An early look into a pilot of Kooth's Integrated Digital Pathway (IDP) - specifically co-designed to support CAMHS waitlist

Interim Report: October 2023 to April 2024

Pilot with Suffolk Child and Adolescent Mental Health Services (CAMHS)

June 2024

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Executive Summary

The number of children and young people (CYP) awaiting support from Child and Adolescent Mental Health Services (CAMHS) reached an all time high in 2023 (NHS Digital, 2024), calling for a need to support England's mental health teams, and specifically to take pressure off waitlists. Through collaboration with the Suffolk CAMHS service managers and the CYP Clinical Lead for Suffolk and North East Essex Integrated Care Board, Kooth has developed and co-designed an Integrated Digital Pathway (IDP): 'My Support'.

'My Support' is specifically designed to support Early Intervention (EI) CAMHS waiting lists with immediate and rapid support options, with professional support accessible outside of working hours through text-based chats or asynchronous therapeutic messaging. As a wrap-around the professional support, there is a well-established virtual community of peer-to-peer support and self-help tools.

The pilot offers three main forms of support:

- 'Keeping Well Support' which incorporates an asynchronous messaging service as well as a number of self-directed tools.
- 'Structured Chat Intervention' through which CYP are offered up to 8 weekly chat sessions with a named practitioner.
- 'Safe Crisis Management' which ensures robust safeguarding procedures alongside collaborative risk escalation and management.

The aim is for the CYP who use 'My Support' to achieve recovery and discharge following an episode of care through this pathway.

Early highlights:

- **95%** of youth referred who consented to the digital pathway were considered eligible[1] and **68%** of CYP engaged with chat sessions[2].
- The pathway demonstrated gender diversity among the referred CYP, with 51% female, 41% male and 7% people of other genders being referred[3].
- Around **1 in 3** CYP referred had either a diagnosis, were awaiting assessment or were described in the referral as having traits of neurodiversity, indicating acceptability and accessibility for this cohort.
- **100%** CYP would recommend Kooth to a friend[4].
- **94%** CYP indicated they felt heard, understood and respected in their chats[5].
- **94%** CYP felt that what was talked about in that chat was important to them[6].

[1] of 40 CYP
[2] of 40 CYP
[3] of 38 CYP
[4] of 17 CYP
[5] of 17 CYP
[6] of 17 CYP

- **Over half of** CYP were more likely to login outside office hours[7].
- **All** users who completed the intervention engaged with goals[8].
- **75%** of goals that were engaged with achieved meaningful change[9].
- Outside of chat support, each CYP received, on average, 6 additional asynchronous therapeutic messages from a practitioner.

The pilot has demonstrated a good engagement rate and subsequently, promising outcomes for CYP on the 'My Support' pathway. However, the process of CYP referral and sign-up to the pathway can be further developed. Specifically, issues with practitioners being unsure or reluctant to refer CYP can be addressed with improved and more collaborative training materials and implementation. Moreover, other issues relating to the process of the pathway can be improved with slight adjustments, such as sending CYP the sign-up link at a different and more appropriate time.

In summary, as with any integration of a novel digital pathway, there have been learning curves which have shed light on areas of improvement. Regardless of this, this pilot has shown great promise in relation to IDPs and their potential to support the NHS in its various needs. The pilot will continue until September 2024 and so we hope some early learnings can lead to changes in the remaining stages of the pilot.

[7] 54% of 27 CYP
[8] of 4 CYP
[9] 3-point movement or above

1. What is the ‘My Support’ pilot?

The Suffolk IDP ‘My Support’ pilot is ongoing, but started in June 2023 - with an initial end date of March 2024, that has been extended until June 2024 with the possibility to extend further.

‘My Support’ as an IDP pathway was created to specifically support the Early Intervention (EI) CAMHS Team in providing online structured support to children and young people (CYP).

What was the problem being addressed?

The problem being addressed was the rising demands and needs for CYP mental health and wellbeing support, which has increased the CAMHS’ waiting times. The Suffolk and North East Essex Integrated Care Board therefore commissioned the pilot to explore integrated digital solutions to support CAMHS and provide immediate support to CYP. It was identified that without the immediate support, this could create a ripple effect of issues, as CYP’s risk can escalate and create a need for more intensive or urgent interventions.Therefore, this pilot aimed to provide immediate and rapid support to CYP to avoid CYP being added to the CAMHS waitlist.

What were the aims of the Pilot?

The pilot aims to work in an integrated way with the NHS to develop solutions to this problem. A recognised solution is for ‘My Support’ to take pressure off CAMHS and offer support by having practitioners refer eligible CYP to the digital pathway. Once on the pathway, the aim is for the CYP to achieve recovery and discharge following an episode of care.

Who is eligible for ‘My Support’?

CYP eligible for ‘My Support’ pathway are:

- 11-25 years of age
- Have lower levels of acuity i.e., presenting with low risk anxiety and depression
- Have already been referred to CAMHS / Young Adult Mental Health Services (YAMHS) and are on their internal waiting lists following initial assessment.

The suitability of supporting CYP assessed with non-anxiety and depression presenting issues and those awaiting EI CAMHS/MHST were also considered in careful discussion with local clinical teams.

What is the referral process?

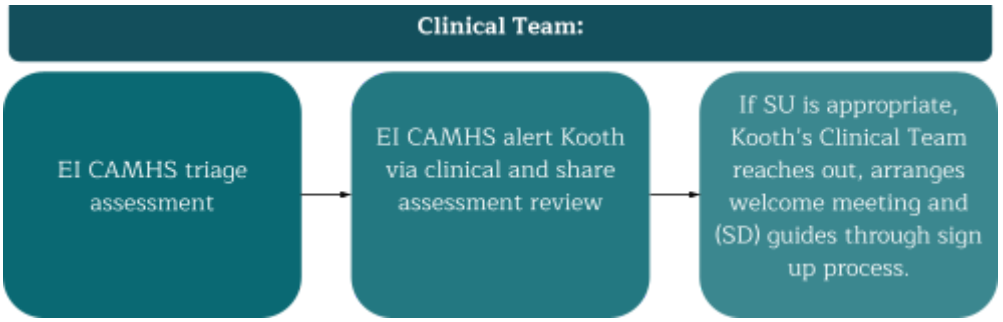


Figure 1: Referral process from EI CAMHS to Kooth's Clinical Team on the My Support pathway.

Support offered through 'My Support' to CYP

Following referral from EI CAMHS, Kooth's Service Delivery team ensures that CYP get their chat sessions set up (see Figure 2).

