

# Young People's Digital Mental Health Report

October 2023

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## Acknowledgements

This report was produced by Healthwatch Trafford. In particular we would like to acknowledge the hard work and diligence of our student intern from Manchester University, Holly Eades, and the contributions of our staff team, in particular Alex Tan and our volunteer readers’ panel. We would like to thank our health and social care partners, including those at Trafford Council, Greater Manchester Integrated Care, and local care providers, for their time and contributions to our research.

## Background

Since COVID-19 began, health and social care has rapidly expanded online, and mental health provision is no exception. The demand for mental health care has also increased alongside this, including among children and young people. While the topic has been one earmarked for improvement since before the pandemic, lack of access to physical services and increased demand has made it all the more important to address. In fact, the Local Authority recently published their Trafford Local Transformation Plan Children & Young People's Mental Health & Wellbeing 2022-2023, which set out their intention to maintain and improve young people's mental health.

It has been suggested that digital services make mental health care more accessible, provide support for patients waiting for appointments, and can in some cases act as a preventative measure to stop mental health worsening. We also realised that despite growing demand, there was not a significant body of research on the topic. We wanted to find out more about what digital mental health services are available for young people in the borough, and how much people knew about them. We also wanted to get a better understanding of how effective or easy to use young people found them. This would inform our recommendations and improve our signposting, as well as help create a conversation with commissioners and local providers.

This project benefitted from the support of our intern, who joined us from the University of Manchester and worked with us for eight weeks during the summer of 2023.

## Key Findings

- **Increased waiting times** for established mental health support services since the COVID-19 pandemic, which demonstrates the need for digital support.
- Digital mental health is still an **emerging area** in both Trafford and Greater Manchester. We saw that NICE has only recently completed Early Value Assessments of some services such as the SilverCloud® platform.
- **There is significant overlap** between Greater Manchester and Trafford provision. Greater Manchester Integrated Care Board (GM ICB) commission Kooth, and the SilverCloud® platform on behalf of Greater Manchester localities.
- Digital mental health support for children and young people was **very broad** and covered different areas. Young people have many options including ‘open-access’ services, and those that require professional referral.
- Commissioned digital services **range in the level of support that they provide**: some offer individualised support for each young person, while others provide low-level support resources, usually focused on specific difficulties.
- **Parents and carers** of children with mental health difficulties are offered a **variety of support options** in Trafford, such as online programmes and workshops.
- Most commissioned services offer limited **accessibility tools** such as those for screen readers, and few offer support in different languages.
- Digital services do conduct **monitoring of user data and effectiveness**, though this is not fully comprehensive and is usually not publicly available.
- There are a wide variety of **national services available by self-referral** which range from support for specific difficulties to generalised mental health needs. Many of these are signposted to by Trafford organisations.
- Survey results found that young people had very **mixed experiences**, but generally **had not used most digital services** and thought that improvements could be made to promote and personalise support options. It should be noted that most of our respondents identified as female, White British, and were aged under 17.
- Survey results showed **Kooth** to be the most well known and accessed service amongst respondents. Findings from other local Healthwatch and national publications show that most young people are **not aware** of all the support that is available to them and would like to know more.
- Digital services appear to offer key advantages, including **anonymity, variety** of support, **low or no wait times**, and easy **accessibility**, including **out-of-hours** support.

## Recommendations

- **Access to location-based monitoring data** to make informed choices as there is evidence of the value of digital support for young people<sup>1</sup>. Services and outcomes should continue to be monitored by providers, scrutineers, and commissioners.
- **Further independent user testing** to understand digital services from young people's perspectives, including finding out if they complement existing services, can be used while on waiting lists, and if they work as a preventative measure.
- **Publicise an easily accessible list of services** outlining what is on offer for which age groups. We understand that Trafford Council have developed **Padlets** (p.36) for this. Local GPs and the VCFSE should make this available to patients, especially when referring young people to in-person services with long waiting lists.
- **Increase publicity generally by service providers** to raise awareness of digital services via local radio, social media, or in places that young people likely frequent.
- **Contingency plans** by commissioners about what would happen if one or more of these services were withdrawn, and where existing users would be sent for support instead, especially as demand for support overall increases nationally.
- **Improved accessibility tools** including offering a range of language options, especially those most widely spoken in Trafford. Services should strive to fully comply with Web Content Accessibility Guidelines (WCAG) version 2.1 level AA<sup>2</sup>.
- **Provision for young people without digital access** as not everyone can get online. For example, the free data packages offered by 42<sup>nd</sup> Street, or access to digital devices.
- **External services should be subject to quality control before signposting.** Commissioned services are already monitored for effectiveness, but all resources should be accurate, up to date, and valuable before being suggested to young people.
- **More support aimed at 19–25-year-olds** in the transition period from child to adult mental health services. Different services cap their support at different ages, and it should be made clear what happens when users reach the top of that age bracket.
- **More specialised support.** To be as effective as in-person care, digital services should take a person-centred approach and if not, they should offer support that is evidence-based and clearly marketed to young people so that they can make informed choices.
- **Further Healthwatch work on this topic**, such as investigating how provision differs across areas like Greater Manchester to see if there are issues with equity of access.

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<sup>1</sup> Remote Mental Health Interventions for Young People – 13 July 2020

<https://www.youthaccess.org.uk/publications/research-evaluation/remote-mental-health-interventions-young-people>

<sup>2</sup> Web Content Accessibility Guidelines (WCAG) 2.1 <https://www.w3.org/TR/2018/REC-WCAG21-20180605/> 05 June 2018

## Local Authority context on mental health

### Local Authority plans

The Local Authority recently published their Trafford Local Transformation Plan Children & Young People's Mental Health & Wellbeing 2022-2023<sup>3</sup>, which set out their intention to maintain and improve young people's mental health.

This outlined their aim to improve mental and other forms of health in the area within existing plans at Greater Manchester<sup>4</sup> and locality level. For the purposes of this report, we will focus on the 2022-2023 document.

The Long-Term Plan states that:

*"1.16 Our vision is to ensure that children and young people in Trafford receive the right type of support, in the right place, at the right time that is high quality, personalised and effective to support healthy emotional development and help them to become thriving adults."*

The report details a whole service offer for Trafford around children and young people's (CYP) mental health that is too detailed to include here. However, it is clear that digital mental health services delivered through 42<sup>nd</sup> Street and Kooth form a key part of the offer and are experiencing increased demand. The COVID-19 pandemic can be said to have marked a turning point for services, with the rise in support for online options such as Kooth, and existing services such as 42<sup>nd</sup> Street transitioning to more digital means of delivering services.

With total service users in the mid hundreds as of 2021/22, it seems digital services are playing an ever more important role in combatting mental health issues in Trafford. Established services such as CAMHS are experiencing growing demand, though there are continued efforts to reduce waiting times within the Long-Term Plan.

### Committee meetings

Our research shows that since at least 2019, committees have been talking about young people's mental health, and this has provided useful background information on Trafford mental health services. The meetings showed evidence of long waiting times, increasing

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<sup>3</sup> Trafford's Local Transformation Plan Children & Young People's Mental Health & Wellbeing 2022-2023, report provided by Local Authority 2023

<sup>4</sup> Greater Manchester Local Transformation Plan 2021/2022 Children and Young People's Emotional Health and Wellbeing <https://www.partnersinsalford.org/media/fbejivlp/appendix-c-gm-ltp-update-report-2021.pdf> accessed August 2023

demand, and changes to commissioning of mental health services since the COVID-19 pandemic.

In 2019, the CYP<sup>5</sup> raised early concerns with mental health services for young people in the area: *“There had been a number of issues in the transition from the old CAMHS model to the new Healthy Young Minds service model. The delays caused by these issues had added to the development of a long waiting list for the service. In response additional funds had been allocated as the new model was in place it was hoped that the waiting lists would be reduced quickly”*. Part of the response was developing telephone consultations with 42<sup>nd</sup> Street to provide support for young people.

A later meeting in 2019<sup>6</sup> *“[...] sought clarification on whether it would be difficult to fill the vacancies in Mental Health services. It was explained that it was not possible to know it until recruitment started. Members commended the work of Kooth and asked how it was advertised. It was explained that it was mainly promoted via Instagram and the Trafford Service Directory; only children from Trafford could access this service. Members went on to query service users’ satisfaction and how this was rated. It was explained that, as part of the Local Transformation Plan, [...] Kooth had been commissioned as a result of this survey.”*

At the Health Scrutiny Committee meeting<sup>7</sup> in 2019, a discussion on psychological therapies provided useful insight into mental health. Spotlight on provision in Trafford<sup>8</sup> paints the following picture of the situation for young people: *“[...] There are no access targets for children accessing psychological therapy services. However at least 32% of CYP with a diagnosable MH condition are required to be able to access treatment from an NHS-funded community Mental Health service. According to the Mental Health Single Data Set Trafford was below target at 26.5%, however this was due to issues with [...] being unable to flow data to the MHSDS. In June / July 2019 NHS England conducted a manual data collection to the SDCS as this is a common problem across the country.*

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<sup>5</sup> Children and Young People’s Scrutiny Committee – Tuesday, 15th January, 2019 6.30 pm  
<https://democratic.trafford.gov.uk/ieListDocuments.aspx?Cid=490&MID=2736>, accessed August 2023

<sup>6</sup> Children and Young People’s Scrutiny Committee – Tuesday, 9th July, 2019 6.30 pm  
<https://democratic.trafford.gov.uk/ieListDocuments.aspx?Cid=490&MID=2983>, accessed August 2023

<sup>7</sup> Health Scrutiny Committee – Thursday, 26th September, 2019 6.30 pm  
<https://democratic.trafford.gov.uk/ieListDocuments.aspx?Cid=131&MID=2979>, accessed August 2023

<sup>8</sup> Psychological therapies for mental health conditions – Spotlight on provision in Trafford  
<https://democratic.trafford.gov.uk/documents/s34712/Psychological%20Therapies%20Health%20Scrutiny%20Committee%2026.09.2019.pdf>, accessed August 2023

*Under the manual collection, Trafford's position was improved to show an access rate for 18/19 of 37.3% and therefore above target."*

The 2020 Trafford Pandemic Scrutiny Committee monitored the effects of COVID-19, including the impact of the pandemic on mental health<sup>9</sup>. Their reports showed that in Q2 of the initial return to schools, Kooth made up 39% of school mental health referrals, 42<sup>nd</sup> Street 23%, CAMHS 7%, Trafford Sunrise 11%.

In 2021 a meeting of the CYP<sup>10</sup> noted *"CAMHS' representatives informed of the increased volume and complexity of cases. The level of acuity had also increased with consequential higher demand and pressure on services and resources."* They also discussed variations in mental health commissioning by area and what was available in Trafford. *"Members sought [...] clarification on how the CAMHS's offer could vary between localities in Greater Manchester. Officers explained that this depended on the differences in commissioning but reassured Members that the principles of prioritisation would be the same across Greater Manchester. Officers responded to Members' question about what services Trafford Council commissioned for children and young people's mental health and wellbeing. Officers referred to some of the services available such as the Early Help offer which provided support in schools, the voluntary sector input in the community through Greater Manchester funding, 42nd Street presence in six secondary schools in Trafford, KOOTH which provided 24/7 online access to mental health services for 11-25 years old."*

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<sup>9</sup> Trafford Pandemic Scrutiny Committee – work of this committee has concluded – Tuesday, 24th November, 2020 4.00 pm

<https://democratic.trafford.gov.uk/ieListDocuments.aspx?Cid=528&MID=3220>, accessed August 2023

<sup>10</sup> Children and Young People's Scrutiny Committee – Tuesday, 5th October, 2021 6.30 pm

<https://democratic.trafford.gov.uk/ieListDocuments.aspx?Cid=490&MID=3304>, accessed August 2023



## Previous work by Healthwatch

We looked at previous work by other local Healthwatch to identify any findings that were relevant to our research. Aside from work conducted by Healthwatch Trafford<sup>11</sup>, there were no reports looking solely at digital mental health services for young people. However, some projects looking at young people’s mental health since 2020 have involved this topic in part, and these findings have been summarised in the table below.

