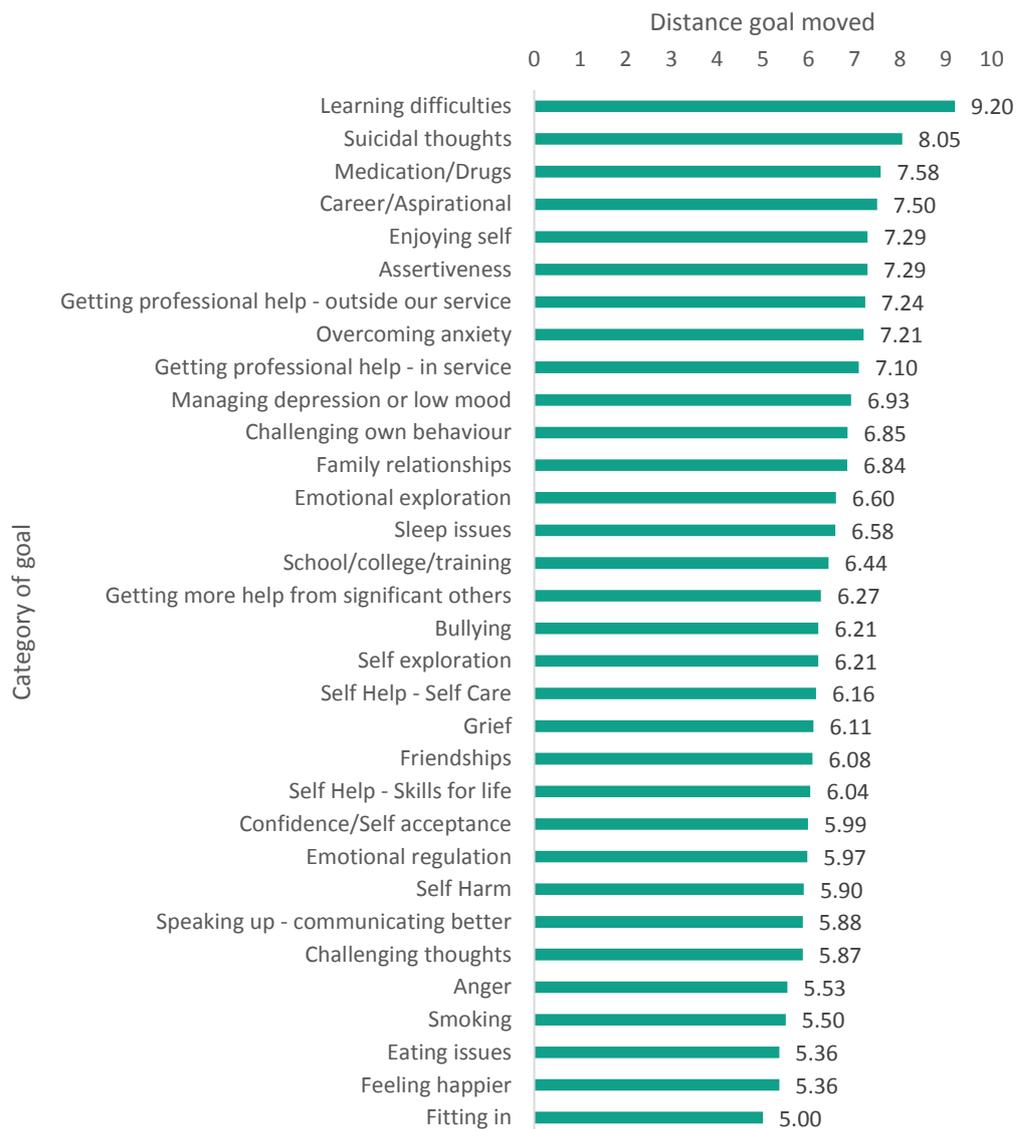
Figure 3.13 shows how far goals set in each category were achieved. Goals in relation to learning difficulties saw the most progress whereas ‘fitting in’ saw the least. A high level of progress was seen in goals based on suicidal thoughts. Goals focused on specific behaviours such as smoking, anger-management or self-harm saw less progress overall.

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<sup>50</sup> Hanley, T., Ersahin, Z., Sefi, A., and Hebron, J. Comparing Online and Face-to-Face Student Counselling: What Therapeutic Goals Are Identified and What Are the Implications for Educational Providers?, *Journal of Psychologists and Counsellors in Schools* 1, 2016.