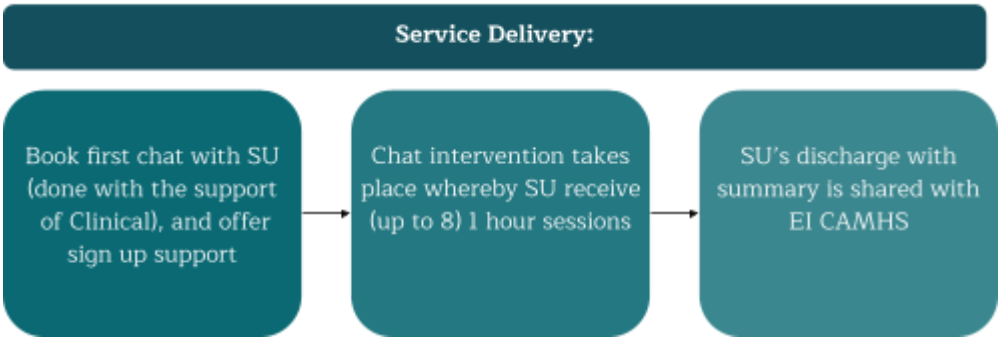


Figure 2: Service Delivery's process assisting SU to sign up, chat interventions and discharge from the My Support pathway.

A full sign up and referral flow which compiles the Clinical Team and Service Delivery processes can be found in the Appendix section.

The *structured chat intervention* involves a flexible iteration of Kooth's core structured support pathway which offers 8 weekly chat sessions with a named practitioner, offered both within and outside traditional working hours. In addition to the core chat intervention, the My Support pathway incorporates *'keeping well'* support, which has demonstrated to be a significant source of wellbeing aid for CYP (Stevens et al., 2022). This incorporates an asynchronous messaging service as well as a number of self-directed tools, such as accessing a safety plan and a crisis support page, engaging with articles and forums, setting and updating goals, and writing in journals. Lastly, *safe crisis management* is achieved through robust safeguarding procedures alongside collaborative risk escalation and management (see Figure 3).

Figure 3: The types of support offered through Kooth's My Support pathway.

What happens if a CYP escalates whilst using 'My Support'?

If clinical risk or complexity indicate a need for further support, Kooth recommends a step back up to EI CAMHS. A protocol for a shared care pathway and an agreed upon protocol has been developed in collaboration with EI CAMHS to seamlessly 'step up' in case of risk or escalation, for safeguarding purposes when needed.

Determining implementation into CAMHS

During the early stages of the project, Kooth's clinical and service delivery team identified that there were barriers to the core CAMHS teams referring their CYP to the pathway in this contract area. This was due to a number of issues including a high turnover of CAMHS staff, staff buy-in, and a lack of understanding of the IDP clinical approach which resulted in difficulties in building momentum with the project. Through collaboration with the Suffolk CAMHS service managers and the CYP Clinical Lead for Suffolk and North East Essex Integrated Care Board, Kooth established there was also a need for the pathway in the EI CAMHS teams. Although the IDP has remained open for referrals from CAMHS / YAMHS, 100% of referrals to date have come from the EI CAMHS services.

What happens to CYP's access to Kooth after the pilot intervention is complete?

Prior to the final chat session, the CYP and practitioner will discuss whether the CYP requires any additional support, from Kooth or elsewhere. After their final session, unless agreed otherwise, an end-of-intervention summary will be written and shared with the referring team. Once the CYP completes their chat intervention with the named practitioner, their IDP associated account will be closed. However, data will be securely retained for auditing purposes. To utilise 'keeping well' support options, CYP will be encouraged to create a new account under the anonymous core Kooth CYP service, if it is commissioned in their area. If any issues escalate and there is a need for further support, they would be given a new practitioner and may be fast tracked again onto CAMHS' waiting list.

'My Support' safeguarding process

Clinical On Call Teams are available to the IDP team to discuss any risk or safeguarding concerns or cases. Access to the Personal Identifiable Information (PII) and full assessment information are available to both via the Suffolk IDP Case Dashboards. The Clinical Leads or IDP Practitioners liaise with Suffolk EI CAMHS to escalate any risk and the Clinical On Call lead can also do the same. Any immediate/imminent risk would be managed as per Kooth procedures, i.e., calling emergency services where needed and the Clinical Leads/On Call team will liaise with EI CAMHS about this. All other risk is managed by the IDP Practitioner and/or EI CAMHS worker. The safeguarding process for the Suffolk IDP is outlined in Figure 4.

