

Award winning online counselling for 11-25 year olds

Our counsellors have supported many thousands of young people via Kooth

A unique service that provides vulnerable young people, who have emotional or mental health problems, with support when they need it most.

Kooth was developed to provide PCTs, local authorities and GPs with the resource, expertise and support to provide help to young people most at risk and crucially, prevent them from entering the care system. It engages with hard-to-reach young people in a way that other services can't.

Kooth provides users with a free, confidential, safe and above all anonymous way to ask for help. It's currently available to over half a million 11-25 year olds in England and Wales and is now operational in 12 geographical areas.

Kooth is a transformational lifeline that has successfully helped and continues to reach the very vulnerable, many of whom would never have access to face-to-face counselling.

86 % of our users prefer
online counselling

- Always accessible
- Proven results
- Easy to use
- Available 24 hours a day
- Anonymous and confidential
- Safe
- Non-threatening

Kooth service includes :

- Drop in chats with counsellors
- Booked 1:1 chats with a counsellor
- Themed message forums
- Secure web-based email
- Online magazine
- Kooth is free for users

Benefits of Kooth

Kooth is effective

Research into delivering therapy online has shown that this way of working is as effective as face-to-face therapies.

Kooth is widely used and highly valued by young people. 82% of users rate the service as either good or excellent.

Kooth is an award-winning service that has been established for seven years with many positive customer case studies.

It reaches high risk, vulnerable young people who might otherwise find themselves in the care system. In 2009/10, Kooth counsellors helped 337 young people with one or more in-care precursors. The cost of putting this many people into care would be over £8million per annum.

Kooth works alongside other services and agencies to provide a truly local, integrated support network.

Kooth is outcome-focussed

We measure planned outcomes and achieved outcomes for all the young people who we provide counselling to.

Users are CORE scored, measuring their mental health when they enter the service and measuring it again when they leave the service. The service is constantly measured for effectiveness and feedback.

Kooth is a localised service so it can provide information and results relevant to the local population of young people. This helps to identify savings made versus other services.

We gather detailed feedback from users and gather data on the service features which helps in continuous development.

All counsellors complete timesheets and progress reports. We hold regular meetings with commissioners and other agencies to measure results and give feedback.

Kooth is affordable

Kooth operates on several levels, from information and advice to moderated peer support to structured counselling sessions with highly skilled professionals. We can tailor the levels of support to your needs and budgets.

Did Not Attend (DNA) rates tend to be lower in Kooth and even when they occur the counsellor's time is not wasted, as they can join the "drop in" chat support service.

Kooth counsellors work on a mix of booked appointments and drop-in clients which means a greater throughput of clients.

Commissioners pay for the level of service and features appropriate to their needs and the user population in their area.

Kooth is accessible

Easier for those living in rural areas.

Open for business 24 hours a day.

Appointment times more flexible and suited to circumstances.

Easy to use site and features that remove cultural, attitudinal and geographical barriers often associated with traditional counselling.

89% of users prefer online counselling to face-to-face or telephone support.

Free to all users.

Kooth is cool

Young people who use Kooth see it as cool, credible and trustworthy.

They can talk about difficult issues with counsellors and their peer group whilst remaining anonymous.

It enables them to maintain a degree of control about what happens next which they particularly like.

They can communicate in chat rooms, through message boards, use blogging and access local news and events.

Users are encouraged to give their feedback on the site and provide a useful contribution.

82% of users rated the service as good or excellent.

Kooth is free and anonymous

Kooth removes the stigma that many young people associate with mental health counselling because it operates on a totally private basis and offers them anonymous, anytime, free access to a range of counselling and peer group support services.

They register anonymously under a username and are not required to provide their true identity or contact details, unless they are considered to be highly vulnerable or at risk. In such cases the counsellor they are in touch with will request this information. All case notes and activities are recorded under the usernames. Counselling sessions take place on the website in secure chat rooms.

Kooth is a fully developed service

The benefits to PCTs and local authorities are that the Kooth website comes as a fully developed, and securely hosted service that can go live within a short lead time of four to eight weeks.

Our integration and set-up team works closely with local authority staff and local agencies to set up referral pathways so that when Kooth goes live in your area, we are instantly able to link in with all the important services and start making a difference straight away.