<sup>51</sup> King, R., Bambling, M., Reid, W., & Thomas, I. (2006). Telephone and online counselling for young people: A naturalistic comparison of session outcome, session impact and therapeutic alliance. *Counselling and Psychotherapy Research*, 6(3), 175–181. <http://doi.org/10.1080/14733140600874084>.

**Figure 3.13 Goal achievement by category**



### Client feedback

In addition to formal outcomes monitoring, the organisation also collects feedback on clients' experience of the service. 96.2 per cent of clients said they would recommend the service to a friend.

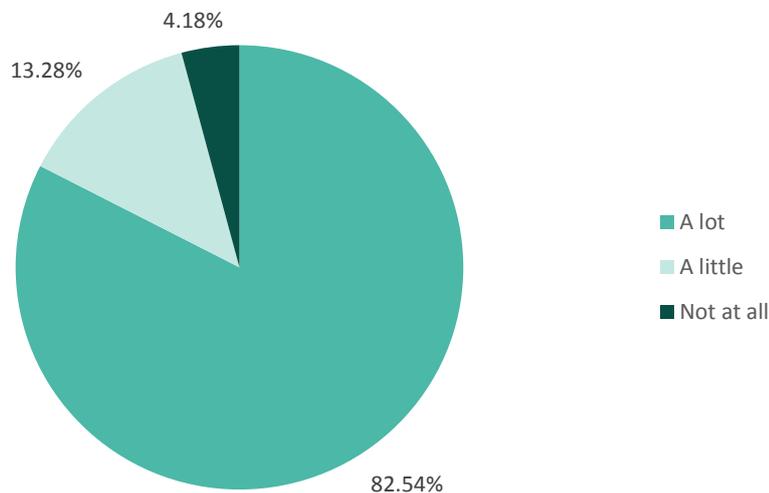
In the period April to December 2016, clients were asked if they preferred online counselling compared to face-to-face or telephone counselling. 80.3 per cent of Kooth clients preferred online counselling and 19.7 per cent preferred to have counselling offline. This higher proportion is expected since the sample is of those already signed up to an online counselling provider. The fact that nearly one in five still prefers to receive counselling offline demonstrates the need for a blended model where young people are offered both services.

One criticism which is sometimes levelled at online counselling is that it is more difficult for a client to develop a 'therapeutic alliance' with their counsellor via the internet. This is important as development of a 'therapeutic alliance' has been associated with more successful therapeutic

outcomes. Research by Terry Hanley has explored characteristics of the therapeutic alliance within online counselling, indicating that alliances sufficient to facilitate psychological change appear possible online.<sup>52</sup> The research, however, highlighted the importance of counsellors receiving training in the nuances of working online. Kooth uses a feedback questionnaire to attempt to identify how far its clients are able to build a therapeutic alliance with their counsellors.<sup>53</sup> The questionnaire asks clients to answer 'a lot', 'a little' or 'not at all' to the following four questions:

1. I felt heard, understood and respected
2. What we talked about was important to me
3. The person helping me was a good fit for me
4. Overall the session was right for me

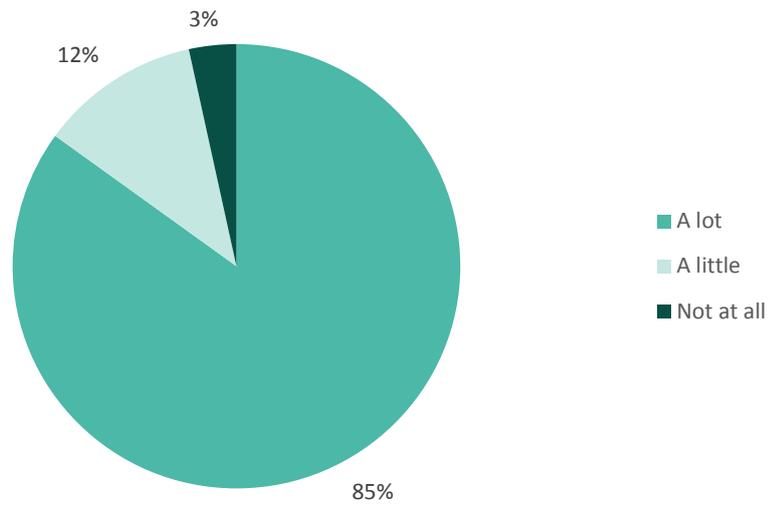
**Figure 3.14: Kooth clients' response to the statement "I felt heard, understood and respected"**