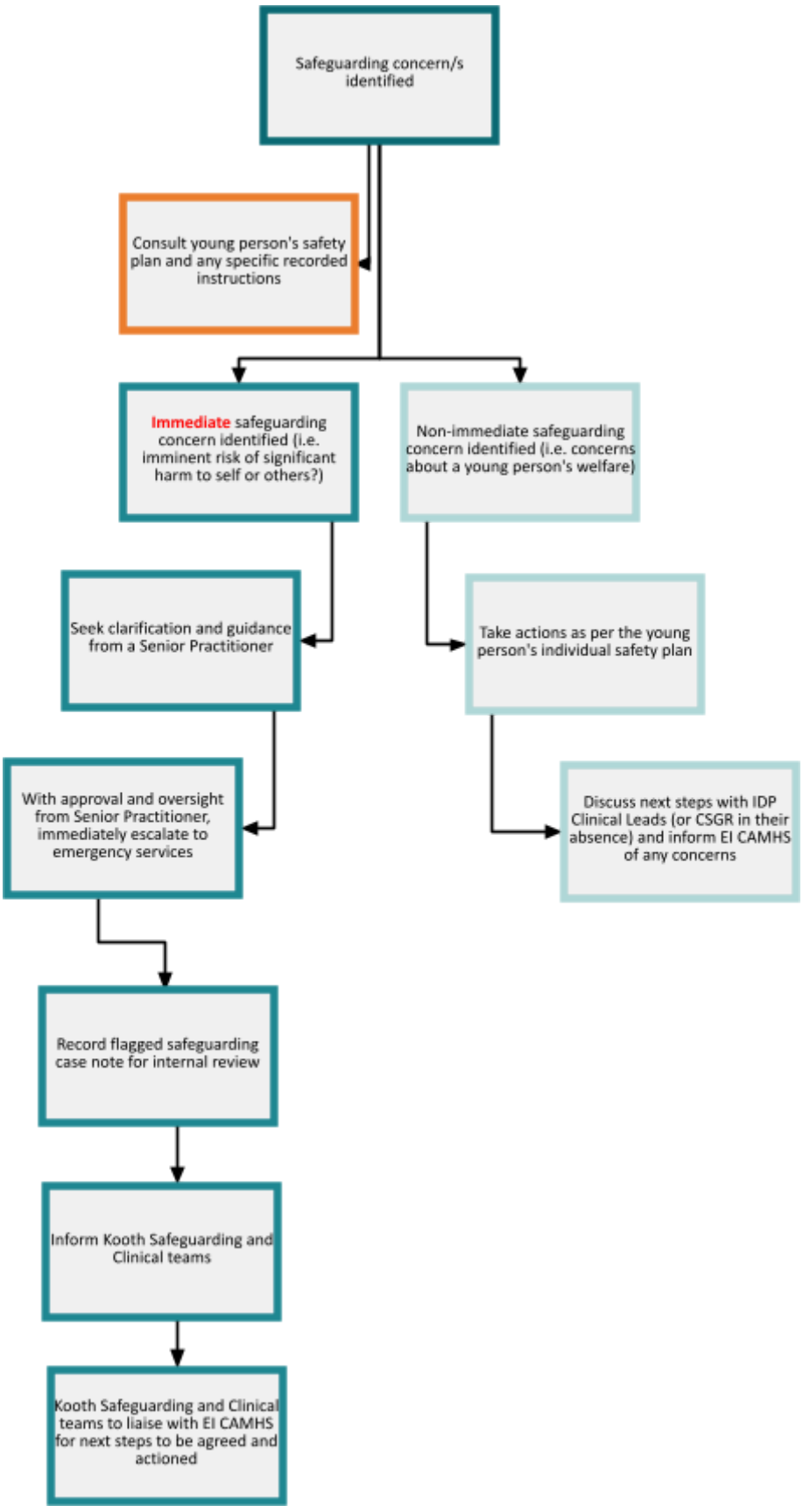


Figure 4: Flow process of the Suffolk IDP safeguarding process

2. Early Outcomes of Kooth's 'My Support' IDP pilot in Suffolk

Process Outcomes

There have been many lessons learned from the joint work with EI CAMHS. The importance of working closely with the partnered teams in the set up stages of the pathway, as well as the value of identifying key staff and resources to organise referrals have been recognised. The EI CAMHS team have shared positive feedback and reported that they have found the process in place to be supportive. They have had a good experience using the Egress platform as a referral route in, and have found the weekly interface calls and the updates relating to user engagement, sessions offered etc. to be helpful. As a point of improvement, the team has noted that at present, processing referrals can be a lengthy process due to the screening process on their side before referrals are passed on to Egress, which has presented a practical barrier.

The End of Intervention (EOI) reports have been well received and the EI CAMHS team have reported positive feedback from users. While there is prospect for positive impact, the team has noted that at present the number is too small for EOIs to truly reflect impact. For CYP who went on to start therapy with the Wellbeing team after completing the My Support intervention, the team has reported the EOI to be very helpful in shaping their understanding of the CYP. Additionally, the fact that CYP would have started work towards their goals would also, in itself, helped prepare them for further therapy work. This highlights that the My Support pathway has a potential to offer assistance beyond its intended purpose of being a 'waiting well' pathway.

Moreover, staff trust in Kooth's ability to manage complexity and intervene in a meaningful way was a barrier to receiving My Support referrals in some instances. Work has been done to ensure good joint working processes and discussion around appropriate referrals, Kooth's work with CYP, and building and maintaining strong working relationships with various teams, namely the Service Programme Manager at the EI CAMHS team and the Community Team Managers for the Under 18's Wellbeing Service.

Who engaged with the pathway?

The traditional Kooth platform, as an anonymous (from point of entry) digital mental health service, attracts a diverse set of CYP to the core pathway. Differing to this, the Kooth 'My Support' pathway involves non-anonymous referrals[10].

The demographics of people referred to this pathway is highlighted below:

- The pathway demonstrated gender diversity among the referred CYP, with 51% female, 41% male and 7% people of other genders being referred. This is commendable, considering that female participants typically comprise a higher

[10] Referral data includes: date of birth, gender, ethnicity, neurodiversity presentation, method of contact (child and/or care giver).

proportion of those accessing psychological therapies, while male participants and those of other genders tend to constitute a smaller proportion (Nancholas, 2023).

- The age range of YPs referred was 11-15 years (inclusive), with the most common ages at referral being 14 and 15, at a combined 55%.
- 35% of those referred have either a diagnosis, awaiting assessment or are described in the referral as having traits of neurodiversity. This early data therefore suggests that the 'My Support' IDP is acceptable and accessible for this cohort of neurodiverse young people.
- The majority of respondents were British (82%).

This pathway has so far (as of 4th April 2024), led to 40 referrals (from 1st October to 4th April). The flow diagram below specifies the outcomes of these referrals (Figure 5).

