

Digital Mental Health Innovation Cluster Meeting

Young People and Mental Health

Tuesday 13 December 2022, 1300-1530

ON AIR

Attendees please note

1. We are **recording this event** and it will be hosted on our DMHIC webpage resources so it can be watched on demand
2. If you **do not** wish to appear on the recording, you must keep your camera and microphone turned off for the duration of the event
3. As a courtesy to our speakers and guests, we ask all attendees to **turn off** microphones and cameras during presentations
4. Drop your **questions in the chat field**, where they can be answered



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Agenda

- 1300 - Welcome and update on National Digital Mental Health (Chris Wright National Programme Lead)
- 1310 - Key Trends and Demand Led Challenges – Research Update (DHI report and discussion)
- 1330 - SHIP Funding/ Development Update (Suzanne Graham SHIP Programme Manager)
- 1400 - Refreshment and comfort break
- 1410 - Chatbot Project Update/ Global Practice Prof Maurice Mulvena and Courtney Potts (Ulster University) | Questions and Answer session)
- 1440 - Kooth Project Update (Kirsty Forsyth Kooth Business Development Lead)
- 1500 - Mental Health Foundation Work (Lee Knifton)
- 1530 - Event close

Welcome and introductions

Joanne Boyle, Head of Engagement, DHI

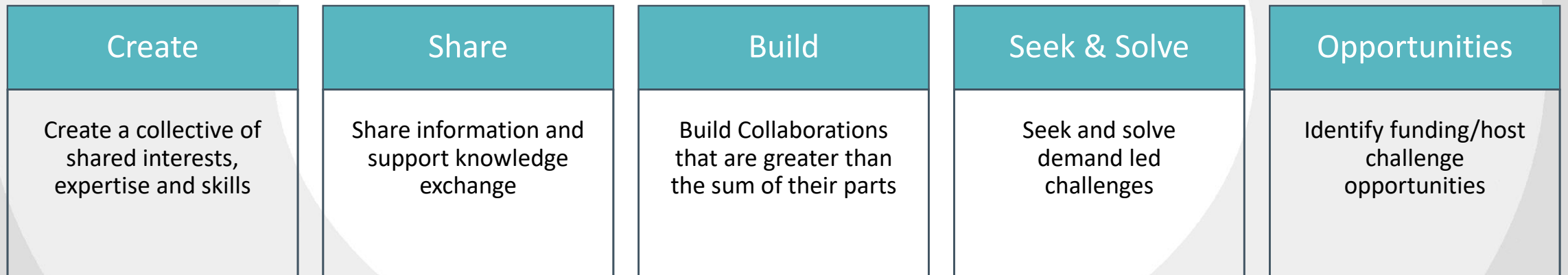


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Aim: To accelerate digital innovation and Adoption in health and care



Chris Wright

National Programme Lead

Welcome and update on National Digital
Mental Health



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Update on the Digital Mental Health Programme

Chris Wright, National Advisor/Head of Programme
Digital Mental Health, Scottish Government

Delivered Through Digital

Video Enabled 1to1 and Group Therapy

Written Word Therapist Lead CBT

Depression/Anxiety

Social Anxiety

Health Anxiety

LTC Depression and Anxiety

(diabetes, respiratory, heart conditions, chronic pain, rheumatoid arthritis)

Stress

Resilience

COVID-19

Panic

OCD

Phobias

Perinatal

CYP

Supporting An Anxious Child

Supporting An Anxious Teen

Insomnia

GAD

Digital technologies
and services used to
deliver or enhance
treatment

Digital Therapies - 26
treatments across different
clinical populations

Building online
preventative and self-
management capability

Mind to Mind National Wellbeing Resource Site

NHS Inform Digital Self-help Guides

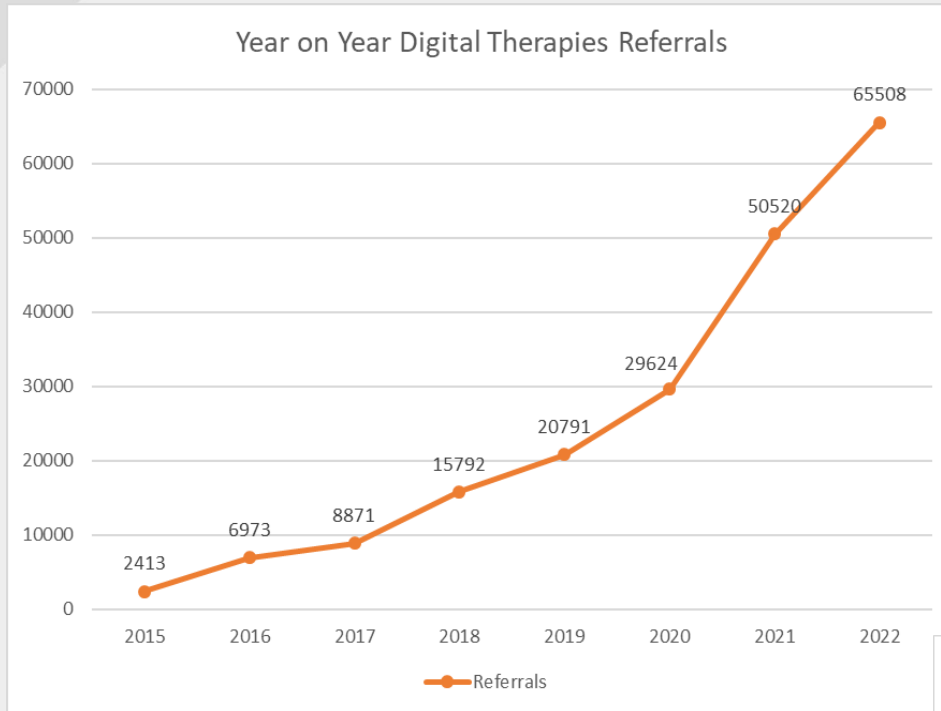


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Usage of Digital Therapies



65,508 referrals in last 12 month

Psychology Receives 123,000

32,262 through self-referral

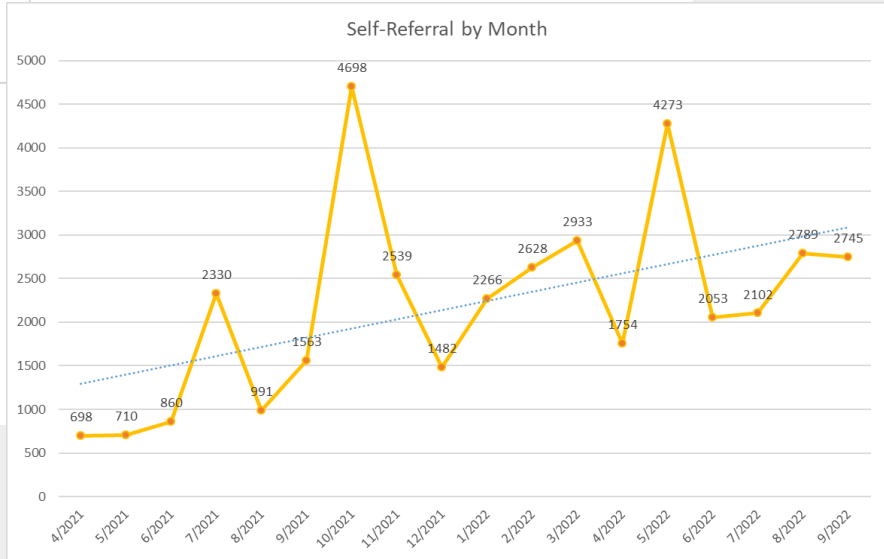
200,492 referrals since 2015

Supporting over 17,093 Health and Care Staff since 2020

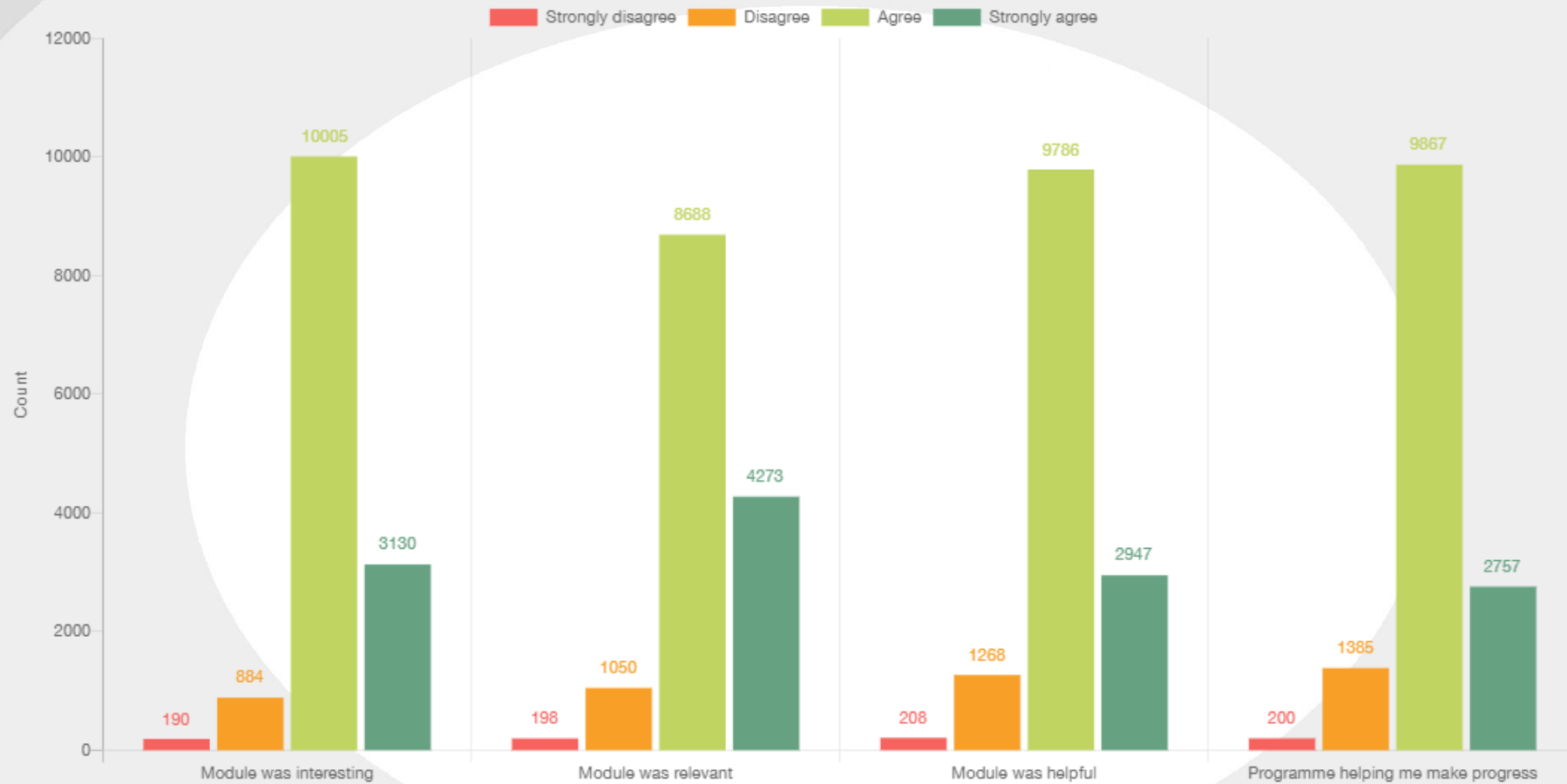
85% of referrals come from GPs

Patients wait no more than 5 working days both treatment

Suicide ideation of over 4,000 citizens monitored per month



Evidence of Patient Satisfaction

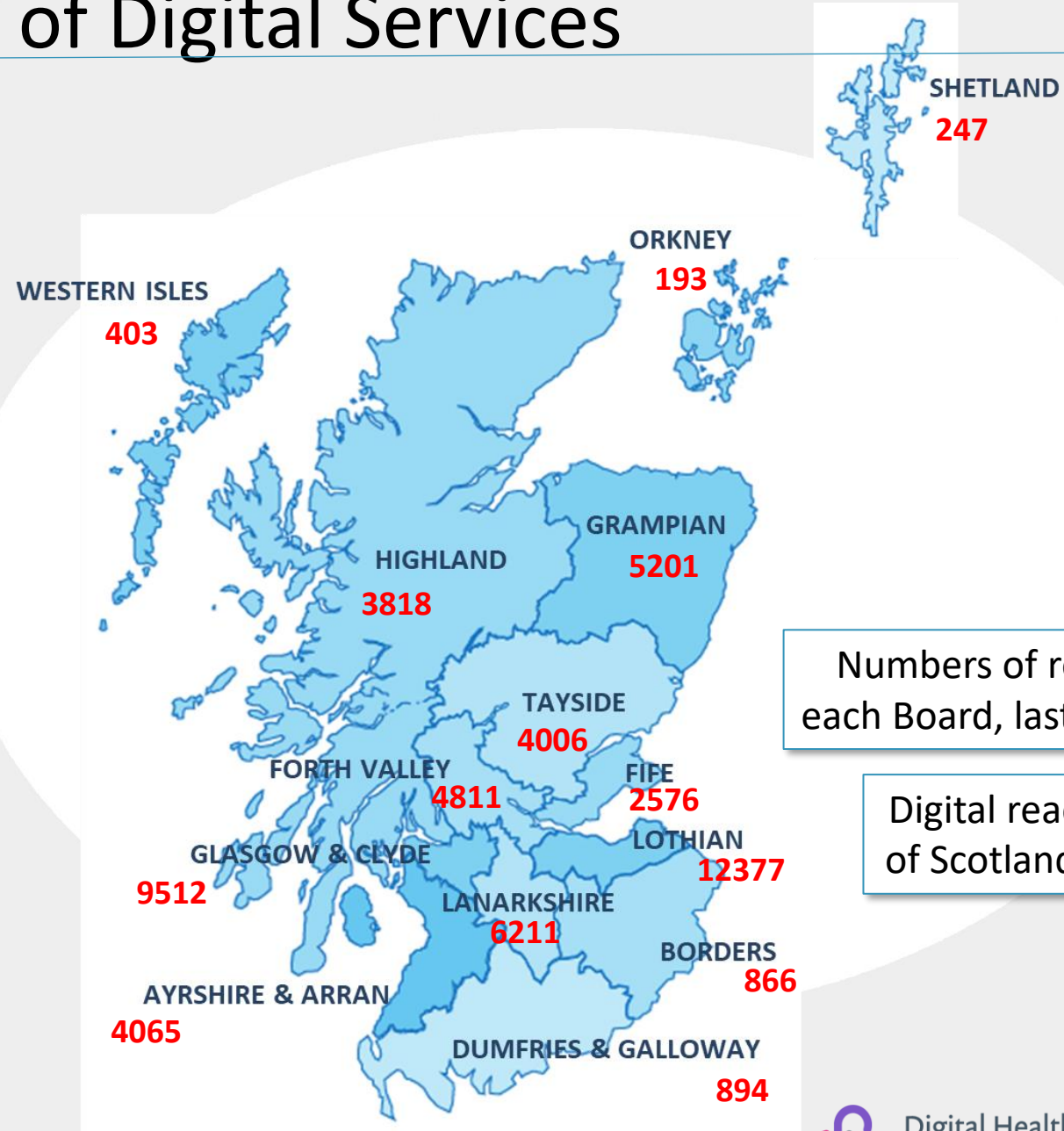


Module Ratings (n = 56836)

User satisfaction (agree or strongly agree): 91 %



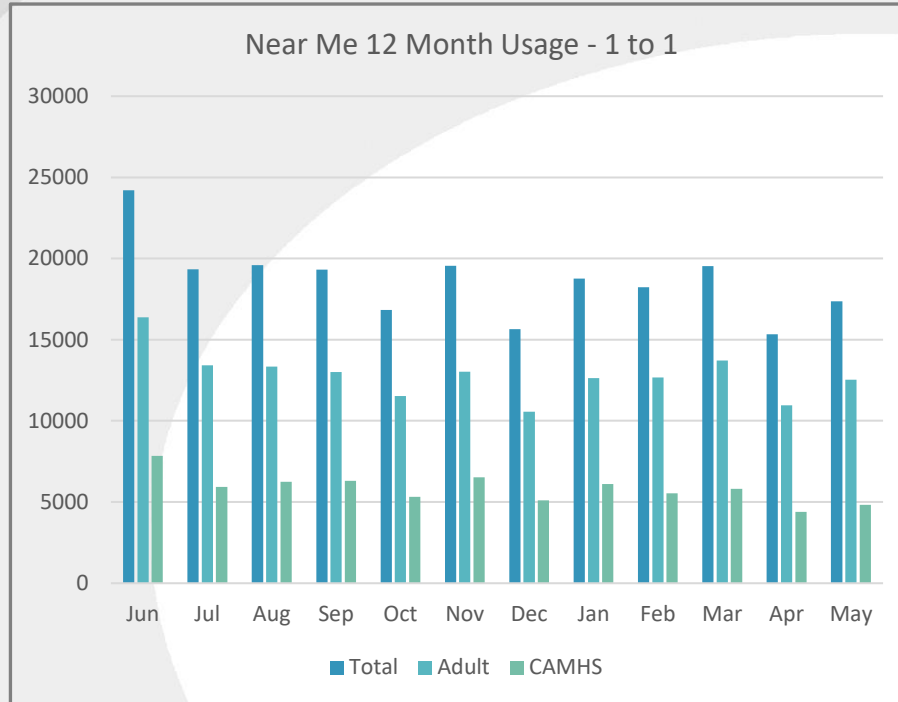
Reach of Digital Services



Numbers of referrals in each Board, last 12 months

Digital reaches every parts of Scotland including Barra

Video Enabled Therapy



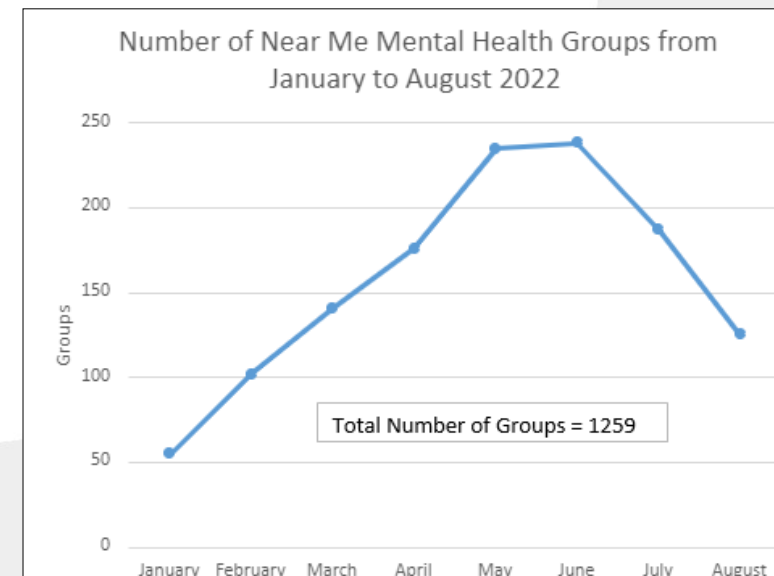
Strong support for the use of video consulting was found: 87% of the public and 94% of clinicians thought video consulting should be used for health and care appointments, providing it is appropriate for the consultation.