Title	Date	Link	Summary
Healthwatch Gateshead & Newcastle-upon-Tyne: <i>Eight Ways to Make a Difference: Children’s and Young People’s Mental Health Services.</i>	Apr 2020	<a href="https://www.healthwatchch.co.uk/reports-library/eight-ways-make-difference-childrens-and-young-peoples-mental-health-services">nds.healthwatchch.co.uk/reports-library/eight-ways-make-difference-childrens-and-young-peoples-mental-health-services</a>	<p>Parents and children experienced long wait times initially and between appointments, with no support during these waits.</p> <p>Parents expressed the negative impact long wait times had on their children’s mental health, and the eventual outcomes of the support received.</p> <p>Most respondents had never heard of Kooth, and many expressed that it sounded useful and wished it was promoted more.</p>
Healthwatch Stockton: <i>The Impact of COVID-19 on Young People.</i>	Aug 2020	<a href="https://www.healthwatchch.co.uk/reports-library/impact-covid-19-young-people">nds.healthwatchch.co.uk/reports-library/impact-covid-19-young-people</a>	<p>Young people were asked about their experiences during the pandemic, including whether they had used Kooth. 18 out of 28 respondents had not heard of it, and only 3 had used the service. 65% expressed that COVID-19 had worsened their mental health but had not received sufficient information about Kooth to get support.</p>
Healthwatch Lewisham: <i>Emotional Wellbeing of Children and Young</i>	Oct 2021	<a href="https://www.healthwatchch.co.uk/reports-library/emotional-wellbeing-children-and-">nds.healthwatchch.co.uk/reports-library/emotional-wellbeing-children-and-</a>	<p>39% of young people surveyed preferred face-to-face support and found it to be more personal. Those who preferred digital support found it more comfortable, giving them more time to think and avoiding the anxieties of social interaction.</p>

<sup>11</sup> Youthwatch Trafford Kooth.com Mystery Shop 20 October 2021  
<https://www.healthwatchtrafford.co.uk/report/2021-10-20/youthwatch-trafford-koothcom-mystery-shop>

<p><i>People Report.</i></p>		<p><a href="#">young-people-report-2021</a></p>	<p>They recommended that mental health services offer flexible meeting formats.</p> <p>Young people also expressed the importance of short waiting times and readily accessible services. Of those that had received mental health support, the majority received in person counselling, and more had used Headspace than Kooth. 68% had not heard of Kooth and only 5% felt they knew a lot about Kooth. 55% wanted to hear more about online services.</p>
<p>Healthwatch Trafford: <i>Youthwatch Kooth Mystery Shop.</i></p>	<p>Oct 2021</p>	<p><a href="https://www.healthwatchtrafford.co.uk/report/2021-10-20/youthwatch-kooth-mystery-shop">.healthwatchtrafford.co.uk/report/2021-10-20/youthwatch-kooth-mystery-shop</a></p>	<p>Young people’s first-hand impressions of Kooth:</p> <ul style="list-style-type: none"> <li>• The service was easy to use.</li> <li>• There was lots of variety and personalisation.</li> <li>• They would recommend to others their age.</li> <li>• They liked that the service was anonymous and heavily moderated.</li> </ul> <p>They made some recommendations around difficulties with navigation, accessibility and long wait times for one-to-one practitioner support.</p>
<p>Healthwatch Bath &amp; Northeast Somerset: <i>The Accessibility of Mental Health Services for Young People</i></p>	<p>Nov 2021</p>	<p><a href="https://www.healthwatchch.co.uk/reports-library/accessibility-mental-health-services-young-people">nds.healthwatchch.co.uk/reports-library/accessibility-mental-health-services-young-people</a></p>	<p>Accessing in-person support was difficult, mostly due to long wait times, accessibility issues, travel constraints and time limits. Young people expressed a need for more informal support in a comfortable environment with a range of support options including trustworthy one-to-one support.</p> <p>Online services were suggested as an option, though there could be accessibility issues navigating and interpreting different websites.</p>

This gave us areas to further explore. The most common barriers for young people seeking care were long wait times and inaccessibility, highlighting a demand for digital alternatives to services. The main service previously looked at was Kooth; however most young people seemed to be unaware of the service and what it offered, which gave us scope to further explore the topic in Trafford specifically.

## National publications

We also looked at relevant publications nationwide to gain insight into the situation around mental health services and the demand for digital support for young people.

### Impact of COVID-19

Youngminds<sup>12</sup>, a charity focused on improving mental health care and promoting early intervention for children and young people, published a report in 2021 looking at the impact of coronavirus on young people with mental health needs<sup>13</sup>. A survey of 2,438 young people aged 13 to 25 found that many felt they did not receive the support they needed during the pandemic. They reported mixed feelings about digital support, indicating that this format did not work for everyone. People also talked about the barriers they faced to get support: “[...] about long waiting times, including hidden waiting times, where initial support is followed by delays; about school counselling coming to an abrupt end; about young people losing faith in the system after poor experiences.”

The CQC 2020/21 State of Care report<sup>14</sup> found that mental health services for young people have struggled to meet demand since COVID. There was mixed communication between services and families, with many unaware of what help was available. They also raised the risks of online support, such as missing physical cues and possible risks within the home.

### Waiting lists

Recent mental health statistics from parliament<sup>15</sup> reported that in Trafford in 2021-2022, the average wait time for a first treatment was 20 days, with an average 74.2 days between the first and second treatment. It is not clear if the first figure refers to first contact or first treatment appointment. NHS England states that this first treatment should include ‘improving access to psychological therapies’ (IAPT)-compliant care, rather than

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<sup>12</sup> Youngminds <https://www.youngminds.org.uk/> accessed August 2023

<sup>13</sup> Coronavirus: Impact on young people with mental health needs – February 2021  
<https://www.youngminds.org.uk/media/bdzdngxn/coronavirus-report-winter.pdf> accessed August 2023

<sup>14</sup> State of Care 2020/21 – Children’s and young people’s mental health – 21 October 2022  
[https://www.cqc.org.uk/publications/major-reports/soc202021\\_01e\\_cypmh](https://www.cqc.org.uk/publications/major-reports/soc202021_01e_cypmh)

<sup>15</sup> Mental health statistics: prevalence, services and funding in England – 13 March 2023  
<https://commonslibrary.parliament.uk/research-briefings/sn06988/>

just an assessment. However, the exact definition of what is considered first treatment is a decision made by local authority.<sup>16</sup>

A study from early 2022 analysing the experiences of young people on mental health service waiting lists<sup>17</sup> found that there were many consequences to long wait times: *“delays in treatment were found to exacerbate existing mental and physical health symptoms and attempts to cope with these long waits ranged from adaptive to maladaptive strategies. Seeking out alternative forms of intervention was also reported, and young adults might opt for medication, private or university services to get support quicker and help sustain them while waiting for psychological therapies.”*

## Demand for digital mental health support

In a recent provider collaboration review, the CQC<sup>18</sup> recommended that action be taken to encourage early intervention for young people, many of whom felt that they were not always able to get the correct support or were only offered support during a crisis. 40% of these young people were satisfied with the transition from face-to-face to digital support during COVID-19, however, 45% were not happy with the changes and 25% said that the move made them feel terrible. Young people suggested that mental health services could improve with better communication and shorter wait times.

Findings highlighted that mental health support should take an individualised person-centred approach: *“using digital technology was not suitable for everyone, and [...] it was important to be able to offer people a meaningful choice of engagement methods to meet their needs. They were also aware of practical barriers for some people in accessing online care. Issues included children and young people having limited or no access to equipment; a lack of internet connectivity and data; not knowing how to use the internet or digital devices; and the lack of a safe space at home to speak in private.”* They also talked about risk mitigation, such as some services providing young people with digital access and data packages.

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<sup>16</sup> Mental health statistics: prevalence, services and funding in England, page 24 – 13 March 2023  
<https://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

<sup>17</sup> ‘You’re on the waiting list’: An interpretive phenomenological analysis of young adults’ experiences of waiting lists within mental health services in the UK – 18 March 2022  
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0265542#references>

<sup>18</sup> Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic (n 3)

A review of 50 studies looking at remote mental health interventions for young people<sup>19</sup> found positive outcomes, including symptom reduction and improved wellbeing: *“There was a general sense that remote interventions were an effective way of supporting young people who find it difficult to access face-to-face counselling, including young men, young carers, young people with disabilities or those living in remote locations and young people experiencing life problems which might be associated with strong feelings of stigma or shame such as challenges linked to their gender identity or sexuality.”*

Some young people preferred digital service because of support being offered outside of traditional office hours, shorter wait times, no reliance on parents, and being able to access support in a familiar environment.

## Kooth

We looked at national publications which discussed Kooth as a platform to help young people. In a 2022 pilot evaluation<sup>20</sup>, a group of young people were surveyed on their first use of Kooth, and again after a month of using it. They found the following: *“[...] improvements across nearly all measures, including reductions in psychological distress, suicidal ideation and loneliness. [...] analyses suggested similar benefits for those who used only the community/peer parts of Kooth as for those who engaged with Kooth’s counsellors. Participants reported learning from peers’ suggestions and experiences, described as different from the advice given by professionals. Helping others gave users a sense of purpose; participants learnt self-help strategies and became more confident in social interaction”*. They concluded that Kooth was likely to be an effective support tool for young people’s mental health and could act as a gateway to formal services, though there were concerns about long counselling queues and wait times for post moderation.

The University of Manchester conducted a report in 2019 on young people’s mental health<sup>21</sup>, working with Kooth to identify the key mechanisms that contributed to improved mental health outcomes. They found that young people felt safer and less judged when they could express themselves anonymously without the in-person presence of a counsellor. Young people reported the service was easily accessible, gave them a sense

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<sup>19</sup> Remote Mental Health Interventions for Young People (n 1)

<sup>20</sup> Pilot evaluation to assess the effectiveness of youth peer community support via the Kooth online mental wellbeing website – 12 October 2022

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-14223-4>

<sup>21</sup> Lifting the lid on young people’s mental health – 27 November 2019

<https://www.manchester.ac.uk/discover/news/lifting-the-lid-on-young-peoples-mental-health/>

of control, and enabled them to access support when needed outside of traditional working hours.

## SilverCloud® by Amwell®

We reviewed publications evaluating a new digital service, the SilverCloud® platform. NICE conducted an early value assessment of guided self-help digital CBT services for children and young people with mild to moderate anxiety or low mood<sup>22</sup>. Of the services included, this was the only one then commissioned in Trafford. Potential benefits included providing an option for those on waiting lists or unable to access current treatments, providing an early treatment option to reduce face-to-face demand, and prevent escalation of symptoms.

Their clinical-effectiveness overview states: “[...] *digital CBT technologies have a potential benefit for children and young people with mild to moderate symptoms of anxiety or low mood. The evidence base consists of 5 published studies, 2 unpublished studies and 2 conference abstracts. [...] The external assessment group (EAG) noted that there is weak evidence to suggest an improvement in anxiety symptom severity for these technologies. The EAG noted that the sample sizes across the studies were small so presented a risk of false chance findings and underpowered analyses. The committee concluded that the evidence base is very limited for all 5 technologies.*”

The committee emphasised the importance of risk management and safeguarding, which the service advised that they have in place. *“These guided self-help digital cognitive behavioural therapy (CBT) technologies are a way to increase access to treatment with support from a healthcare professional. The committee concluded that these technologies can be used as an initial option if used with appropriate safeguarding and risk management processes in place while evidence is generated.”*

NICE identified gaps for further research: there was no evidence from neurodivergent young people or those with low mood only (NICE, p.12), despite the suggestion that outcomes would be positive. They called for further evidence on engagement levels, dropout rates, impairment measures, symptom severity and health-related quality of life.

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<sup>22</sup> Guided self-help digital cognitive behavioural therapy for children and young people with mild to moderate symptoms of anxiety or low mood: early value assessment – 08 February 2023  
<https://www.nice.org.uk/guidance/hte3>

## Methodology

Our annual intern-supported project benefits from the support of a university student for eight weeks during the summer. As they are only with us a short time, we try to do as much lead-in work as possible prior to them joining us. Our Research and Projects Officer did thorough desk research on the nature of digital mental health in Trafford, Greater Manchester and more widely, to identify the key providers and gather information readily available online.

Early contact was made with commissioners, meaning we had new leads to follow on the topic and saved time setting up meetings which would otherwise have to take place during the internship period.

A log of the meetings attended – and their outcomes – is given in this section to demonstrate how we worked. A flexible approach was taken after initial contact was made, to explore new contacts and potential for engagement. At each meeting we focused on:

- The nature of the service being managed by the contact or provider. Can they help us contact someone who knows more if they do not?
- Any existing data or reports the contact is willing to share that can help us learn more about digital mental health services for young people in Trafford or Greater Manchester.
- Any opportunities for engagement or to obtain feedback from service users.

We also used our own contact network to consider what engagement we might do for this project. It was decided that a survey would be created to examine the public's view more widely, aimed mostly at children and young people (see findings section for analysis). Our mailing list, social media, and Youthwatch volunteers supported this stage.

We also contacted several organisations that work specifically with young people, including 20 schools and colleges, 1 university and 4 charities with a goal to get a greater range of responses across Trafford. We did receive responses from 1 school and 1 charity, who shared the survey with their communities and on their social media.

## Who we spoke to

### Commissioning and Service Leads

The Local Authority commission a range of services within the digital mental health space and have provision for young people's mental health support, so we wanted to contact commissioners and planners to learn more about this area.

Because Trafford also sits within the Greater Manchester devolved region, there is crossover between what local authority areas provide and what is commissioned at a Greater Manchester level. Part of this work is therefore to understand more clearly this crossover.

We spoke to officers from the local authority who worked in a variety of areas related to children and young people, including commissioners, Public Health, and the Trafford Council Youth Engagement Team.

Following these meetings, we were able to obtain a better understanding of how the digital space is playing a role in supporting young people. The Local Transformation Plan annual refresh was shared with us, which provides an overview of CYP commissioned mental health services (outlined in the background section of this report). We were also able to get some user monitoring data for Kooth to better understand how this works in the borough.

A mix of services are being commissioned for young people in Trafford. We also heard about work to develop a site so young people and families can easily access a list of all the support services available to them. These are discussed in more detail in the results section of this report.

Additionally, we received an invitation from our meeting with Annie Fordham to attend an upcoming young people's engagement and participation group.

## **Service Providers**

From these meetings and conversations, we got a much more comprehensive picture of the digital support offer for young people in Trafford. We were also provided with some data from the SilverCloud® platform and 42<sup>nd</sup> Street, which shows some of the outcomes and uses of the services.

Details of these meetings can be found in the findings section of this report.

We spoke to:

- 42<sup>nd</sup> Street
- SilverCloud® by Amwell®
- SelfHelp GM
- Place2Be
- The Proud Trust

We also contacted Kooth, CAMHS, ChatHealth, and Bluesci, however, unfortunately we were not able to get a response within the timescale of this project.



## **VCFSE and Education**

We met with Trafford Community Collective, an organisation representing voluntary community, faith, and social enterprise groups in Trafford. They are involved in the Youth Engagement Service at Sale Talkshop, meeting regularly face to face to discuss issues relevant to young people.

We heard about ongoing work to engage young people by the CYP Mental Health Comms and Engagement Task and Finish Group meeting, furthered by the Youth Engagement Service. The group meets monthly with service leaders across Trafford to discuss ongoing work.

We also met with the following organisations, to get more insight into the digital support that they offer, and their perspectives on the move to digital.

- UA92
- Trafford College
- Counselling and Family Centre

## Findings

### Commissioned services in Trafford

We met with Trafford Council to discuss commissioned services, and further meetings with service providers and our own desk-based research consolidated this knowledge.

#### **Kooth** ([www.kooth.com/](http://www.kooth.com/))

Kooth is a mental health service commissioned at a Greater Manchester level which supports young people aged 11-25. It provides peer support, self-help materials, and one-to-one practitioner support. Content on the site consists of forums, articles, and short exercises related to wellbeing. Users remain anonymous, the service is heavily moderated and there is no referral required. There are no waiting lists as the support it offers is largely self-managed.