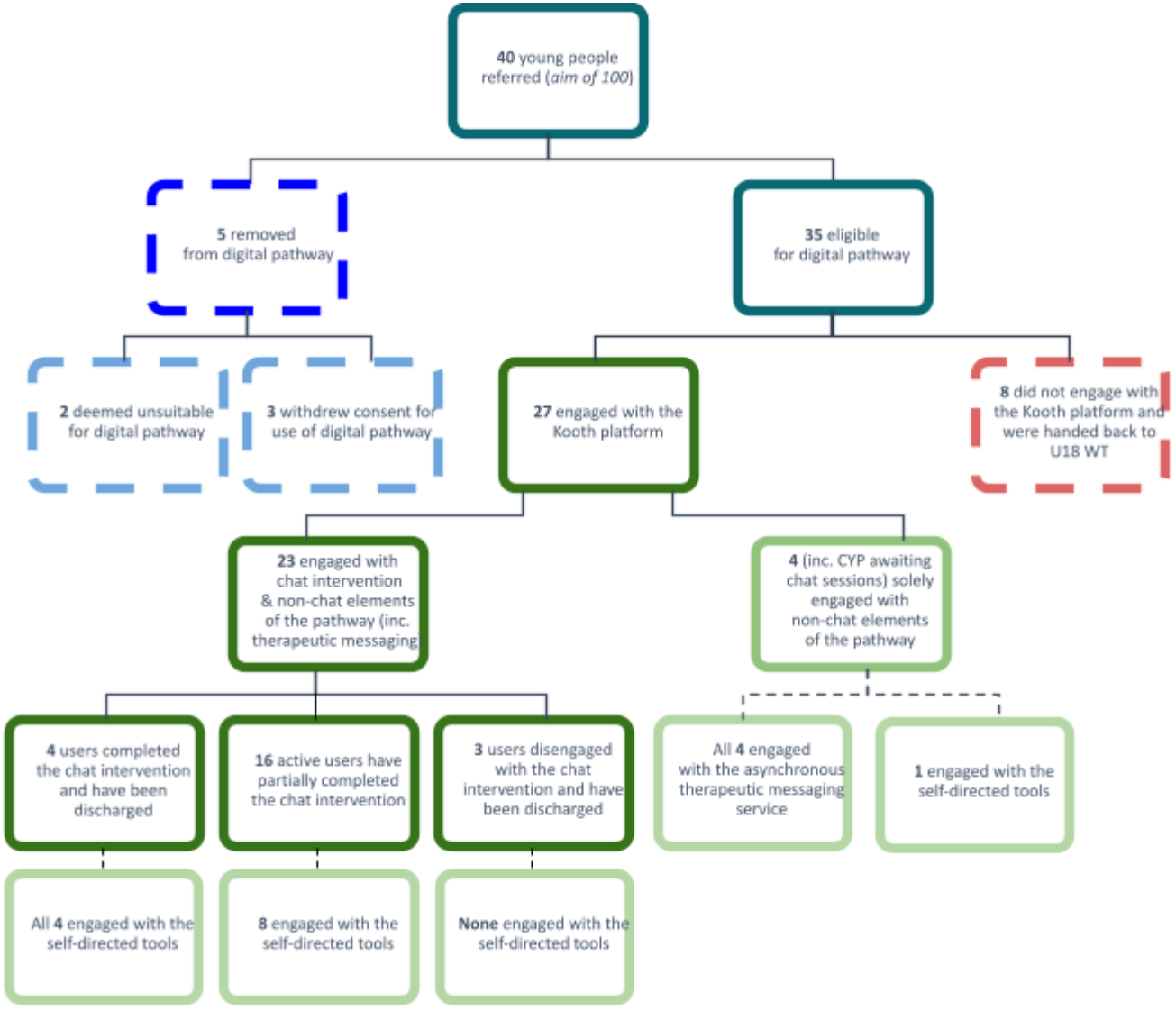


Figure 5: A flow diagram of referred CYP and their outcomes.
Referral period June 2023 - September 2024. Based on 4th April 2024 data extraction.
Dotted lines refer to 'within groups'.

As shown in Figure 5, there were a total of 40 referrals through the Suffolk IDP. Of these, 2 (5%) were deemed unsuitable for the pathway. One of these referrals was escalated to the NHS crisis service prior to welcome call or any engagement with Kooth. The second referral was deemed unsuitable following a welcome call with Kooth, as they no longer needed the intervention. Additionally, 3 (7.5%) withdrew consent and therefore, were also removed from the digital pathway.

The remaining 35 (87.5%) were considered eligible for pathway. Of these, 27 (77.1%) engaged with the Kooth platform and 8 (22.9%) did not engage and were re-referred to CAMHS Under 18s Wellbeing Team (U18 WT).

Of those who engaged, 23 (85.2%) engaged with both chat and non-chat elements of the pathway. All of these CYP engaged with therapeutic messaging. Moreover, 4 (17.3%) of the 23 users in this group have completed the chat intervention and been discharged. Of these 4, 1 has been discharged from the wellbeing team and has not returned in the one month re-referral window; 2 have required further intervention and have gone on to further therapy with the wellbeing team due to complexity; and 1 was managing well, however, their outcomes have not been confirmed by the wellbeing team.

All of these CYP engaged with self-directed tools on the platform. Of the 23 users in this group, 16 (69.5%) are currently active, and have partly completed the chat intervention. 8 (50%) of these CYP also engaged with self-directed tools on the platform. Of the 23 users in this group, 3 (13%) have disengaged with the chat intervention following a period of engagement. None of these CYP engaged with self-directed tools on the platform.

Of those who engaged, 4 (14.8%) solely engaged with non-chat elements of the pathway. These include 2 (50%) who are awaiting the start of chat interventions and 2 (50%) active users who have agreed to start chat interventions, but are yet to engage. All these users made use of the asynchronous messaging service, and 1 (25%) engaged with self-directed tools.

CYP have, therefore, taken an active role in the ‘keeping well’ pathway by engaging with helpful resources, such as mini activities alongside chats and messaging support (Dhesi et al., 2021). My Support has provided increased autonomy and continuous care to ensure feelings of safety and support at all stages of the pathway.

What concerns did CYP present with?

Presenting issues were logged within chats with practitioners, where CYP could freely express multiple concerns. ‘Anxiety or Stress’ was the most common presenting issue, which was identified for 16 (46%) of CYP.

- ‘School or College Issues’ was logged 12 times for 8 CYP
- ‘Family Relationships’ was logged 9 times for 5 CYP
- ‘Friendships’ was logged 8 times for 6 CYP
- ‘Self-harm (Actual)’ was logged 8 times for 3 CYP

These 5 presenting issues represent the most common reasons CYP sought help or support on the My Support pathway.

What did CYP do on Kooth?

The graphs below show CYP's average engagement with different services on the pathway. The graphs show four groups:

- 'Completed' chat intervention
- 'Active' on the chat service
- 'Disengaged' from chat service before completing intervention
- 'Awaiting' start of chat service

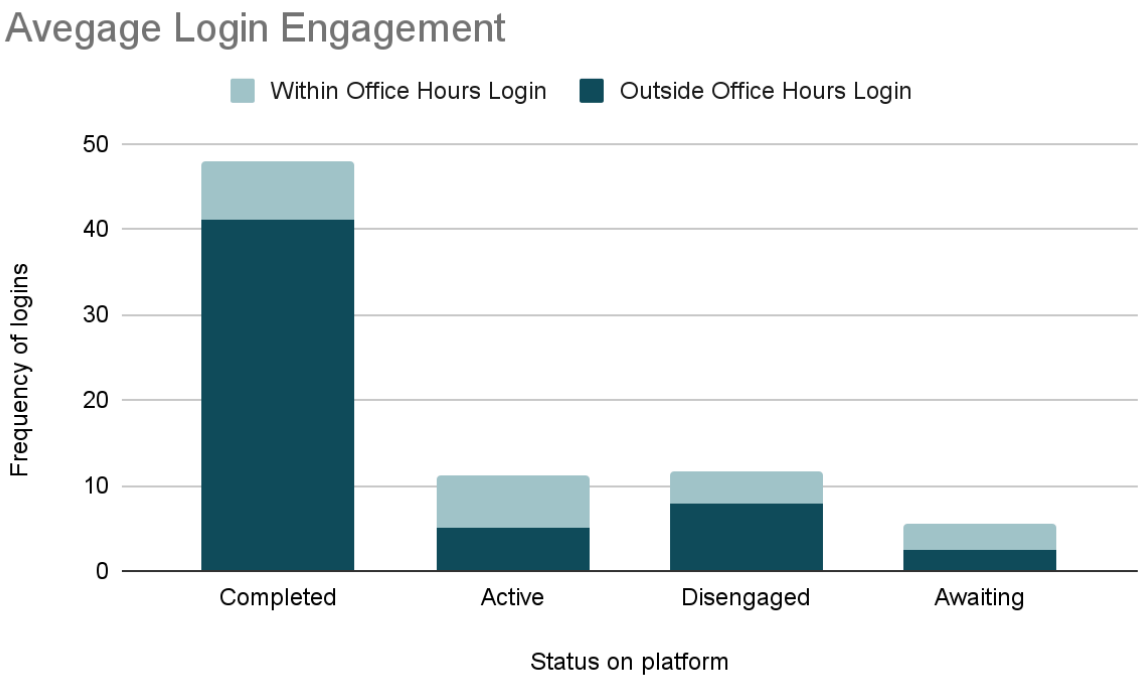


Figure 6: CYP's average login engagement within and outside of traditional office hours, on the My Support pathway.