N=5,000 Survey Responses

Numbers stabilised at 18,600 consultations per month

Group numbers and usage steadily increased with anywhere between 100 to 200 sessions per month

In May and July over 900 patients attended a video enabled group therapy session



Remote Monitoring

Signed in as The Patient [Logout](#)

inhealthcare

Filter results
Type a service name...

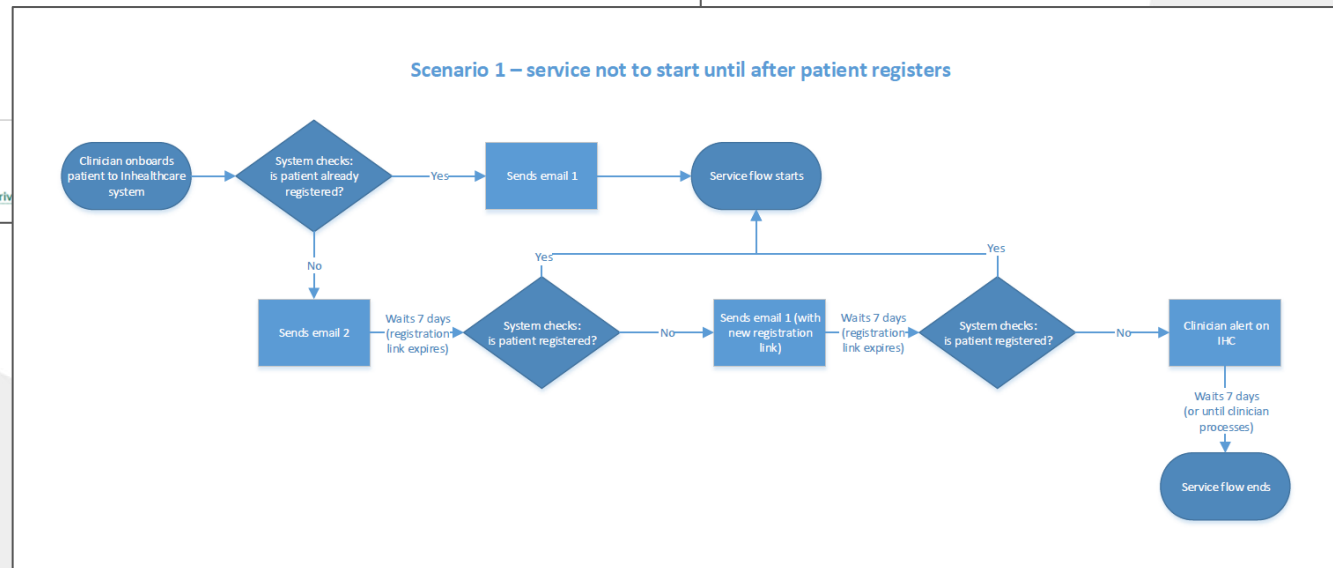
Digital Mental Health

Created date	Description	
27-Apr-2022 10:45	You can opt out of this service anytime by completing this task	View task
27-Apr-2022 10:45	PHQ9 Questionnaire	View task

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Nationally available system has ability to re-create any clinical outcome measure and engage with patients to ensure timely and consistent collection of data for use in clinics

Transfers outcome data directly into patient management systems



Online Self-help

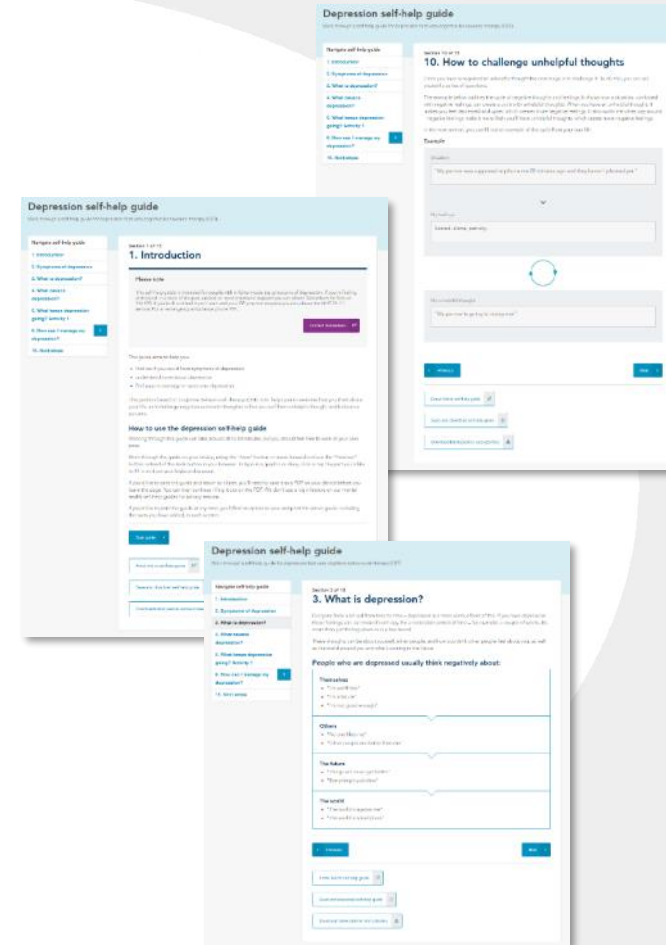
Digital self-help most common form of digital with 3rd Sector/Voluntary organisations providing significant amount online

Self-help will tend to align to specific needs of areas of interest, long term conditions, mental health conditions

13 online interactive CBT self-help guides available through NHS Inform

Focus on a range of topics including specific Covid and common conditions such as depression, social anxiety, ptsd, bereavement

Accessed 412,102 by users in last 12 months.



Shifting Focus



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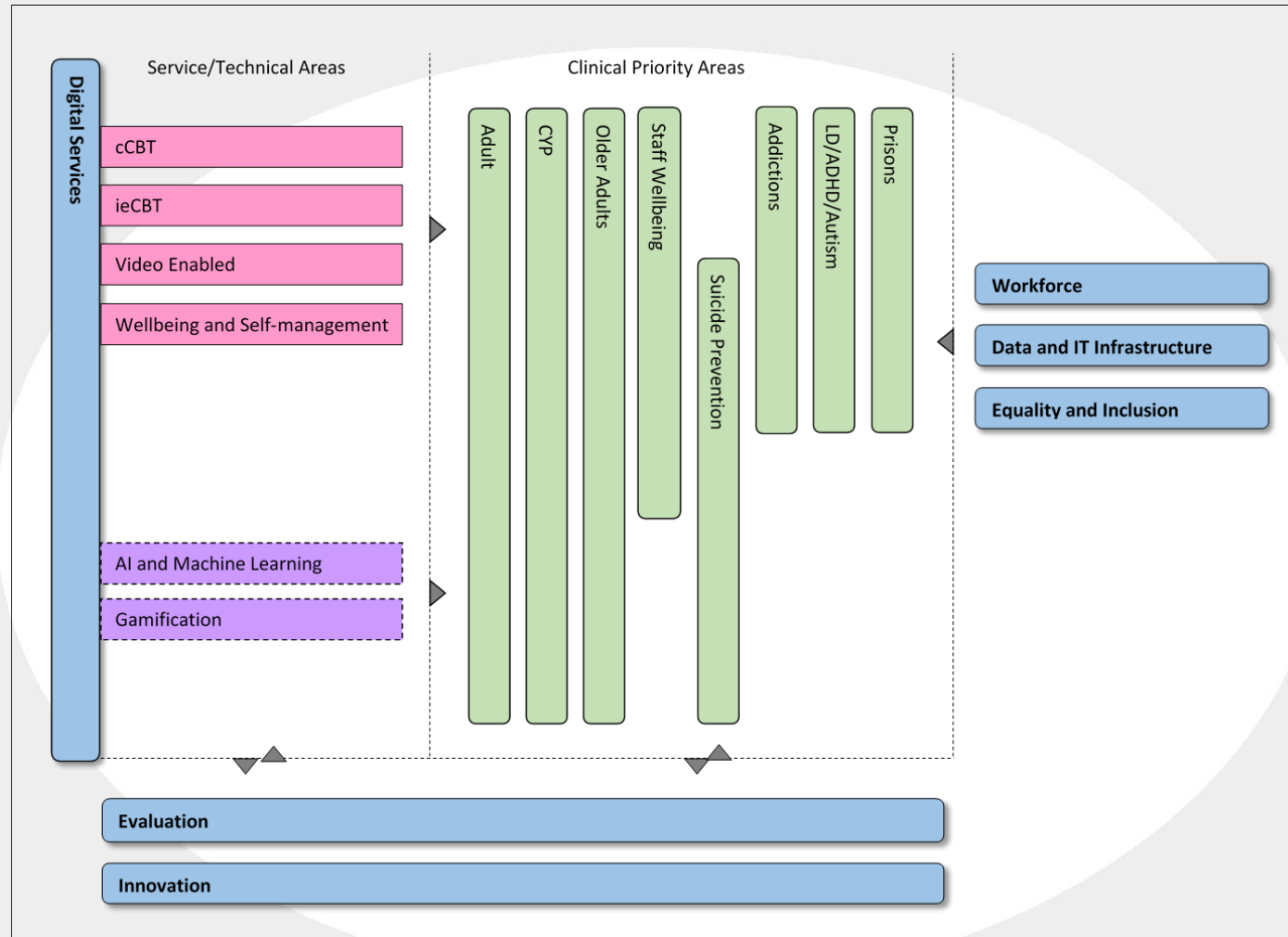
Development of Strong Policy Position

Digital Therapy is now an integral part of service delivery across Scotland and is uniquely placed to deliver evidence-based therapy to all NHS staff, and to the wider population in Scotland. **The value of digital therapy during our Covid-19 response has been clear, and has enabled services to continue in spite of physical restrictions.** We also know that this has been a positive development in providing mental health support to those in rural communities.

However, we also recognise that a number of people across Scotland do not have access to digital services or are uncomfortable using them in a mental health context. We need to ensure that a focus on digital services does not disadvantage those who cannot or do not wish to use them, or those who would prefer a blended approach

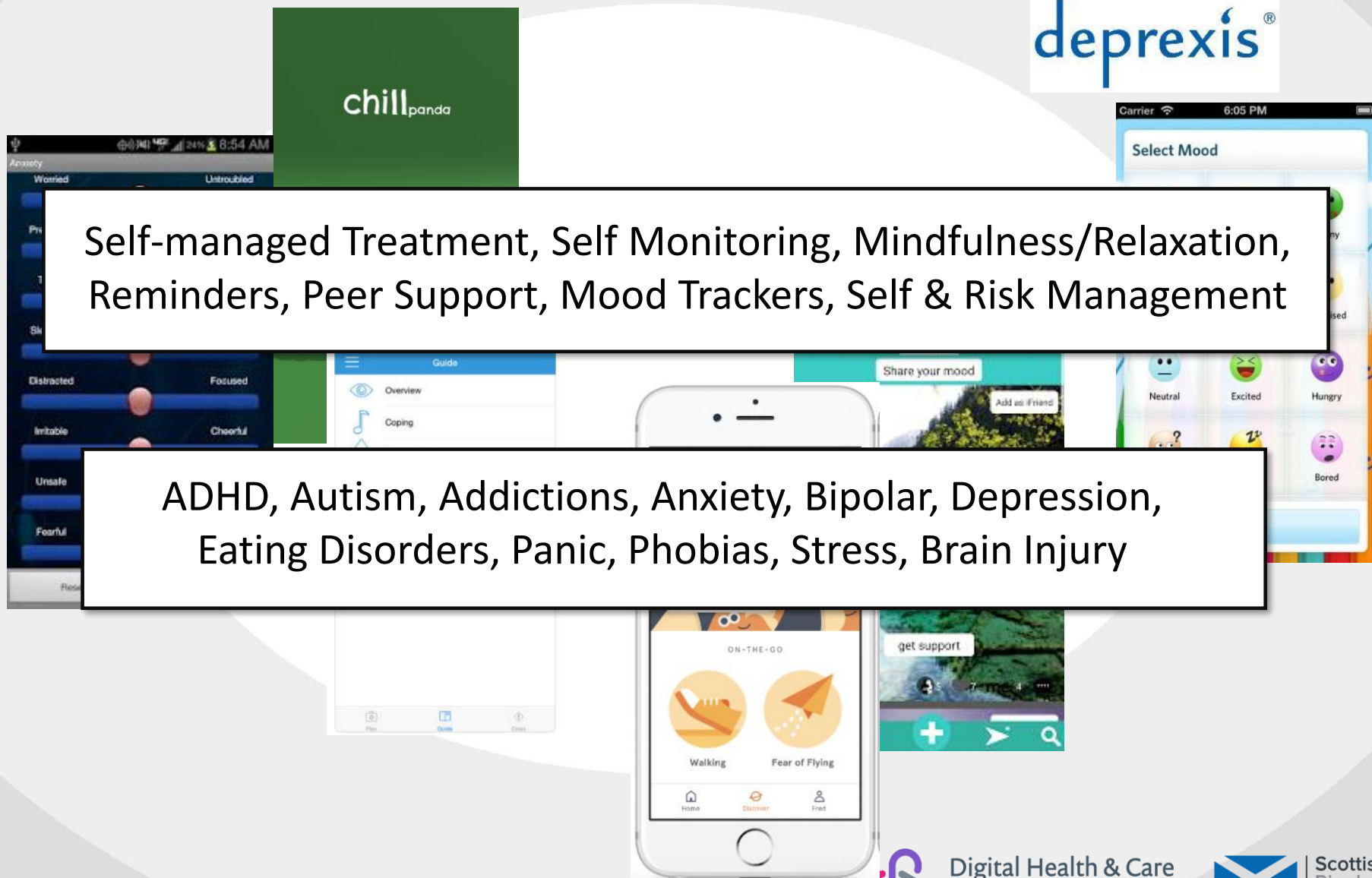
Mental Health – Scotland’s Transition and Recovery, Oct 2020

Restructured Programme



The Digital Mental Health Programme **responds to the increased demand for mental health** services by integrating and maximising the use of technology

Emerging Work Self-Management



Self-managed Treatment, Self Monitoring, Mindfulness/Relaxation, Reminders, Peer Support, Mood Trackers, Self & Risk Management

ADHD, Autism, Addictions, Anxiety, Bipolar, Depression, Eating Disorders, Panic, Phobias, Stress, Brain Injury

Developing Evidence

Focused on



Evidence to support claims of technologies

Technical, user satisfaction, safety, effectiveness

Research focused

Demonstrates at scale in appropriate live environment



Evidence should be build throughout design,
testing and implementation phases

Digital Exclusion Can Not Be Ignored

92% of Scotland has Broadband \geq 30Mbps/s
48% of these households have superfast

Average access to superfast Broadband in Orkney, Shetland and
Western Isles = 68%

57% of people access internet through Smartphone

56% of people with psychosis access the internet daily compared
with 78% of the general population

Only 14.4% of people engaged with community mental health
rehabilitation (CMHT) use the internet

Most Exclusion is in Glasgow:

51% have Broadband or internet connection at home
53% having a computer at home

Reasons for Exclusion in Mental Health

*“**lack of knowledge** was one of the most commonly reported barriers to engagement with internet-enabled technology”*

*“expressed **uncertainty regarding potential sources of help** for overcoming their digital exclusion”*

*“a range of **personal circumstances** as reasons for their digital exclusion
financial barriers were evident, including being unable to afford internet-enabled devices and accompanying services such as broadband”*

