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kooth

Kooth For Adults

Supporting Parents: a personalised approach to Mental Health

Charlotte Mindel, Louisa Salhi, Santiago de Ossorno Garcia

koothplc.com

Inside this report

Foreword

The role of a parent is arguably one of the most important roles to exist - and will continue to be so. Though often underestimated and certainly undervalued from an economic sense, parenting is something that requires great skill and effort - and can have hugely negative consequences when we get it wrong.

As a parent of 3, I am confident in saying that all parents do get it wrong from time to time and to a greater or lesser extent. There is not a definitive 'how to' manual that goes with parenting. Yes, there are helpful guides and advice booklets that parents can choose to access, however the vast majority 'learn on the job' and seek specialist advice when they run into difficulty. From a specialist point of view, there are some excellent programmes that tackle specific issues affecting parenting and indeed there is a great evidence base behind these.

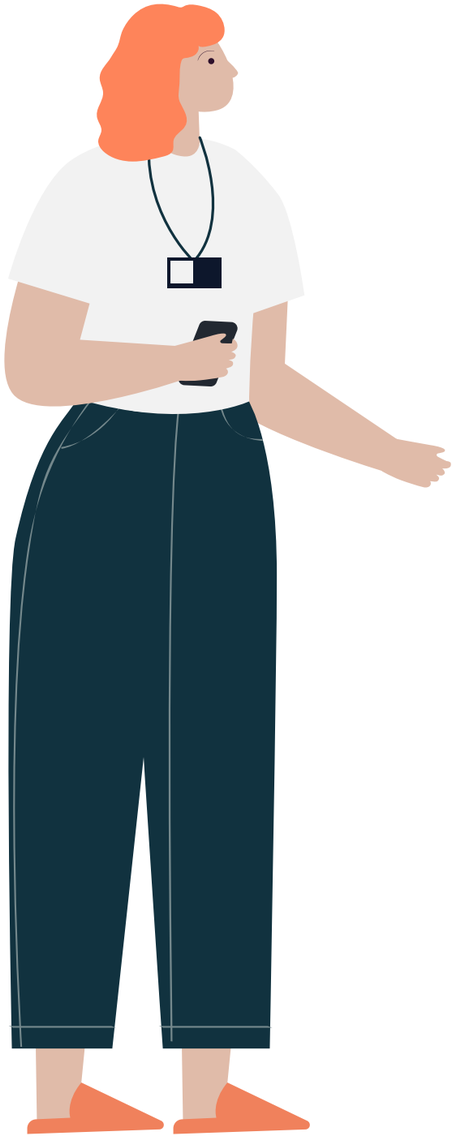
However, it is important to differentiate between 'parenting interventions' and 'interventions for parents' and in the spirit of 'one size doesn't fit all', as professionals, it is imperative that we work out together with those who access our services what will be most helpful for them. This report describes the Kooth digital approach to supporting parents; with a specific focus on the need for personalisation, choice and community. It is vital that we continue to collect and learn from data to inform our approach - and really value the mental health of individuals who dedicate a big chunk of their lives to this crucial role.

Dr. Lynne Green, Chief Clinical Officer, Kooth

Background

Over half of all parents are living with a mental illness[1], and at least 50% of those have a child under the age of 18 years living with them[2].

When a parent's mental health is suffering it is not only the individual who is impacted but their children as well, whether this is through stigma, disruption in the relationship between child and parent, or the vulnerability to poor mental health of the child. Parents were burdened with a huge amount of responsibility throughout the Covid-19 pandemic with the closure of schools and other services, with parents struggling to access support for their children identified as a key concern[3]. The Kooth service for adults* has delivered digital emotional and mental wellbeing support since 2017. Unsurprisingly, a proportion of the adults accessing Kooth for adults are parents, who use the service for two main reasons: to get help with parenting, often related to their child's mental health, and to get help for themselves with their own mental health. Parents within commissioned areas or organisations can be signposted and self-refer to Kooth for adults where they will have multiple options for attaining support that is free at the point of access. These include counselling for which they can drop-in or book scheduled appointments, as well as a community magazine and forum to access and engage with shared experiences and psychoeducational materials.



Kooth for adults is commissioned in some areas to specifically support parents, with a wider agenda of supporting the whole family. This, along with parents being such a large proportion of the UK's adult population, ignited a curiosity for us at Kooth to understand more about how a digital mental health platform can support parents and why it's useful for them. We employed a rigorous research approach to data collection and data analysis, however the sample sizes are small and the report covers a broadly defined population, as such this is a snapshot view of how parents interact with online therapeutic support, including an insight into their needs and their wants from a digital mental health platform.

*This includes both Qwell and Kooth Work, which will be referred to as Kooth for adults or Kooth throughout the report from here on out.

This Report: Methodology

We use four key methods of data collection within this report. These included (1) a cross-sectional design of parents who have used Kooth for adults, (2) a survey published on Kooth between March-April 2021, and (3) practitioner written case studies (4) expert interviews.

1. The data extraction included a sample of 97 individuals who we identified to be parents via either the specific contract they were part of or due to presenting with a parenting related presenting issue. Parents were aged between 18 and 61 years, 85% female, 15% male, 98% White, 2% Mixed ethnicity or Black. For these individuals we were able to analyse the prevalence of presenting issues, their usage of the platform, their recorded outcomes data, and community resources to which they had contributed.