Total Logins Outside Office Hours
285

Total Logins Within Office Hours
157

Total Logins Overall
442

Login data demonstrates the engagement patterns of CYP on the Kooth platform. On average, CYP logged in twice as often outside office hours (10 times) (SD = 16.7, R = 75), compared to during traditional office hours (5 times) (SD = 6.67, R = 34). The flexibility of this pathway allowed CYP to engage with the pathway at their own pace, and importantly, given the wide range of chat hours, allowed them to receive care without delay.

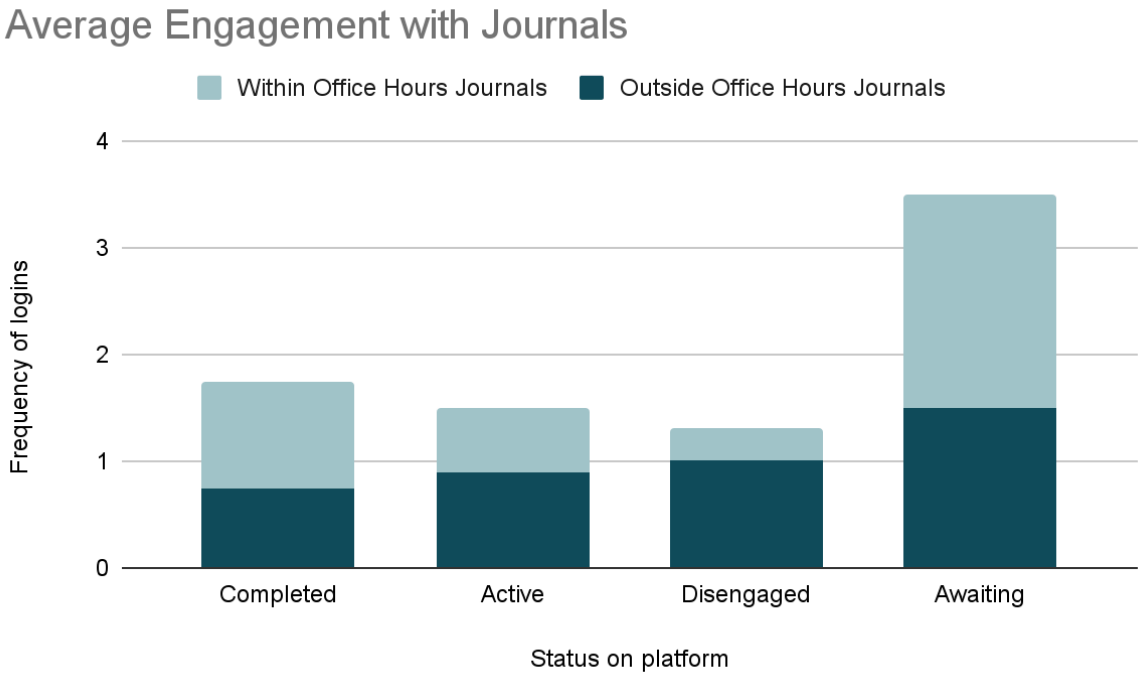


Figure 7: CYP's average engagement with journals within and outside of traditional office hours, on the My Support pathway.

On average, CYP viewed the journal page 3 times (SD = 0.71, R = 2) out of hours, compared to 2 times (SD = 11.06, R = 3) during office hours (Figure 7).

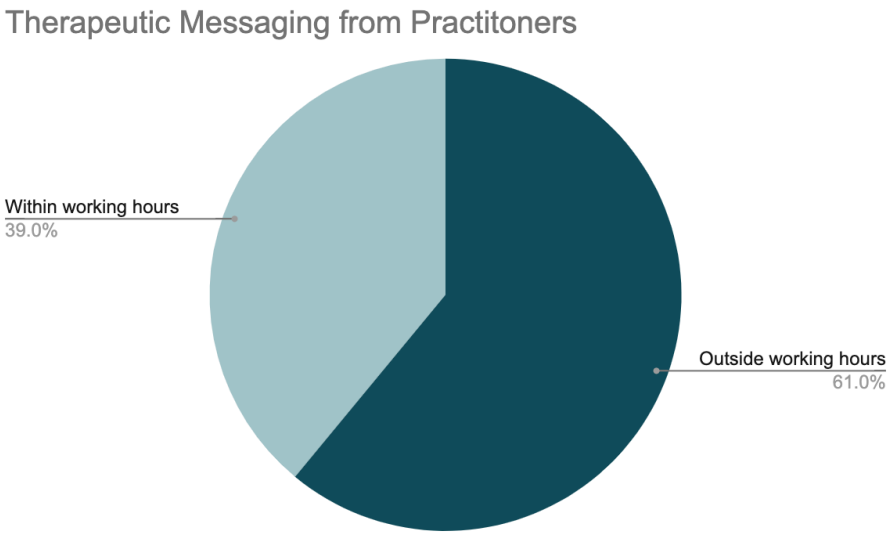
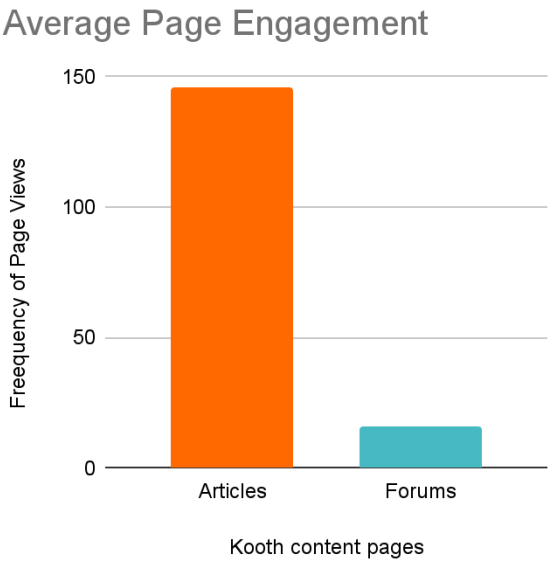


Figure 8: Therapeutic messages sent from practitioners to CYP, within and outside office working hours.

On average, 10 messages (SD = 9.53, R = 44) were sent to each CYP out of hours, compared to 6 messages (SD = 5.77, R = 23) within office hours (Figure 8). Additionally, on average, 6 therapeutic messages (SD = 3.15, R = 10) were sent to each CYP overall.



All users who completed the intervention viewed a variety of pages (i.e., articles and forums) on the keeping well pathway (see Figure 9). CYP viewed 13 articles across the intervention period on average. Those who engaged with forums viewed them 4 times on average. There were a variety of articles, ranging from articles relating to self-taught skills, such as grounding techniques and mindfulness, to articles about reaching out for help, and others relating to gender, communication, and school, to name a few. CYP largely engaged with pages that related to their presenting issues e.g, the article 'How grounding can help you' was viewed by CYP who had 'anxiety' as a presenting issue.