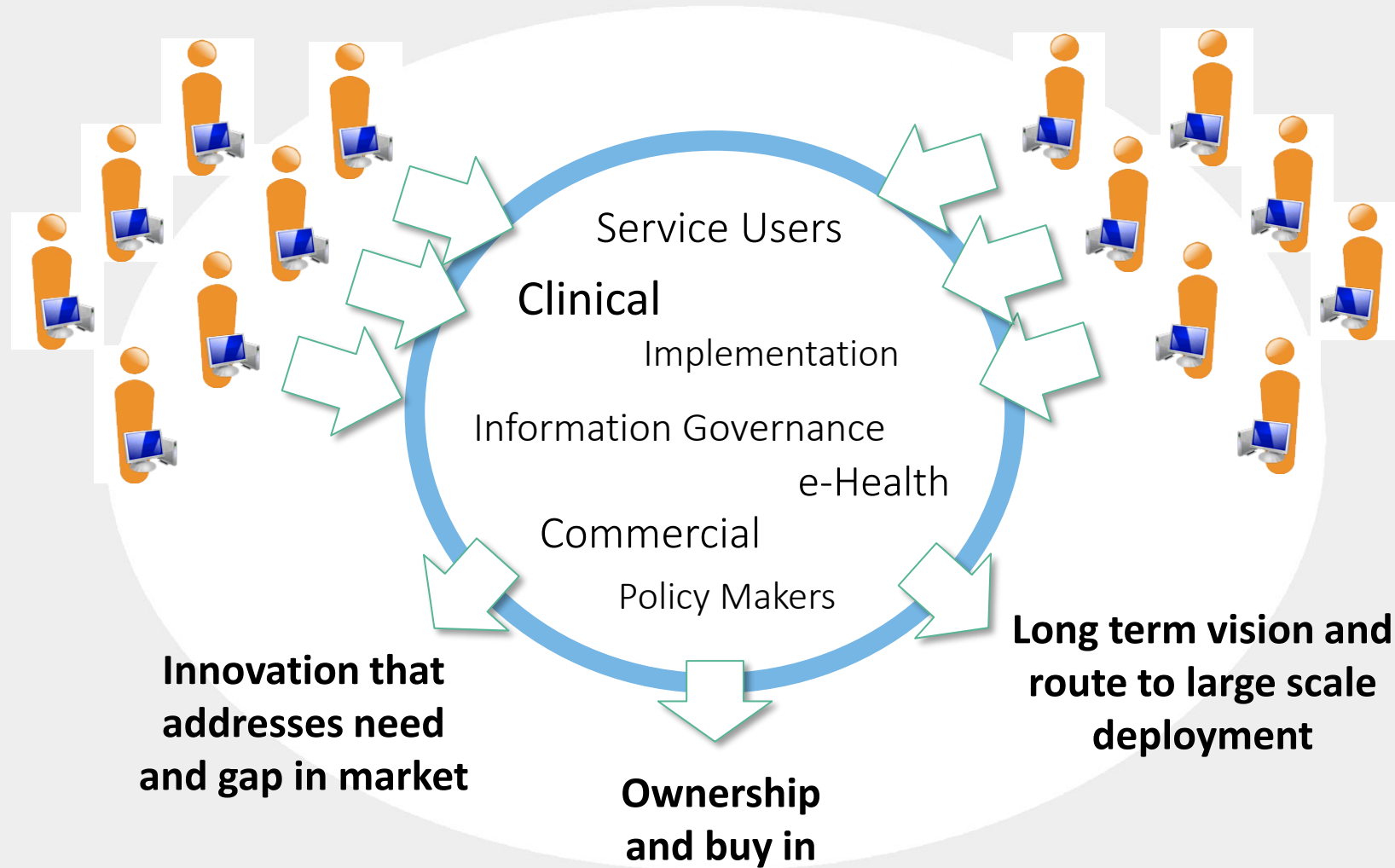
*“barriers relating to their **living situation**”*

*“**mental health difficulties**, specifically psychosis, impacted on their digital exclusion. This included relapses and hallucinations preventing them from being able to use internet-enabled technology and **forgetting how to use the technology**. These **memory difficulties** also appeared to have **hindered previous attempts to overcome digital exclusion**”*

*“impact of mental health difficulties themselves, periods of **time spent in inpatient care** were also reported to be detrimental to participants’ awareness of advances in technological development”*

*“**motivation to overcome their digital exclusion**, age appears to be a moderating factor in motivation, with some older individuals being comfortable with digital exclusion”*

Structures for Co-design and Lived Experience



Thank You



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Ciaran Morrison

Key Trends and Demand Led Challenges



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- The purpose of this research is to inform high level key themes/demand led challenge areas for the DMHIC, to provide focus for potential innovations



- NHS Scotland have spent over **£139 million** in 2021-22
- Poor mental health costs the Scottish economy **£8.8bn** a year
- Significant mental health inequalities exist. Adults in the most deprived areas are twice as likely to have common mental health problems as those in the least (**22% Vs 11%**)
- **1 in 4** people experience mental health problems at some point in their lifetime
- **1 in 6** people are living with mental health problems at any one time.
- The global burden of mental illnesses represents **32.4%** of years lived with disability



- In 2017, the Scottish Government released the 'Mental Health Strategy: 2017-2027' to outline a 10-year vision for Scotland's approach to mental health and care, focussing on:
 - Prevention and early intervention;
 - Access to treatment, and joined up accessible services;
 - The physical wellbeing of people with mental health problems;
 - Rights, information use, and planning.
- Key actions outlined in this strategy included:
 - Increasing mental health workforce by 800 workers in hospitals, GPs, prisons and police stations.
 - Improving support for preventative and less intensive services to tackle issues earlier.
 - Reviewing the role of counselling services in schools.
 - Testing and evaluating the most effective and sustainable models of supporting mental health
 - Establishing a bi-annual forum of mental health stakeholders to help guide the implementation of actions in the coming years



- In 2020 the ‘coronavirus (COVID-19): mental health – transition and recovery plan’ was released in response to the impact of the pandemic on mental health. The plan was based upon the six dimensions of the Scottish Government’s Mental Health Quality Indicators.
 - Person-centred
 - Safe
 - Effective
 - Efficient
 - Equitable
 - Timely
- The plan built on achievements made during the pandemic, including the expansion of digital services, to allow mental health services to adapt quickly to delivering care and support via alternative methods.

Consultation for a new mental health and wellbeing strategy



- In 2022 the Scottish Government launched a consultation for a new mental health and wellbeing strategy, aiming for *better mental health and wellbeing for all*.
- Early outcomes have indicated key strategic aims for mental health in Scotland going forward, these are aimed across the individual, community and population level and include:
 - Influencing social factors
 - Establishing a shared language and understanding
 - Promoting and supporting conditions for good mental health and wellbeing at population level.
 - Providing accessible signposting
 - Providing a rapid and easily accessible response
 - Ensuring safe, effective treatment



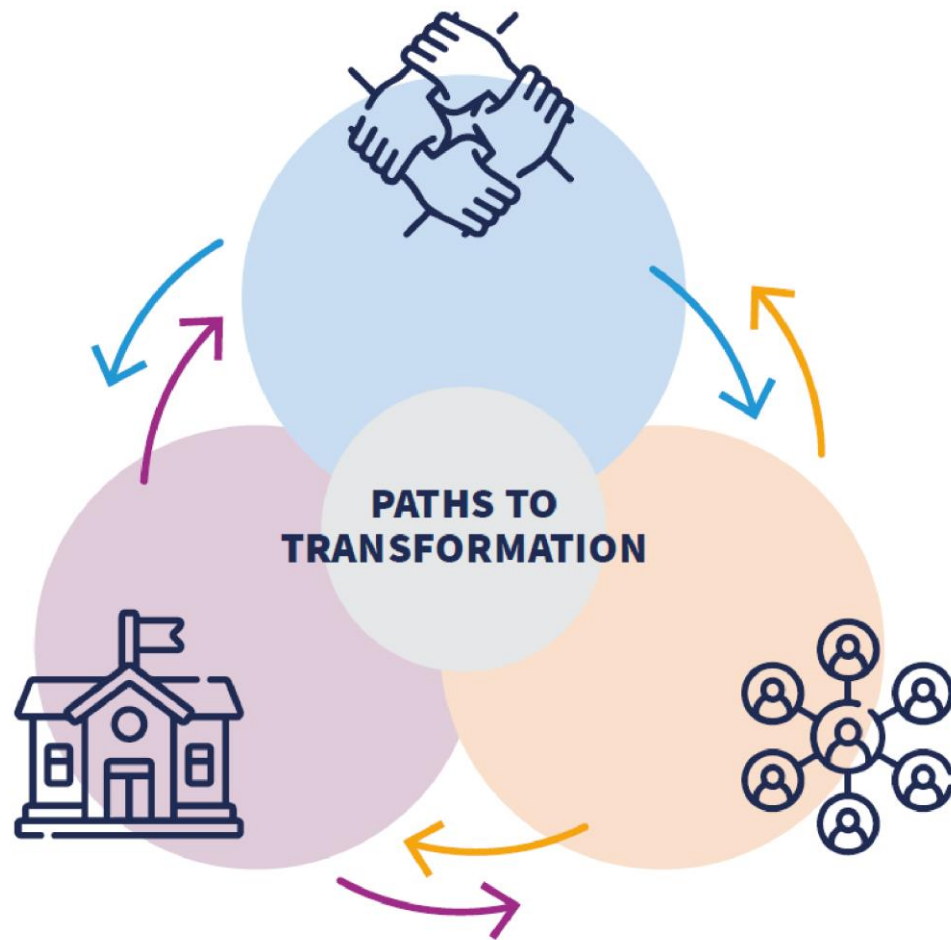
Outside the health and care sector

- Multiple strategies have been developed by advocacy or charity groups that focus on addressing wider societal issues impacting mental health
- These focus on social inequalities that are driven by:
 - **Economic Influences**
 - **Relational influences**
 - **Health, disability and ageing influences**
 - **Environmental influences**
- Similar to the health sectors approach, they call for action on a national, community and individual level.



Tackling the social determinant of mental health

Strategies	Tactics
National structures	
<ul style="list-style-type: none">• Reduce economic inequalities• Prevent ACEs, domestic/sexual violence and discrimination• Create mentally healthy environments• Map the socioeconomic influences on mental health	<ul style="list-style-type: none">• Non-means tested income supports• Anti-domestic/sexual violence law• Anti-discrimination law• Alcohol minimum unit pricing• Reduced class sizes• Regulating on marketing of harmful industries• Design-in green and blue space
Communities	
<ul style="list-style-type: none">• Asset-based approaches• Assessing community-level risk• Measures to reduce inequalities• Preventative interventions• Trauma-informed approaches	<ul style="list-style-type: none">• Affordable housing• Public spaces• Community participation• Improved school engagement and emotional literacy• Trauma-informed public services
Individual/Group level	
<ul style="list-style-type: none">• Empowerment programmes• Resilience training• Peer support groups• Screening programmes	<ul style="list-style-type: none">• Psychological therapies for children exposed to trauma• Emotional literacy training• Empowerment programmes for disadvantaged groups• Debt advice• Peer support groups• Supports for parents with a mental health problem



DEEPEN VALUE AND COMMITMENT

- Understand and appreciate intrinsic value
- Promote social inclusion of people with mental health conditions
- Give mental and physical health equal priority
- Intensify engagement across sectors
- Step up investment in mental health



RESHAPE ENVIRONMENTS

- Reshape physical, social and economic characteristics of different environments for mental health, including
 - homes
 - schools
 - workplaces
 - health care services
 - communities
 - natural environments



STRENGTHEN MENTAL HEALTH CARE

- Build community-based networks of services
- Move away from custodial care in psychiatric hospitals
- Diversify and scale up care options
- Make mental health affordable and accessible for all
- Promote person-centred, human rights-based care
- Engage and empower people with lived experience



Demand led Challenges





Potential areas for Innovation

Prevention and Early Intervention

- Artificial Intelligence
- Digital Phenotyping
- Virtual Reality

Access to treatment and services

- Virtual Reality
- Artificial Intelligence

Supporting mental health service staff:

- Virtual Reality
- Artificial Intelligence



Thank you

Suzanne Graham
SHIP Programme Manager
SHIP Funding /Development Update



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Mental Health Open Innovation Challenge Update December 2022



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Background



Challenge aims to develop disruptive innovative solutions that address:

Challenge A - Supporting people who are not currently receiving treatment and addressing the backlog of patients on waiting lists.

Challenge B - Delivering person-centred and equitable Mental Health support and services to people who are currently receiving treatment by optimising clinical and social care pathways.



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Priority Areas



- a) Young persons challenge
- b) Hard to reach populations (people with existing mental health conditions and/or people with a co-occurring condition e.g. sensory loss, alcohol, or substance issues)
- c) Patient centred care pathways
- d) Treatment resistant conditions
- e) Prioritisation of backlog



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Small Business Research Initiative (SBRI)



Aims:

- Solve a challenge within the health and care sector by connecting with innovative businesses
- Provide a structured process for us to engage with these innovative businesses
- Pre-commercial procurement

Benefits:

- Help NHS achieve develop fit-for-purpose solutions
- Funding provided to the companies
- Provide a route to market for the companies

Stages

01

Challenge Development
SBRI Application

02

Phase 1:
Feasibility study
Up to 6 x £30k projects
(3-4 months)

03

Phase 2:
Prototype development
Up to 3 x £150k projects
(12 months)

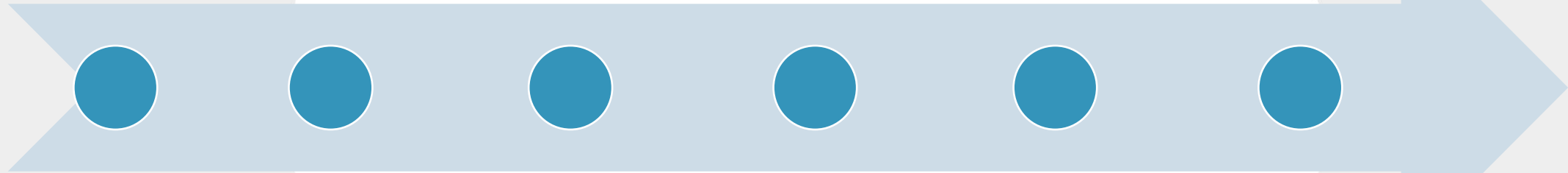
Timescales 2022



22nd June:
Challenge
Opened

Aug-Oct:
Independent
Assessment

Nov: Agree
milestones &
contract
development



17th
August:
Challenge
Closed

Oct:
Applicants
notified of
outcome

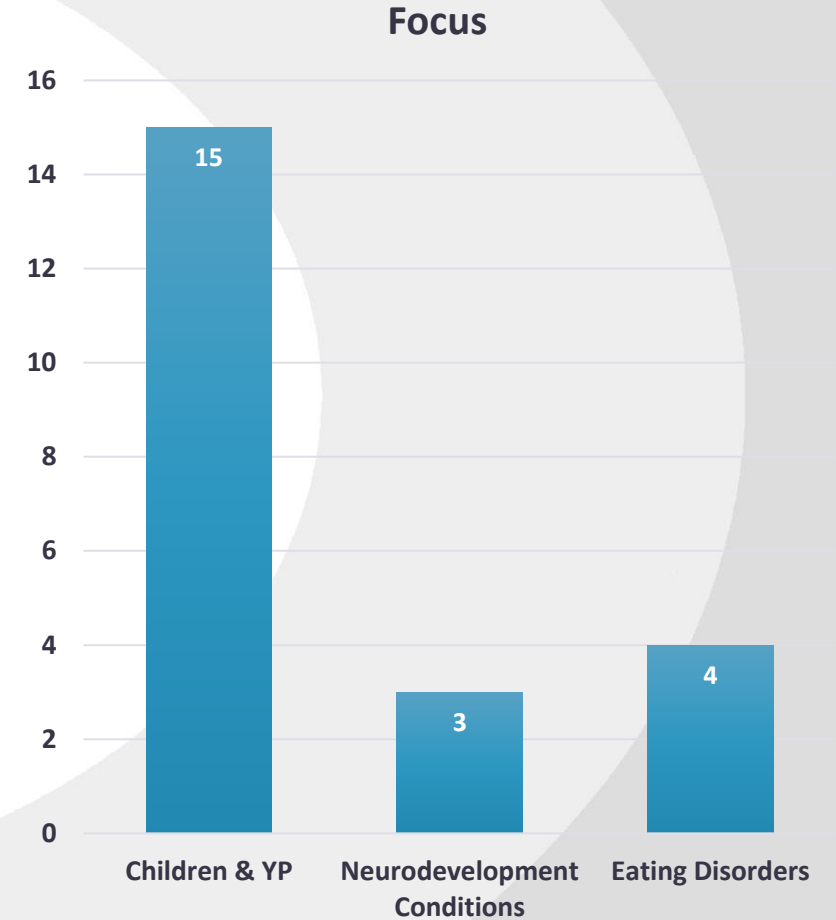
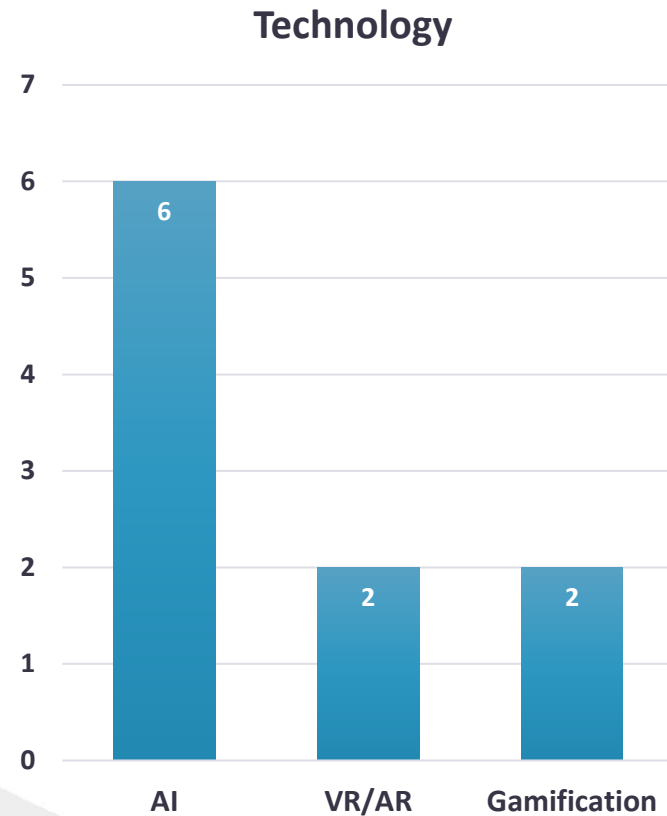
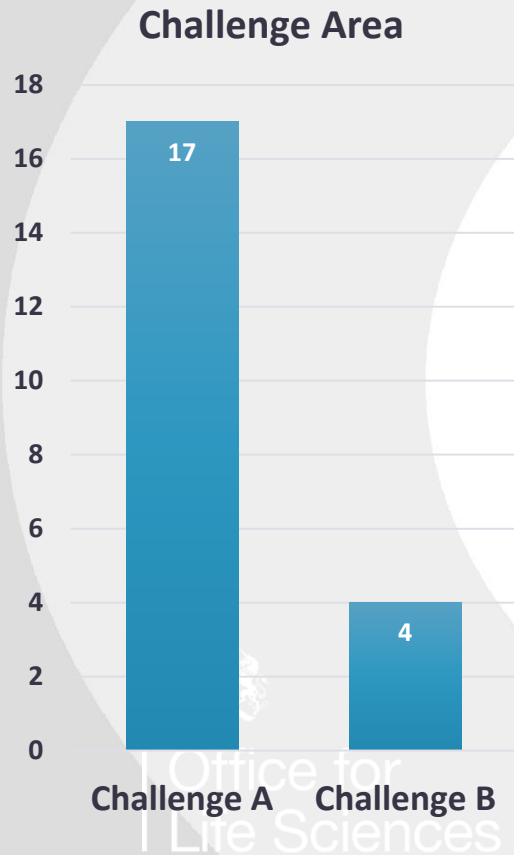
9th
January:
Phase 1
projects
start