2. We had a total of 43 parents respond to the survey which explored their parent status (i.e. age of children), their reason for using Kooth, and their usage of Kooth. Survey respondents were aged between 21 and 63 years, 85% female, 15% male, 88% White, 12% Mixed ethnicity or Black. Parents had children aged from infant (Birth-11 months) through to adult (22+ years) and had between zero and four children living at home for whom they were responsible.

3. A composite case study based on actual practitioner-created case studies made available to us from real user cases is used within the report to represent a scenario for how a parent might use the Kooth for adults service.

4. Interviews with the Head of Clinical Governance at Kooth and an Emotional Wellbeing Practitioner for Kooth for adults platform provided insights to support the contents of the report.

Headlines

67% of parents are accessing Kooth for support with their own mental health.

Increased goal setting was associated with improvements in routine outcome measure scores, with the largest association to improved GAD-7 scores measuring generalised anxiety.

71% of parents who use Kooth for parenting support want to discuss challenges with their child's mental health or behaviour.

63% of parents aged 20-30 years want to experience reduced isolation from using Kooth, compared to 20% aged 50+ years.

No-one in the <£20,000 income bracket is likely to seek face-to-face counselling as an alternative to Kooth, compared to 67% of those in the £50,000-75,000 bracket.

What parents are seeking from mental health support

‘Parents’ is a hugely broad term that can include teenagers, adults of any age, parents with a whole range of different aged children, foster and adoptive parents, step-parents, parents who have lost children, parents of children with additional needs (educational, physical or mental health) and more. Then there is the intersectionality of cultural, social and economic factors that affect parents as individuals. Given the complexity of this term, the Kooth for adults platform assumes a humanistic, person-centred approach to the mental health and wellbeing of the parents who access the service. We found that this is exactly what parents are seeking too, with 67% of those surveyed using Kooth for their own needs rather than for support with parenting.

> “[Kooth is] Fantastic. A chance to be me, not mum, wife etc. Deal with my stuff to continue to function as a carer, keep on keeping on. My time, son’s condition allowing.”
>
> **Anonymous parent**

Reasons for wanting to use the Kooth for adults platform vary depending on the demographics of parents. While 61% of parents want to adopt **positive mental health behaviours**, younger parents (20-40 years) were more likely to want to feel an **increased confidence or strength to manage their mental health** in comparison to older parents (50+ year) who were seeking a more immediate solution looking to **solve an immediate problem.**

There is a greater level of stigma associated with the term ‘mental health’ in older age groups, which creates a barrier to seeking professional mental health support[4]. When it comes to reducing that stigma, older age groups are less likely to use things such as social media platforms where large campaigns for mental health are targeted[5]. This is further demonstrated through the drop-off of any presentation of **suicidal thoughts** in the 50+ age group of parents who had used the service. In comparison, 30% of 20-50 year-old users did present with this issue. In relation to the prevalence of suicide, there was a stark contrast between male and female survey respondents (83% vs. 39%) for those wanting an **increased hope for the future.** We know hopelessness is a risk factor for suicidal ideation[6] and with men typically accessing services less than females, this is a clear demonstration of the need for services that are accessible and inclusive for males of all ages, including those who are fathers.

Getting support for your child’s mental health has not always been easy, with parents experiencing barriers such as brief appointment times at the GP and the fear of being seen as a ‘poor parent’[7]. For

parents in our survey who did want support with parenting (33%), it was very much in a 'help-seeking' capacity, with the majority wanting to **discuss their child's mental health or challenges with their child's behaviour** (71%). This need for informed discussion was reflected in the usage of Kooth, with 65% of returning users having accessed **professional support**, and 77% of those who were using Kooth for the first time hoping to.

Interestingly, while only 33% of survey respondents said they were coming to Kooth for support with parenting, for parents using the site between 2019-2021 **parenting was a prevalent presenting issue** within therapeutic sessions (49%). Other common presenting issues for parents included **family relationships** (61%), and **anxiety or stress** (79%).

Presenting issues tended to fluctuate with age, with **mental health, domestic violence and financial hardship** among some of those with the largest difference across age groups (see Figure 1). Loneliness tended to be more prevalent for those in the 20-30 and 50+ age groups in the Kooth for adults data, which is consistent with other evidence demonstrating a U-shaped prevalence of loneliness across age groups[8]. However, the survey showed that proportionately, **three times more 20-30 year olds wanted support with reduced isolation than the 50+ age group**. There is clearly a difference between isolation and loneliness, and it would be worthwhile to further investigate the difference between isolation and loneliness with 20-30 year old parents, and what this means for their wellbeing.