There are waiting times which reset every day for one-to-one practitioner live chat support; users join a chat queue and wait for a reply. Times can differ depending on how busy the site is. Users typically receive a same-day response and are offered a one-hour slot to speak directly to a practitioner. Anyone who has tried but been unable to reach a practitioner that week is prioritised, and Kooth states that anyone not able to reach the end of the queue is offered message support and signposted to relevant resources. Messages can be sent directly to Kooth practitioners at any time and will be responded to as soon as possible, though this could be the next day. We were provided with some Kooth data from Trafford council, collected between 1 April 2022 and 31 March 2023 and have summarised the most relevant statistics below:

#### **Demographics**

- 26% of users were aged 10-12, 46% were 13-16, 14% were 17-18 and 10% were 19-24.
- 35.2% of new users heard about Kooth from school, 7.9% from teachers and 7.7% from college, with 57% overall having heard about Kooth in an education setting.
- 69% of users were white, 12% Asian or Asian British, 8% Mixed, 5% Black or Black British and 5% other ethnic groups.
  - Trafford 2021 census data<sup>23</sup> shows that of the under 15s population, 66.3% are White, 17.6% Asian or Asian British, 8.96% Mixed ethnicity, 3.8% Black or

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<sup>23</sup> Trafford Data Lab Census 2021 <https://www.trafforddatalab.io/census2021.html> accessed August 2023

Black British and 3.34% other ethnicity. Therefore, the Kooth demographics are consistent with the general Trafford population of under 15s.

- 60% of users were female, 31% male, 8% nonbinary and 2% other.
  - In terms of the sex of those under 14, 49% are female and 51% male, while ages 14–64 are 51% female and 49% male. 0.41% of all Trafford residents identified as trans or non-binary. There are also more female than male users of Kooth, in contrast to the general population which is nearly evenly split.
- 68% of logins were out of office hours (9am – 5pm).

## Content

- 83% of overall content views were of forums, 12% of articles and 5% of mini activities.
- Articles – 36% of the total article views were by 13–16-year-olds, 46% by 13–16-year-olds, 14% by 17–18-year-olds and 4% by 19–24-year-olds.
- Forums – 44% of the total forum views were by 10–12-year-olds, 45% by 13–16-year-olds, 8% by 17–18-year-olds, 2% by 19–24-year-olds and 1% by 25+ year-olds.
- Mini-activities – 52% of the total mini-activity views were by 10–12-year-olds, 29% by 13–16-year-olds, 13% by 17–18-year-olds, 6% by 19–24-year-olds and 1% by 25+ year-olds.
- 86% of users found the content helpful. However, different opinions between age groups suggest different kinds of content are appropriate for different ages. There is some consistency between the distribution of users and the distribution of views by age group, however, the reasoning for this is unclear.

## Outcomes

- 65% of users achieved at least one goal-based outcome – meaning that they moved 3 or more points closer towards meeting a goal that they set for themselves, which is considered a positive outcome.
- Of users that gave feedback on the homepage, 41% were visiting Kooth as they wanted someone to talk to, 38% wanted to look around, and 19% had a specific problem.
- From feedback after a chat session, 82% would recommend Kooth counselling to a friend, 76% felt understood and respected, 65% felt the session was right for them, 69% thought the person helping was a good fit, and 75% talked about something important.

- 85% thought Kooth was a useful support source and 91% got what they were looking for.

Overall, Kooth appears to support a range of young people who commonly heard about the service in an education setting and sought support outside of office hours. The majority of users found Kooth useful, got what they were looking for, and would recommend it.

**Accessibility** ([www.kooth.com/accessibility](http://www.kooth.com/accessibility)):

Kooth is partially compliant with WCAG version 2.1 level AA<sup>24</sup>, which give standardised recommendations for making web content accessible. For example, they offer 400% zooming without text spill-over, keyboard navigation and compatibility with external speech recognition software, and screen readers. Users can also request information in alternate formats such as large print or audio recordings. Their accessibility statement clearly describes the areas which are not fully accessible and why.

Kooth and Qwell are only available in English, however they state that “*web browsers are now able to do very good translation of web pages. Our web pages work well with web browsers’ translation features*”<sup>25</sup>. They also are not available in British Sign Language.

Kooth is written at a low reading age, which may help those who do not speak English as a first language.

**Safeguarding**

Users are monitored on their psychological distress using the YP-CORE questionnaire after each counselling session. This is used both to track the progress of each user and for safeguarding purposes, so cases are deemed as low to high risk. Though, since users are anonymous the scope of this safeguarding is uncertain.

In high-risk situations, such as a user expressing that they are thinking of ending their life, Kooth practitioners may send crisis numbers and ask for personal information – though whether this information is provided is solely up to the user. Welfare messages are also regularly sent to ensure the user’s safety, and a safety plan can be developed in collaboration with the young person. It appears that despite the restrictions due to

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<sup>24</sup> Web Content Accessibility Guidelines (WCAG) 2.1 (n 2)

<sup>25</sup> Accessibility-related Frequently Asked Questions (FAQ) from Kooth customers and Growth team <https://pfba.org.uk/wp-content/uploads/2021/11/Accessibility-FAQs-from-Kooth-Customers-Growth-team-1.pdf> accessed August 2023

anonymity in Kooth, the service takes many precautions to safeguard users and reduce risk; the extent of this in practice cannot be concluded by us.

**The SilverCloud® platform** ([gm.silvercloudhealth.com/signup/](https://gm.silvercloudhealth.com/signup/) and [www.iaptportal.co.uk/ServiceUser/SelfReferralForm.aspx?sd=65d3a4b5-2571-4f29-a388-52128a93b2a9](https://www.iaptportal.co.uk/ServiceUser/SelfReferralForm.aspx?sd=65d3a4b5-2571-4f29-a388-52128a93b2a9))

This service provides self-managed CBT via online therapeutic and psycho-education programmes targeted at specific mental health difficulties. It is offered as an effective alternative to face-to-face therapy. They also offer programmes for parents. It is commissioned at a Greater Manchester level.

There are different SilverCloud® programmes for young people; the children and young people's programmes, aimed at ages 15-18, include Low Mood for Teens, Anxiety for Teens, and Low Mood & Anxiety for Teens. There are also programmes for students: Anxiety, Depression, Stress, Resilience, and Positive Body Image. All of these are adapted from the adult programmes but tailored to young people.

Programmes consist of shorter modules including videos, written content, activities, and interactive tools. The service is available on desktop, tablet, or smartphone.

There is also a generalised adult version of the service which is available to anyone living in Greater Manchester ([gm.silvercloudhealth.com/signup/](https://gm.silvercloudhealth.com/signup/)). This service could be used by young people aged 16+ without a referral if desired. We did experience some initial difficulty establishing the correct link to access the service. There is one GM level link and another through the local NHS system which requires a sign-up form. It is also possible to end up on the commercial site for the platform through a web search for 'Silvercloud' which does not reference Greater Manchester and cannot be used to access the service for free.

Each provider of children and young people's services has their own route into the SilverCloud® platform and its associated data. For example, 42<sup>nd</sup> Street have their own specific URL ([www.42ndstreet.org.uk/support/read/silvercloud](https://www.42ndstreet.org.uk/support/read/silvercloud)).

We were also made aware that this service is available via Trafford Thrive in Education and Trafford CAMHS.

Usage data from the Silvercloud® platform and Trafford Council helped us identify different referral pathways to the service. We have summarised the most relevant statistics below:

### **Trafford CAMHS referrals (between 16<sup>th</sup> May 2022 and 16<sup>th</sup> August 2023)**

- 5 invites were sent, and subsequently 3 accounts were created in February 2023.
- 2 accounts accessed space from low mood and anxiety (CYP), and 1 space from anxiety (student).
- The average number of logins per user was 1, with the average duration of logins being 7 minutes.
- There were no user satisfaction ratings completed.

### **Trafford Thrive in Education referrals (between 16<sup>th</sup> May 2022 and 16<sup>th</sup> August 2023)**

- 55 invites were sent, but 34 accounts were activated, all of these between November 2022 and July 2023.
- The most popular programme was Supporting an Anxious Teen with 17 (50%) of accounts. 11 (32%) accounts used Support an Anxious Child, 5 (15%) accounts used Space from Anxiety (student) and 1 (3%) used Space from Anxiety (CYP).
- For users supported by a practitioner, the average number of logins per user was 11, with the average duration of logins being 6 minutes.
- For self-help users, the average number of logins per user was 3, with the average duration of logins being 7 minutes.
- There was 92% user satisfaction, with 92% of users agreeing or strongly agreeing that the module was interesting, relevant, helpful, and helping to make progress (10 users completed this evaluation).

### **Parent self-referrals (between 1<sup>st</sup> March 2023 and 17<sup>th</sup> August 2023)**

- In Greater Manchester, 547 accounts were activated, and 74 were still pending.
- There were 41 accounts activated in Trafford.
- Of the 41 Trafford accounts, 23 (56%) accessed the supporting an anxious child programme and 18 (44%) accessed supporting an anxious teen.
- The average number of logins per user was 3, with the average duration of logins being 18 minutes.
- There was 100% user satisfaction, with 100% of users agreeing or strongly agreeing that the module was interesting, relevant, helpful, and helping to make progress (9 users completed this evaluation).

The majority of the SilverCloud® platform usage in Trafford appears to be from parents, accessing the anxious teens and anxious child programmes. We were told that the low

user numbers are expected due to the roll-out of the service still being in its infancy, suggesting that the usage of platform should continue to increase over time.

**Accessibility** ([www.silvercloudhealth.com/uk/accessibility](http://www.silvercloudhealth.com/uk/accessibility)):

SilverCloud® programmes ensure that module content is available in different formats including written transcripts and document versions of interactive tools. They stated that they considered the WCAG version 2.1 level AA<sup>26</sup> during development. The site is compatible with screen readers.

They do not offer support in other languages; they did have limited language support in the past but discontinued this. They stated that this was because support messages from practitioners are only in English, and users may be confused if the content is in one language, but support messages are in English. Additionally, they had problems in the past with users leaving journal entries in a language that practitioners were not able to understand.

**42nd Street** ([www.42ndstreet.org.uk/](http://www.42ndstreet.org.uk/))

This charity works within Greater Manchester and is commissioned to provide support for young people aged 13–25.

We met with 42<sup>nd</sup> Street to learn more about the digital support they provide. We learned that they established their online support offer in response to the COVID-19 pandemic. Young people are assessed within 72 hours to identify the appropriate level of care from the service, or are signposted elsewhere. Once accepted, a young person can use a text talk service to speak to counsellors who manage communication over a 6–12-week period. There are online live meetings and in-person meetings where appropriate. We were told that support is individually tailored, and sessions are flexible so each young person can send and receive messages at times that are best for them. Young people self-refer to access the service, and there is an average waiting time of 12 weeks. They also offer weekly online drop-ins, which involve a 30-minute text-based session with a counsellor and have no waiting times.

There is further information about waiting times on their website:

[www.42ndstreet.org.uk/referrals/waiting-times/](http://www.42ndstreet.org.uk/referrals/waiting-times/). This page lists the current waiting time for online support as 1 week for a first assessment, and 6 weeks for support to begin following this, which is different to the 12 weeks we heard about in our meeting. Regardless,

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<sup>26</sup> Web Content Accessibility Guidelines (WCAG) 2.1 (n 2)

this is much lower than the 61-95 week wait times for their face-to-face support, and 63 week wait for CBT. Though the shorter wait times appear to be a significant advantage of online support, we did question why the wait times were so much lower, and why young people seem to favour in person support so much.

The service is not fully anonymous, as users are required to provide some personal information on sign-up in order to establish a therapeutic relationship and for safeguarding purposes. In our meeting they indicated that young people experience a disinhibition effect when receiving text-based counselling, despite the lack of anonymity. This suggests that users are more likely to reveal personal information and be more comfortable with opening up online, which would allow them to work on goals at a quicker pace. However, we cannot confirm this for certain, or the extent to which it affects outcomes.

We were told that some practitioners send text reminders the morning of weekly sessions. If a user is not responding, practitioners can send positive text prompts to encourage engagement, and can offer a re-referral if there is no response over a long period.

Key data from 42<sup>nd</sup> Street:

- 95% satisfaction rates.
- 12% DNA (did not attend) rates.
- 72-81% young people showed an improvement in wellbeing on nationally recognised clinical outcome measures.

### **Free SIM Card Scheme:**

42<sup>nd</sup> Street are partnered with the Good Things Foundation to tackle digital exclusion by providing free SIM cards to any young person with low income. They offer between 6 months and 2 years of data, either through topping up the existing SIM or providing a new SIM with the existing phone number transferred to it. Currently, anyone under 18 requires consent from a parent or guardian to take part, however, we were told during our meeting that 42<sup>nd</sup> Street are working to offer this to anyone aged 13-18 without parental permission.

### **Accessibility ([www.silvercloudhealth.com/uk/accessibility](http://www.silvercloudhealth.com/uk/accessibility)):**

The 42<sup>nd</sup> Street site allows users to change font size, line height, letter spacing, background and text colours. There are also reading bars, reading masks, and a monochrome option. Currently these are not available on the text-based online support platform, but we were told that adding this is a priority, alongside alternative text for images which would be compatible with screen readers.



There are no built-in translation options for online text-based support. We were told that this is because automated translators do not capture nuances in language which are important in therapeutic support, and details can easily be mistranslated. Through their core service (which includes video support) they do offer third party translation and though they hope to add this to their online service in the future, this would take a lot of development efforts to be effective.

**ChatHealth** ([chathealth.nhs.uk/](https://chathealth.nhs.uk/) and [chathealth.nhs.uk/start-a-chat/h/TraffordHVs/](https://chathealth.nhs.uk/start-a-chat/h/TraffordHVs/))

This service allows young people aged 11-16 and parents with under 5's in Trafford to chat with a local school nurse via text. Responses with advice and relevant signposting are sent within one working day, and the service operates between 8:30am and 4:30pm on weekdays. Automated messages with advice on crisis help are returned outside of these opening times.