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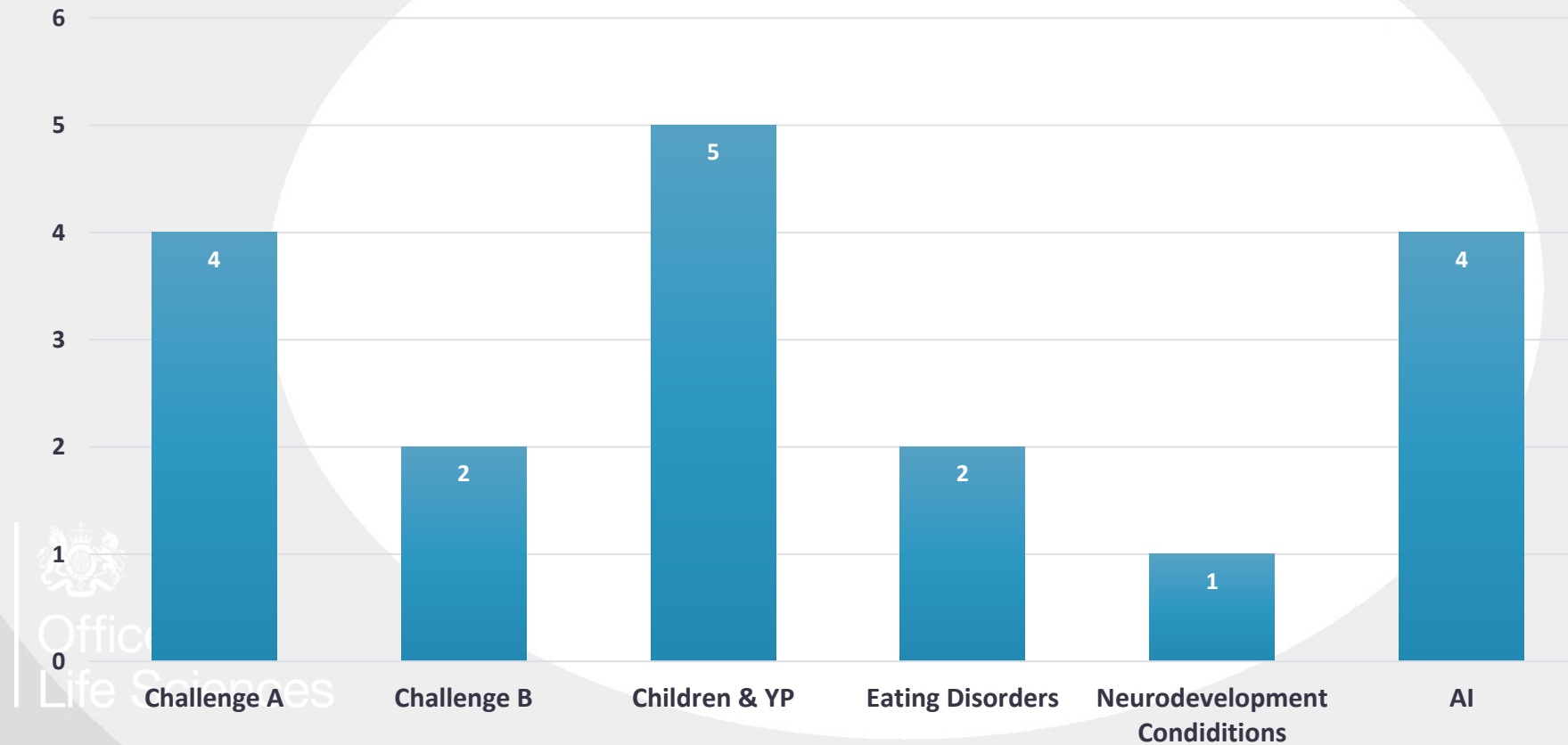


Mental Health Challenge Applications



Successful Projects

6 Phase 1 Projects spanning 3 Regions



Questions

Suzanne Graham

Programme Manager Innovation

✉ SHIP@gov.scot

✉ Suzanne.Graham@gov.scot



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Prof Maurice Mulvena Ulster
University
Courtney Potts Ulster University
Chatbot Project Update /Global Practice



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Northern Periphery and
Arctic Programme
2014-2020



EUROPEAN UNION

Investing in your future
European Regional Development Fund



A multilingual mental health and wellbeing chatbot

Courtney Potts
Ulster University



13th December 2022

Agenda

Background

Overview of ChatPal project

Design, development and trialling the chatbot

Young people's thoughts

Results from multi-regional trialling with over 18's

Feedback from focus groups

Outputs from the project



Benefits

Chatbots for mental health & wellbeing

- Chatbots have potential to promote **good mental health** in the general population.
- Mental health chatbots have already shown promise in terms of **efficacy, availability** and **accessibility**

24/7 support

- Generally inclusive and accessible anywhere, geographically
- Supports rural dwellers who live away from traditional services
- Accessible from home – equity of access to those mobility issues

Natural usable interaction

- Low entry regarding computer literacy

Anonymous

- No judgment or stigma?
- Open up sooner?

Economically efficient

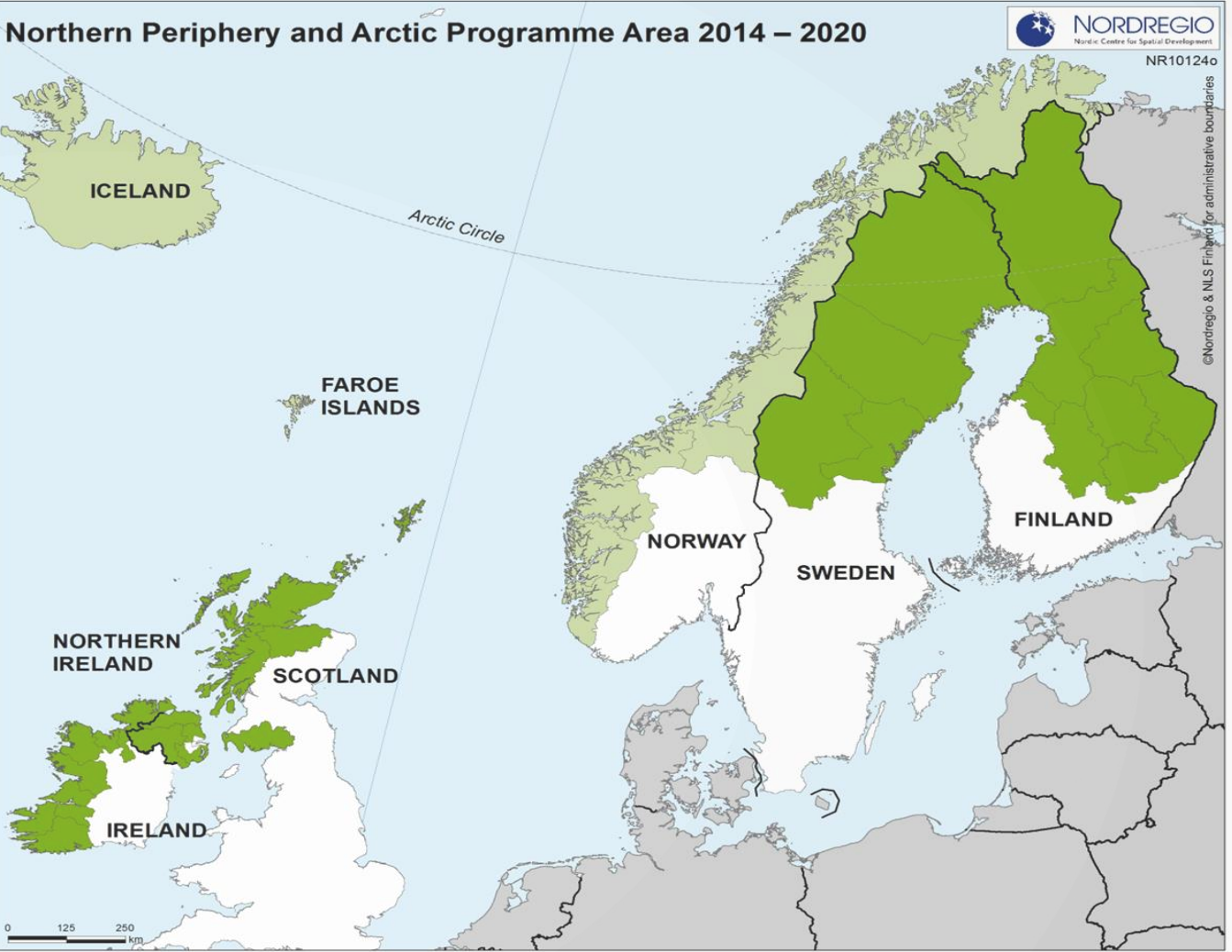


UNIVERSITY OF EASTERN FINLAND



Regions belonging, entirely or partially, to the Northern Periphery and Arctic Programme area

- National Boundary
- in EU Member States
- Outside the EU

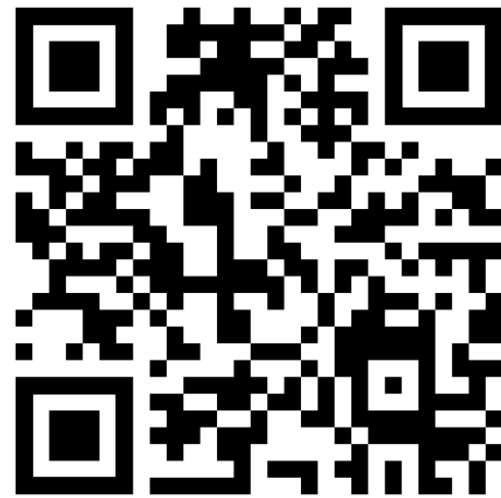


Understand (digital) mental health requirements of citizens in rural areas

Co-create and pilot a **multilingual chatbot** that is effective for providing a **blended** digital mental health service

Increase awareness of healthcare professionals regarding the use of chatbots to augment and improve mental health service provision

ChatPal project website



ChatPal

Digital Wellbeing Conversations

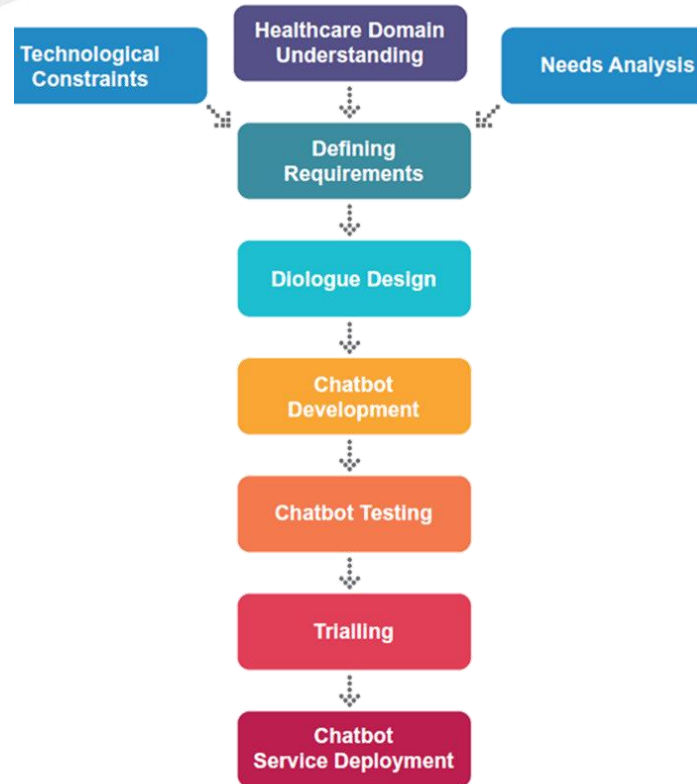


Toolkit

for the co-creation of health-based chatbots

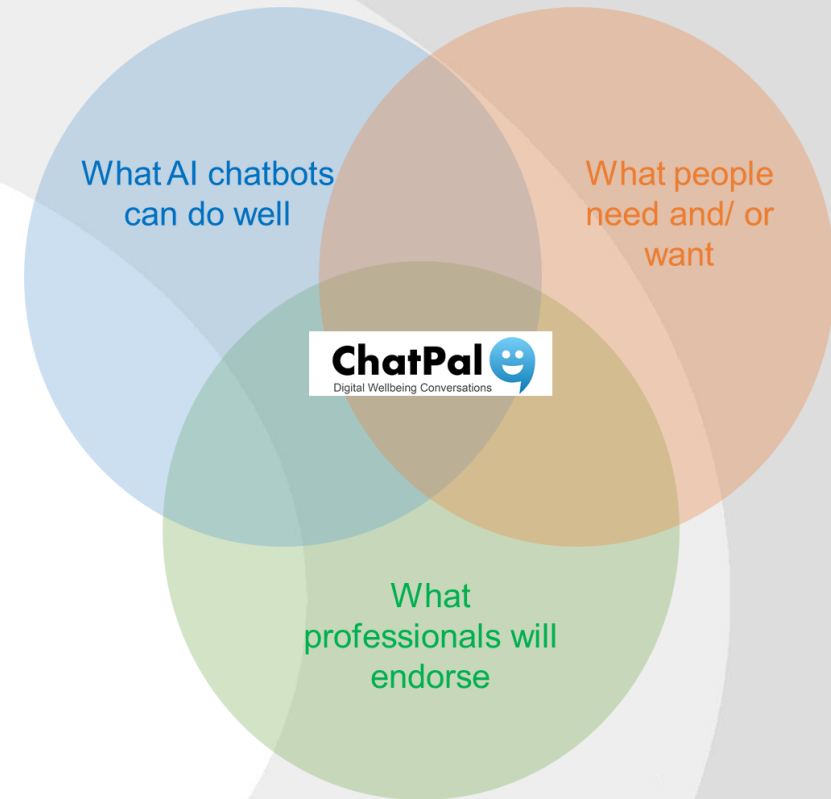
Authors: Courtney Potts, Raymond Bond, Maurice Mulvenna, Michael McTear, Fred Booth, Frida Lindström, Catrina Kottelnius, Indika Dhanapala, Alex Vakaloudis, Brian Cahill, Kyle Boyd, Thomas Broderick, Andrea Bickerdike, Con Burns, Edward Coughlan, Heidi Nieminen, Anna-Kaisa Vartiainen, Lauri Kuosmanen.

Toolkit available here



Stakeholder centered design

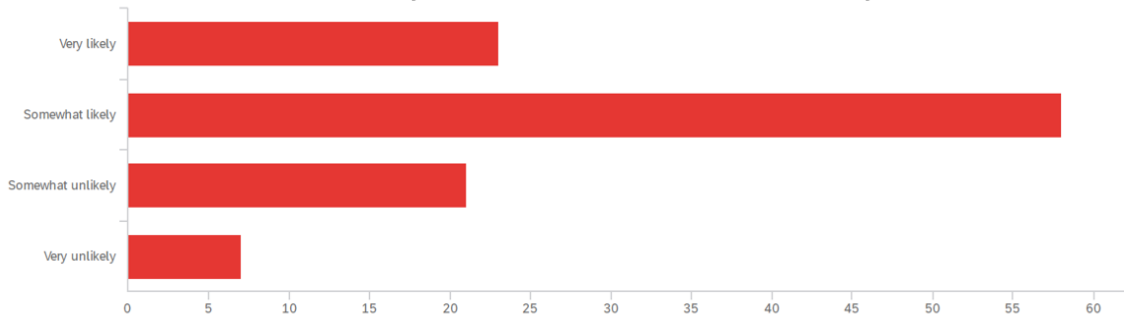
- All stakeholders are involved in the design process not just the end-user.
- Meet user needs using technologies and features that are endorsed by healthcare professionals is crucial
- Avoids creating technologies that users say they need but perhaps are met using ‘potentially harmful’ digital solutions that professionals would not endorse.