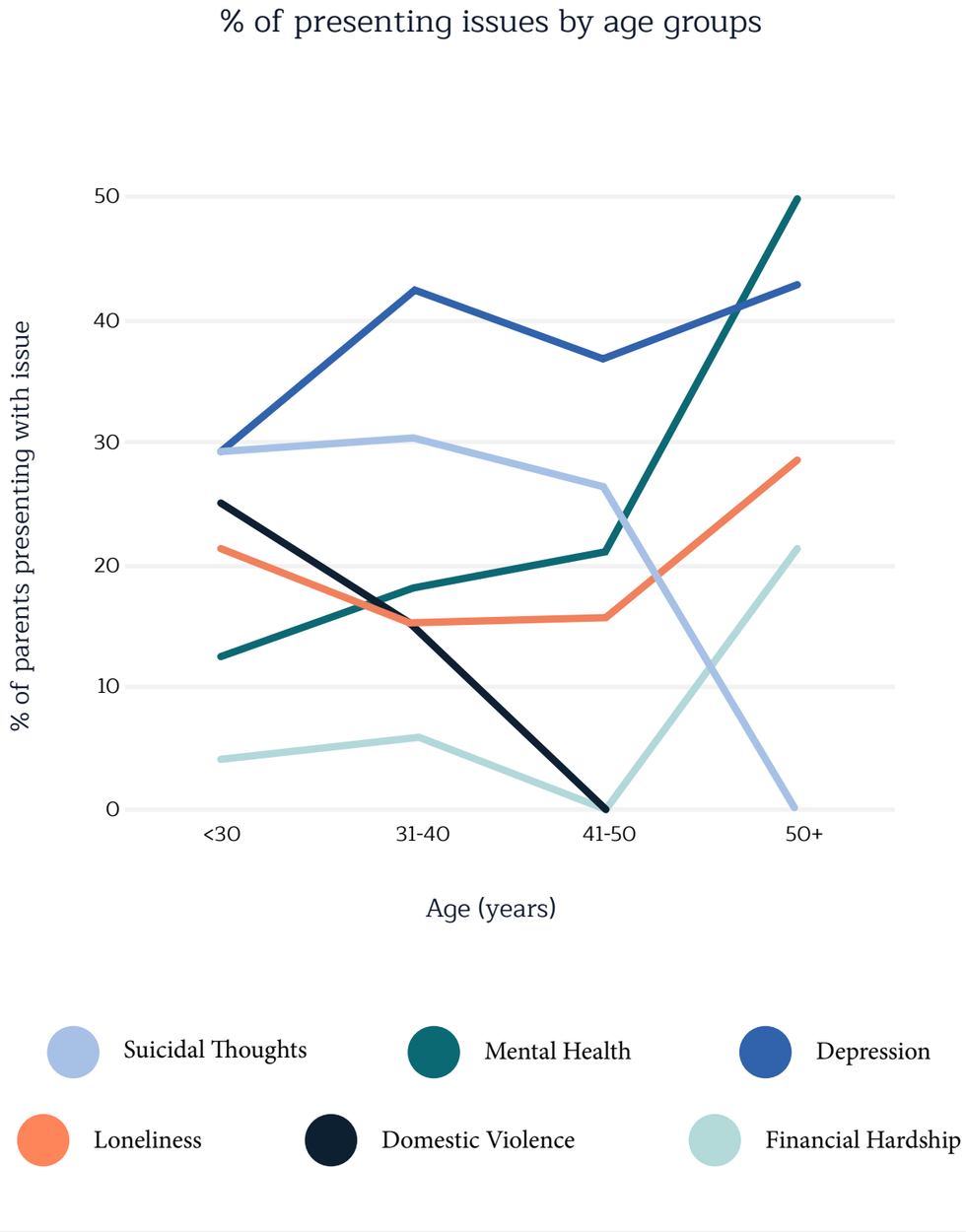
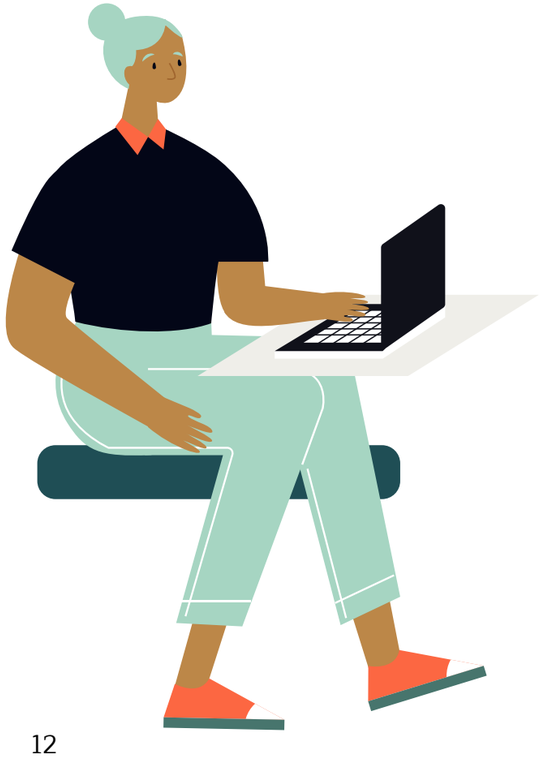


Figure 1: Key frequencies of presenting issues as a percentage split by age group.

Why Digital?