**Accessibility** ([chathealth.nhs.uk/important-info/accessibility-statement/](https://chathealth.nhs.uk/important-info/accessibility-statement/)):

ChatHealth follows the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018<sup>27</sup> and is partially compliant with WCAG version 2.1 level AA<sup>28</sup>. Their website offers keyboard navigation, 300% zoom, colour, contrast, and font changing. Users can also request information in alternate formats such as PDFs, audio recordings or braille. Their website has an accessibility toolbar with a screen reader, which can translate the page into 99 languages and speak aloud in 40 languages. It is worth noting that the ChatHealth service in Trafford does offer text messaging, and it is not necessary to access the website to receive support. From the information we could access, it appears the text service is only accessible in English.

**Trafford Self Help/Self-help GM** ([www.selfhelpservices.org.uk](http://www.selfhelpservices.org.uk) and [www.thebiglifegroup.com/service/traffordselfhelp/](http://www.thebiglifegroup.com/service/traffordselfhelp/))

This service is commissioned in Greater Manchester and is available for people in Trafford aged over 16 years. Support requires a self-referral or GP referral and the completion of a one-to-one assessment with a co-ordinator. They offer online therapy and workshops that provide techniques for managing symptoms.

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<sup>27</sup> The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 <https://www.legislation.gov.uk/uksi/2018/952/contents/made> 23 September 2018

<sup>28</sup> Web Content Accessibility Guidelines (WCAG) 2.1 (n 2)

### **Accessibility** ([www.selfhelpservices.org.uk/accessibility/](http://www.selfhelpservices.org.uk/accessibility/))

The Self-Help accessibility statement explains how users can change the settings of web-browsers Internet Explorer and Mozilla Firefox to change fonts, colours, and disable images. The website has features which can help with use of screen readers, such as additional alternate text being stored with images, and descriptive link text where all links tell the user exactly where they will take them, even out of context of the surrounding text. On the referral form for online therapy, users can specify their first language and whether they require an interpreter, as well as any other details such as long-term conditions which may require accessibility adjustments.

### **Living Life to the Full** ([littfgm.littf4.com/](http://littfgm.littf4.com/))

This service is commissioned in Greater Manchester and provides self-help courses and resources with a CBT approach for those over 16 years old. We found that there is a version of this service targeted at young people (<https://www.littfyp.com/>), however, this is not commissioned in Greater Manchester and cannot be accessed for free in Trafford.

#### **Accessibility:**

Living Life to the Full offers downloadable self-help books based on the CBT courses in 15 different languages, including Polish and Urdu. eBooks are also available in video format with close captioning, and resources are downloadable in different formats.

### **Place2Be** ([www.place2be.org.uk/](http://www.place2be.org.uk/))

Place2Be provide mental health support teams (MHST) in 21 primary schools in Trafford, and CAMHS provide MHST in 12 secondary schools. These provide in-person counselling 1 day a week. Additionally, primary and secondary schools across the UK can pay to have the service; some Trafford schools do this.

They offer primarily person-centred child-led counselling over 10 weeks, after a clinical assessment. Over COVID-19 they did offer their services remotely but now they mainly offer counselling in person. They find that face-to-face support is more effective and fits better with the clinical delivery model that they use. They also find it important to be a part of the school environment and community, and they can see the child in person while they are already in school. While they are open to offering more digital support in the future, they are limited by schools funding them to deliver specifically in-person support.

In 2022 they started to offer digital support for parents. Parentingsmart ([parentingsmart.place2be.org.uk/](https://parentingsmart.place2be.org.uk/)) is available to anyone on their website and includes advice and specific issues around children's mental health. In schools that they are partnered with, parents can access a Parentingsmart online programme which offers support and peer support supported by a Place2Be professional. In Trafford there are approximately 25 parents that complete this programme per term.

Additionally, Place2Be signposts children and young people to Kooth and Shout. They can also access to ThinkNinja, a mental health and wellbeing app for young people with interactive content. Parents and school staff can be signposted to HubofHope, which offers a directory to other support services (detailed in the national services section).

**Accessibility** ([www.place2be.org.uk/page/accessibility/](https://www.place2be.org.uk/page/accessibility/)):

Their website conforms to the WCAG version 2.1 level AA<sup>29</sup>. All images have alternative text and links have descriptive names, for use with screen readers. Their accessibility page also links to support guides for changing accessibility preferences on devices including Apple, Google and Microsoft.

**Blueice** ([www.oxfordhealth.nhs.uk/blueice/](https://www.oxfordhealth.nhs.uk/blueice/))

This service is commissioned in Greater Manchester. The app has a focus on self-harm management through features such as a mood diary and techniques to manage urges. This app can only be accessed by a prescription alongside a CAMHS face to face intervention.

**Accessibility**

We could not find any information about the accessibility of this app as there is little information about it online.

## Tester accounts

Our student intern made profiles on Kooth and the SilverCloud® platform as these commissioned services are available by self-referral. We wanted to look at the features offered to young people more closely. We hoped that outlining these from the perspective

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<sup>29</sup> Web Content Accessibility Guidelines (WCAG) 2.1 (n 2)

of an end user would highlight any features that may not have been considered previously.

Qwell was also included to determine the differences between Kooth and Qwell, as we were aware that these services were offered to different age groups and were interested to know what difference this made to the support.

### **Kooth – key features:**

- Live anonymous webchat with practitioner open 12pm – 5pm on weekdays and 6pm – 10pm on weekends. Users first join the chat queue and wait to receive a reply (this differs depending on demand), after which they have an hour to speak once a week.
- Messages can be sent to the Kooth team at any time and will be responded to as soon as possible (not via live chat).
- Articles written by the Kooth team and other users, organised into categories. Kooth articles provide topical information and news. User articles are most commonly creative writing related to personal topics which are chosen and edited by Kooth.
- Articles appear to be very diverse. For example, we saw multiple articles on topics relating to Muslims, written by members of this community.
- A forum with threads created by users which discuss a range of topics. Forum posts are often very personal and written for the purpose of getting direct advice from others who have had similar lived experiences. All posts and comments are moderated by the Kooth team before going public.
- Mini activities such as ‘write a letter to your younger self’ and ‘create a self-care calendar’, which are broken down into numbered steps. Users are encouraged to pay attention to their feelings while completing these.
- Goal-creation which appears on a ‘my goals’ page and can be tracked for progress. These goals are checked before being posted, for safeguarding reasons.
- Journal entries which involve selecting an emoji that describes users’ feelings and writing more about how they feel, which appear in a digital journal.
- Signposting to other resources for additional support with specific difficulties, such as The Beat for eating disorders.

We referred to our Youthwatch Kooth Report<sup>30</sup> to see if the recommendations made there had been implemented since 2021. We did find that the website had improved in some ways: reassuring users that their accounts would be anonymised, as well as improving the forums by including the search feature and an easy-to-find tab for your posts. We also

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<sup>30</sup> Youthwatch Trafford Kooth.com Mystery Shop (n 12)

recommended trigger warnings, and articles now always start by listing the themes that they contain. However, they have not added translations into other languages, as suggested in the report. This is an area that we still think could improve the experience of young people on Kooth, and greatly improve the accessibility of the support.

**Qwell:**

Qwell offers the same features as Kooth, however uses less saturated colours and a more mature visual design, as well as more age-appropriate and mature topics. Articles on the topics of school and the care system are replaced with topics of finances and grief. Mini activities are also replaced with 'collections' which act as curated materials such as podcasts and activities, around a specific topic.

**The SilverCloud® platform:**

We could not gain access to the CYP version of the service due to a referral being required. Therefore, we accessed the service via [gm.silvercloudhealth.com/signup/](https://gm.silvercloudhealth.com/signup/) which is the adult service available to anyone in Greater Manchester by self-referral. We understand this service has a similar format to the CYP offering, however the content and context of the programmes differ to be tailored to either young people or adults. Key features include:

- Optional wellbeing screening questionnaire before sign-up to indicate whether the programmes on offer would be suitable for the user.
- 5 CBT-based programmes which offer self-managed support for specific issues - Space from Stress, Space from COVID-19, Space for Mindfulness, Space for Resilience, and Space for Sleep. Multiple of these can be completed at one time.
- 2 CBT-based programmes which offer self-managed support for parents with children aged either 5 to 11 or 12 to 18 who are experiencing anxiety.
- Programmes separated into modules consisting of activities such as videos, personal stories, quizzes, and information resources. It is recommended users complete one module a week – this should take less than an hour.
- A focus on self-reflection and goal setting, where users are encouraged to keep journal entries as they complete the programmes and refer to these to keep track of their progress.
- Additional individual modules on specific topics such as money worries and anger management.
- A visual support network, created from profiles of important people in the user's lives which are added to a diagram of closeness.

- Goal setting, broken down into smaller steps including daily practices which can be logged on their progress and commented on.

## Non-commissioned services in Trafford

### Counselling and Family Centre ([www.thecfc.org.uk/](http://www.thecfc.org.uk/))

This service has a centre in Altrincham and is not commissioned in Trafford except for a few select services, such as a 6-week course for parents and carers with children with emerging special educational needs. They receive referrals from Trafford Council.

They work in 13 Trafford schools, both primary and secondary. They offer one-to-one counselling sessions to children and young people over age 5. Throughout COVID-19 they transitioned to remote support and continue to offer flexible options. They offer remote counselling to over 11s that prefer this. They don't offer remote counselling to primary age children for safety reasons, as they cannot guarantee that the child is in a safe space or that they will be able to have a session without a parent present. Their counselling sessions with younger children also often involve a lot of creative work and play, as children can have difficulty understanding and expressing their emotions. They found that these creative activities cannot be conducted remotely in an effective and unrestricted way.

They do not tend to offer resources or self-help materials digitally, such as on their website. It was stated that they don't have the resources to be able to do this as they are a small organisation, and that young people tend to prefer face-to-face sessions. This may be due to an assumption that face-to-face is better, and they may also have preconceptions about video calls and dislike them.

We also discussed their perspectives on digital support overall. They told us about the difficulties of forming a strong therapeutic relationship online: for example, a lot of body language can be missed in a video session, which would otherwise be useful in a face-to-face session. However, they did also express that there are advantages to digital support, such as accessibility, and they are fully flexible in order to provide what their clients prefer.

They do also signpost young people to other digital services such as Kooth, Mind, Youngminds, The Proud Trust, and Childline where appropriate, and sometimes use information and resources from these services in their face-to-face sessions.

## Proud Connections ([www.theproudtrust.org/proud-connections/](http://www.theproudtrust.org/proud-connections/))

The Proud Trust is a Manchester-based charity for LGBT+ young people. They offer a digital support package, Proud Connections, for young people in Greater Manchester and nationwide. The support workers at the charity are not medical or mental health professionals, and this is made clear to users. They also offer a range of support for young people, including help with housing, coming out, physical health and more.

They provide a one-to-one support scheme digitally or in-person across Greater Manchester and Cheshire (including Trafford). The service is open-ended and led by the young person, with no pre-determined structure or length and is based entirely on whatever help they need. They take a multifaceted approach, which could involve helping families and schools alongside a one-to-one, as well as having people interact with other Proud Trust services like youth groups. Overall, support seems very individualised and is available to any LGBT+ young people regardless of the issue they are facing.

They also offer a parents and carers peer support group nationally for those with LGBT+ children, a mentoring scheme for those 16 years old and above to be paired with an adult mentor, and a confidential live chat. The live chat is similar to a helpline and is used to signpost young people and families to internal or external support dependent on their needs and location.

The charity also conducts regular evaluations which are consistent across all the Proud Connections services to evaluate their impact based on common themes such as positive experiences of service users.

## National services

Through desk-based research and word of mouth, we have put together a list of digital mental health services that are available nationally, detailed in the table below. All these services are accessed through self-referral. This is not a comprehensive list of every national service available as we do not have the space to include them all; instead this list is limited to those which are signposted to by Trafford-based services.

Name	Target area	Digital Support on Offer	Target Age Group (years)	Access format
<b>Alumina</b> <a href="http://www.selfharm.co.uk">www.selfharm.co.uk</a>	Self-harm	Peer support group / 7-week course supported by counsellors	11 - 19	Website

<b>Anna Freud</b> <a href="http://www.annafreud.org">www.annafreud.org</a>	General mental health	Crisis webchat Self-help materials Self-help materials for parents Wellbeing directory	10 – 25	Website Textline
<b>Anxiety UK*</b> <a href="http://www.anxietyuk.org.uk">www.anxietyuk.org.uk</a>	Anxiety	Textline Self-help materials Peer support group for students Self-help materials for students Self-help materials for parents	Over 18s (Helpline is all ages)	Website Textline Phone
<b>Beat</b> <a href="http://www.beateatingdisorders.org.uk">www.beateatingdisorders.org.uk</a>	Eating disorders	Helpline One-to-one webchat Peer support groups Self-help programmes Email helpline	All ages	Website Phone Email
<b>CALM</b> <a href="http://www.thecalmzone.net">www.thecalmzone.net</a>	Suicide	Self-help materials Helpline (5pm – midnight) One-to-one webchat (5pm – midnight)	Over 15s	Website Phone
<b>Calm Harm</b> <a href="http://www.calmharm.co.uk">www.calmharm.co.uk</a>	Self-harm	Self-help materials	Over 13s	App
<b>Charlie Waller</b> <a href="http://www.charliewaller.org">www.charliewaller.org</a>	General mental health	Peer support group for parents and carers Webinars Self-help materials	Aimed at those responsible for young people	Website
<b>Childline</b> <a href="http://www.childline.org.uk">www.childline.org.uk</a>	General mental health	Self-help materials Phone helpline Email helpline One-to-one webchat Peer support message boards	Under 19s	Website Phone Email
<b>Headspace*</b> <a href="http://www.headspace.com">www.headspace.com</a>	Mindfulness	Self-help mindfulness tools	All ages	App