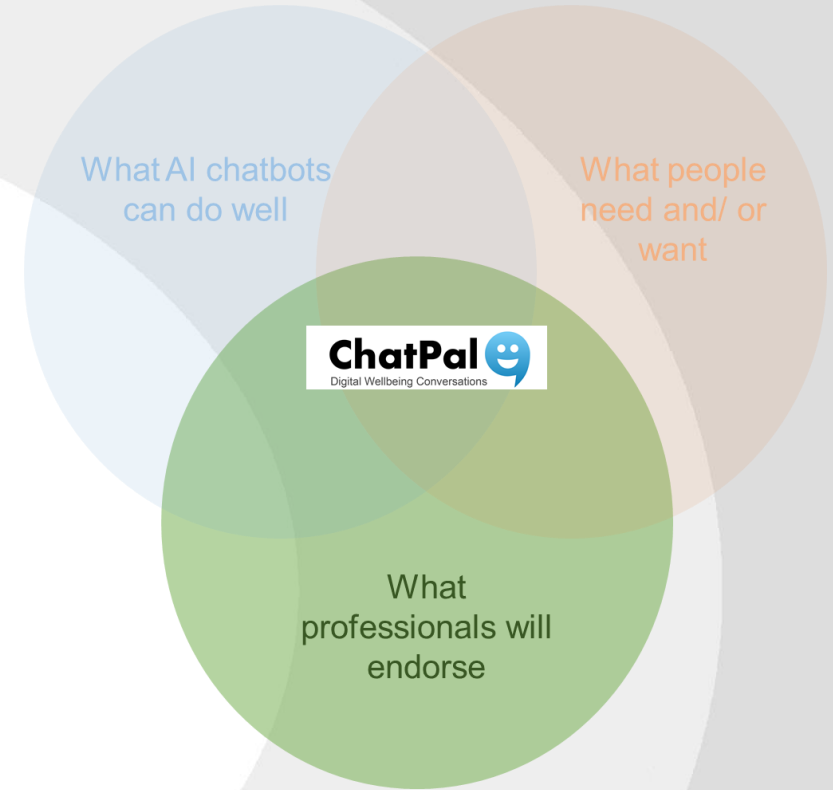
Can Chatbots Help Support a Person's Mental Health? Perceptions and Views from Mental Healthcare Professionals and Experts

Authors: Colm Sweeney, Courtney Potts, Edel Ennis, Raymond Bond, Maurice D. Mulvenna, Siobhan O'Neill, Martin Malcolm, Lauri Kuosmanen, Catrine Kostenius, + 8 [Authors Info & Af](#)

Would you be likely to prescribe mental health chatbots to your clients in the next 5 years?



- 79% agreed that chatbots could help their clients better manage their own health
- Use cases; self-management, education, and training








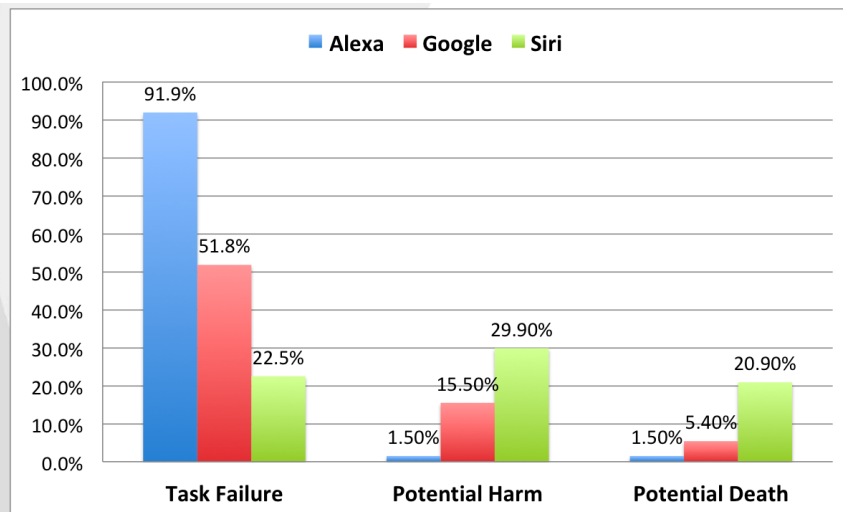
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AI chatbots

Original Paper

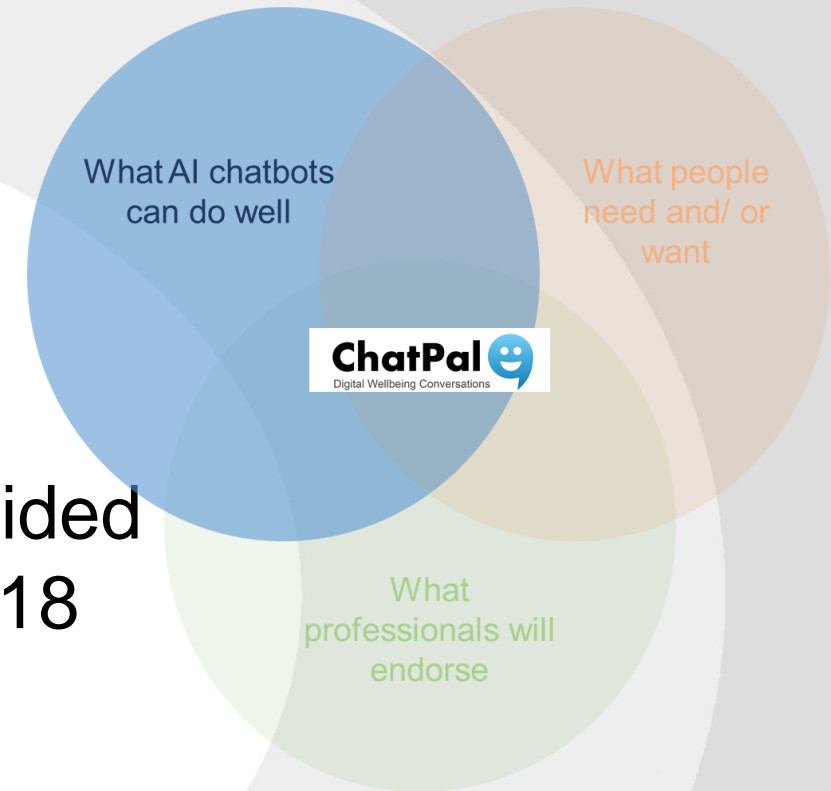
Patient and Consumer Safety Risks When Using Conversational Assistants for Medical Information: An Observational Study of Siri, Alexa, and Google Assistant

Timothy W Bickmore¹, PhD  ; Ha Trinh¹, PhD  ; Stefan Olafsson¹, MA  ; Teresa K O'Leary¹, BA  ;
Reza Asadi¹, PhD  ; Nathaniel M Rickles², PharmD, PhD, BCPP  ; Ricardo Cruz³, MD, MPH 



Challenges:

- Overtrusting information provided by chatbots - 2018 study showed conversational agents provided harmful advice

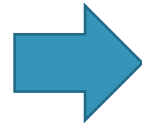


Bickmore, T.W., Trinh, H., Olafsson, S., O'Leary, T.K., Asadi, R., Rickles, N.M., & Cruz, R., (2018). Patient and Consumer Safety Risks When Using Conversational Assistants for Medical Information: An Observational Study of Siri, Alexa, and Google Assistant. *Journal of Medical Internet Research*, 20(9), e11510.

AI chatbots

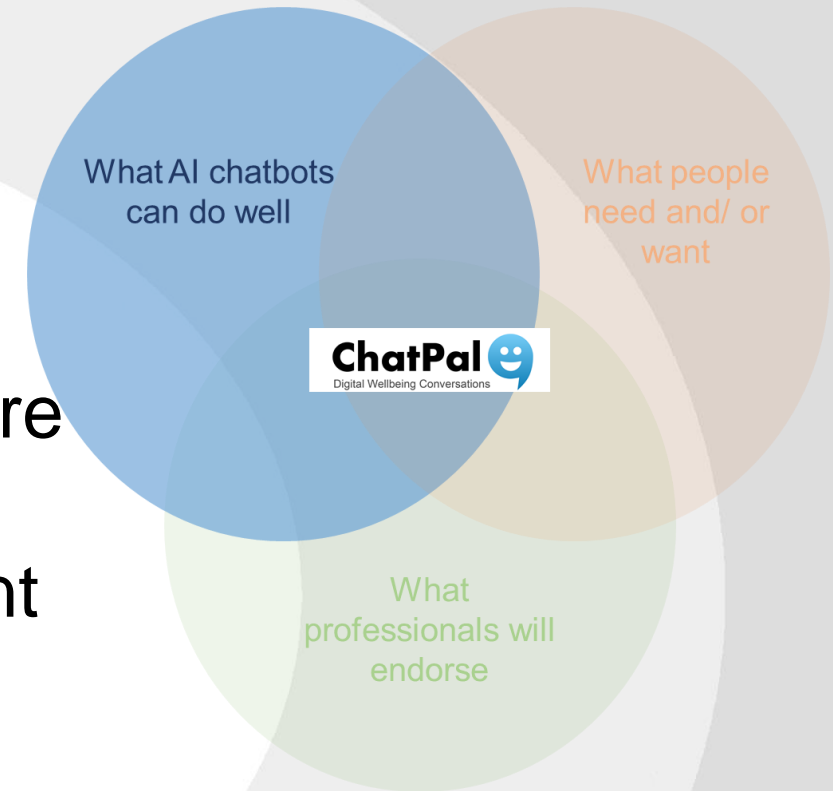
Technology limitations:

- Understanding the user's input & generating an appropriate response.
- Multilingual capabilities



Solutions:

- Make users aware of chatbot limitations upfront
- Limit free text responses
- Plan response should user say something unexpected



Chatbots to Support Mental Wellbeing of People Living in Rural Areas: Can User Groups Contribute to Co-design?

C. Potts¹ · E. Ennis² · R. B. Bond¹ · M. D. Maurice¹ · M. F. McTear¹ · K. Boyd³ · T. Broderick⁴ · M. Malcolm⁵ · L. Kuosmanen⁶ · H. Nieminen⁶ · A. K. Vartiainen⁶ · C. Kostenius⁷ · B. Cahill⁸ · A. Vakaloudis⁸ · G. McConvey⁹ · S. O'Neill²

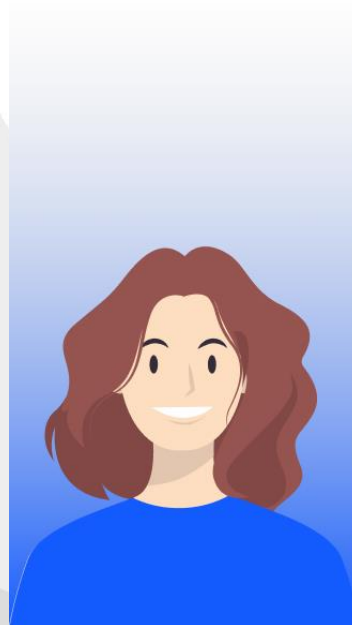
- Workshops with university students, mental health service users & mental health professionals (N=78)
- Co-design chatbot content & personality

What AI chatbots can do well

What people need and/ or want

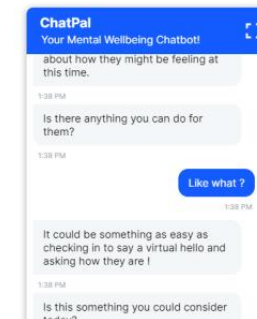


What professionals will endorse



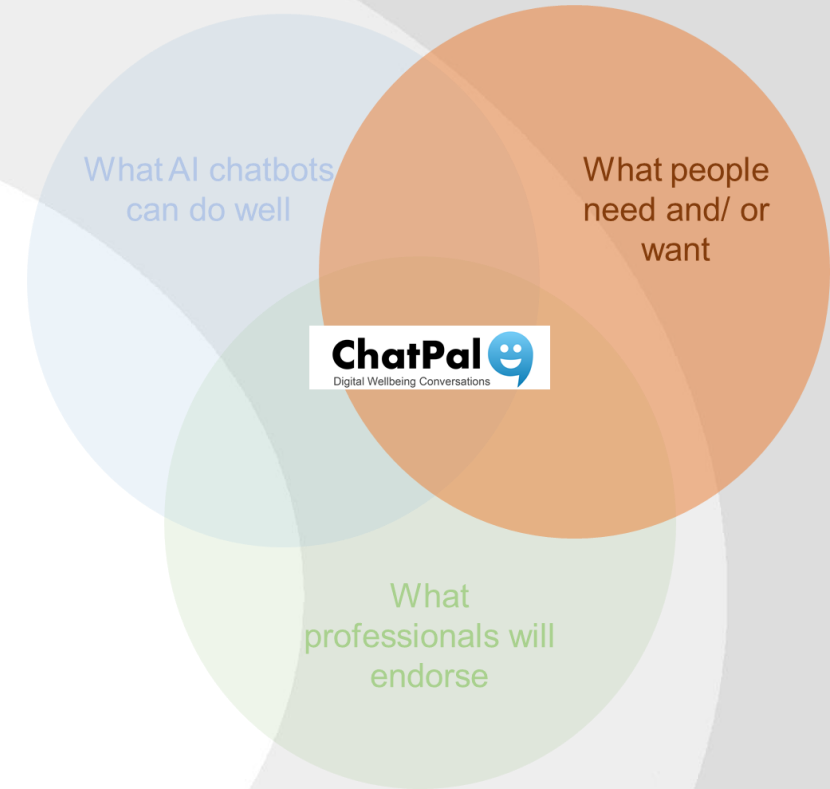
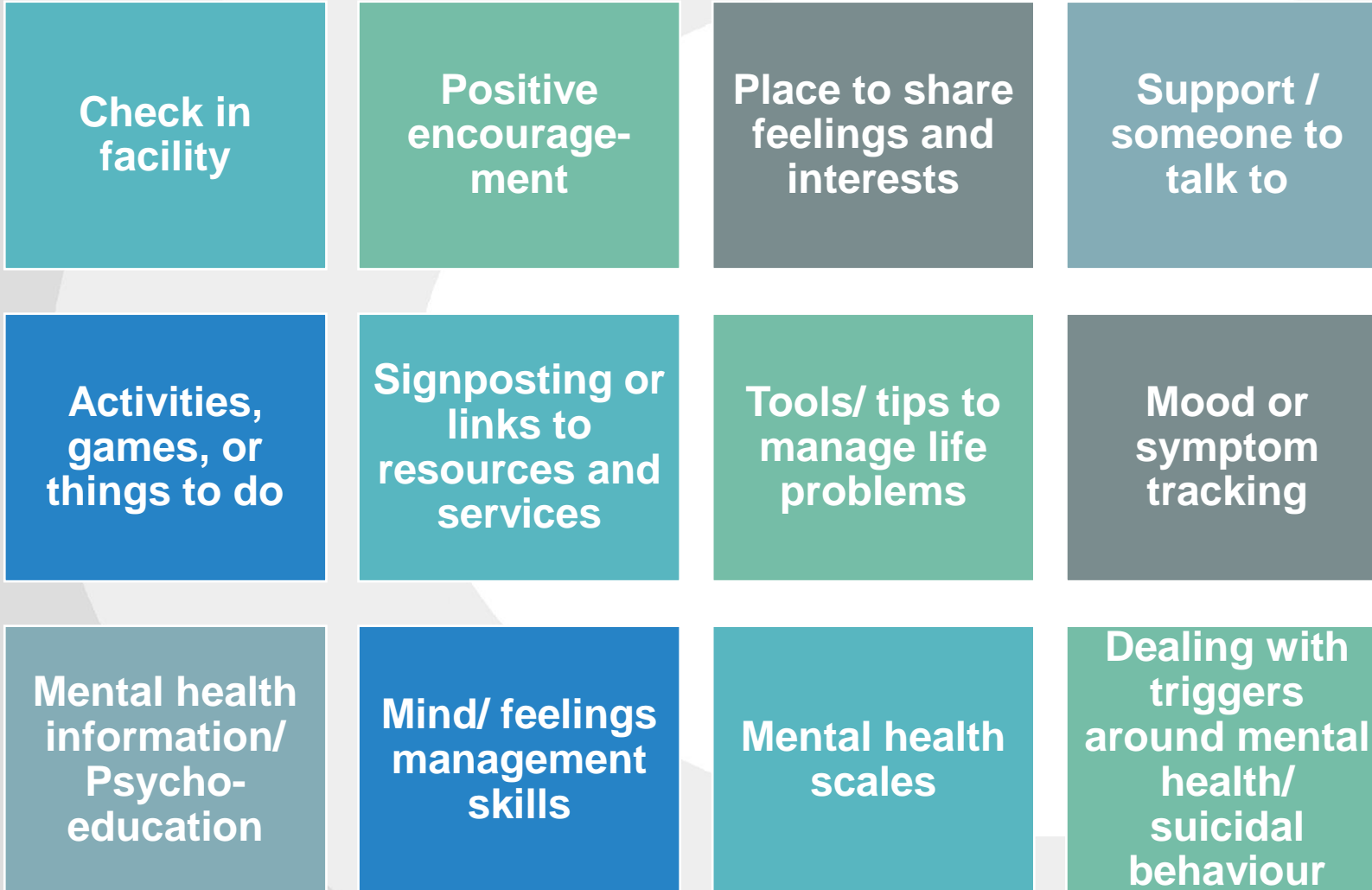
Personality / Character Traits

- Extrovert
- Empathetic / Caring
- Positive
- Mature
- Anthromorphic or Human Persona
- Accessible across different populations
- Reliable
- Justified and valid answers
- Supportive of users
- Prompting
- Understands / Aware of context
- Listens / Reciprocates
- Personalised conversations / Rapport
- Problem solving
- Informs / Signposts