Kooth does not function in isolation as a digital service, the Kooth for adults platform is well integrated within the local health and care landscape in the areas it is delivered. Of those who reported a named referral source (n=66), 29% of parents heard about the Kooth for adults platform at the GP surgery, while others heard about Kooth from an internet source (social media, search engine) or their place of work (35%). As a digital platform Kooth offers the flexibility and choice for users to navigate the platform as is appropriate for their needs and wants, providing them choice in the therapeutic journey. The anonymity for the service user has been considered a benefit to accessibility, supporting those who might want to spend some time exploring or sharing something about themselves in a more discreet way than a face-to-face interaction might offer[9]. Survey responses suggest that **it is not only anonymity that supports accessibility, but the cost of Kooth, which is free at the point of access** for parents who live or work within a commissioned area or organisation.



65% of those surveyed said they preferred receiving support online.

90% of participants told us it was 'extremely' or 'very' important that Kooth is free at the point of access.

> "Easier to express feelings online/typing"
>
> **Anonymous parent**

When it came to alternative means of seeking support, annual household income contributed to whether respondents were likely to seek face-to-face support. 67% of those in the £50,000-£74,999 bracket were likely to seek face-to-face support as an alternative to Kooth for adults, compared with no-one in the <£20,000 bracket and only 27% in the £20,000 to £24,999 group. Average household income in the UK for the financial year 2020 was £36,900[10], meaning those in the £50,000-£74,999 bracket are considerably above the national average. Socio-economic inequalities do exist within healthcare hindering health equity, inequalities reduce social mobility and the choice of care that is available to individuals[11]. Ethnicity was also a contributing factor with **no non-white participants selecting face-to-face as a viable alternative to Kooth compared with 26% of white participants***. There is a well documented imbalance of power experienced by non-white individuals when it comes to accessing mental health support in the UK[12], the data we collected from parents suggests that such barriers don't exist in the same way within digital services. A number of reviews have supported this idea and made recommendations for how digital mental health can support equitable mental healthcare[13 14].

*The non-white sample in this survey was small, with only 12% of survey respondents identifying with a non-white ethnicity

It has become commonplace for individuals to seek help online, and this is no different for parents who may have additional caring responsibilities and constraints on their time. For those parents who were accessing Kooth for the first time when surveyed, 63% of them were likely to seek self-help information online as an alternative had they not accessed Kooth. **83% of parents felt it was 'extremely' or 'very' important that they had a choice in the support they use on Kooth**, which ranges to professional support to community forums and private journaling. Further to seeking information, parents use Kooth to find out both what their own support options are (58%) or, for those parents seeking parenting support, **what mental health support services are available for their child** (57%). This desire to feel autonomous and informed through information and help-seeking in a way in which you have more control means that services such as Kooth play a vital role in providing reliable and professional information, in among the swathes of unregulated information available online.

Expert Commentary

Vicki Shotbolt

CEO and Founder of Parent Zone

"Parents are children's first and most important source of support, and research has consistently shown that parents who apply an authoritative parenting style raise happier and healthier children who are equipped to face real-world challenges. Easy access to good quality information and non-judgemental advice underpins this approach to parenting. We know from our work just how vital it is for parents to be able to find appropriate and evidence-based guidance and tools that meet their own and their children's needs."

Parent Zone is a social enterprise that sits at the heart of modern family life, providing advice, knowledge and support to shape the best possible future for children as they embrace the online world. Find them at parentzone.org.uk.

How parents use Kooth

Support on Kooth can look very different for different individuals. We provide a person-centered approach where parents can seek and try out different elements of the Kooth platform. The clinical model follows the iRESPOND framework, an integrative and responsive approach to providing support. The model integrates different therapies and theoretical underpinnings such as such as cognitive behavioural therapies, humanistic therapies and brief, solution-focussed approaches. We support parents holistically as individuals and therefore do not offer a parenting-specific intervention, but rather provide choice in what therapeutic support parents can access. As we've noted, choice, along with convenience and anonymity are of value to parents when seeking therapeutic support.

93% of parents who engaged with the survey reported that it was important to them that Kooth was anonymous.

Readily available professional support such as counselling is a large draw for parents. In the survey, **65% of parents who already used Kooth reported using professional services and 77% of parents new to Kooth were interested in exploring this element.** Professional support can be accessed 365 days a year and, importantly, outside of normal working hours, providing flexibility and convenience for parents to access professional support at a time that suits them.

"Only used once and used the chat option. Very easy to use and didn't wait very long. Felt listened to and the person I spoke to was extremely professional which made me feel comfortable talking."

Anonymous parent

On average parents tend to have 3 chat sessions and 2 therapeutic messages whilst engaging with Kooth (see table 1). Some parents value having more structured professional therapeutic support, whereas others choose to have more intermittent or drop in sessions to support their individual needs. The Kooth for Adults Theory of Change[8] discusses the different therapeutic pathways available on Kooth.

Alongside professional therapeutic support, there are also self-guided therapeutic interventions such as the **emotions journals** that provide a space to reflect on one's emotional state and track their mood, as well as **goal setting** and progress tracking. Goals are a central component of the Kooth therapeutic model, with goals proving to influence how positive individuals feel towards therapeutic change that is available to them[15].