<b>Hub of Hope</b> <a href="http://www.hubofhope.co.uk">www.hubofhope.co.uk</a>	General mental health (can filter search by specific issue)	Signposting / wellbeing directory	All ages	Website
<b>Mind</b> <a href="http://www.mind.org.uk">www.mind.org.uk</a>	General mental health	Peer support community (18+) Self-help materials Signposting	11- 18 (self-help) Over 18s (peer support)	Website
<b>NHS Every Mind Matters</b> <a href="http://www.nhs.uk/every-mind-matters/">www.nhs.uk/every-mind-matters/</a>	Anxiety, sleep problems, low mood, stress, and life challenges	Self-help materials	Over 13s	Website App
<b>No Panic*</b> <a href="http://www.nopanic.org.uk">www.nopanic.org.uk</a>	Anxiety disorders and OCD	Phone counselling Self-help materials	Under 18s (also offer 18+ service)	Website Phone
<b>OCD Youth</b> <a href="http://www.ocdyouth.org.uk">www.ocdyouth.org.uk</a>	OCD	Self-help materials Email helpline Peer-support groups Peer-support forum	Under 25s 16 - 20 (support group)	Website Email Skype
<b>Papyrus</b> <a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a>	Suicide	Helpline Self-help materials One-to-one support	Under 35s	Website Phone
<b>Proud Connections</b> <a href="http://www.theproudtroustr.org">www.theproudtroustr.org</a>	LGBTQ+ support	Livechat Mentoring scheme Peer support group for parents	13 - 19 16 - 19 (mentoring scheme)	Website
<b>Samaritans</b> <a href="http://www.samaritans.org">www.samaritans.org</a>	General mental health and crisis support	Helpline (24/7) Self-help materials One-to-one email chat	All ages	Website Phone Email App
<b>SANE</b> <a href="http://www.sane.org.uk">www.sane.org.uk</a>	General mental health	Helpline Peer-support forum	Over 16s Over 18s to make posts	Website
<b>Self-Injury Support</b>	Self-harm	Self-help materials Webchat	All ages	Website Phone

<a href="http://www.selfinjurysupport.org.uk">www.selfinjurysupport.org.uk</a>		Textline Email helpline Phone helpline		Email Text
<b>Shout</b> <a href="http://www.giveusashout.org">www.giveusashout.org</a>	General mental health	Crisis helpline (24/7)	All ages	Text
<b>Spectrum Gaming</b> <a href="http://www.spectrumgaming.net">www.spectrumgaming.net</a>	Mental health support for autistic youth	Peer support group	8 - 17	Website Discord Minecraft
<b>The Mix</b> <a href="http://www.themix.org.uk">www.themix.org.uk</a>	General mental health	Crisis helpline (24/7) Virtual counselling Self-help materials One-to-one webchat Peer support forum	Under 25s	Website Text
<b>The OLLIE Foundation</b> <a href="http://www.theolliefoundation.org">www.theolliefoundation.org</a>	Suicide	Self-help materials Signposting Training schemes to reduce youth suicide	Under 25s Training for adults	Website
<b>Voice Collective</b> <a href="http://www.voicecollective.co.uk">www.voicecollective.co.uk</a>	Hearing voices, seeing visions and other sensory experiences	Self-help materials Peer support group One-to-one virtual support One-to-one email chat Creative workshops	Under 25s	Website
<b>YoungMinds</b> <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>	General mental health	Self-help materials Helpline and webchat for parents	Under 25s	Website

\*These services require the purchase of a membership

## Support for 19–25-year-olds in Trafford

Many services are only available until young people reach the age of 18, and many young people struggle with the transition to adult care<sup>31</sup>. We wanted to find out if any services in Trafford offered support aimed at those in this transitional period and the issues they

<sup>31</sup> Transition from child and adolescent mental health services to adult mental health services 10 July 2018 <https://www.hsib.org.uk/investigations-and-reports/transition-from-child-and-adolescent-mental-health-services-to-adult-mental-health-services/>

face, considering that some young adults may not find what is available to them is useful or applicable.

We met with **UA92**, the only university in Trafford, to gain insight into the support they offer for this age group. This includes remote counselling for students and resources via a Microsoft Teams group. They use the platform Spectrum Life, which offers 24/7 support for students and is tailored to the university's existing wellbeing service. See more about the programme from Spectrum Life here: [www.spectrum.life/student-assistance-programme/](http://www.spectrum.life/student-assistance-programme/). Students are mainly signposted to Kooth, Papyrus, and Samaritans.

Desk-based research into Greater Manchester-based universities such as University of Manchester and Manchester Metropolitan University revealed similar results. We also met with **Trafford College**, who have students over the age of 16. Students have access to resources via a private site. From what we have seen, it appears common that higher education institutions offer exclusive support for their students, either through their own private wellbeing services and digital resources, or an external service that they pay for.

There is also select support targeted toward students specifically. The leading service in this area appears to be **Student Space** ([studentspace.org.uk/](http://studentspace.org.uk/)). Student Space is a national platform targeted at higher education students. It is run by Student Minds, the leading UK student mental health charity. It provides a webchat, phonenumber, text-line, email support, and further tailored support for specific groups.

19–25-year-olds can access any services targeted to adults over 18, while many services aimed at young people are available until the age of 25.

From our research, there does not appear to be a wealth of support available for the 19–25 age group specifically, especially outside of educational settings. However, one service, Kooth, does cover those aged up to 25 years. This appears to have been to bridge the gap between Kooth and Qwell services, the latter of which deals with individuals 26 years old and up.

## Trafford Council Directories

During our meetings with Trafford Council, we were made aware of plans to improve public knowledge of digital mental health services by updating the directories and websites available. We hope these sites can be a valuable resource to help young people find the support that they need, and effective promotion from the council will be essential for this.

## **Padlet**

Trafford Council have developed Padlets ([www.padlet.com](http://www.padlet.com)) –online tools which work like collaborative online notice boards. These cover different aspects of health and social care including mental health, Trafford THRIVE and SEND. The Padlets contain a list of services, resources, news, and events.

The Trafford Thrive Mental Health and Wellbeing Padlet will be directed at children and young people to provide them and their families with a source of information and support services. This will include direct links to commissioned services and local organisations and can be used by professionals for signposting. This will follow the Thrive Model of service delivery and work alongside the statutorily required offer<sup>32</sup> from Trafford Council.

This is to supplement the pre-existing Trafford Directory website which has been found to be confusing to navigate for some people, and sometimes outdated. Trafford council also have communication plans to promote it widely to the public.

## **MFT-Thrive**

Currently known as M-Thrive (<https://m-thrive.org/>), this website is used to guide young people in Manchester and Salford to the information that they need, following the Thrive Model for service delivery. It will be renamed in the near future to MFT-Thrive, to also include Trafford and Salford. The site is designed as a point of entry to guide young people aged 5-18 to mental health and wellbeing help, including local community activities, one-to-one support and specialised care.

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<sup>32</sup> Children and Young People's Mental Health:

<https://www.trafforddirectory.co.uk/kb5/trafford/fsd/advice.page?id=YWmGTZZtkw>

## Engagement work

We knew it was important for this project to conduct some engagement work with young people. Although we had gained a comprehensive picture of what was on offer from our meetings with service providers and stakeholders, we acknowledged that service providers were likely to frame their information more positively. We wanted to know how aware young people are of the mental health support on offer, where they heard about services, and what they think about them.

## Talkshop engagement

We visited a Young People’s Participation Group to discuss their thoughts on digital mental health services, which was attended by two young people. Currently the group meets once a month and takes place in a room at Talkshop in Sale Town Hall. They are working to build up attendance numbers and rework the group’s activities.

Due to low attendance, we decided to have a less formal discussion with the young people, led by the questions we had planned. We summarised the discussion below, with quotes where appropriate, though due to the open nature of the conversation we were not able to transcribe everything that was said.

- **Question 1: What online mental health support do you know of?**

Though neither of the young people had used digital support themselves, we were interested to know what services they were aware of. They were aware of Kooth, Childline and crisis lines, and mentioned Talkshop in-person support and safeguarding teams at schools. Kooth was learnt about by being *“advertised on leaflets around school”*.

They knew about 42<sup>nd</sup> Street because as it was advertised at Talkshop but were not aware of their digital service. They had not heard of the SilverCloud® platform before.

- **Question 2: Where would you like to hear about mental health support available for young people?**

They suggested that young people would be most responsive to adverts in schools, colleges, universities and on public transport. They also suggested advertising on radio as *“young people ride in the car with their parents a lot”*.

- **Question 3: If you could design your ideal mental health service, what would be the three most important features?**

The young people highlighted the importance of anonymity, and how this could be a benefit of digital over in-person services. We also discussed the importance of early intervention and heard that digital services should be available and appropriate for everyone – young people should not have to reach a crisis point to receive support.

One of the young people talked in detail about their personal experience with being interrupted when receiving counselling. They emphasised that counsellors should let young people finish speaking before jumping into conversations, so that their point can be communicated clearly. They commented that they were unsure if this would be possible on digital services, and emphasised the importance from any support service for young people to be able to communicate clearly and express themselves fully:

*“Youth workers should let young people finish speaking. Sometimes they interrupt me, and they are probably trying to help but it can stop me getting my point across. But on digital services that might be hard, like over the phone.”*

- **Question 4: If you or a friend were looking for support via a digital mental health service, what support would you want to get out of it?**

They stated that their answers would be similar as to the last question. Otherwise, they were not sure and made it clear that they would have to use the services themselves and seek out support in order to make further judgements about what support would benefit them.

- **Question 5: What do you think are the advantages and disadvantages of getting mental health support online compared to in-person?**

They both agreed that different kinds of support will have their own pros and cons and were hesitant to say that they would prefer one over the other – *“it depends on the person”*.

They thought that the primary advantage of online support was its accessibility. *“If there was a day where I was busy, but I still wanted support later on, I could use it”*. They thought it was good for support to be available at all hours.

However, they thought that in-person support would be better for building a therapeutic relationship – *“in-person support is good for building rapport, I doubt if online could provide that”*. They were unaware of any digital support services that could provide a one-to-one relationship with a counsellor.

## Survey results

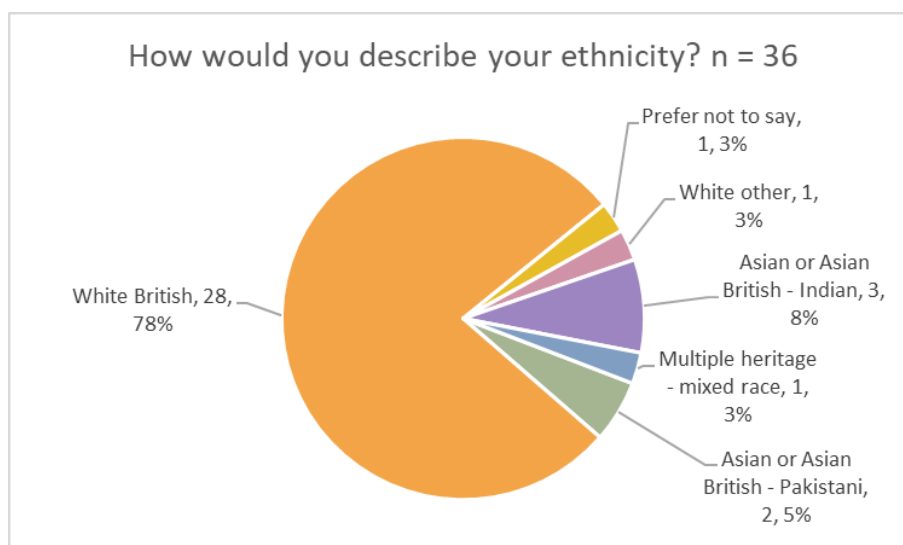
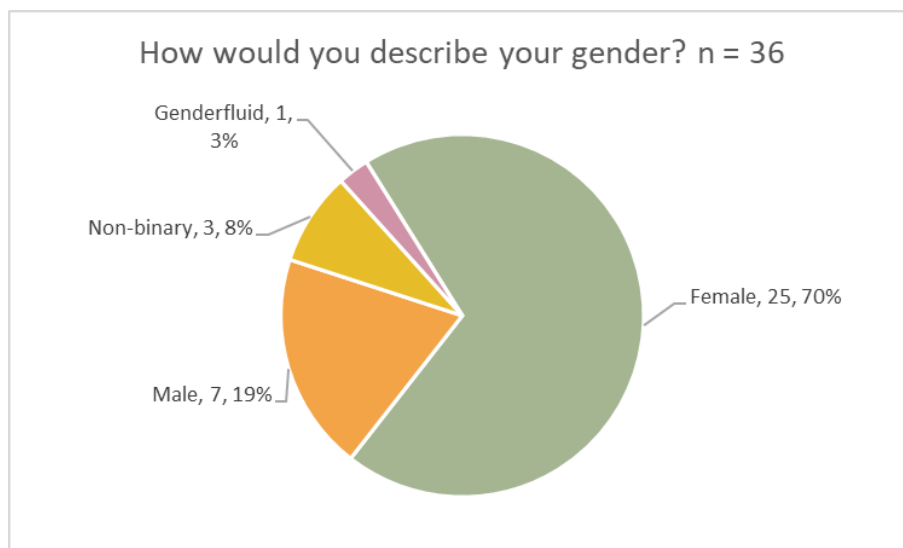
We developed a survey to get insights from young people in Trafford about their experiences with digital mental health support. We decided to ask about which services they had heard of, including national services and those commissioned locally, where they had heard about these, and their thoughts if they had used them.

We received 46 responses to the survey in total, though not every question was answered by every respondent as we did not make any questions compulsory, giving respondents a chance to disclose as much or as little information as they liked.

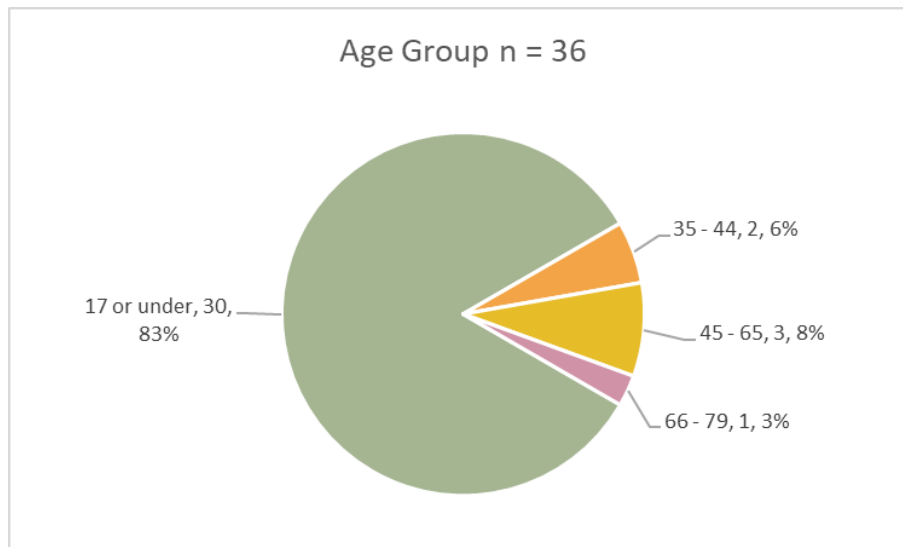
### Demographics:

We received 36 responses to our demographic questions.