Kooth employs professionally trained counsellors

Our counselling team are specially trained to work online with vulnerable young people. They are all professionally qualified and are clinically supervised by a line manager to deliver evidence-based interventions.

Most interventions are brief, with around seven sessions including an assessment but longer term therapy is offered where clinically appropriate.

In the last 12 months to March :

- Over 8,100 online counselling sessions took place
- 6,850 forums were moderated by counsellors
- 2,400 young people used 1:1 chat
- 2,200 young people used Kooth to send messages to counsellors

Case Studies

Case Study 1

Background :

Young person was struggling with sleeping and dealing with anxiety and intrusive thoughts. She has a small child who was born whilst she was married in an abusive relationship. Relationship had been fine until she found herself pregnant. After this point, she was raped, locked in a room, physically and emotionally abused by her husband. She had received counselling as a result of this a couple of years ago and made many positive changes, both within the relationship and for herself. She attended college and university and felt she was doing really well. But recently fear and memories have been overwhelming her and having a huge impact on her life again. She has also had post natal depression and anorexia in the past. She worries if she does not address these feelings she will descend back into this black hole.

Young person was finding it difficult to access counselling in her area without a long waiting list. Her feelings of fear and stress were starting to overwhelm her and impact on her sleep, relationship with family and work at uni. She was scared and worried that if this continued that she would no longer be able to cope and her depression and destructive ways of coping would come back. It was possible she would have found parenting difficult and also dropped out of university.

Now :

She is sleeping again now feels lots better generally. She has located those things that were adding to her stress and taken steps to deal with them. She has joined weight watchers to address her issues with her weight in a healthy way (previously would just stop eating) and is feeling less stressed with both uni and her mum. Has arranged some time away next week as a holiday to have some time to relax.

She reports feeling strong and proud that she is dealing with things and continuing to grow and develop in positive ways.

We continue to explore and encourage her to deal with her feelings and fears. She is able and very motivated to work out and make the changes she needs to, but sometimes just needs space to talk about her feelings.

Case Study 2

Background :

Self harming since the age of 11, coinciding with the breakup of family. Low self esteem, very isolated and lonely. Living with Mum, rare contact with her Dad.

Relationship with Mum is very distant with very little communication between them both. Mum prefers her to be at home in the evenings and at weekends.

Low mood and negative self belief prevent her from socializing and instigating interaction with other young people.

Mood has deteriorated recently after beginning of year 12 in her college. Has had a period of reducing self harm, but this has escalated again.

Now :

She has explored her feelings around self harm, relationships and aspirations for the future. With the support offered to her from Kooth she has reduced her self harm by using distraction techniques such as reading and listening to music, using the site and writing her feelings down. She has formulated some clear goals regarding her desired career to be a teacher and to travel. At the beginning of year 12 she felt anxious and isolated but was able to challenge her negative thoughts and acknowledge them. She was proactive then for a short time in arranging some time out to go to the cinema with a friend, and to feel more positive about her peers.

Case Study 3

Background :

This 16 year old young man's girlfriend was pregnant. He said that she was in pain and bleeding a little. More than anything, he was 'terrified' of telling his mother. He said that his step father would be disappointed in him too. He and his girlfriend were happy about the pregnancy.

We advised the young person to tell his girlfriend to visit her GP to check out the pain and bleeding. We explored his fear of telling his mother and looked at ways of telling her. We rehearsed what he might say. We considered the possibility of speaking to another close relative, such as a grandparent, who could act as a go-between. In order to do this I enquired about family relationships and ascertained that his father was absent and had left when he was a year old. His mother was 17 years old when she had him. His girlfriend was in care and his mother had spoken to her carers and were familiar with them. I encouraged him to return for further counselling.

Now :

There was no definite outcome, however, in looking at options, there was a possibility that this young person might find a way of telling his parents. This young person was given the opportunity to talk to someone in a safe and confidential space, in which he would not be judged. The advice for his girlfriend to visit her GP was important, not only because of any health risk to her and the baby, but also because it would lead to another professional becoming involved face to face and being able to advise them.

If this young person had not used Kooth, his level of anxiety and desperation might have increased and he may have lost his ability to rationalise the situation.