> **93% of parents using Kooth who responded in the survey reported using the emotions journal and 30% used the goal setting and tracking features.**

> **Over 50% of parents in the survey who were new to Kooth were also interested in exploring the personal emotions journal and goal setting features.**

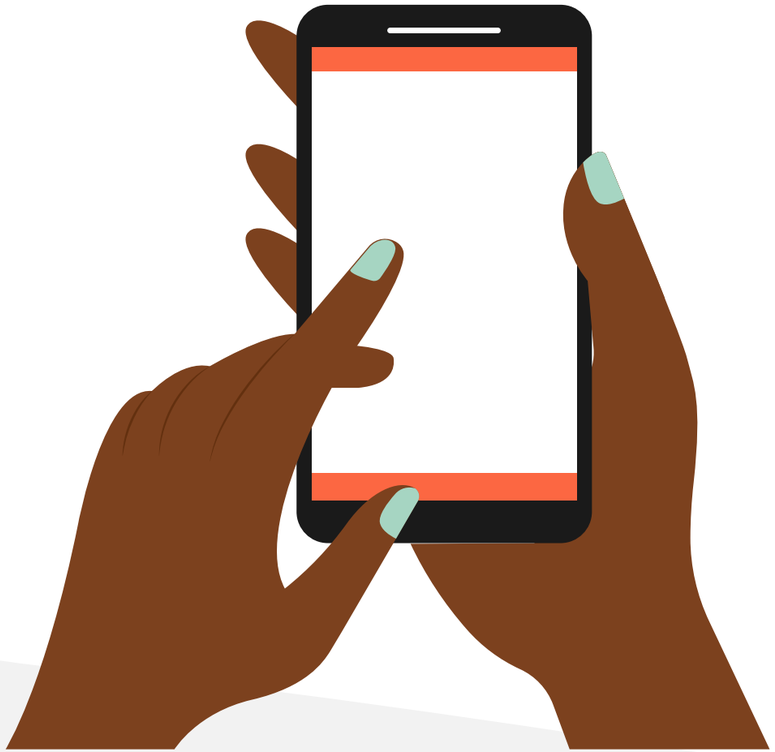
We see that there is diversity in how much people choose to engage with these activities with some parents setting lots of goals and similarly creating daily journal entries, whereas others choose to not engage in this self-directed style of activity. Males interestingly created more journal entries and goals than females*. This is however interesting as male service users have been seen to engage with traditional services more when they are action-oriented[16] [17]. This aligns with Kooth's use of journal entries and in particular goal setting in supporting traditional professional support, but also being an effective therapeutic tool in itself.

*This should be interpreted cautiously due to the varying sample sizes between Females (N=64) and Males (N=11) who had created journal entries

Table 1: Median number of activities parents engaged with on Kooth

Gender	Chats	Messages	Goals	Journal Entries
Female	3	2	1	3
Male	3	2	2	5

Note: Scores represent the median level of engagement with each activity. For Goals, Chats and Messages, there were 82 female parents and 15 male parents, for Journal entries, there were 64 female parents and 11 male parents.



The **Kooth Community** importantly provides a virtual space where individuals can share experiences through writing, reading and commenting on magazine articles as well as taking part in forums and discussion pages. **71% of parents on Kooth who took part in the survey reported reading the magazine articles, with 64% having used the forum and discussion boards.**

Through the Kooth Community there is also a space to give advice to fellow Kooth users, as well as seek advice. Of those parents new to Kooth who responded in the survey, **39% said they were interested in offering support and advice to others**, demonstrating that Kooth users want to be part of this wider community space and are not only seeking professional support. **30% of parents reported already using the Kooth Community and tend to use it to relate to others and help others[8].** The topics of conversation on the Kooth Community (articles and forums) that were most engaged with were those surrounding **mental health, sex & relationships, and family.**

Peer to peer engagement on Kooth provides an opportunity to share experiences, advice and suggestions, and also a place to provide compassion and empathy. Additionally, users bond over shared experiences, providing and receiving reassurance as well as experiencing gratitude for others[8].

Peer support is a widely accepted critical component to successful therapeutic recovery and provides mechanisms to increase psychosocial outcomes such as increased 'hope' and social empowerment as well as providing a place to bond within a digital environment by providing a human element[18].

For parents that engaged with the Kooth Community 30% of the comments or forum posts were sharing personal experiences with others. 17% provided compassion and empathy and 14% were sharing insight and suggestions.

Examples of how users engage in the online community*

Offering compassion & empathy

Hi thanks for your kind words and I'm really sorry to hear about your struggles. It sounds like you're having a hard time and taking care of all those around you. You do deserve to help yourself, I know how hard it can be when you feel low. I hope you find some time for yourself soon.

Sharing insight or suggestions

Thanks for this. When my children were younger I used to find it easy to turn learning into a game but that definitely has got harder since they're older and at secondary school. I try to give them more control these days by coming up with suggestions about how we can make their learning more interesting. They love creating science experiments in the kitchen or growing their own plants, being interactive has really helped them enjoy learning.

Sharing personal experience

I am due to go back to work soon after not really being in much since the lockdown... since then my relationship with my manager has deteriorated. She has been so awful and unsupportive it has made me start looking for another job. I really don't want to go and don't know what to do to get me through those days...

*These examples have been altered from real posts to ensure anonymity of service users.