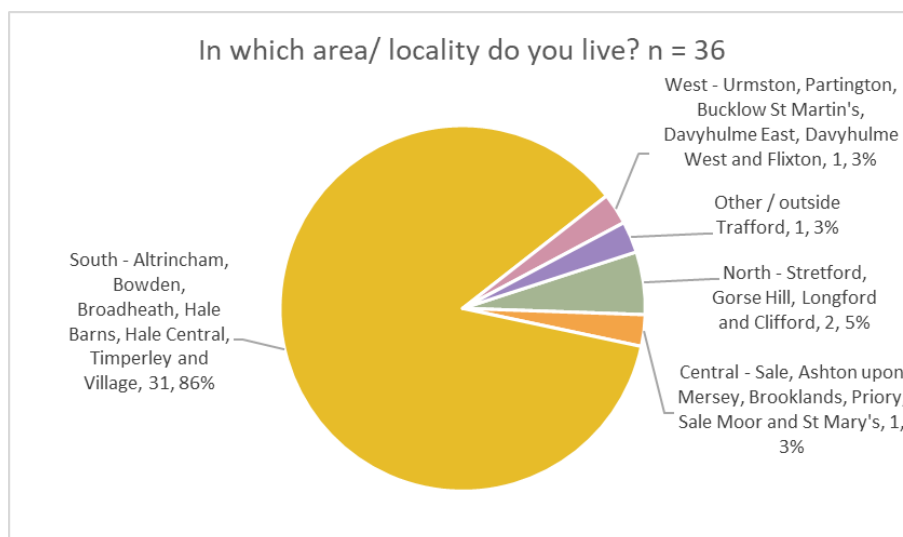
The majority of our respondents were female (70%) and white British (78%) as shown in the charts below, therefore our findings may not be entirely representative of young people in the general population.



The majority of our respondents were 17 and under (83%) as shown in the chart below. 6 of the responses we received were from people aged 35-79 and these were either parents or grandparents of service users. We felt that these responses were still valuable and gave important perspectives on the topic.



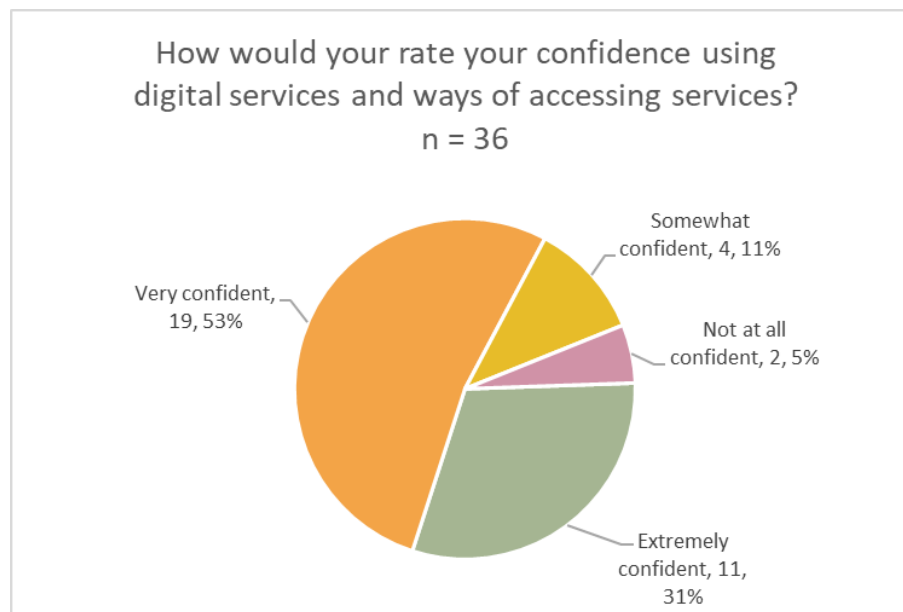
The majority of our respondents were from South Trafford, which may be due to many responses coming from the one school in South Trafford that promoted the survey. As such, our findings may not fully represent the situation in Trafford, and we will consider that many respondents may attend the same school when drawing conclusions.



As shown in the chart below, most respondents rated themselves as very confident (53%) or extremely confident (31%) using and accessing digital services, while only a small number rated themselves as not at all confident (5%). This does show that most of our



respondents should have the skills to use and give perspectives on digital mental health platforms.



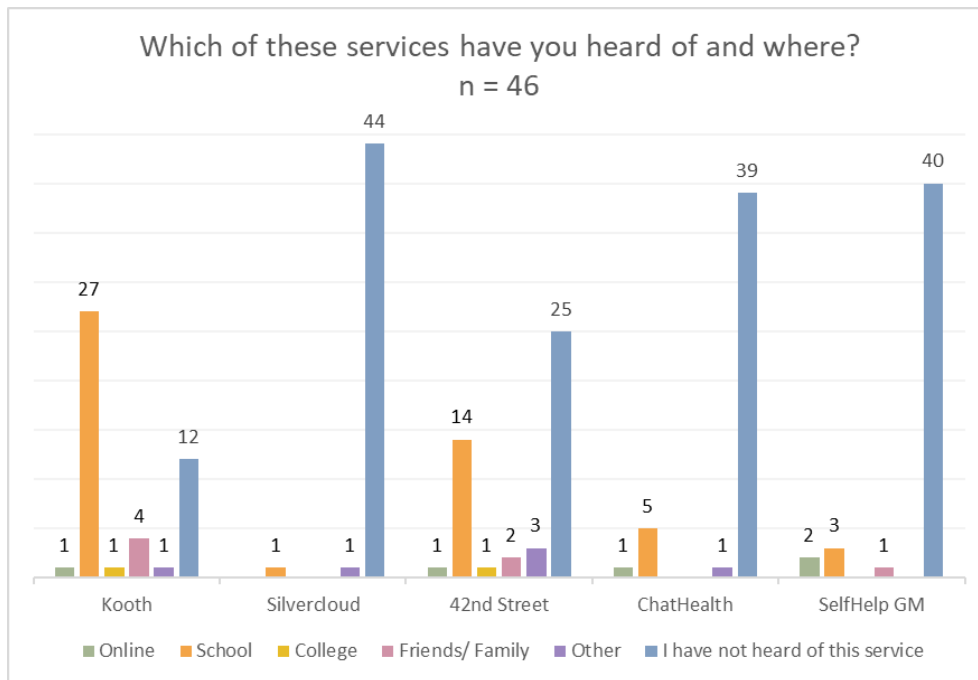
#### *Commissioned Services:*

We decided not to ask about every commissioned service that we knew of, and instead focussed on what we considered to be the primary services that were promoted the most. These were Kooth, the SilverCloud® platform, 42<sup>nd</sup> Street, ChatHealth and SelfHelp GM.

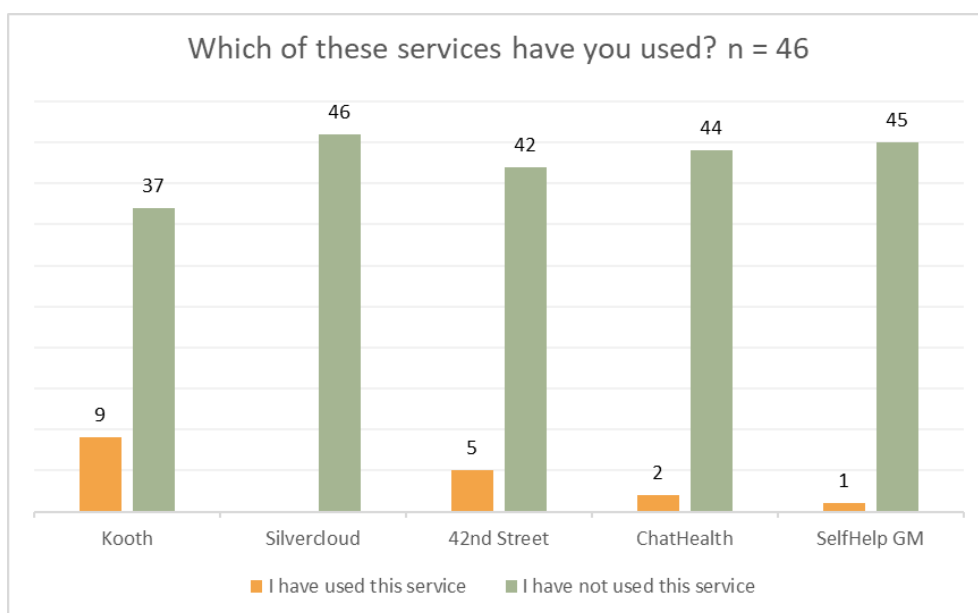
We asked respondents which services they had heard of and where they had heard about them, to get a better picture of how these services are being advertised to young people. We received 46 responses to this question, as shown in the chart below.

The majority of respondents (27 out of 46) had heard of Kooth, primarily in school or college, but some had also heard about it from friends or family. Some had heard of 42<sup>nd</sup> Street (21 out of 46), also mainly from school but some had heard about it from friends or family, online, or from other sources. Few had heard of ChatHealth (7 out of 46) and SelfHelp GM (6 out of 46), and those that had heard of them had done so in school. Only 2 out of 46 respondents had heard of SilverCloud® programmes.

These services are offered to people of different ages, so this may offer one explanation as to why not all the services have been heard of by all respondents. In addition, we are aware that schools are more likely to promote Kooth to pupils, and most of our respondents were in school. A large proportion of respondents may also have been from the same school, or at least live in the same locality, which may reflect service promotion in South Trafford schools. Overall, this does show a lack of awareness about the different services available, and that the majority of awareness is created by educational establishments.



We asked respondents which services they had used and received 46 responses. Most of our respondents had not used any of the commissioned services. The most used service was Kooth, with 9 out of 46 respondents having used the service. 5 had used 42<sup>nd</sup> Street, 2 had used ChatHealth and 1 had used SelfHelp GM. None of the respondents had used the SilverCloud® platform, however, we are aware that this is a new service and feel this may be why none of our respondents had heard of it. This seems consistent with the Silvercloud data we saw, where user numbers in Trafford were considerably low. We also did not promote the survey exclusively to young people who required support for their mental health, which may explain why many respondents had not accessed these platforms.



When we asked respondents about their experiences of using commissioned digital services, we did not receive many responses (as summarised below), so we gained only a broad picture of young people's experiences with these services. No respondents had used the SilverCloud® platform.

Service	How easy is the service to use?	How useful was the service to you?	Did you get what looking for?	Would you recommend the service to others?
<b>Kooth (9 responses)</b>	Most people found the service easy to use, while 1 respondent said it was "confusing to find anything supposed to help me."	Some people did not find it useful at all - "ended up turning away from it made things worse", "it didn't help at all", "not very I wasn't comfortable sharing." While others did find it useful - "very helpful", "quite at times".	People gave mixed responses to this question. 4 respondents said no, 3 said yes and 2 said "a bit" and "slightly".	6 of the 9 respondents said they would recommend the service and 3 would not.
<b>42nd Street (3 responses)</b>	All respondents found the service easy to use.	Experiences were mixed, responses ranged from "not so much" to "very".	2 respondents did not get what they were looking for, 1 respondent said "almost".	2 of the 3 respondents said they would not recommend the service.
<b>ChatHealth (2 responses)</b>	The 2 responses we got were "easy" and "quite".	The 2 responses we got were "very useful" and "good".	Both respondents did get what they were looking for.	Both respondents said they would recommend it.
<b>SelfHelp GM (1 response)</b>	Only 1 respondent had used the service and said it was "quite easy".	The 1 respondent said it was "sometimes useful".	The 1 respondent did get what they were looking for.	The 1 respondent would recommend the service.

Generally, services were easy to use but young people had mixed feelings about their usefulness. ChatHealth was the only service universally reported to be useful, however by only two respondents. People largely got what they were looking for from ChatHealth and SelfHelp GM but felt otherwise about 42<sup>nd</sup> Street, and responses about Kooth were mixed.

We received two additional comments about Kooth presenting further mixed views. One respondent said, "the people are nice" and they found the service useful and would recommend it. However, the other respondent said, "sometimes if u needed someone

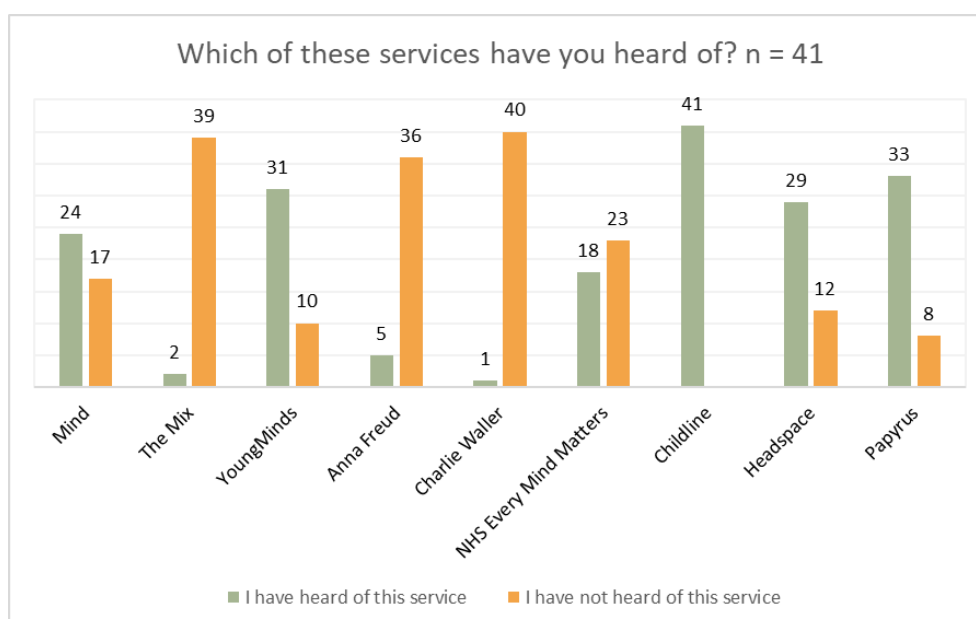
then because of thoughts it could take 2 hours to get to someone meaning that sometimes I had to hold out before I could talk to someone." If young people are looking for someone to listen to them and be empathetic then they may be more likely to have a positive experience, whereas if they are looking for more specialised support and quick responses in a time of need, they may not.