Figure 9: CYP's average engagement with articles and forums.

Standardised Outcomes Measures

The 'My Support' pilot uses a number of measures to clinically monitor and support CYP and to evaluate the intervention. These include the Revised Children's Anxiety and Depression Scale (RCADS), the Strengths and Difficulties Questionnaire (SDQ), goal based outcomes (GBO) and an End of Session (EOS) Questionnaire, as well as insights from practitioners.

Goal Based Outcomes

The data collected from My Support also paves way for an evaluation of CYP's goal based outcomes. Within goal setting, CYP have a choice of goal categories to set the basis of their goals on. These goal categories have been sorted into themes and this data has been displayed in Figure 4 below. The flexibility within goal-setting demonstrates the pathway's adaptability in addressing the evolving needs of its CYP. By empowering them to select goals tailored to their personal aspirations, the pathway encourages ownership and autonomy in goal-setting for CYP.

The data suggests that 'confidence / self acceptance' was the most commonly set goal category for CYP and 'personal development and resilience' was the most common goal theme.

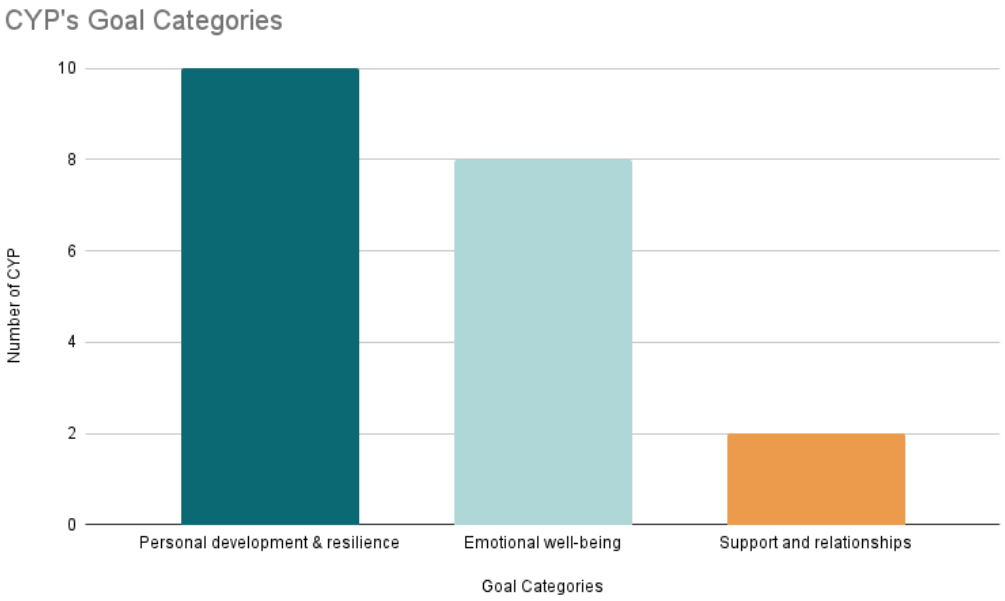


Figure 10: Bar chart showing the number of CYP and their set goal categories

The active utilisation of goal-setting is apparent along the pathway, with 23 goals being collaboratively set with practitioners. Of these goals, 8 (35%) were updated, meaning that goals were engaged with after being set and of those engaged with, 6 (75%) achieved meaningful change. Jacob et al. (2020) categorised meaningful change as a 3-point movement or above, indicating that these CYP have improved something in their lives relating to their goals. Though no goals have been fully achieved as of yet, many CYP are on their way to achieving their goals, so there is hope that as the pathway continues, successful goal achievement will be reached.

End of Session (EOS) Questionnaire

At the end of each chat session, feedback on CYP's experience using the chat is collected through an End of Session (EOS) Questionnaire.

Of all completed EOS received by CYP who completed their intervention:

- **100%** CYP would recommend Kooth to a friend ("a lot")
- **94%** CYP indicated they felt heard, understood and respected ("a lot")
- **94%** CYP felt that what was talked about in that chat was important to them ("a lot")
- **88%** CYP agreed that the practitioner helping them was a good fit for them ("a lot")
- **76%** CYP felt that overall the session was right for them ("a lot")

The feedback indicates that the pathway was valuable to CYP, showcasing the natural ability practitioners possess in making the CYP feel comfortable, heard, understood and respected.

Standardised Measures and Clinical Change

Both RCADS and SDQ are standardised questionnaires that have the potential to independently indicate and measure clinical change. These are distributed to the CYP pre- and post- chat intervention and aim to assess mental health problems as well as symptoms corresponding to anxiety and depression in CYP. The relatively small sample size as well as poor completion rates among the service users have created barriers to measuring clinical change. This would be analysed at the end of the pilot. The pilot has already indicated positive outcomes through feedback that has been received from the users, which reassures us that the IDP is helping improve CYP mental health. We are therefore confident that this will be reflected in the measures in the future.

Best Practice

Since the contract started in June 2023, there has been significant learning and best practice implemented to ensure the success of this project. Some of these improvements include:

- **Joint commissioner, Kooth IDP and CAMHS** initial 'set-up' meetings around the number of users to be involved in the IDP, presenting issues, waiting lists and which CAMHS team the IDP would sit with.
- **Monthly meetings** with commissioners, Kooth and IAPT around progress, positives and challenges. This would ensure transparency and joint working approaches.
- Due to the delays with Core CAMHS engaging with the IDP and also questions around where IDP would sit, there were delays in receiving some referrals. For best practice, it would be useful to have at **least 3 months lead** up time to build the infrastructure and bring on board teams from CAMHS. This would ensure that the project would be ready to launch on the first day of contract.
- Ensure **systems and processes** are in place i.e., information & data sharing, referral processes, referral criteria of users etc.
- **Staff induction and training** for all those who are involved including the CAMHS team. This would ensure clinical alignment, understanding of the IDP model and referral mechanism (Egress, Eclipse or Teams email). This training session would also provide an opportunity for the CAMHS team to ask questions around the Model to enhance their understanding of IDP.
- **Weekly interface** calls with Kooth IDP leads and EI CAMHS team around progress and updates on clients including those who have not engaged and those who need to be referred back to CAMHS.
- **Providing a parent and carer** digital offer via Qwell for parents and carers referred through the IDP for their own emotional well-being needs. By offering the Qwell provision to the parents and carers would ensure a wrap-around support for both the YP and parent/carer. It would remain anonymous and would also not be an opportunity for them to get progress of their CYP online intervention (see Supporting Parents: A personalised approach to mental health).
- **Welcome call** with the young person, and parent/carer(s) if appropriate, which ensures that they are reassured on the online offer, how it works, the assessment process and how the booked chat sessions work.
- **Reporting** provided to the commissioner around the process, presenting issues, outcomes achieved, feedback, number of sessions and hours delivered. Communicating these metrics and outcomes would support the effectiveness of IDP.