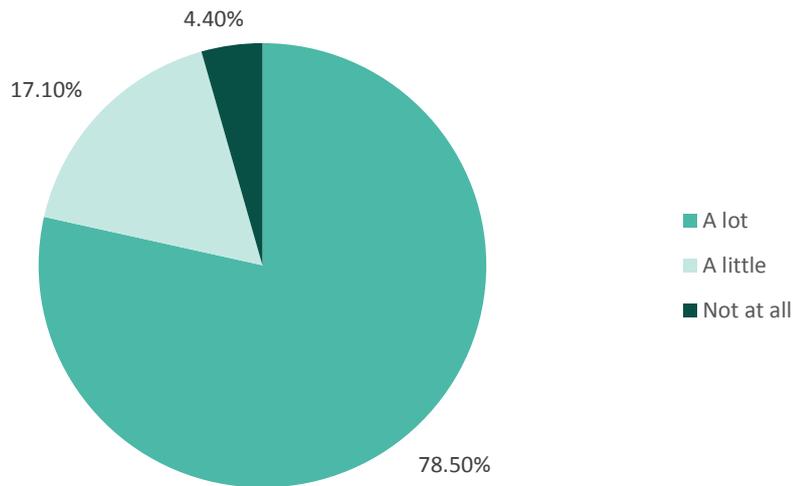
<sup>52</sup> Hanley, Terry(2011) 'Understanding the online therapeutic alliance through the eyes of adolescent service users', Counselling and Psychotherapy Research,, First published on: 01 April 2011

<sup>53</sup> This is based on the Session Ratings Scale developed by CORC: <http://www.corc.uk.net/outcome-experience-measures/session-rating-scale/>

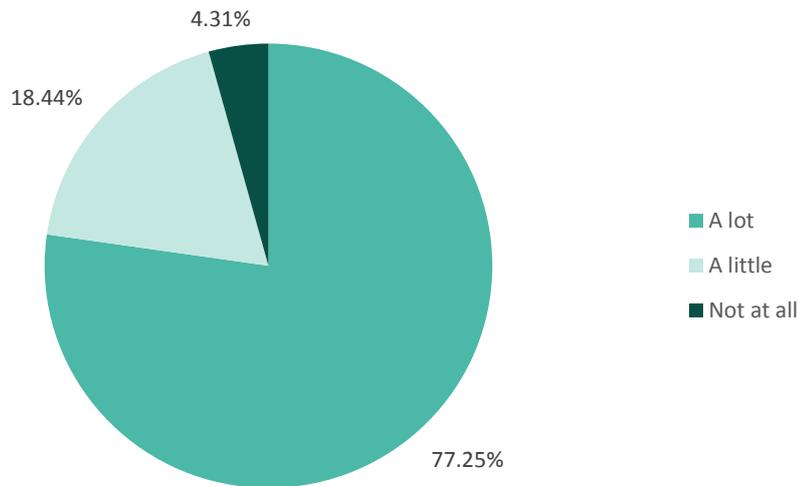
**Figure 3.15: Kooth clients' response to the statement "What we talked about was important to me"**



**Figure 3.16: Kooth clients' response to the statement "The person helping me was a good fit for me"**

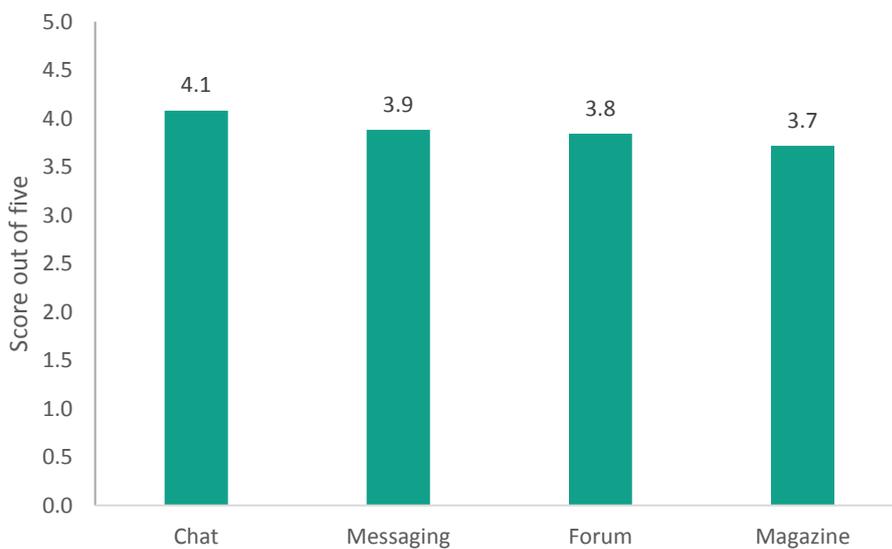


**Figure 3.17: Kooth clients' response to the statement "Overall the session was right for me"**



As Figures 3.14 to 3.17 indicate, Kooth clients seem to be able to build strong relationships with their counsellors and to respond well to counselling sessions. This links to the importance of developing a rapport as part of the therapeutic alliance.<sup>54</sup>