We received one additional comment about 42<sup>nd</sup> street, which said "my Elder Grandson tried this service via school. It was not right for him unfortunately." This could illustrate the need for a broad range of approaches and services, as it appears that no single approach works for every young person.

### National services:

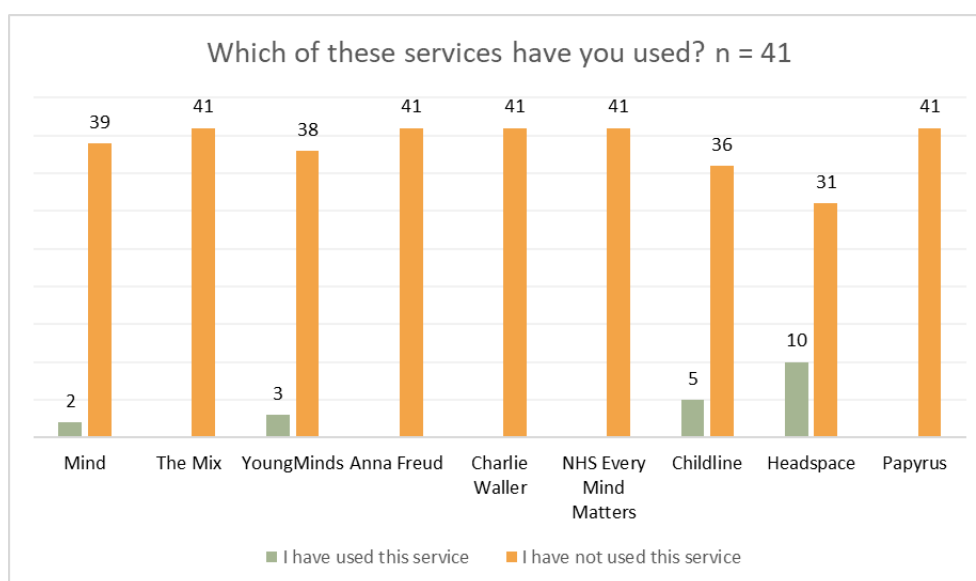
We decided not to ask about every national service, instead we focused on those which were the most signposted to by Trafford health, social care, and education organisations. These were Mind, The Mix, YoungMinds, Anna-Freud, Charlie Waller, NHS Every Mind Matters, Childline, Headspace and Papyrus.

We asked respondents about national services that they had heard of and received 41 responses, as shown on the chart below. All respondents had heard of Childline, and the majority had heard of Papyrus (33/41), Youngminds (31/41), Headspace (29/41) and Mind (24/41). Most respondents had not heard of Charlie Waller (40/41), The Mix (39/41), Anna Freud (36/41) and NHS Every Mind Matters (23/41). Some national services appear to be promoted more widely to young people than others. As mentioned previously, a large proportion of our respondents were from South Trafford and potentially from the same school, so these results may be reflective only of how national services are promoted in South Trafford.



We also asked respondents which national services they had used. Only a small proportion of the 41 had used these services before. 10 had used Headspace, 5 had used Childline, 3 had used Youngminds and 2 had used Mind. From the responses we received, it appears that commissioned services in Trafford are used much more commonly by young people than national services.

While some of these services were not known about at all, others were heard of by the majority of respondents, but had not been used by the same proportion. We have found that some national services focus on specific areas of mental health (such as Papyrus, which is a crisis line, or Headspace for mindfulness). Therefore, it could be that young people have a preference for platforms that offer a wide range of support, and perhaps one-to-one care.



We then asked respondents to give more information about their experiences with these services. Not many of the respondents answered this question (10 overall), which was most likely due to not many having used them, as illustrated by the chart above. We asked respondents how easy they felt the services were to use.

The 2 respondents that had used Mind found it easy to use, and a useful service that they would recommend to others. The 3 that had used Youngminds found it easy to use, and would recommend it to others, while only 2 found it useful. Of the 5 that had used Childline, 4 respondents found it easy to use and useful, while 1 disagreed with this. 3 respondents would recommend Childline to others, and 1 would not.

8 respondents found Headspace easy to use, while 1 did not find it easy. 6 respondents found this service useful and would recommend it to others, while 3 did not. We also received an additional comment about Headspace; *“headspace was not free and everything was locked I do not know what happened but I could not use anything it was*

*all locked.*" We have previously identified that Headspace is a paid service, however, this comment illustrates that perhaps this is not made clear enough to young people who may believe that they can access this support for free.

We did also receive a comment about Papyrus and NHS Every Mind Matters, despite none of the respondents identifying themselves as having used these services. It is unclear whether this respondent answered based on their own experiences, or whether they made judgements based on what they have heard from others. They said that Papyrus is easy to use and would recommend it to others, but it was not useful. They found that NHS Every Mind Matters was easy to use, useful, and they would recommend it. This respondent also added: *"I will always recommend stuff even if it does not work for me because everyone has different coping strategies."* This respondent believes a range of services is good, as every person may require a different kind of support to work for them.

None of the respondents had used the Mix, Anna Freud, or Charlie Waller.

#### *Other services:*

We asked respondents if they had heard of or used any other services. We didn't receive any responses regarding non-commissioned services. However, we did hear about "Dare" and "Finch", which are both mental health apps available free nationally. Dare is aimed at tackling anxiety, while Finch is a gamified self-care app for self-reflection and goal setting.

Another person answered *"stay sober, and a meditation app."* Many respondents mentioned mental health apps, possibly because they look for free services online that they can easily download onto their mobile phones and use at any time.

One respondent stated, *"yes but I find [other services] are not very helpful compared to being able to talk to someone at school."* This person may prefer face-to-face support, or the convenience of having someone to speak to while at school.

#### *Further comments:*

We asked respondents if there was any way their experience with digital mental health support could be improved, and if they had any further comments. We received 9 responses, which can be grouped into 4 key areas:

- **Improving interaction**

Some respondents expressed a preference for face-to-face support, and that better mental health support would involve more interaction with real people:

*"Better access to real people not digital."*

One young person appealed for more interaction generally, but they may have meant that digital support should offer more interaction with real people and individualisation, rather than just self-managed resources:

*"Being able to interact more."*

We received a further response expressing dissatisfaction with digital support. They thought that direct support online took too long, and that interactions with peers and others virtually were not effective:

*"Poor they weren't helpful and took ages to do anything. I found online group sessions awkward."*

Though young people do have the option to interact with peers and counsellors on many digital services, the responses imply that this kind of support is not always wholly effective and could explain why some young people have a preference for face-to-face support.

- **Access to digital services**

Some young people had a positive perspective on digital services and desired for them to be shared more widely, however, one thought that specific areas of support were lacking and made some suggestions for more specialised care:

*"More mindfulness and meditation services and some more for anxiety."*

Another respondent expressed that digital services generally should be promoted better and made more accessible to young people:

*"More talked about in education easier access online so all can use."*

Overall, it seems as though some respondents think that digital support is valuable but needs better promotion, and should be more accessible to people with specific needs.

- **Improving information**

Multiple respondents felt improvements could be made to information provision. They wanted it to be easier to consider all the support on offer as they didn't know what was out there and struggled to navigate existing directories. A parent mentioned the Trafford Directory website specifically and how it could be made more user-friendly:

*"The Trafford website is very confusing and it's difficult to know where to start and what the key resources are for me and my daughter."*

Many people didn't know what was right for them, or what they should be looking for. Similarly, another person said that young people are aware that lots of support is available, but not necessarily what it could help with or what would work best for them:

*"Perhaps have more information on what specific help each service can provide? Currently we as young people know of lots of different services that are available to us, but it can also make it confusing to choose which one will be helpful for our specific needs at that moment."*

This suggests that young people may find the volume of resources overwhelming or feel that directories are not easily navigable, making it harder to find help for their concerns.

- **Specialised support**

Another area discussed was the importance of specialised support and having services earmarked for different needs. One person emphasised how specialised, individually tailored support is important:

*"Inclusivity, if someone is on about certain issues that a generalised counsellor/therapist cannot help well in that area then give them a specialised one so that the person who is reaching out for help has a chance of understanding that it's normal and can feel more comfortable."*

Respondents overall reported that young people in Trafford are often not able to access the support they need because they may not know about what is right for them or how to access it. The statement below summarises all the comments we heard:

*"More needs to be done for young children and Adolescents in Trafford."*

Different people seemed to have different approaches to digital versus in-person support, and a repeated theme was that specialisation and individualisation of support is key. It appears that the debate is not as simple as digital versus face-to-face, and the issue instead is ensuring that young people are listened to and have an personalised experience that works for them.



## Reflections from our student intern, Holly Eades

"I have really appreciated my time with Healthwatch Trafford and learned a great amount. As a Psychology student with a particular interest in mental health and research, I was interested in pursuing this project to learn more about the support system in place and develop a project that would benefit local people. Prior to this project I was unaware of many of the digital services that we focussed on and had limited knowledge of the commissioning process and how the CYP mental health service functions. My knowledge of these issues and more has been developed during this internship, and I feel much more capable of approaching these areas, understanding different perspectives and how they impact on local people.

This project has allowed me to see how research can be conducted outside of the academic settings I am used to. I have found that in comparison, this project has been much more exploratory and organic. This has enabled me to become more adaptable and introduce personal perspective into the project, which has been a new approach to research for me, but I have seen how it can be very beneficial in a variety of contexts including social care.

I have learned how much work goes into developing a research project, and how what appears to be small details have a great impact on the work overall. For example, creating a survey involves many different aspects that must be considered in detail, from developing each question effectively to introducing logic. This has allowed me to appreciate each step in the process and build upon the research to make recommendations for future work.

I feel that my confidence has grown in effectively communicating to get relevant information in meetings, and I have had very positive experiences with talking to service providers and commissioners who have been willing to discuss the project in detail with me. I also feel that my skills in report writing have developed, as I have learned to adapt when new information is collected, and feedback is given. I will take forward all the skills I have learned during this project into the remainder of my degree and beyond.

Seeing this project form over the last 8 weeks has involved a big learning curve for me but it has been incredibly rewarding and I am pleased with how each aspect has come together. I appreciate every individual who has supported me during this process."

## Concluding comments

We set out to build on our previous work around young people's digital mental health services which previously focused solely on Kooth. Thanks to the support of our intern and of those that have offered us advice, information, and support, we have been able to achieve this.

One of the reasons for the growing use of digital mental health services has been the COVID-19 pandemic, with increased waiting times for access to traditional mental health services. Records from local scrutiny committee meetings show continuing concern over this issue, and how one response has been the commissioning of more digital mental health services.

Commissioning developments at both Greater Manchester and Trafford level in recent years have meant that young people in Trafford now have access to many online mental health platforms offering a range of different services. For example, Kooth offer online support including one-on-one chats with a counsellor, forums, articles, and activities. In contrast, the SilverCloud® platform consists of online self-managed CBT-based programmes.

It is apparent from the monitoring reports we have seen that hundreds of people are now accessing these services in Trafford, and that users most commonly find out about them through schools. Kooth's user base has expanded since our last report and it is now the most popular platform; other commissioned services currently see lower user numbers but with effective promotion may see similar trends.

Key advantages of digital mental health services as outlined in our report - and supported by national findings - are the potential for anonymity and ease of access. Many digital services can be accessed at any time of day, in contrast to a lot of in-person support. Therefore, young people can and do reach for support whenever they need. For example, most Kooth logins are outside of standard office hours.

Referral is still required in some instances: for example, 42<sup>nd</sup> Steet complete an assessment before they give access to their digitally supported system, as they feel this offers the best outcomes. Awareness seems to be the key barrier to access this type of service, and young people have consistently expressed that they want to hear more about the support available to them. This is consistent with findings from other national and local publications.

Some of the organisations that we spoke to such as the Counselling and Family Centre and Place2Be raised concerns that there are potential limitations to digital support. There were similar perspectives in national publications, such as the CQC 2020/21 State of Care

report<sup>33</sup>. One particular point raised was the extent to which a therapeutic relationship can be formed in online one-to-one counselling, due to digital restrictions, lack of safe space, and issues perceiving body language.

Whilst our engagement for this project was limited by the time frame available, it was broadly suggested that digital mental health support is useful. We heard about the importance of individualised support following concerns about how personalised a user's experience could be online, and that this is something services should focus on. It also seemed that whether support is effective or not depends on more than just location. Making young people aware of the various options available to them both in-person and digitally would allow them to make a decision best suited to their needs. Young people may benefit from both, and it is clear that digital platforms should exist alongside face-to-face care. As this is a developing area, we would like to encourage further work and engagement in Greater Manchester, particularly around equity of access.

Overall, this work has updated and expanded our understanding of this area, which will benefit those who come to us for information and signposting. It also allows us to better represent young people's voices in the forums we attend.

## **A note regarding our statutory powers and responses**

The statutory powers granted to Local Healthwatch organisations and contractors enable us to require a response to our reports and recommendations, as outlined in the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

In most cases, but not all, this response is required within 20 working days.