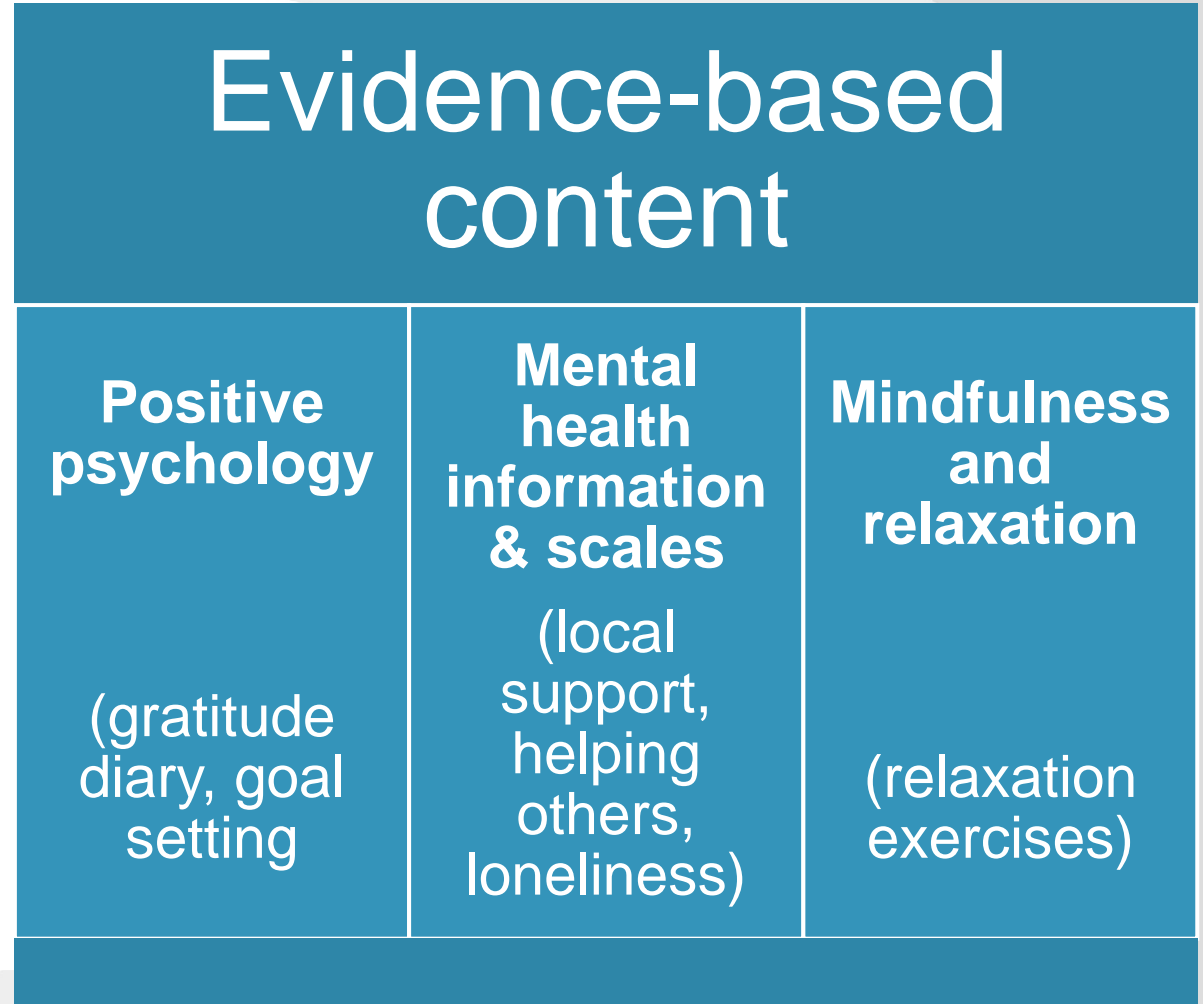
What users wanted

Themes identified from user stories



Content development

- Multidisciplinary content development and script design activities led or informed by conversational design experts and best practices
- Signing off content based on criteria
- Translating content into other languages



Welcome

Your Positive Psychology ChatBot

How do you feel right now? How would you rate your mood?

4:28 PM



4:28 PM

Thanks for sharing!

4:28 PM

Great, that is good to hear! It is important to savour those good feelings. I can share some exercises with you to help maintain a good mood 😊

4:28 PM

Which would you like to learn about next?

Positive Steps for Change

Activities for a Better You

Thoughts diary

My exercises

Need to go, chat soon

4:28 PM

Type a message...



Overview of ChatPal



A multilingual chatbot app, helping promote good mental health of people in rural areas



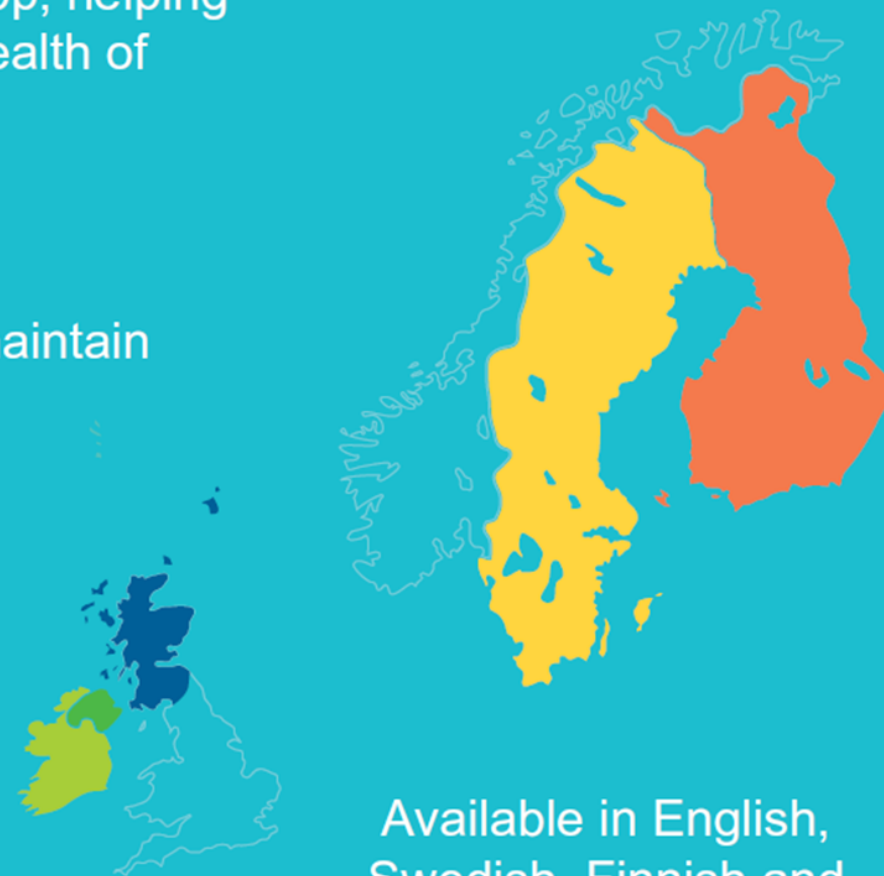
Provides tools to help maintain good mental wellbeing



Doesn't diagnose or treat mental ill health but focuses on health promotion

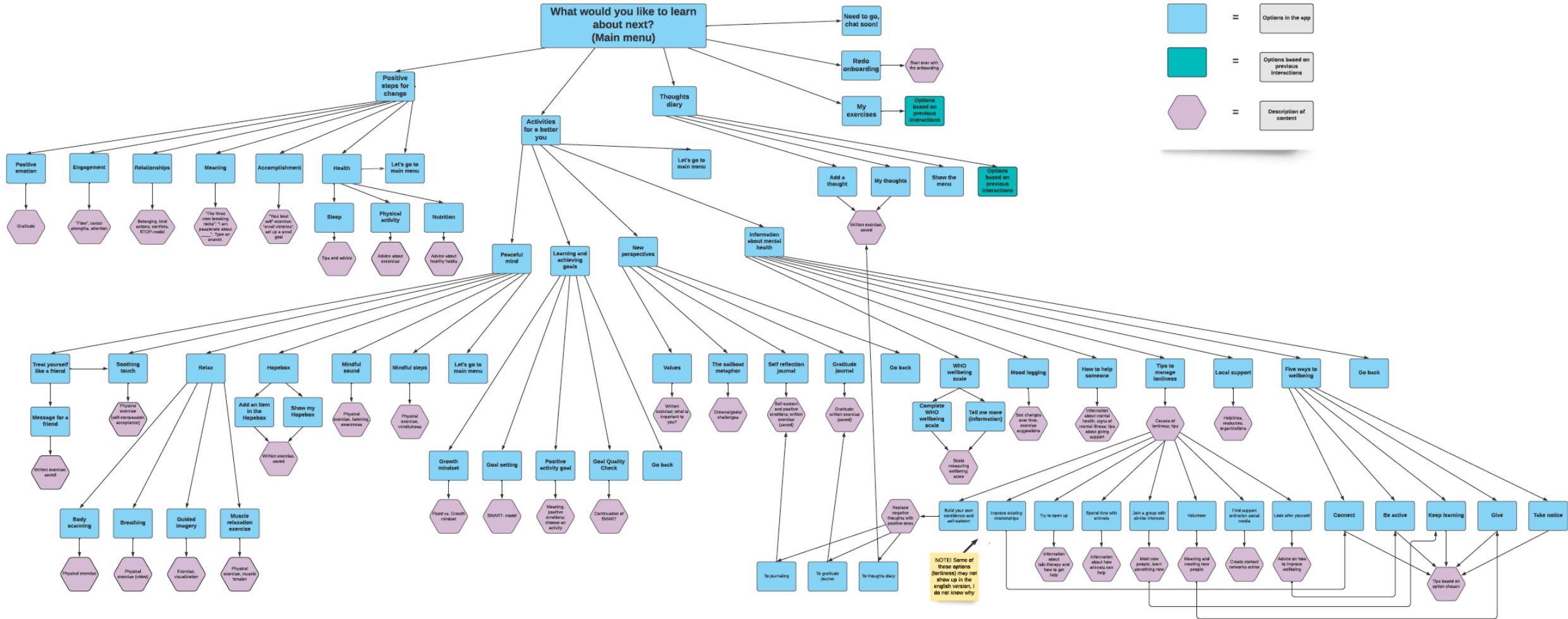


Intended to complement existing face-to-face services



Available in English, Swedish, Finnish and Scottish Gaelic

Chatbot conversations



Chatbot testing

Welcome
Your Positive Psychology ChatBot

Hi

4:45 PM

What language would you like to use?

Let's use English Käytetään suomea

Låt oss använda Svenska

Cleachdamaid Gàidhlig na h-Alba

4:45 PM













Type a message...

Continued development & testing

- Project team testing chatbot and reporting any issues/bugs to be fixed
- Usability testing with representative users

RESEARCH-ARTICLE OPEN ACCESS

Usability testing and trust analysis of a mental health and wellbeing chatbot

Authors:  [Kyle Boyd](#),  [Courtney Potts](#),  [Raymond Bond](#),  [Maurice Mulvenna](#),  [Thomas Broderick](#),  [Con Burns](#),  [Andrea Bickerdike](#),  [Mike Mctear](#),  [Catrine Kostenius](#),  [Alex Vakaloudis](#),  [Indika Dhanapala](#),  [Edel Ennis](#), [+ 1](#)

[Authors Info & Claims](#)

ECCE '22: Proceedings of the 33rd European Conference on Cognitive Ergonomics • October 2022 • Article No.: 18 • Pages 1–8 • <https://doi.org/10.1145/3552327.3552348>

Testing with young people

Age range 13-20 years

380 digital surveys completed

253 gave their thoughts on the idea

127 used the ChatPal app

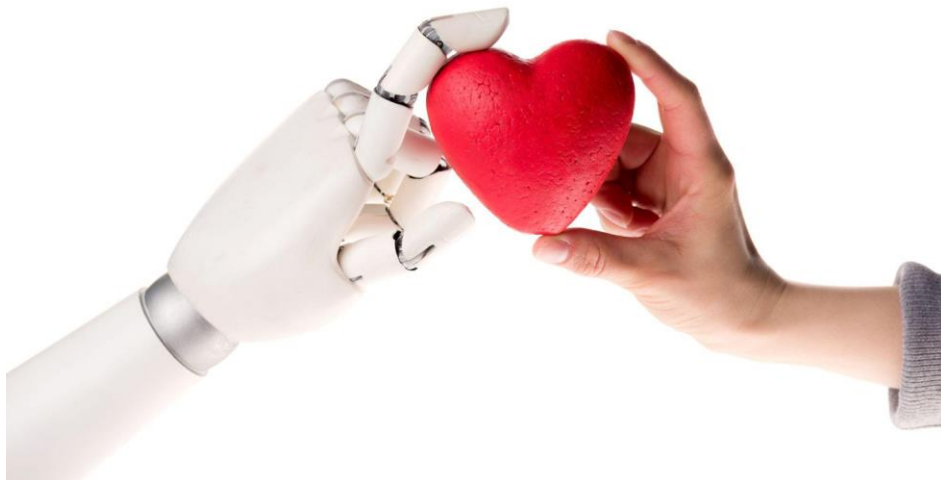
9 municipalities in northern Sweden



Young people's views about
using an AI as a tool to promote
mental health

Available 24/7

...but a bit scary as it is a robot



Blended services are preferred, "human contact cannot be replaced"

Could help with increasing mental health literacy

Reachability and availability beyond what professionals can provide, "someone available 24/7"

Young people's experiences of ChatPal

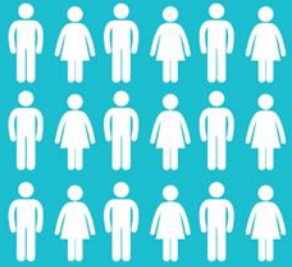
Discrepancy between what young people want and what ChatPal contained

Some usability - and technical issues were identified

Exercises provided were helpful to support their mental health



Trialling



348

Total participants

Northern Ireland, Republic of Ireland,
Scotland, Finland and Sweden



**Length of trials:
12-weeks**



Participant demographics



25%



75%



18-73

Age range
(average age 30)

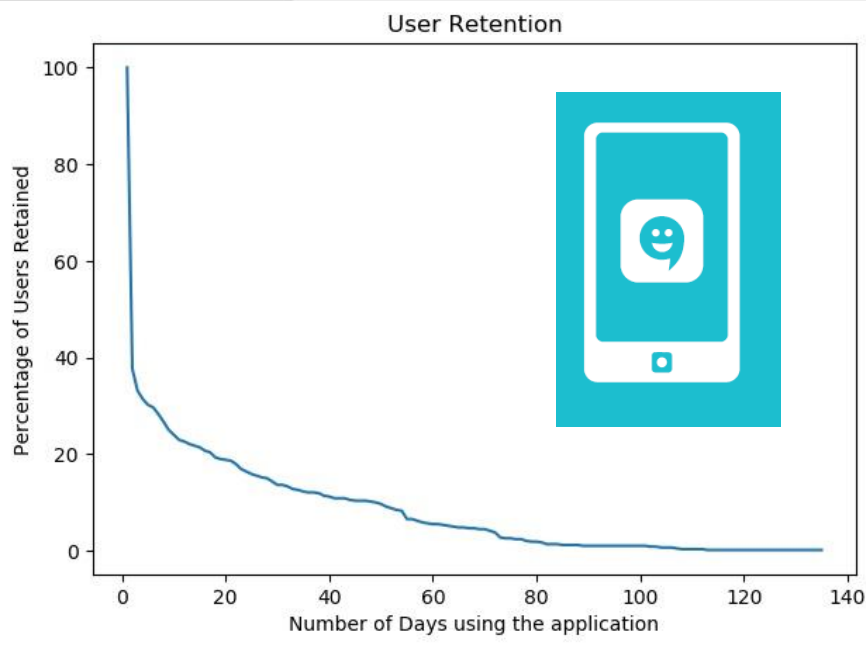


35%

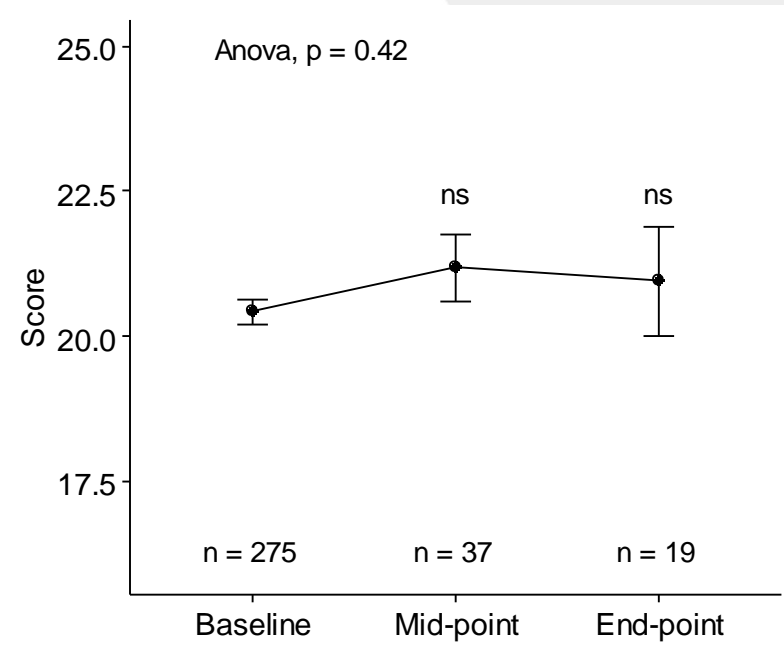
Students

Other participants had a
wide range of occupations

Results from 12-week trials



- User retention similar to other mental health apps



- Participants' wellbeing generally improved throughout the trial period (not statistically significant)