**Figure 3.18: Client appreciation of elements of Kooth model**



As shown in Figure 3.18, in the same period April to December 2016, clients were asked about their views on individual elements of the service. The live structured counselling (chat) function was valued most by clients, as was the chance to engage with counsellors via asynchronous messaging outside of live sessions (which was valued almost as highly as the structured counselling sessions). The self-help functions of moderated fora and magazine articles were, however, also valued by young people. This is an interesting finding as such provision is easier and cheaper to provide than

<sup>54</sup> This data covers the period January to March 2017 as the feedback questionnaire was changed in January 2017.

staffed counselling sessions and could enable services to increase access for young people to support in addition to counselling.

The Education Policy Institute also used a questionnaire to elicit feedback from Kooth clients about their experiences of the site. Clients were asked which element of the service they preferred to use. 39.7 per cent said that online counselling was their preferred method of support, compared to 14.7 per cent who preferred face-to-face counselling. A quarter of respondents (24.5 per cent) preferred a mixture of both types of support. A significant minority (12.4 per cent) said that the online articles were the element of the site that they appreciated most and 8.7 per cent selected the online forums. This shows the benefit of self-help and enabling young people to support each other in addition to offering professional counselling support. Some young people who responded to the questionnaire indicated that they found this type of support helpful as they were nervous about asking a professional for help:

*“I’m not sure if I’m ready to share my own problems with a stranger yet. I might consider it soon but it’s nice knowing that someone is reading my journal entries”.*

#### Case study: Jessica (16)

Jessica had been experiencing emotional abuse and the threat of physical abuse at home. She sent a message on Kooth saying:

*“I need to talk to someone. My dad is really aggressive – he is always shouting and threatening to hurt me. He’s been violent to my older sister before a few years ago so I’m worried something’s going to happen to me”.*

Kooth encouraged Jessica to access online counselling sessions which she did and also monitored her risk in line with the organisation’s safeguarding procedures. She was also offered information about local domestic violence support services and crisis services. Jessica was also encouraged to share her details and access face-to-face support. Her initial approach is reflective of the way in which many young people reach out to the service through the messaging function to ‘test’ the service in a safe way. Kooth provided Jessica with the opportunity to talk through her fears and concerns anonymously, safely and on her own terms.

Others enjoy the element of sharing their experiences with others and providing support on the forums:

*“I like the online advice because people get to give their own opinions and share advice that they have learned and sometimes it is easier to hear it from someone with the same problems as you. I also like the live forums because it gives helpful solutions and you can join or just follow along. I haven’t yet tried the online counselling”.*

*“When I posted my story ... I saw some comments from first time kooth users saying that they where (sic) inspired by my story... I love helping the kooth community”.*

#### Case study: Isa (11)

Isa has a Learning Disability and also experiences anxiety and stress. He has been bullied at school and was self-harming. Isa has a strong desire to help others. Isa has particularly enjoyed participating in Kooth’s online moderated forums. He can share his worries and support others. Isa wanted support and to feel part of a strong community.

Clients were asked to select the top three reasons why they liked to use online counselling. Figure 3.19 shows the order in which the reasons were selected.

**Figure 3.19: Main reasons why young people use online counselling**



The three most commonly selected reasons are all associated with the anonymity and confidentiality of the site. This supports the finding from the literature that the anonymity of online counselling is appreciated by young people, who feel more able to address problems within this setting. As one client commented:

*“ I like the online chat with counsellors because I feel safer talking on my computer that talking in real life”.*

Feedback to the Kooth website also often highlights this anonymous aspect of the service:

*“I've felt so bad recently but whenever I come here I feel safe and it feels like a little online family when none of us have met face-to-face”.*

*“I love how this conversation is easier to have behind a computer screen than it would be with a person I could see”.*

*“If you have a problem just talk to them it's all kept secret and it's easier to type the then talk and they don't know who you are so they can't judge you at all.”*

#### Case study: Shelly (16)

Shelly identifies as genderfluid and came out as gay a few years ago. She presents with very low self-worth, depression and self-harms on a daily basis. She also regularly has thoughts of suicide and has been admitted to hospital after cutting her wrists badly. She has had support from specialist CAMHS but says she feels *“let down by them”*. She has difficulties in trusting adults and has identified this as a barrier for her in accessing services. Shelly states that she feels Kooth allows her more control over what is shared/not shared and the anonymity offered gives her a greater feeling of safety. She expressed that she feels safe at Kooth because they don't know her details and this anonymity makes her feel more in control.