- Kooth IDP took on young people with low level needs and moved to Kooth IDP to reduce the EI CAMHS **waiting list,** thus, allowing CAMHS to discharge young people from their waiting list. The added value was that those CYP could also sign up to Core Kooth for support if they needed to, after IDP ended.
- The IDP project also allowed Kooth and EI CAMHS to **capture the user journey** from one service to another because it was non-anonymous.

Summary

Kooth's 'My Support' IDP pathway was co-designed to meet the growing demand for CAMHS waiting-lists, which in 2023 saw record highs for YP being referred to crisis teams in CAMHS (NHS Digital, 2024). The 'My Support' pathway specifically offered personalised chat interventions and 'keeping well' resources alongside crisis prevention strategies and safe crisis management. Its implementation utilised Kooth's existing digital infrastructure, resource capacity,clinical expertise, and ongoing partnership between Suffolk and Kooth.

In summary, the early pilot data suggests high CYP engagement with asynchronous messaging and chats offered outside traditional working hours. Overall, 68% of CYP on the platform have engaged with sessions, 73% of which were outside traditional working hours. This highlights the importance of offering flexible hours in digital support pathways. Furthermore, insights also highlight the importance of providing CYP with a variety of types of support. For example, providing the option for chat intervention and / or the various 'keeping well' elements. This provides CYP with the opportunity to engage with aspects of the pathway that are most useful to them, and has been shown to benefit CYP's different needs.

Recommendations

Some issues have been flagged regarding targets, process, CYP surveys, and practitioner communication and training. We have compiled a list of recommendations that would be useful to consider moving forward.

Targets

Moving forward, targets should be reflective of the quantitative impact on different systems, such as waiting lists, waiting times etc. They should also be reflective of qualitative impacts including user experience and staff experience, such as the CAMHS' team. Kooth's targets should be agreed with the operational and commissioner team, who together can ensure that there is a good route in place for recurring revenue.

Process

A reluctance of CAMHS teams to buy-in to the IDPs has been identified. This has been shown to be linked to the teams' clinical understanding of Kooth, where Kooth fits within their teams, as well as a lack of understanding of the referral process. These issues have all caused delays in getting referrals as even though the project started in June, the first referral was not received until October 2023. **In the future, it would be useful to have good evaluation practices in place to ensure the acceptance and understanding of Kooth to external teams. Ensuring external teams' willingness to collaborate as well as their capacity to receive training, would be a good first step.**

The issue of duplicate accounts has also been flagged, alongside an understanding of where this issue may be arising from. That is, that there is no option for service users to reset their password, and once forgotten, they would need to create a new account to access the service. It may be worthwhile considering how we could go about this issue, while it remains impossible for users to reset their password. **In the future, it would be useful to come up with a system whereby duplicate accounts are flagged (potentially by practitioners as well as SD), and accounted for in the SD Dashboard in a timely manner (i.e., ideally before the data reaches the Research team). If the SD Dashboard is updated with process issues, the Insights team *may* be able to merge their data from Tableau, with SD Dashboard data, before sharing it with the Research team. This would help all the team to easily gather a clear understanding of how many users there are, and their engagement with the IDP.**

Delays have also been flagged as a process issue. At present, a sign up link is included in the welcome letter received by SU. Regardless, SU would still need to provide consent for their referral from CAMHS, and CAMHS would subsequently need to send over their referral form. **In the future, the link should be removed from the welcome letter, and SU's sign up process should be completed during the welcome call. *[St Helen's welcome letters should be reviewed before sent out].***

With regards to reporting, we have had several issues with the data, which has led to a lot of back and forth with both SD and Insights. This has created issues with having to refresh the data multiple times, since new users would be added, and active users' data would be

updated during the period of writing reports. **In the future, it would be helpful to have all that we know about the users reflected in the shared dashboards. When working on reports for 'live' IDPs, it would also be useful to create a static dataset copy to work with. That way, we would report the date of data extraction and have a reliable and consistent data set to work with.**

CYP Surveys (RCADS & SDQ)

Importance of collecting survey data and contextualising it: Within the Suffolk IDP (40 referrals), 4 users completed the chat based intervention at the time of writing this report. Of these, 2 (50%) completed the pre- and post- RCADS. For one of these users, the RCADS scores indicated an increase in their reported level of anxiety over the course of the intervention. In their end-of-intervention report, the practitioner suggested that while at face value, the scores suggest a deterioration in the CYP mental health, the positive outcomes expressed by the CYP indicated a heightened awareness of their difficulties. Therefore, it is appropriate to conclude that the post-intervention score reflects this. This highlights the importance of having the scores from such measures contextualised by the appropriate professionals. In the case of the second user, a positive clinical change was recorded.

At present, we have a very low RCADS and SDQ response rate. Ideally, SU would be referred to us with their pre- measures completed at CAMHS, however, we have learned that this is typically not the case. **It is important to realise that without this data, the IDP's clinical impact will remain unknown. In the future, it would be helpful to have these completed at the first and last (when known) sessions. It is worth considering asking practitioners to complete these with users during chat sessions. CAMHS practitioners have a small financial penalisation system, which acts as a great incentive for practitioners to ensure that these are completed.**

RCADS: At present, a link to the post-measure RCADS is shared in or following the final session, however, many users disengage before this point. As a result, many users don't receive a post-measure RCADS link. **In the future, it would be useful to consider other points of contact where it would be appropriate to provide a mid- / post-measure survey.** Additionally, users don't have access to a transcript of the chat. For those who make it to the end of the intervention, a link that would be shared with them on chat, would therefore have to be copied and pasted into their browser, for them to be able to access following the end of chat. **In the future, completing measures within sessions could be considered. I.e., practitioners could verbally ask the questions, or SUs could be assisted with completing the survey (for this, consider whether questionnaire format would be suitable for mobile).**

SDQ: At present, the SDQ is on a separate licenced platform which requires a login with a code that expires after 30 days. Practitioners have tried addressing this by asking users to complete the measure ahead of the final session, but this has had limited impact, with no post-measure completion rates for SDQ so far. **In the future, consider removing this measure as it is likely acting as a barrier to completion of RCADS; i.e., one measure may seem less daunting than two. It is better to have one completed measure, than two incomplete ones. *[St Helen's questionnaires should be reviewed before sent out].***

Practitioner Communication and Training

In the future, a bigger emphasis on both practitioner surveys and qualitative data collection could be useful for us to better understand the more complex barriers to them referring CYP (i.e., not understanding the service, not trusting the service, concern that they are being replaced etc.). Understanding these barriers would be the first step to overcoming them. These resources may be well worth it if they help improve our relationship with practitioners.

