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Introduction to Qwell

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Founded in 2001, Kooth is the UK's largest youth digital mental health provider. We are BACP accredited, safe and effective.



Kooth is available **to 65% of children and young people** in the UK. Over **15 million people** across the UK have access to our services.

Kooth is the largest contributor to **MHSDS** and has a 15+ year partnership working with the **NHS**.

Kooth has a bespoke and robust clinical governance framework - **iRespond model** and a pre-moderated approach.

Kooth is effective - **Outcomes** Significant improvement in >70% cases. 95% get support they want/need without long term counselling.

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Introduction

Increasing access to mental health

care





Personalised, accessible support

Founding Principles

Anonymity: Removing stigma and barriers.

Autonomy: Users empowered to choose support options.

Safety: Embedded throughout the platform.

Community Self-help Peer Support Network Content & Activities Live Chat Immediate Support Wellbeing Practitioners Counsellors Psychologists

The benefits

Democratise access: Mental health care at scale.

Qwell Approach

A personalised approach: Measurable outcomes.

Anonymous trends: Insights into the mental health of your population.

Prevention through to support for most vulnerable



Relevant content, addressing health inequalities

Let's talk about: postnatal depression



What is postnatal depression?

Postnatal depression (PND) is a type of depression that affects parents after the arrival of a baby. It's a surprisingly common issue that affects 1 in 10 new parents and occurs generally up to the first year of having a baby. While PND might be something lots of people associate with new mothers, it can in fact affect all parents, whatever their gender.

What are the symptoms of postnatal depression?

Everyone is different, so we all experience things in our own unique way. Here are just some common symptoms:

- Sadness or low mood that doesn't go away
- Lack of enthusiasm for things you would previously have enjoyed

The majority of the content on Qwell is user generated. However, we have a content team which produce **helpful**, **relevant and easily accessible content**.

We have a range of content specifically designed for the varying needs of service users.

Combining the content with our detailed reporting, we can effectively target health inequalities.





Safe, responsive & alongside you

A BACP accredited service with over 200 professionally qualified Counsellors and Emotional Wellbeing Practitioners.

All service user-generated content is moderated and visible content is pre-moderated.

A strong, robust Clinical Governance Model which ensures we stay alongside our users and are equipped to respond to complexity and risk.

Practitioners are all fully trained in using our back end recording system and our I-Respond approach:



Clinical Model

The Qwell platform is built as an early intervention and prevention service, but our practitioners are well equipped to deal with complex presentations too:

Kelly* presented with multiple complex issues, including domestic abuse, depression and suicidal thoughts.

Our team encouraged Kelly to share PII. Emergency services were contacted and a safety plan put in place. After three assessment chats, Kelly was offered structured support with a named practitioner.

Kelly accessed many areas of the site, including journaling and goal setting.

*Kelly is a pseudonym

Identified goals: 1) Regular contact with an independent domestic violence advisor 2) Reduction in suicidal ideation 3) On waiting list for specialist psychological therapy

Clinical Model



kooth

Qwell is an outcomes-focused intervention

Outcomes are measured using GBO's

In a recent research paper, our Research and Data Science Team (RaDS) established that on **average adults set two goals, and a third of those goals were fully achieved.** Setting collaborative goals with adults typically led to higher levels of goal attainment. Collaboratively set goals moved on **average six points**, compared with self-set goals moved on average three points. This is encouraging and provides evidence for the great work practitioners do in supporting goal setting in sessions.

We are a pioneer in digital mental health. We've evidenced the impact of brief intervention support, peer support and therapeutic content.

Community Measure

- We developed the Community Measure to capture the therapeutic value in moderated community content and peer support on the platform.
- Users can now rate all that they see and do in the community and we can report against the scores and categories.



SWAN-OM (Session Wants and Needs) Outcome Measure

- This measure was developed to understand what service users want and need from a single session of therapy. Such interventions, known internally as the responsive pathway, were developed in response to <u>Theory of</u> <u>Change</u> - groundbreaking research that established Kooth's pioneering status as a positive virtual ecosystem.
- We can now report on how much users achieve their wants and needs in single sessions.
- Working with CORC, we have concluded that the measure does have validity, and two academic papers are due for publication outlining the different validity it has achieved so far.







Development partner:





We integrate with local providers, to ensure Qwell complements existing services



In Cambridgeshire and Peterborough we work within CPSL Mind's Good Life Service.

Qwell is an overarching digital offer made available to service users which complements local face to face provision.

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Owell Pathways

Self-directed & Owell Community - moderated Structured - a series of scheduled sessions self-reflective therapeutic content and community-centred forums where users share personal experience, advice and emotional support with one another.

Responsive - users seeking immediate support, validation and normalisation of experiences; a safe space to feel heard engaging with practitioners on a one-off (single session) or intermittent basis.

Responsive, Structured

and Ongoing sessions



with a consistent Qwell practitioner

in A&E and frequently to their GP

Ongoing sessions - where an individual's

circumstances are particularly complex they might return to Qwell on an ongoing basis to

receive support i.e. those adults who typically dip in and out of inpatient or crisis service, present

Pathway from Qwell to IAPT



Fig 1. Owell - IAPT Pathway Diagram

Pathway from IAPT to Qwell





Qwell: Stakeholder consensus



Working alongside local services