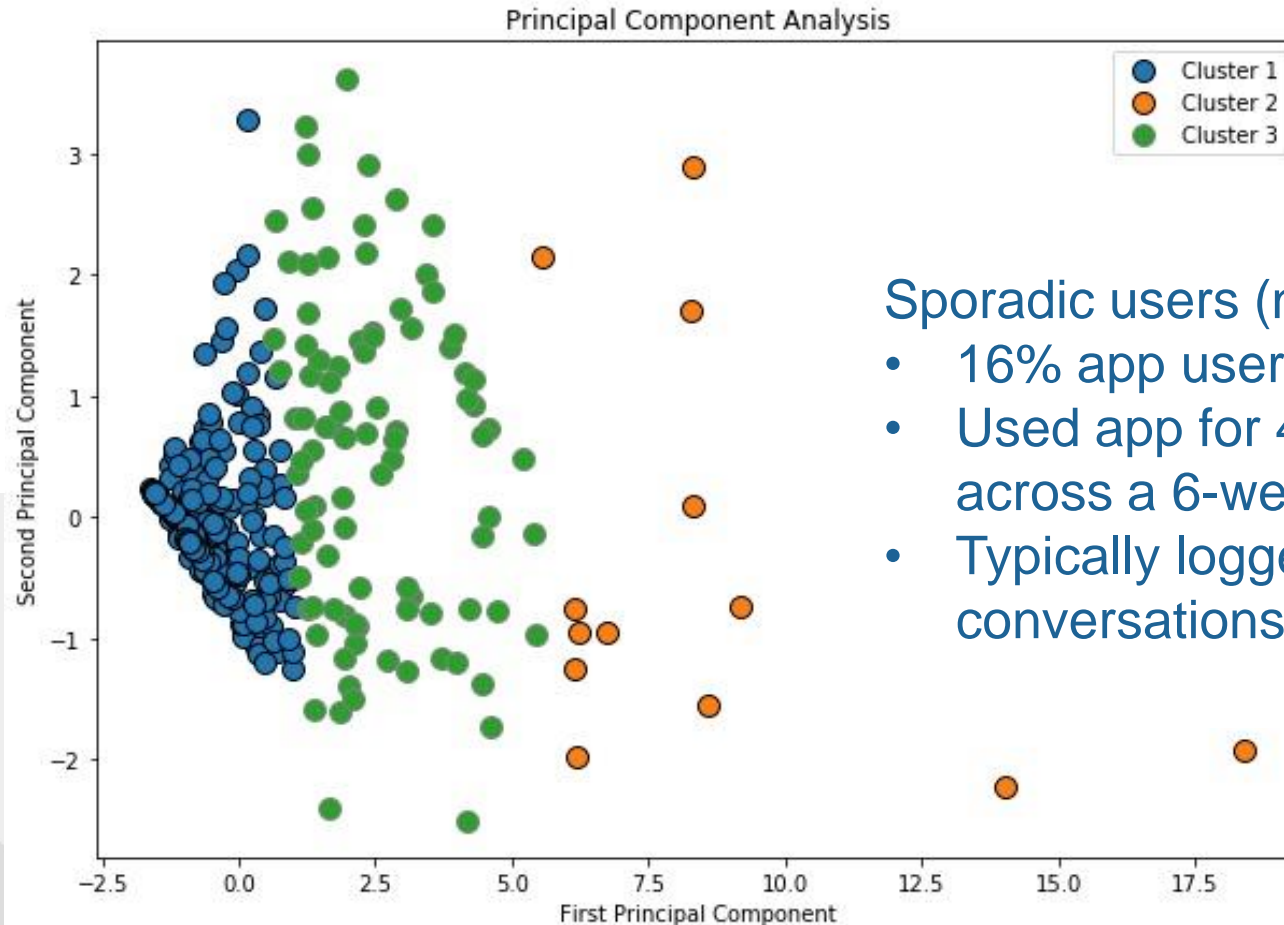
Machine learning to identify groups of app users

Abandoning users (n=473)

- 82% of app users
- Typically used app for 3-4 days, logged 1 mood, few interactions

Frequent transient users (n=13)

- 2% app users
- Used app for 11 unique days on average across a 9-week period
- Logged ~8 moods, accessed 10 conversations, highest number of interactions across all groups



Sporadic users (n=93)

- 16% app users
- Used app for 4 unique days on average across a 6-week period
- Typically logged 4 moods, accessed 10 conversations, ~100 interactions

Feedback from focus groups

The exercises are good but sometimes you just want to chat. Talk about it... have someone listen"

"Good to always have access to someone to talk to & also get ideas & exercises"

"From time to time it got stuck or didn't recognize the answer"



Scottish Gaelic

- Native Gaelic speakers who took part were not accustomed to seeing the language written down
- Language around mental health and wellbeing was not common terminology in day-to-day conversations
- Several participants thought that having a Gaelic glossary would be helpful.

Out

1. Dialogues and source code available for re-purposing
2. Mental health chatbot design toolkit
3. The final ChatPal chatbot
4. ChatPal as a service that can be recommended by healthcare professionals as part of a blended approach

Atlantic Innovation Corridor

Youth mental health: innovation in supporting wellbeing and early intervention



OLLSCOIL NA
GAILLIMHE
UNIVERSITY
OF GALWAY



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Thanks for listening!



Questions?

Email: c.potts@ulster.ac.uk

Kirsty Forsyth Kooth Business Development Lead

Kooth Project Update



Digital Health & Care
Innovation Centre



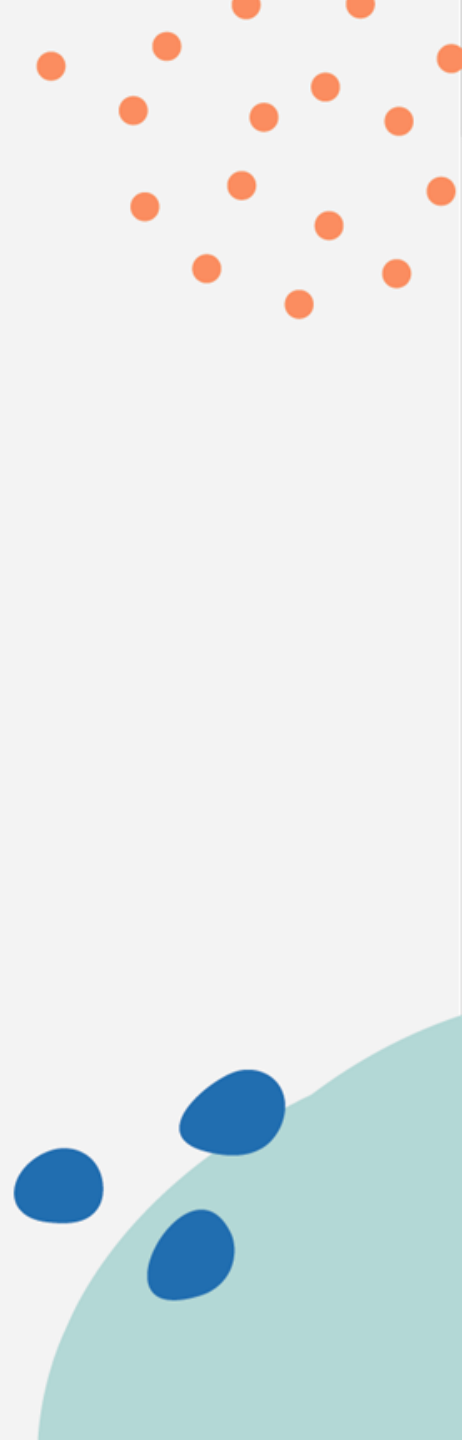
Scottish Government
Riaghaltas na h-Alba
gov.scot



Digital Mental Health and Wellbeing Support in Scotland

Kirsty Forsyth
Business Development
Manager | Nations

Kerry Smith
Head of Region | Nations



Our credentials



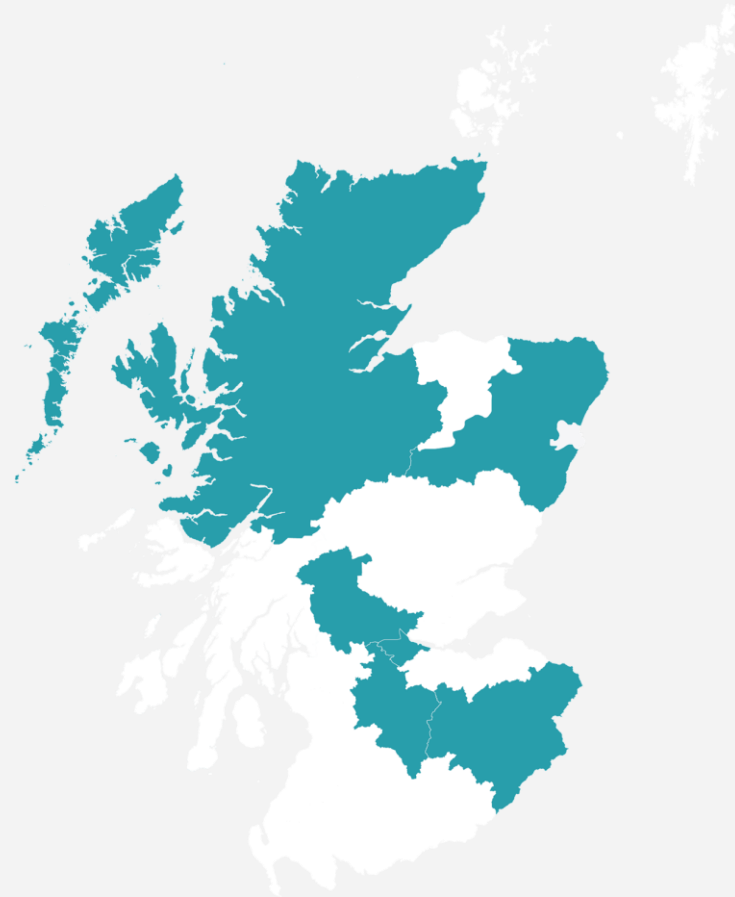
Widely commissioned
across the UK

500k Users

100K Stories shared

1M Messages

90K Counselling Hours



Kooth is available for
167,083 young Scots



Almost **21 years** of experience
and development have made
Kooth what it is today.

Kooth users contribute over
60% of the content on the site

Scotland in numbers



10.5k

Unique young Scots
have accessed Kooth

36k

Unique young Scots
have accessed Kooth

65%

Logins outwith
Mon-Fri 9-5

9%

Average reach into
population



Supporting Scotland's young people

Right help, right time, right support

In line with the CYP MH Taskforce recommendations Kooth is able to offer universal support, early intervention & prevention.

Kooth is person-centred

Kooth meets Scotland Youth commissions' recommendations to deliver choice and to offer services outside 9-5

Supporting diversity and vulnerability

Several groups identified as being disproportionately impacted by COVID are visibly supported on Kooth i.e. Black and non-white, LAC, young carers, LGBTQ+

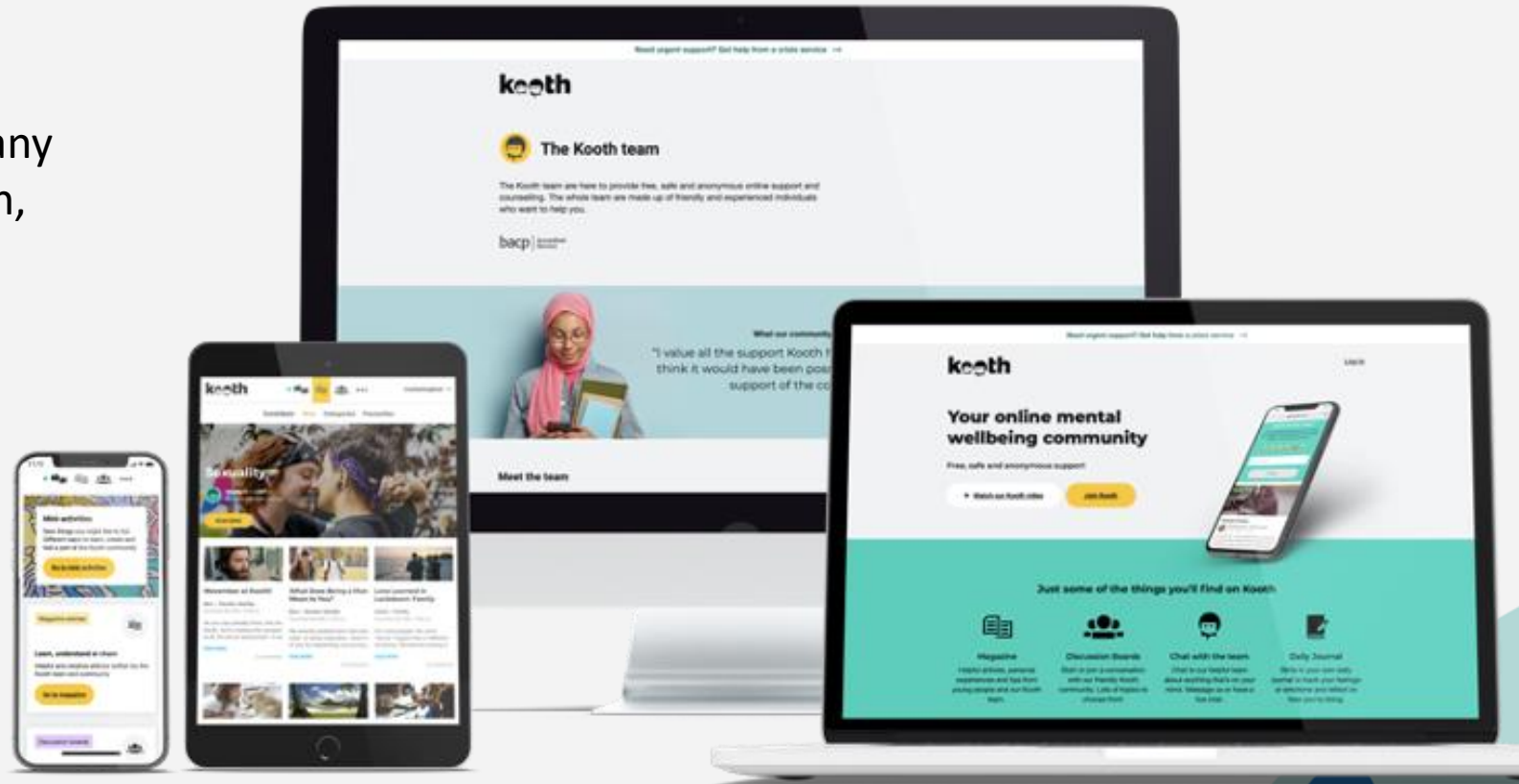


Truly accessible

Kooth is available on all devices

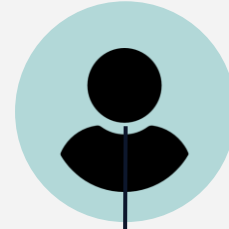
Kooth is designed to work across any device with an internet connection, compatible with all browsers and working in line with WCAG 2.1.

Our accessible design ensures a inclusive experience for people with disabilities, as well as user-friendly language in all our content.



Anonymous Users

Our users remain anonymous, giving them confidence to speak out and access support without the fear of judgement.



Therapeutic Choice

We offer a full mental health toolkit - giving our users the opportunity to choose what kind of support works for them.

Self-help resources

Community Support

Practitioner intervention

Goal Setting

Personal goals can be set and monitored in a safe moderated environment

Journal

A private yet simple and effective way to track mood and identify personal triggers.

Activities

Our inclusive and accessible mini-activities support in building a range of healthy habits, combined with peer support.

Discussion Boards

Our vibrant community interacts with other users via our peer to peer support forums

Magazine

Over 100,000 articles, pre-moderated and 70% user generated

Live Chat

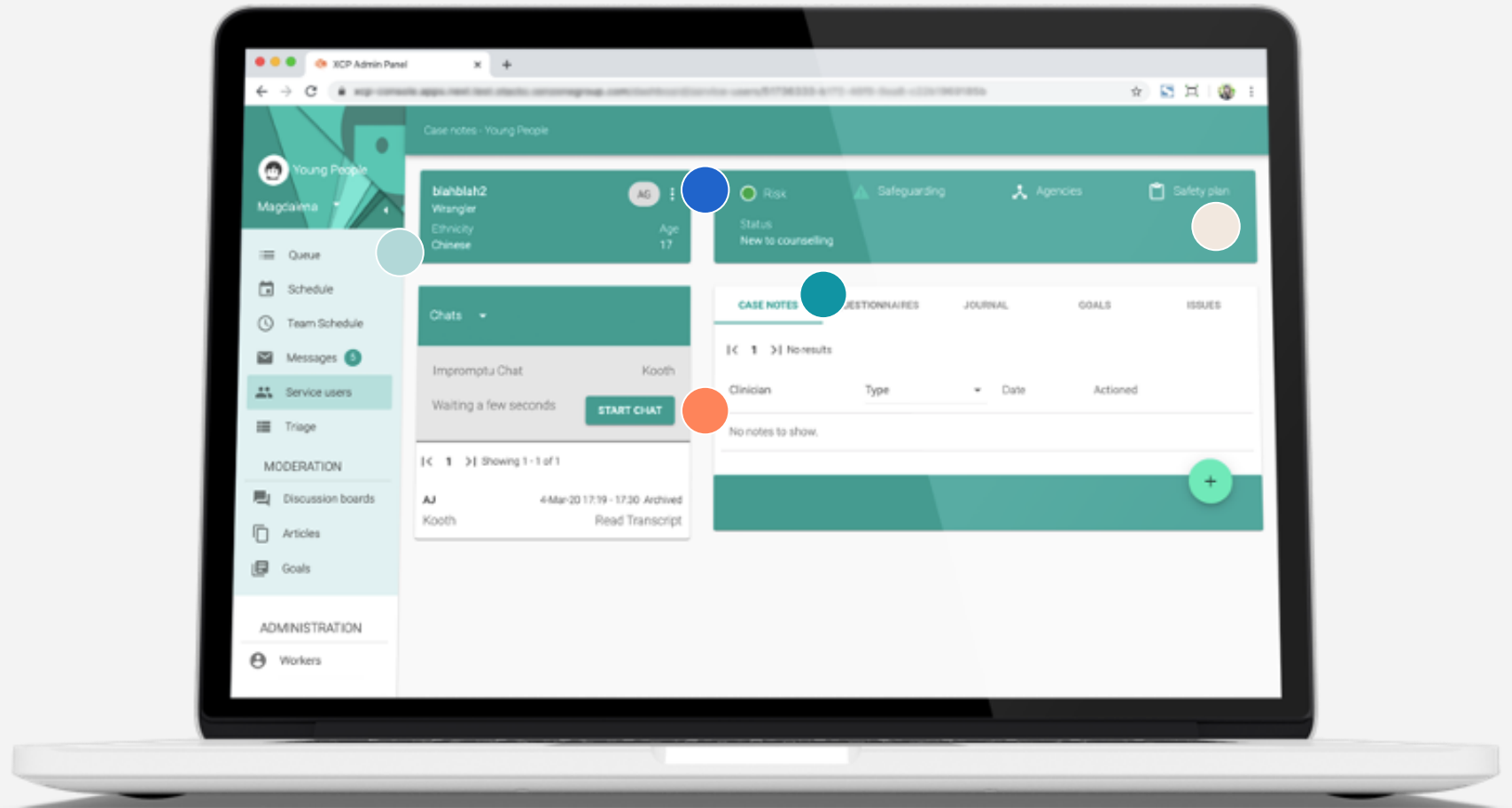
Access to counsellors through drop-in or pre-arranged online chat.