As the case study shows, young people with severe problems can come to online counselling to open up for the first time. One of the feedback comments on the Kooth website demonstrates how this can then lead to the young people accessing more face-to-face support:

*“I told my mum what we spoke about and she called the out of hours GP. They've told my mum to bring me to A and E to be assessed because they're worried so I'm going there with my mum now... I've been admitted to hospital I would have been sectioned if I didn't agree to come in. They are saying I'm unwell and have started me on some anti-psychotic medication. Hopefully I will start to feel better soon.”*

Young people also appreciated the way in which writing their thoughts down in messages enabled them to express themselves more clearly, which was another theme within the literature review. 267 young people said that they were more comfortable online, which demonstrates the enthusiasm with which many young people embrace online support as it reflects the way in which they interact with others online.

207 young people answered *“I can get help whenever and wherever I need it”*, showing that they appreciated the convenience of online counselling. As one client commented:

*“I enjoy being able to talk to a councillor without having to leave my room and no one has to know”.*

Others appreciated being able to access support out of hours:

*“I find it nice to talk to someone over the weekend or holiday when I can't chat to my mentor at school”.*

Feedback on the Kooth website shows the importance of young people being able to access the service easily on their phones even when in school:

*“Thank you again for this because if you hadn't helped me I would still be locked in the boys toilets too scared to move”.*

*“Thank you so much for being here. I feel a lot better. And yes I am in school right now. I'm using my lunchtime to talk to you. I have to go now, I'm afraid”.*

#### Case study: Steven (18)

Steven experiences extreme anxiety and panic attacks, particularly in school. When he came to Kooth, he hadn't been able to go to school for the last year and was increasingly struggling to go outside of home at all. Due to this he had not been able to go to his GP or access any mental health support. Working with the counsellors at Kooth online from home he has received support for his anxiety and has set himself goals such as extending the time he can spend outside, which he is beginning to achieve. He is now making plans to return to education and is exploring accessing further face-to-face support.

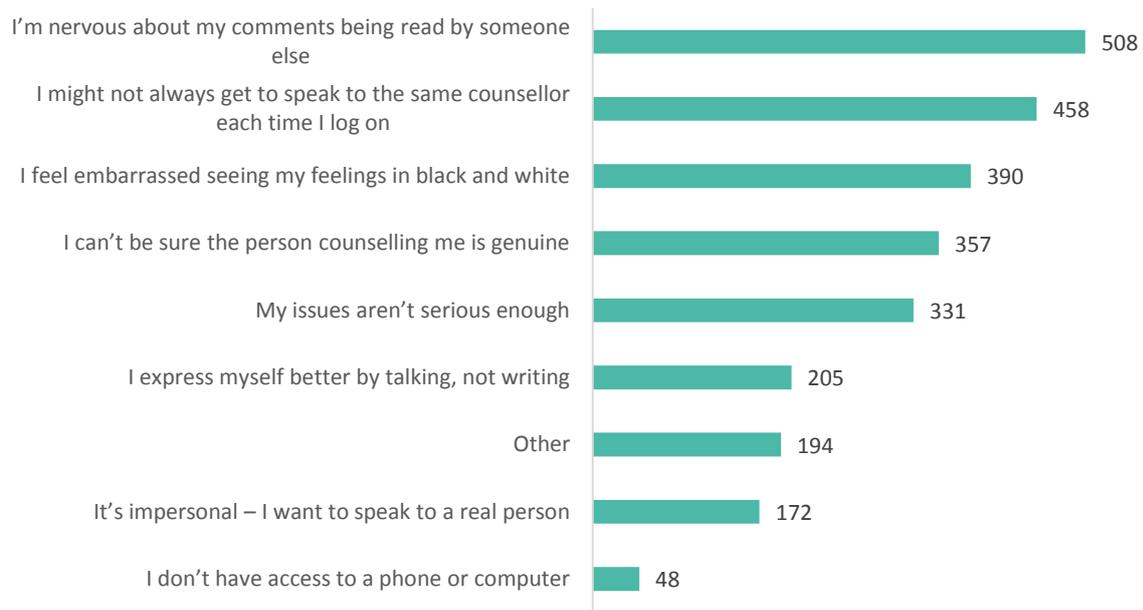
The questionnaire also asked young people why they would not choose online counselling. Figure 3.20 shows that concerns raised included nervousness about seeing thoughts in black and white or worries that they might be seen by someone else. Some young people also felt that they didn't know enough about their online counsellor.