Outcomes for Parents

Promoting a safe space through risk monitoring and safeguarding is integrated into everything that we do at Kooth. It occurs not only with consistency in professional chats and therapeutic messaging but also in the self-directed and community elements such as the goal-based measures, the emotions journal and through the comments and posts from parents on Kooth. This occurs through routine risk enquiry and moderation of content.

Risk is monitored by assigning Red (high risk) - Amber (medium risk) - Green (low risk) (RAG) risk status. This ensures that all practitioners can quickly and easily see risk status. Risk status is fluid and can therefore be escalated or de-escalated at any point. On entry to Kooth (for parents we had a risk status assigned to), **33% were Green, 61% were Amber and 6% were Red.** This guides the practitioners when interacting service users in terms of the severity of their therapeutic needs.

Expert Commentary

Dr. Hannah Wilson

Head of Clinical Governance & Clinical Psychology Lead for Kooth

"I would also say that our anonymity is a really important aspect of our risk and safeguarding processes. We find that the anonymity means that people disclose risk and other concerns more quickly than in traditional services, which means that we are then able to support them to be safe more quickly. It also keeps the power and control over that information sharing with the user - given that in the majority of cases, individuals at risk are in situations where they feel powerless, this is really important and means that we safeguarding is something that we can 'do with' our users, rather than 'do to' them."

Case study

Marcela *(Pseudonym)*

- 43 years old
- Mixed British
- Female
- Existing Kooth User

Background

Marcela was recently diagnosed with Type II Diabetes linked to overeating behaviours which had escalated over 5 years due to stress at work and supporting one of her children who has learning difficulties. Following this diagnosis, her GP suggested Kooth for adults to explore some of her initial stress and mental health difficulties.

Marcela initially engaged with Kooth through a series of drop-in chats with different practitioners who assessed her as low ('green') risk of harm to herself or others. She began exploring her feelings of guilt around overeating. Following a period of feeling unsupported during which her child contracted Covid-19 at school, Marcela began to experience panic attacks and suicidal ideation. Upon sharing this with a Kooth practitioner her risk was increased to 'amber' so the team knew to monitor any changes in presentation more closely. Information shared during 'Mental Health Awareness Week' in the Kooth forums supported Marcela in recognising her need for more structured and consistent support, she agreed to engage with an allocated worker at Kooth who could offer structured appointments to match her schedule.

Conclusion

The practitioner focused on supporting Marcela's presentation of low mood, sleep difficulties, anxiety, and compulsive overeating, offering a person-centred approach with psychoeducation to explore her feelings of guilt, her difficulties to connect with her son and her anxiety around the links between overeating and diabetes.
The practitioner adopted a non-judgemental attitude to establish a therapeutic connection. A sleep routine was developed in sessions that helped to reduce the low-mood and tiredness. Marcela's level of suicidal ideation began to reduce in the weekly sessions with her allocated practitioner. To manage overeating, a collaborative goal was established and logged within the platform, in addition to the suggestion of using a mindfulness app. This helped Marcela to cope with cravings, monitor progress and use encouragement for when binging episodes occurred. Marcela was provided with guidance and motivation, empowering her to open up to her husband and ask for more help.

Marcela's diabetes was now under control with treatment, overseen by the GP and she reported a better and more supportive relationship with her husband. Her sleeping difficulties gradually reduced, and she felt better able to manage stress at home and at work.

> “I have found it useful to ‘talk’ to the counsellors once a week for the past fortnight when I’ve been feeling anxious, low, desperate, lonely etc. They’ve been very understanding, non-judgemental and I’ve felt listened to and supported.”
>
> **Anonymous parent**

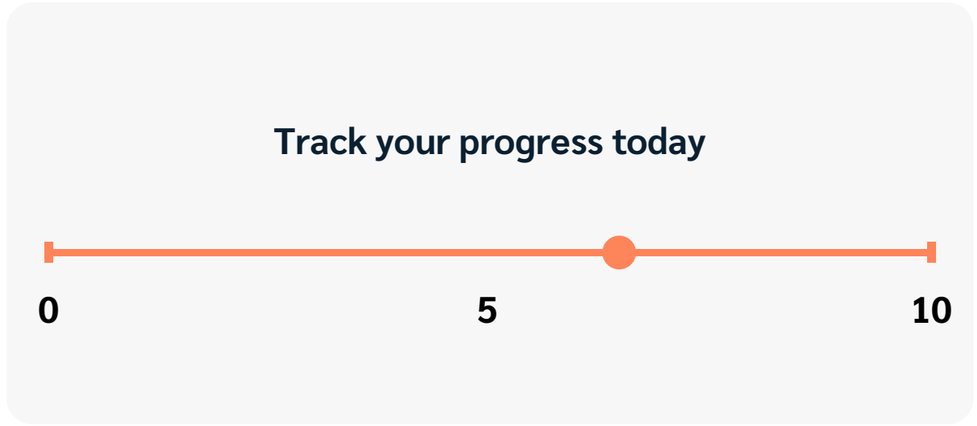
We routinely collect nomothetic standardised measures to support practitioners in their therapeutic practice; Patient Health Questionnaire (PHQ-9[19]), Generalised Anxiety Disorder scale (GAD-7[20]) and the Work and Social Adjustment Scale (WSAS[21]). We can also examine how these scores change over time.