In the future, it would be useful to apply behaviour change principles to practitioner communication and training. To enhance practitioner communication and training, education can be used to provide a comprehensive understanding on how referrals to Kooth would help their service by putting pressure off their waitlists and helping CYP get seen more promptly, enablement can supply tools and resources such as an easy to fill out referral form for practical implementation, and incentivization can motivate adoption through reward systems like recognition awards for every set number of referrals. Incorporating behaviour change techniques such as goal setting (behaviour), action planning, and feedback on behaviour can further help professionals be more open to these changes. The right principles would help practitioners feel included in the decisions, which may have a positive impact on the number of referrals. In essence, changes should be framed as a collaborative effort to help us help them.

IDP for Parents

In the future, we aim to be able to offer access to Qwell, our adult mental health platform, to parents and / or guardians of CYP referred to Kooth through the 'My Support' IDP. We agree with our NHS partnering teams that this would be a valuable addition to our current IDP pilot offer, and we are currently working on a plan to enable us to offer this service.

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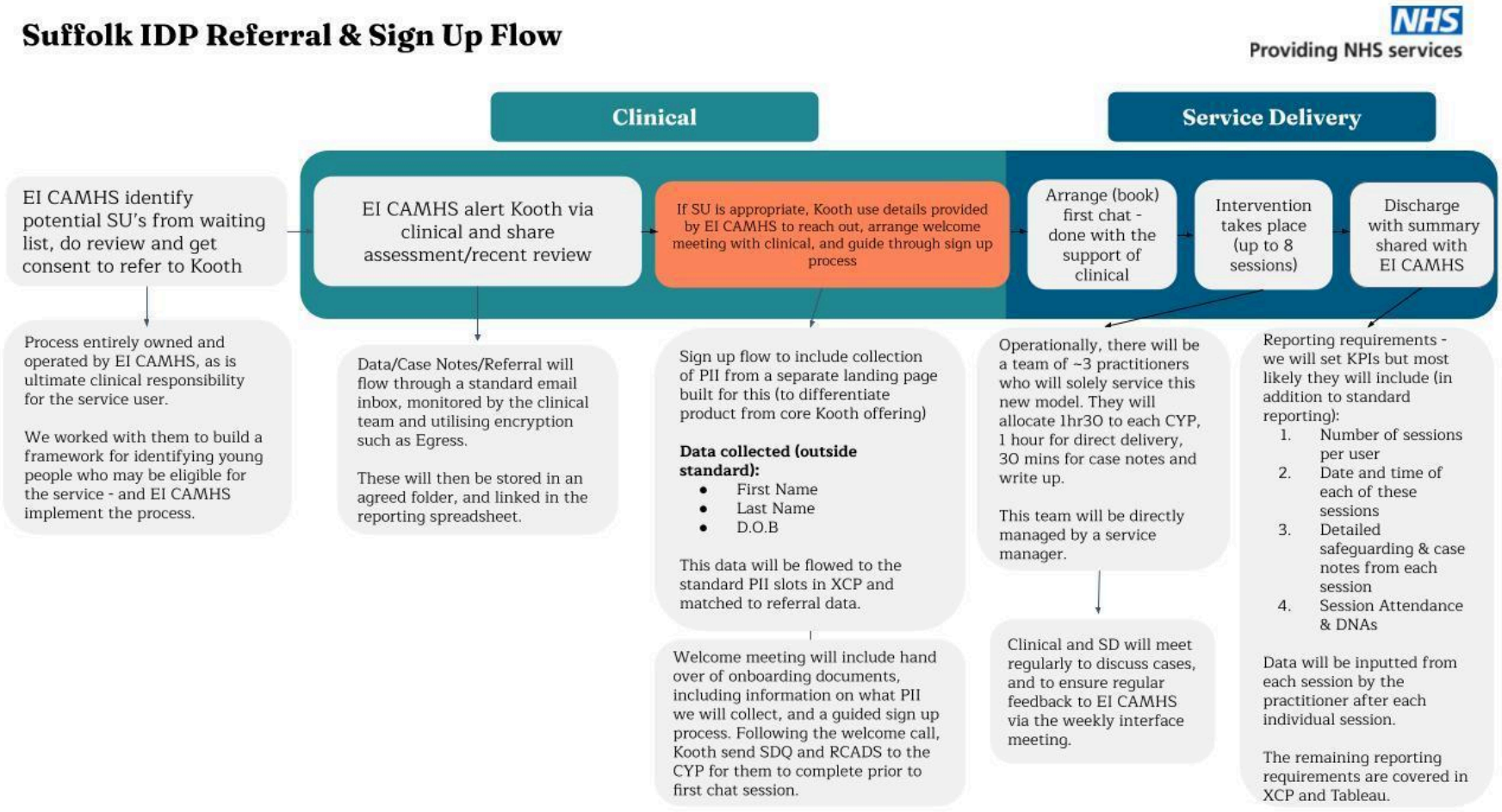
Appendix


Suffolk IDP Referral & Sign Up Flow
NHS
Providing NHS services
Clinical
Service Delivery
EI CAMHS identify potential SU's from waiting list, do review and get consent to refer to Kooth
EI CAMHS alert Kooth via clinical and share assessment/recent review
If SU is appropriate, Kooth use details provided by EI CAMHS to reach out, arrange welcome meeting with clinical, and guide through sign up process
Arrange (book) first chat - done with the support of clinical
Intervention takes place (up to 8 sessions)
Discharge with summary shared with EI CAMHS
Process entirely owned and operated by EI CAMHS, as is ultimate clinical responsibility for the service user.
We worked with them to build a framework for identifying young people who may be eligible for the service - and EI CAMHS implement the process.
Data/Case Notes/Referral will flow through a standard email inbox, monitored by the clinical team and utilising encryption such as Egress.
These will then be stored in an agreed folder, and linked in the reporting spreadsheet.
Sign up flow to include collection of PII from a separate landing page built for this (to differentiate product from core Kooth offering)
Data collected (outside standard):
First Name
Last Name
D.O.B
This data will be flowed to the standard PII slots in XCP and matched to referral data.
Welcome meeting will include hand over of onboarding documents, including information on what PII we will collect, and a guided sign up process. Following the welcome call, Kooth send SDQ and RCADS to the CYP for them to complete prior to first chat session.
Operationally, there will be a team of ~3 practitioners who will solely service this new model. They will allocate 1hr30 to each CYP, 1 hour for direct delivery, 30 mins for case notes and write up.
This team will be directly managed by a service manager.
Clinical and SD will meet regularly to discuss cases, and to ensure regular feedback to EI CAMHS via the weekly interface meeting.
Reporting requirements - we will set KPIs but most likely they will include (in addition to standard reporting):
1. Number of sessions per user
2. Date and time of each of these sessions
3. Detailed safeguarding & case notes from each session
4. Session Attendance & DNAs
Data will be inputted from each session by the practitioner after each individual session.
The remaining reporting requirements are covered in XCP and Tableau.

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