Messaging

If live chat isn't for you, you can message the online team at any time of the day and you will receive a response within 24-48hrs.

XCP: The Counsellor's platform

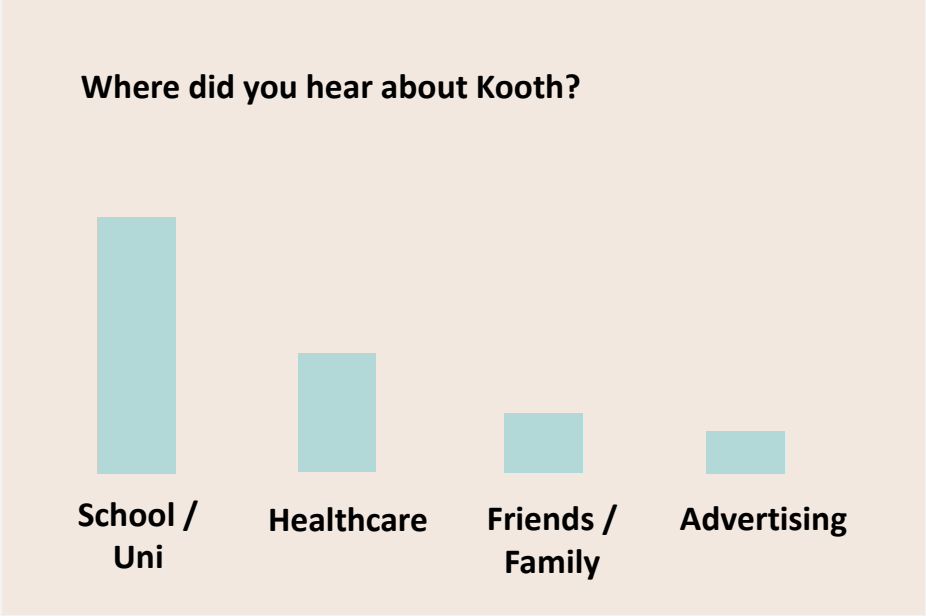
- Enter live chat with young person
- Assign risk level
- View user queue
- Assign case notes
- Single view of user



Our engagement model

Real people connecting with real people

Our Kooth Engagement Team deliver on-the-ground promotion in events, assemblies, presentations and more, making key connections across communities



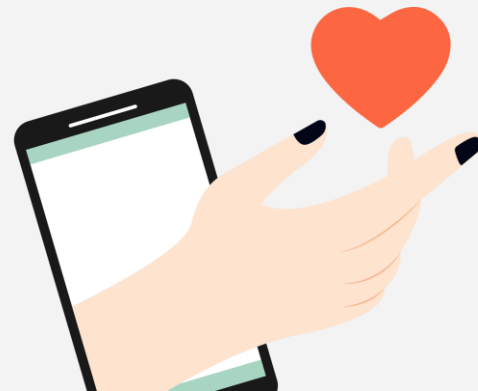
Anonymous quotes from our young Scots



“I love this website, I can talk to both the Kooth team and also young people who might be able to relate. It has definitely helped me and I think it will help me in future. I recommend it 100%”



“Thank you because wonderful people like you make this place safe and a great place to talk about anything.”



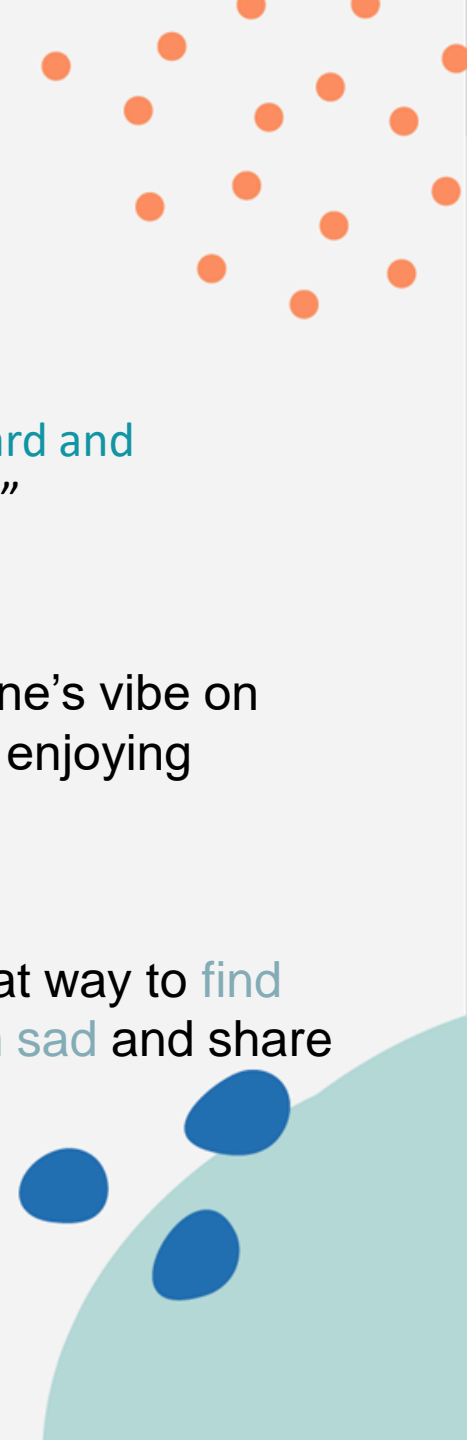
“I’ve never felt more heard and understood... thank you!”



“Can I just say, everyone’s vibe on here is great I’m really enjoying this”



'Kooth has been a great way to find things to do when I am sad and share some things as well'





Any Questions?

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Lee Knifton

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Mental Health
Foundation

Lee Knifton

Mental Health Foundation Work



Digital Health & Care
Innovation Centre



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We are

**100 multi-disciplinary professionals
London, Glasgow, Cardiff & Belfast
Focused upon Prevention**



Mental Health
Foundation



For 70 years, we have brought together



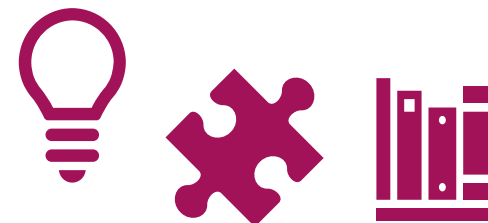
So that we can...

Innovate **community programmes** that change lives

Help people to **understand and take action** on mental health

Strengthen the **evidence** on how to prevent mental health problems

Advocate for **change in policy** to address wider factors affecting mental health



We partner with

- **Governments**
- **NHS**
- **Universities**
- **Major corporations**
- **Community organisations**
- **Third sector**
- **International partners**

Transform care through prevention

- **Mental health is one of the great health challenges of our generation**
- **We can reduce mental health problems across our communities**
- **We can reduce mental health inequalities within our communities**
- **This needs progressive public policies alongside investing in effective prevention programmes.**
- **This will reduce the burden on our healthcare system, our social care system, improve our economy, and improve our society**

The Issue

- Mental health problems cost the UK £118 billion a year (highly conservative estimates)
- This equates to 5% of UK GDP (as of 2019)
- For context, cost of NHS in England is £150 billion
- Impacts on Employment, health, carers.

(The Economic Case for investing in the prevention of mental health problems in the UK: LSE/MHF/Strathclyde, 2022)

Mental Health Inequalities

- Burden falls to the poor, women, ethnic minorities
- Major concerns for young people's mental health
- Mental health inequalities in UK were high pre-Covid
- Our study with Cambridge and Strathclyde shows they have magnified

This is leading to

- Greater mental illness and distress
- Widening inequalities
- Physical and mental health syndemics
- NHS pressures
- Deaths of despair (suicide, addiction)

A crisis now exacerbated by the cost of living crisis

(Covid: mental health in the pandemic, MHF, University Cambridge, Strathclyde, 2020-22 -4000 adults repeat survey)

Prevention

(1) Empower Individuals, families & communities

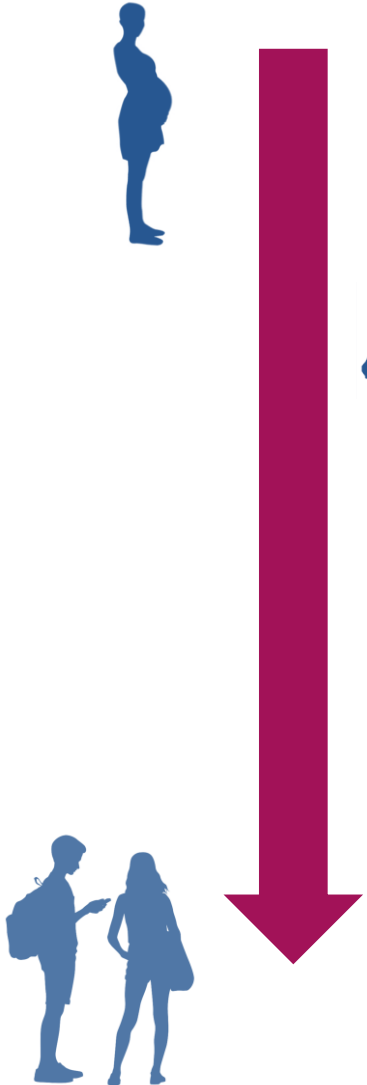
- Inform 'prevention literacy'
(A Delphi Consensus Study for Actionable Public Mental Health Messages. American J Public Health 2021)
- Campaign: MH week one of largest in UK
- Tackle stigma: See Me is a generational investment
- Cultural activism – 200,000 people through arts events
- Supporting low-income communities organisations
(partnership with Poverty Alliance & Strathclyde)

Prevention

(2) Fund health & community interventions that work

(The Economic Case for investing in the prevention of mental health problems in the UK: LSE/MHF/Strathclyde, 2022)

Preventative Actions Which Are Evidence-Based as Cost-Effective



- **Mental Health Training for Health Visitors:** Training all health visitors to identify women at risk of perinatal depression and providing psychological therapies for those at risk.
- **Parenting Programmes:** Evidence-based parenting programmes for the whole population and for those where a specific need for parenting support has been identified.
- **Anti-bullying programmes in schools**
- **Exercise Opportunities:** Opportunities to engage in exercise for all children, young people, and adults

Preventative Actions Which Are Evidence-Based as Cost-Effective



- **Identifying those at risk of poor mental health early and providing them with psychosocial or psychological support (remote or face-to-face)**
- **Supporting those with mental health difficulties in the workplace:** i.e., by providing brief psychological support for those who need it; alongside actions to change workplace cultures to promote and protect mental health
- **Brief interventions for people living with long-term physical health conditions**
- **Social Opportunities for Older People:** Providing opportunities for older people to continue to engage in activities that reduce their risk of social isolation.
- **Suicide prevention measures:** in addition to restricting access to means, early identification of risks of future self-harm, for instance in hospitals and in primary care, followed by appropriate ongoing mental health support

Prevention

(3) Public Policies

Evidence for social democratic policy
(no trickle down 'health')

Prevention across all policies
(Lone parent conditionality/UBI & Precarious work)

Early intervention and support

International learning
(NYU partnership - grand challenges)

Prevention

Case studies with young people

- Task sharing, Dundee/Angus (Scotland)
- Small talk (Scotland)
- Becoming a Man (England)
- Trauma/Aces (Wales)

Principles/Ingredients



1. Invest

Economic case
Public health case
£118 / 8.8 Billion



2. Strengthen services

Clear the backlog
Embed voices of experience
Innovate including technology



3. Prioritise Prevention

We can't treat our way of of this crisis
Interventions at scale
Sustained programmes



4. Start Early

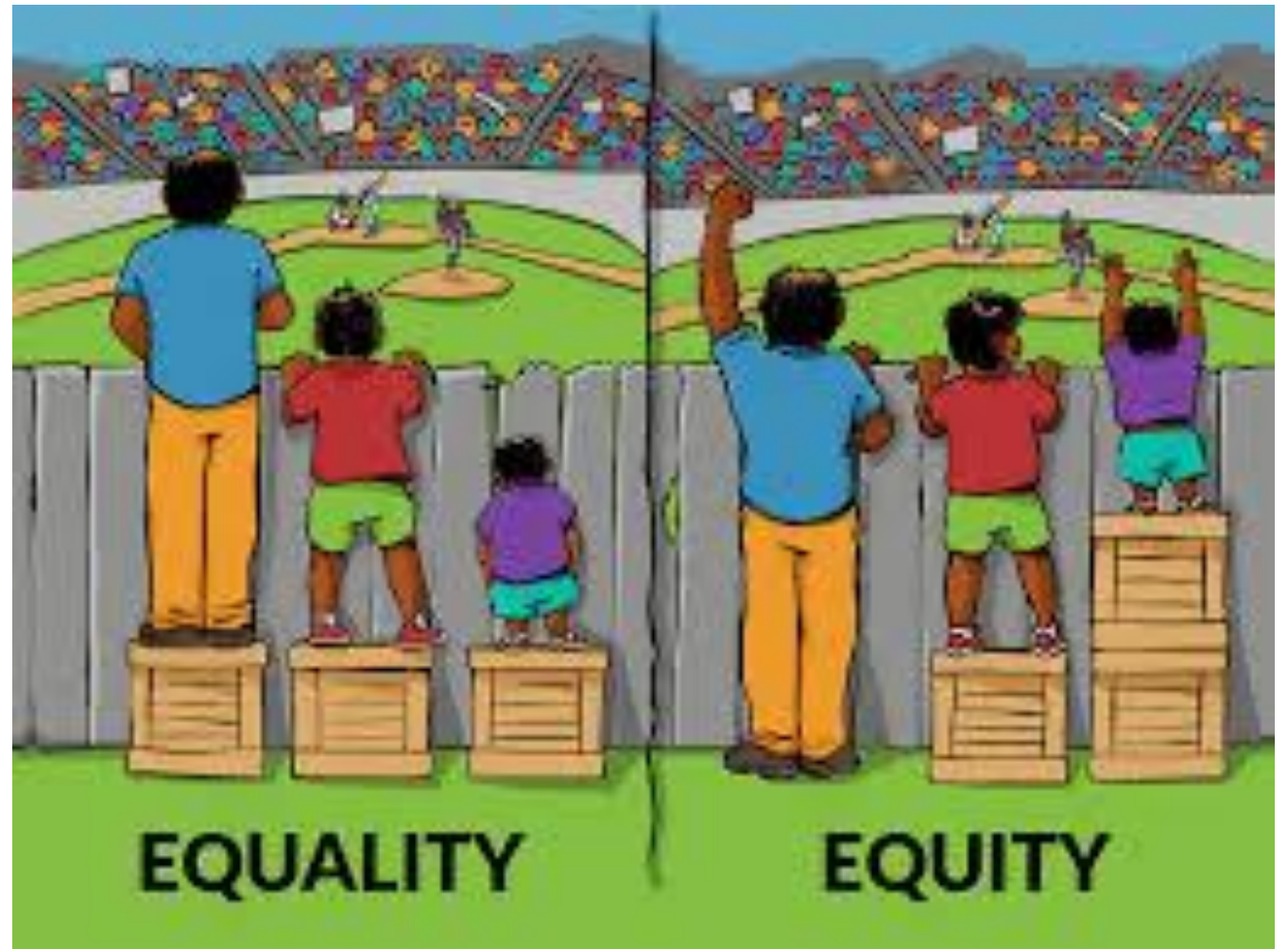
Evidence for early years interventions

Teens when problems arise - Schools, FE, HE

Child poverty – a modern day scandal
Scope for greatest impact

5. Address inequities

Poverty
Gender
Race
Health conditions
Disability
Refugees
Sexuality ...



6. Mainstream Mental Health

Support and fund non-health partners

Community organisations, schools,
workplaces, universities, care homes,
faith groups

– wherever people are.



7. Really act on social determinants



Poverty – a wellbeing economy
Mental health in all public policies



8. Strengthen and diversify evidence

Mental health as a multi-disciplinary issue

Qualitative and participatory action research

Economic analyses

Comparative research





SCOTTISH
MENTAL HEALTH
ARTS FESTIVAL

9. Change the culture

It is changing – Covid
Stigma – See Me
Arts - 200,000 people



10. Scale what works

Branching/ Partnerships / Franchise
Digital



Thrive

NYC

A Roadmap for
Mental Health
for All

International learning and innovation

NYU Grand challenges
Thriving Cities

Final comments



Digital Health & Care
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Next meeting

- Tuesday 21 March 2023, 1300-1630

Event feedback – help us shape future events

- <https://www.surveymonkey.co.uk/r/33P9QK7>



DMHIC - Get involved and learn more

Join our network

www.dhi-scotland.com/join-our-network



Visit the DMHIC webpage

www.dhi-scotland.com/innovation/innovation-clusters



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