*“I like using kooth as it gives me more confidence to express myself also the counsellors are very understanding however sometimes I worry chatting on kooth as I don't know who is counselling me”.*

In order to address any concerns about counsellors seeming anonymous, XenZone provides a 'Meet the Team' section on the Kooth website which includes brief biographies of all their named counsellors, including information about their qualifications, membership of professional bodies and the type of therapies they offer.

Others wanted to express themselves by talking, or to talk to a 'real person'. Others however, preferred the online approach: *“I don't feel comfortable doing face to face chat”*. This demonstrates the importance of offering a blended model so that young people can choose either online or face-to-face counselling. Some were reticent to choose online counselling because they did not feel their issues were serious enough, which implies that they might prefer to access self-help advice rather than either type of counselling.

**Figure 3.20 Reasons why young people might not choose online counselling.**



### 3.3 Online support in practice: Case studies

The Education Policy Institute conducted interviews and analysed data from three Kooth services in Hertfordshire, Plymouth and Halton.

#### Hertfordshire

East and North Hertfordshire Clinical Commissioning Group (CCG), Herts Valleys CCG and Hertfordshire County Council have worked in partnership to commission Kooth following a major review of Hertfordshire's CAMHS in 2015. Children and young people aged between 10 and 25 registered with a Hertfordshire GP can register for online support from Kooth.

As part of our exploration into this service, the Education Policy Institute conducted an interview in May 2017 with Sarveet Dosanjh, Senior Commissioning Manager (CAMHS), Integrated Health & Care Commissioning Team. In addition, we conducted an interview in July 2017 with Yael Leinman, Strategic Manager and Clinical Lead of the Step 2 Early Intervention service in Hertfordshire.

#### Halton

Commissioners in Halton have re-commissioned targeted services to include a blended model provided by the North West Boroughs Healthcare NHS Foundation Trust together with Kooth. This gives young people access to on line counselling, school based and community based face-to-face counselling, and CAMHS interventions around weight management, parenting and family therapy. The services also increase capacity in universal and other targeted services, along with the provision of additional 1-1 support. This has been a joint commissioning approach between Halton CCG and the Local Authority. XenZone is the provider of the online element, and the face-to-face school and community based counselling service.

The Education Policy Institute conducted an interview in April 2017 with Sheila McHale, Head of Children and Families, Adult Mental Health at NHS Halton CCG and an interview with Alison

Farquhar, Halton CAMHS Coordinator, North West Boroughs Healthcare NHS Foundation Trust, to explore perspectives about the service in Halton.

## Plymouth

XenZone provides a blended early intervention mental health service in Plymouth. In addition, to the online self-help materials and counselling, young people can also access face-to-face counselling through Young Devon, from the Kooth site.

The Education Policy Institute conducted an interview in June 2017 with Shelley Shaw, responsible for Strategic Co-operative Commissioning for Plymouth City Council.

## Convenient access to support

Feedback about the service from young people has been positive, for example the Hertfordshire commissioner cited data on young people returning to use the service and high satisfaction levels. Many of the comments from our interviews reflect the previous research outlined in Part One of this report.

One of the positive aspects of online provision has been the ability to provide immediate, early intervention support. For example, in Hertfordshire the commissioner commented:

*“We’ve had very good feedback from schools and GPs because they’ve been able to signpost something which is immediately available to children and young people... What’s good about Kooth is that they can access it quickly unlike other services.”*

Young people in Halton were also enthusiastic about the easy access to the service, such as being able to access support until 10pm and on weekends and in school holidays, according to the Halton commissioner. She noted that the service had been commissioned because of feedback from young people requesting online provision.

This view was echoed by the Halton CAMHS provider:

*“It’s a method that many of our young people choose to communicate and socialise. We are moving with what our young people want and are familiar with”*

The provider went on to explain that the online provision allows for a service to be immediately available to a family without the cost and anxiety of travelling to a clinic and at more flexible hours than it would be possible to staff a physical space.

Similarly, in Plymouth young people appreciated the flexibility of the service, citing the out of hours access and the chance for young people to access the service from anywhere via mobile technology.

## Anonymity

The anonymous and confidential nature of the service was highlighted as particularly positive in Hertfordshire and Plymouth:

*“It works because it’s anonymous so they feel they can talk about their problems quite freely without feeling judged”. (Hertfordshire)*

## Control

As with the findings of our literature review in Part One, young people in Halton appreciated the control they had over the online relationship, over how and when they seek help and whether they take advantage of self-help articles, moderated forums or online counselling. Young people in Hertfordshire have also valued the self-help advice and articles available on the site.