We see the most noticeable change in routine outcome scores within parents for the GAD-7. The GAD-7 measures Generalised Anxiety Disorder with a 7-item survey. We see within our parents on the site that there is a significant reduction in GAD-7 scores*. The overall ‘moderate’ Anxiety levels recorded with the GAD-7 in parents is in line with the high amount of Amber risk seen on entry and also the high proportion of ‘Anxiety’ as a presenting issue identified by practitioners within the chats. This highlights the usefulness of standardised measure in providing a wider knowledge base around an individual’s need during the chat sessions.

*Significant differences were seen with a paired t-test between the first and final GAD-7 scores; $t(79)=3.47$, $p<.001$

It should be noted that change scores are most suitable for those parents in structured and ongoing professional support who receive a chat once each week for a series of weeks as these measures monitor symptom based changes over time. We utilise standardised measures to indicate need, rather than as a marker of progress as the parents using Kooth may attend chats in a range of ways, for example on a drop-in basis or for single-sessions or in more structured ways. Therefore, our progress monitoring will vary depending on each parent’s needs and aims for using Kooth, as well as the frequency of chats they access.

Alongside nomothetic routine outcomes, we also track ideographic, person-centered outcomes such as **goal based outcomes**. Goal based outcomes are extensively used on Kooth and align with the asset-based approach to therapeutic progress. Goals can be set in a chat session with a practitioner or set independently by the parent and moderated by a practitioner. Goals enable the individual to set specific goals that align with their wants and needs. Goals are then progressed by moving a marker from the value 0 (not achieved goal) towards the value 10 (achieved goal) slowly as the service user progresses through their goal.



Goals set on Kooth for Adults are categorised using a goals taxonomy, with the top goals set by parents consisting of **self help/care skills, getting professional help in service, and emotional exploration.**

Examples of goals

Self help / care skills	Spend more time looking at a charity website for families of disabled children
	Spend 10 minutes a day focusing on having quiet time for myself
Getting professional help in service	Attend an assessment chat next week
	To talk about why I find it hard to be honest with my partner in next weeks appointment
Emotional exploration	Consider and identify what 'better things' consists of
	Write in my journal one positive affirmation per day

Goals always start at '0' and can be moved up and down autonomously by the user at any time throughout their time on Kooth. This provides a tangible person-centered marker of progress in achieving that specific goal. Overall parents, whether male or female, tended to move their goals by 5.7 points. To contextualise goal movement; reliable change for children and young people has been identified as a goal movement of 2.45 points, however, similar data is not currently available to determine goal movement in adults. Depending on their age, the behaviour around goals for parents did vary considerably, as you can see in table 2. Examining goal setting and movement in relation to presenting issues may shine light on the differences seen in goal setting across age groups, or barriers to goal setting, for example in the 30-39 age group who are seen to set the least goals and make the least positive goal movements across time*.

*This analysis was not feasible in our parent sample due to restricted sample sizes when the data was split by age group

Table 2: The average number of goals set and the associated goal movement split my age group.

Age (years)	Average Goals Set	Goal Movement
<30	3.1	5.8
30-39	1.8	5.1
40-49	2.1	6.4
50>	2.5	5.9

Note: The figures in this table are the mean number of goals set and the average goal movement, where higher scores relate to more positive movement and goal progress.

Increased goal setting was associated with improvements in routine outcome measure scores, with the largest association to improved GAD-7 scores measuring generalised Anxiety.**

There are a range of outcome measurements on Kooth Adult that both enable practitioners to assess service user needs through standardised measures and risk monitoring, but also enables parents to track their own progress through goals. This along with the emotions journal provide a space for reflection on their own progress and their emotional state. This provides an individualised holistic perspective on a person's progress, valuing asset based outcomes and importantly looking beyond symptom based outcomes[23 24].

**The number of goals was correlated with the outcome change scores. Outcome change scores were calculated by minussing the first score from the final score, where negative change scores indicate improvement. This pattern of association was seen with the PHQ-9 change scores measuring changes in the severity of depression (r =-.229 , p=.048) and the WSAS change scores measuring changes in work and social adjustments (r =-.246 , p=.032), with a very significant correlation with improvements in the GAD-7, measuring generalised Anxiety (r =-.318 , p=004).

Conclusion

Parents who use Kooth have varying and nuanced needs, whether those are aligned to their identity as a parent or simply their needs as individuals. Whether using Kooth for support with their own needs or for help related to parenting, parents want reliable information from professionals or their peers, to support them in making informed choices within their lives.

Using a digital platform to get these needs met not only helps to reduce some of the barriers that adults face as a result of social inequalities, but also enables autonomy and independence in how the individual engages with support. At Kooth we want to meet people, including parents, where they are at, physically and emotionally, by making sure that a variety of support mechanisms are available. Using an assets-based and integrative model, underpinned by safety, Kooth is able to support at a variety of levels of need.

Parents value having a community space to share life experience and hope with their peers, while using professional support to aid with anxiety, family relationships and parenting, as well as other life stressors. Given the impact that a parent's poor mental health can have on them and their child, it is essential that accessible and affordable options are available to provide parents with adequate support. Digital services such as Kooth are able to provide this, and with continued integration with other expert organisations, can continue to provide holistic care accounting for the individuals whole life rather than a single aspect.