The full list of regulations can be found on the government legislation website here:

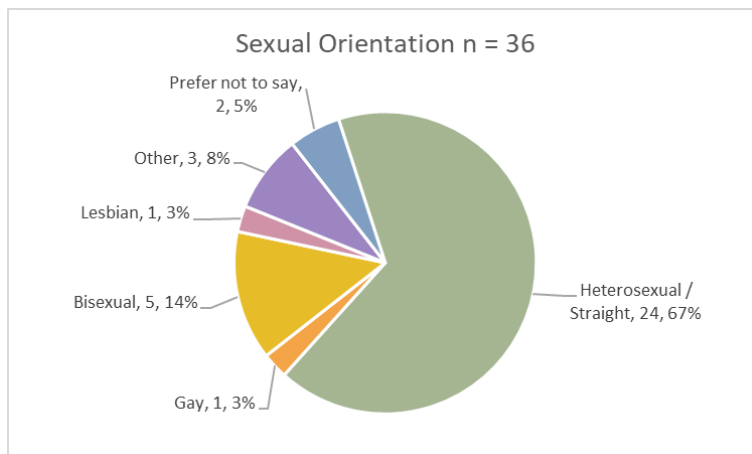
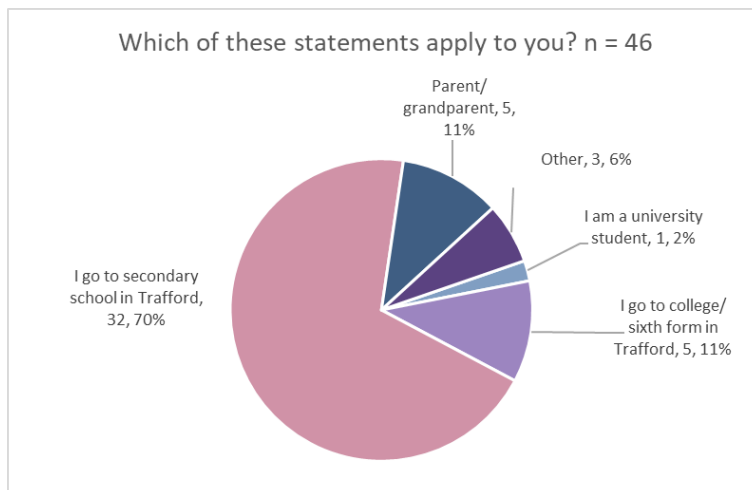
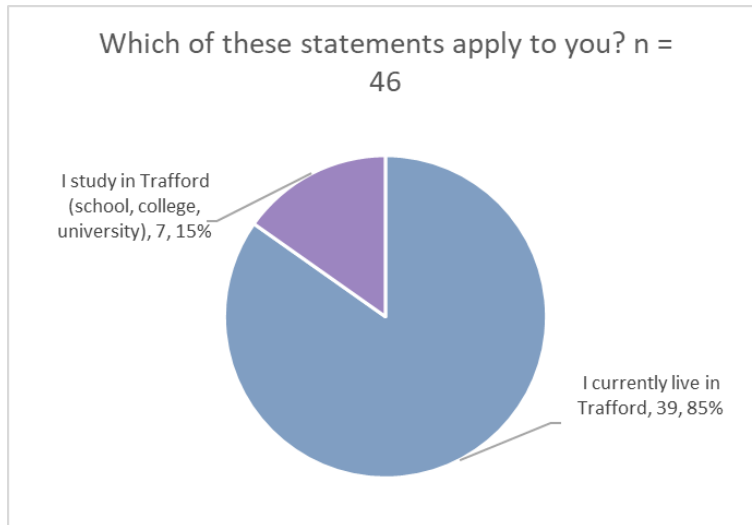
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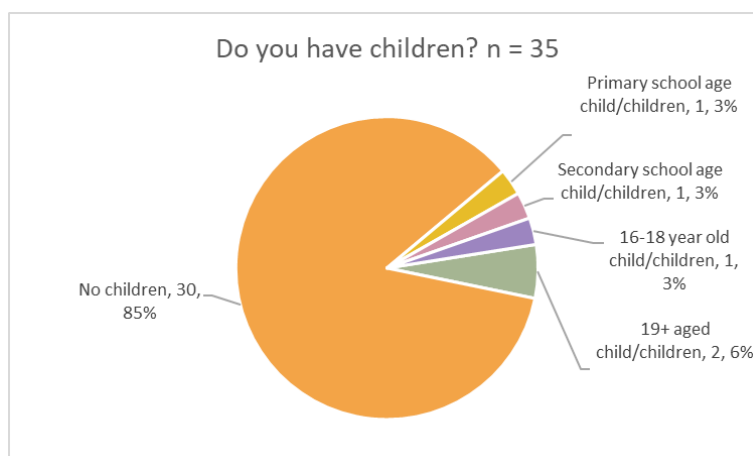
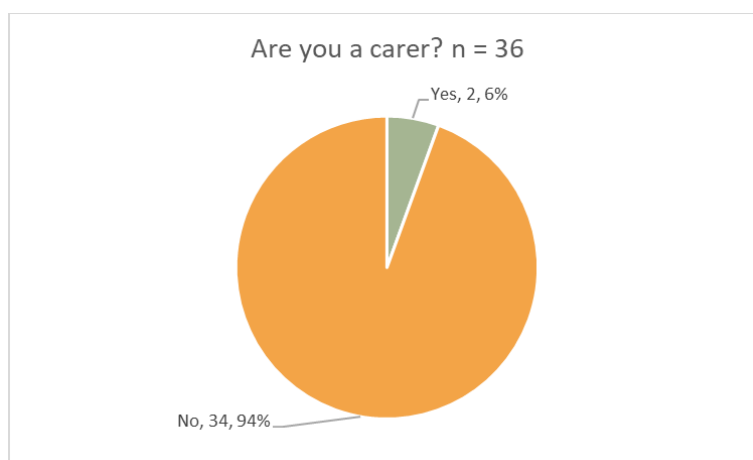
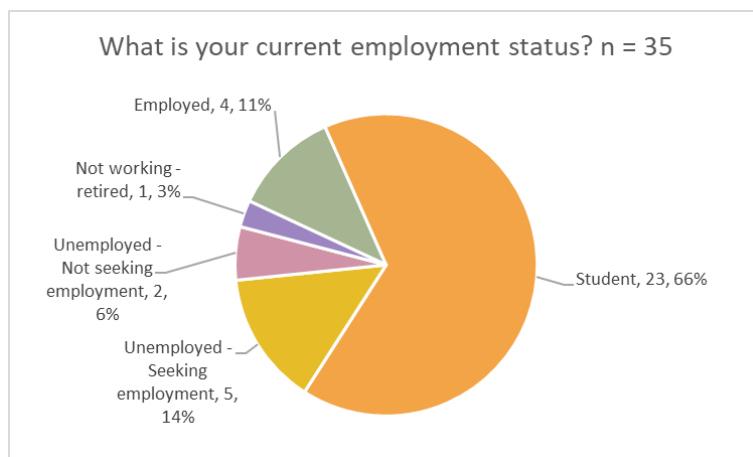
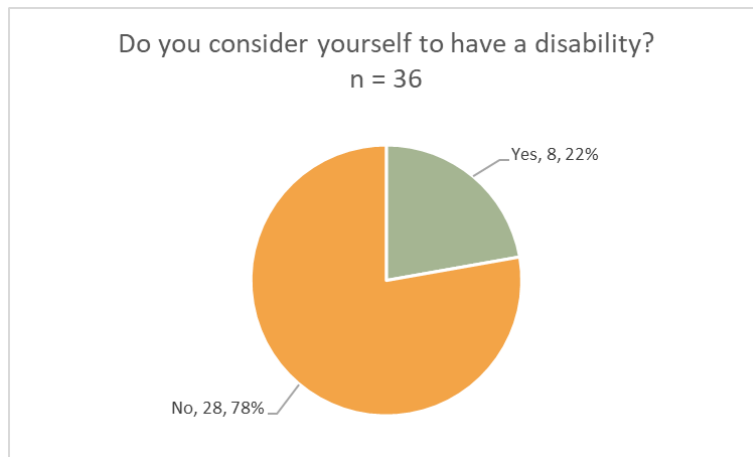
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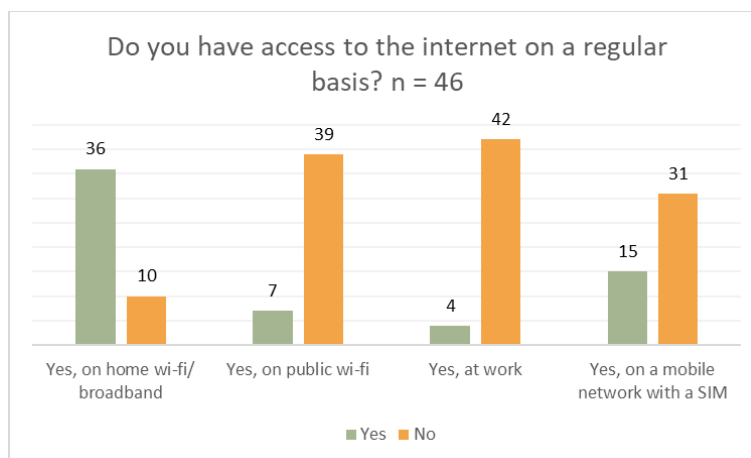
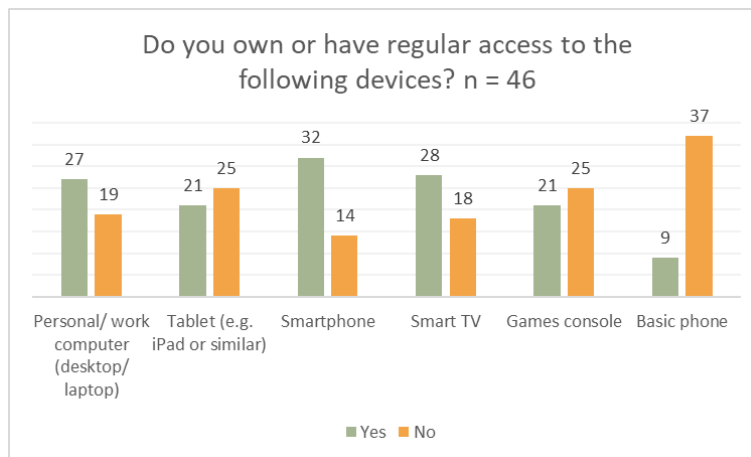
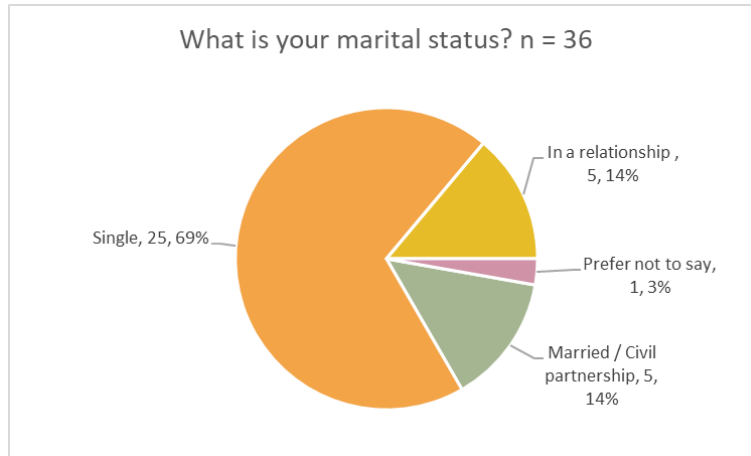
<sup>33</sup> State of Care 2020/21 (n 15).

# Appendix

## Additional Demographics Survey Results:







## Survey Questions:

1. Which of these services have you heard of and where? (School/ College/ University/ Friends & Family/ Online/ Social media/ Other/ I have not heard of this service)
  - Kooth
  - The SilverCloud® platform
  - 42<sup>nd</sup> Street
  - ChatHealth
  - SelfHelp GM
  
2. Which of these services have you used?
  - Kooth
  - The SilverCloud® platform
  - 42<sup>nd</sup> Street
  - ChatHealth
  - SelfHelp GM
  
3. If you have used Kooth please tell us more about your experience
  - How easy was the service to use?
  - How useful was the service to you?
  - Did you get what you were looking for?
  - Would you recommend the service to others?
  - Any other comments:
  
4. If you have used the SilverCloud® platform please tell us more about your experience
  - How easy was the service to use?
  - How useful was the service to you?
  - Did you get what you were looking for?
  - Would you recommend the service to others?
  - Any other comments:
  
5. If you have used 42<sup>nd</sup> Street please tell us more about your experience
  - How easy was the service to use?
  - How useful was the service to you?
  - Did you get what you were looking for?
  - Would you recommend the service to others?
  - Any other comments:
  
6. If you have used ChatHealth please tell us more about your experience

- How easy was the service to use?
  - How useful was the service to you?
  - Did you get what you were looking for?
  - Would you recommend the service to others?
  - Any other comments:
7. If you have used SelfHelp GM please tell us more about your experience
- How easy was the service to use?
  - How useful was the service to you?
  - Did you get what you were looking for?
  - Would you recommend the service to others?
  - Any other comments:
8. Have you heard of or used other digital mental health services in Trafford that have not been mentioned so far? Please let us know more about your experiences here.
9. Which of these services have you heard of? (I have heard of this service/ I have not heard of this service)
- Mind
  - The Mix
  - YoungMinds
  - Anna Freud
  - Charlie Waller
  - NHS Every Mind Matters
  - Childline
  - Headspace
  - Papyrus
10. Which of these services have you used? (I have used this service/ I have not used this service)
- Mind
  - The Mix
  - YoungMinds
  - Anna Freud
  - Charlie Waller
  - NHS Every Mind Matters
  - Childline
  - Headspace



- Papyrus
11. What was your experience with these services? (The service is easy to use/ The service was useful to you/ I would recommend the service to others)
- Mind
  - The Mix
  - YoungMinds
  - Anna Freud
  - Charlie Waller
  - NHS Every Mind Matters
  - Childline
  - Headspace
  - Papyrus
12. Any other comments about your experiences:
13. Are there any other digital mental services you would like to make us aware of?
14. How could your experience with digital mental health services be improved? Is there anything else at all you would like to tell us?
15. Demographics

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