## Reaching more young people

The commissioner in Halton was appreciative of the ease with which the service could be advertised to young people and the availability of high quality data about service usage and service user feedback. For example, this data has allowed the service to target support for certain groups where unmet need was being identified, such as stress and anxiety for 14 to 16-year old girls. This was also the case in Plymouth, where the commissioner has been able to respond to trends in presenting issues by putting in place relevant services such as self-help articles and moderated forums on those topics.

Another benefit was that the service could reach groups that were not always accessing traditional services. According to local service data, the support in Hertfordshire has been particularly effective at engaging young people from BAME backgrounds. Our analysis shows that 21.3 per cent of Kooth clients in Hertfordshire were from a BAME background, compared to 12.4 per cent of the Hertfordshire population. The service in Plymouth reached a similar demographic, 11 per cent from a BAME background, compared to 10 per cent in secondary school settings in Plymouth. In Halton, the online service was seen to be attractive to certain groups of young people, who might not choose face-to-face support, such as those with Autism Spectrum Disorder, or those who might not be brought to appointments by their parents because of their backgrounds or perceived stigma.

## A blended approach

Some young people, however, would prefer not to receive support online, which has reinforced the need for a blended approach, with young people being given the option of face-to-face counselling as an alternative. For example, the Hertfordshire provider explained that some young people were concerned that they already spend too much time online. Additionally, some anxious parents have been unhappy with the recommendation of online counselling because of wider concerns about their child's use of the internet.

The Halton commissioner explained the need for a blended approach:

*“Having both on offer so that young people have the choice is the way to go. If we can have that multi-pronged offer, then hopefully we can catch as many as we can”.*

## Impact on demand for services

Commissioners have found it difficult to demonstrate a reduction in demand for services. In Halton, as well as in Hertfordshire, it is difficult to assess the impact of the introduction of the new service due to the challenge of untangling the introduction of online counselling from other service changes that occurred at the same time. The specialist CAMHS provider noted a positive impact:

*“We are reaching more people and reaching them more quickly. The perception of partner agencies that CAMHS is inaccessible has reduced to some degree because we’ve marketed that Kooth is part of a wider CAMHS offer, not something of less value”.*

In Plymouth, there has not been a reduction in specialist referrals. The commissioner explained that it is difficult to tell if the service is reaching additional young people as there is a lot of activity going on and it is difficult to pinpoint the role of an individual element.

The Plymouth commissioner also raised the point that the anonymous nature of the service (while highly valued by young people responding to our questionnaire) is a challenge when assessing its impact.

*“Not knowing who uses it makes it tricky to measure – data collection. It’s harder to see the impact on the wider system”.*

This comment was also echoed by the specialist provider in Halton, who mentioned that other services referring a child often request feedback but are unable to receive this due to the anonymous nature of the service. A similar concern was raised by the commissioner in Hertfordshire, who explained that the anonymity is a challenge for understanding the impact on specialist services. Further research could compare data from the areas in which Kooth was commissioned to analyse whether the introduction of the service has reduced referrals to specialist CAMHS; reduced the level of inappropriate referrals and/or reduced waiting times for specialist services. Such research is, however, fraught with challenges as currently data on these indicators is not routinely collected and published and there are inconsistencies in the way in which such data are collected by local commissioners and providers.

The commissioner went on to explain that data provided by Kooth and by other non-NHS providers, such as local voluntary sector services cannot currently be included within the monitoring and data collection system used by the NHS. This means counselling support delivered by these providers cannot be included as part of the target to increase access to mental health services within the area. A similar problem has been experienced by other non-NHS providers of early intervention support. Additionally, CAMHS staff who provide consultation work to other professionals cannot record this activity, which demonstrates that this is an issue which affects the whole system and is a major obstacle for implementing new service models such as the i-THRIVE approach.

In Hertfordshire, the local provider of early intervention face-to-face support also expressed this view:

*“It’s hard to tell [if Kooth has had an impact] because we encourage families to access Kooth but we then don’t know if they have done it”.*

## Partnership working

The anonymous nature of the service, which was highly popular with young people responding to our questionnaire, means that local partners are not always able to get feedback on the clients they refer to the service, which presents a challenge for partnership working.