References

1. Parental mental illness - the impact on children and adolescents - for parents and carers | Royal College of Psychiatrists. (2021). Retrieved 6 April 2021, from https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/parental-mental-illness-the-impact-on-children-and-adolescents-for-parents-and-carers

2. Parents and mental health. (2021). Retrieved 6 April 2021, from https://www.mentalhealth.org.uk/a-to-z/p/parents-and-mental-health

3. Kooth plc. (2021). The State of the Nation's Mental Health (pp. 1-30). Kooth plc.

4. Conner, K., McKinnon, S., Ward, C., Reynolds, C., & Brown, C. (2015). Peer education as a strategy for reducing internalized stigma among depressed older adults. Psychiatric Rehabilitation Journal, 38(2), 186-193. https://doi.org/10.1037/prj0000109

5. Bradbury, A. (2020) Mental health stigma: The impact of Age and Gender on Attitudes, Community Mental Health Journal. 56, 933-938.

6. Qiu, T., Klonsky, E., & Klein, D. (2017). Hopelessness Predicts Suicide Ideation But Not Attempts: A 10-Year Longitudinal Study. Suicide And Life-Threatening Behavior, 47(6), 718-722. https://doi.org/10.1111/sltb.12328

7. Sayal, K., Tischler, V., Coope, C., Robotham, S., Ashworth, M., & Day, C. et al. (2010). Parental help-seeking in primary care for child and adolescent mental health concerns: qualitative study. British Journal Of Psychiatry, 197(6), 476-481. https://doi.org/10.1192/bjp.bp.110.081448

8. Victor, C., & Yang, K. (2012). The Prevalence of Loneliness Among Adults: A Case Study of the United Kingdom. The Journal Of Psychology, 146(1-2), 85-104. https://doi.org/10.1080/00223980.2011.613875

9. Noble, J., Gadd, L., De Ossorno Garcia, S., & Gillman, A. (2021). Theory of Change: Kooth for Adults. Kooth plc & NPC.

10. Office for National Statistics. (2021). Average household income, UK: financial year 2020 (pp. 1-9). ONS.

11. Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). Health Equity in England: The Marmot Review 10 Years On (pp. 1-88). Institute of Health Equity.

12. Memon, A., Taylor, K., Mohebati, L., Sundin, J., Cooper, M., Scanlon, T., & de Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. BMJ Open, 6(11), e012337. https://doi.org/10.1136/bmjopen-2016-012337

13. Rich, E., Miah, A., & Lewis, S. (2019). Is digital health care more equitable? The framing of health inequalities within England's digital health policy 2010–2017. Sociology Of Health & Illness, 41(S1), 31-49.

14. Schueller, S., Hunter, J., Figueroa, C., & Aguilera, A. (2019). Use of Digital Mental Health for Marginalized and Underserved Populations. Current Treatment Options In Psychiatry, 6(3), 243-255.

15. Cooper, M. (2018). The psychology of goals. Working With Goals In Psychotherapy And Counselling, 35-72. https://doi.org/10.1093/med-psych/9780198793687.003.0003

16. Seidler, Z. E., Rice, S. M., Ogrodniczuk, J. S., Oliffe, J. L., & Dhillon, H. M. (2018). Engaging Men in Psychological Treatment: A Scoping Review. American journal of men's health, 12(6), 1882–1900. https://doi.org/10.1177/1557988318792157

17. Zac E. Seidler, Simon M. Rice, John L. Oliffe, Andrea S. Fogarty & Haryana M. Dhillon (2018) Men In and Out of Treatment for Depression: Strategies for Improved Engagement, Australian Psychologist, 53:5, 405-415, DOI: 10.1111/ap.12331

18. Fortuna, K. L., Naslund, J. A., LaCroix, J. M., Bianco, C. L., Brooks, J. M., Zisman-Ilani, Y., Muralidharan, A. & Deegan, P. (2020). Digital peer support mental health interventions for people with a lived experience of a serious mental illness: systematic review. JMIR mental health, 7(4), e16460.

19. Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. Journal of general internal medicine, 16(9), 606-613.

20. Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine, 166(10), 1092-1097.

21. Mundt, J. C., Marks, I. M., Shear, M. K., & Greist, J. M. (2002). The Work and Social Adjustment Scale: a simple measure of impairment in functioning. The British Journal of Psychiatry, 180(5), 461-464.

22. Edbrooke-Childs, J., Jacob, J., Law, D., Deighton, J., & Wolpert, M. (2015). Interpreting standardized and idiographic outcome measures in CAMHS: what does change mean and how does it relate to functioning and experience?. Child And Adolescent Mental Health, 20(3), 142-148. https://doi.org/10.1111/camh.12107

23. Collins, B. (2019). Outcomes for mental health services: What really matters. Kings Fund.

24. Barkham, M. (2021). Towards greater bandwidth for standardised outcome measures. The Lancet Psychiatry, 8(1), 17. mental-health-act-overhaul-will-tackle-racial-disparities-without-societal-change-experts-warn/

Research Enquiries
research@kooth.com