Commissioners commented on the impact of partnership with Kooth as a non-NHS provider. For example, the involvement of a different type of provider was identified in Halton as contributing the benefits of partnership working:

*“I think them working with NHS staff has been very good because it’s a very different culture than in the NHS. The opportunity to work with another provider with a really flexible approach that can still provide a quality service without the bureaucracy often in place within the NHS, provides an opportunity for learning. The IT infrastructure in the NHS workplace varies very much. It’s been a real eye opener for staff to see what other sectors can provide around performance reporting and they’ve realised that embracing new technology is easier than they think and the opportunities it affords to demonstrate impact is the only way to go in the future”.*

The importance of working in partnership working was also raised by the Plymouth Commissioner, who appreciated the way in which Kooth operated in partnership with specialist services, escalating clients where necessary and also taking on young people who were stepping down from specialist services.

### Concerns and improvements

Young people in Hertfordshire had suggestions of what could be additionally offered to enhance the service further, such as extending the hours at which counsellors were available beyond 10pm. The service does, however, offer the opportunity to access self-help articles, live forums after this time, and to send messages for counsellors to receive the next day.

The Education Policy Institute asked interviewees if there were any existing concerns about the service, or if there had been concerns about online support before the introduction of the service.

Local commissioners and other providers in Hertfordshire had concerns before the implementation of the new service about the safeguarding implications of an anonymous service. Since the implementation of the new model, however, commissioners have been reassured that safeguards are in place.

A similar pattern of initial worries occurred in Halton and Plymouth about the governance surrounding a non-NHS provider and in particular online provision of counselling support where access was on the basis of anonymity, but this had also been overcome.

In Plymouth, there had also been some initial concerns about the emerging field of online counselling, where there is still an emerging evidence base. This was also raised by the Hertfordshire provider, but both had been assured of the level of qualifications of the counsellors provided by the service and the additional governance in place.

## 4. Further Research

This research project has identified promising indications that online provision of mental health support services for children and young people could be a valuable addition to local mental health care, if it is provided as part of a wider service offer including face-to-face counselling options.

Further research is needed to fully evaluate the services provided by Kooth and other online providers of children's mental health support. In order to evaluate such a service effectively, the following points would need to be taken into consideration in the study design.

The evaluation should seek to answer the research questions:

1. Does online counselling help to increase access to mental health care for children and young people?
2. Does online counselling help to reduce pressure on other statutory services?
3. To what extent do children and young people who use the service value the support it provides?
4. Does online counselling improve outcomes for children and young people?
5. Are there any undesirable outcomes or risks of online counselling?
6. How does online counselling relate to the i-THRIVE model?

The study should identify two or more commissioning areas before the implementation of a new online service. This would enable collection of data on referral rates and thresholds and waiting times before and after the introduction of the new service. A control group should be identified with one area introducing an online offer and one not commissioning the service (or the introduction should be delayed by six months). If this was not possible then it would be necessary to create a control group who did not receive the online service within the commissioned area.

Attention should be paid to any other changes occurring at the same time, which would need to be minimised or, where this is not possible, recorded for their impact on the results. This would include, but not be limited to, changes in funding levels, staffing, other services in the local system (including schools, voluntary sector providers), rising demand or complexity of those presenting to services.

More work is also needed to develop robust outcome measures that work in an online setting and which allow for comparison between providers and over time.

A future research team would need to develop their own sample of people to interview about the service and design a methodology for external analysis of data gathered with appropriate randomised sampling. This would eliminate any bias caused by the service providing details of interviewees and of self-selection of respondents. A questionnaire could be designed to gain views from service users and those who were aware of the service but who had chosen not to use it. This should not simply be addressed to all young people in the local area as it would be difficult to gain meaningful results if many local young people were unaware of the service.

Sufficient time would be needed for a pilot to be established and to allow for robust data to be collected and evaluated, especially given the considerations of adapting research to the academic year. A minimum time frame for a project of this kind would be one year.

Further research could also explore some of the interesting findings from our analysis of XenZone's data. For example, research could explore the topic of gender and online counselling use to see if girls are more likely to refer themselves to online counselling, if boys are more likely to use the service at a younger age, and if young people are more willing to be open about gender fluidity due to the anonymous nature of online provision. Similarly, research could be conducted to ascertain whether young people from certain backgrounds, such as those of a minority ethnic background, are more willing to access support online. Finally, studies could also explore whether young people are more likely to present with certain issues online than in face-to-face counselling, such as self-harm or disclosing abuse and whether it is suitable for all mental health problems, including externalising conditions such as conduct disorder.

Online mental health support is still an emerging area of service provision with the potential to increase access to care. There is a need for further research into this area to determine the extent to which this potential could be realised.