

# LGA Behavioural Insights Programme Consortium

## Supporting children and young people to improve their mental health in the North East

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# The team: UNPITCHD and the consortium of Northeast England councils

## **UNPITCHD is an innovation and research agency based in London**

The LGA and NE England councils have retained UNPITCHD to support the consortium in the development of the behavioural insights and help implement the trial at consortium level.

The UNPITCHD team is also tasked with upskilling the consortium representatives in the use of behavioural science tools (e.g. the COM-B model)

## **Our consortium is comprised of 11 councils in the Northeast of England, including:**

- Durham
- Gateshead
- Hartlepool
- Middlesbrough/Redcar and Cleveland
- Newcastle
- Northumberland
- North Tyneside
- South Tyneside
- Stockton-on-Tees
- Sunderland

# High-level project plan



How to...

- Identify behavioural challenges and align on a common challenge as a consortium

How to...

- Identify target users
- Create an insights plan
- Identify target behaviours to change

How to...

- Design interventions
- Ensure measurability early on

How to...

- Identify partners
- Establish a protocol
- Identifying data needed to evaluate the intervention, and ensure data collection

How to...

- Analyse the trial results
- Determine the impact of the intervention
- Share findings

# Identifying our target behaviour to change and challenge statement

- The councils' original bid identified the mental health landscape for children and young people (CYP) following the Covid-19 pandemic. One 2020 survey on CYP mental health identified that 16% of children aged 5-16 have a probable mental health disorder, increased from 11% in 2017.
- An initial insights gathering exercise (including literature review) showed that CAHMS was overburdened with serious mental health cases, and that councils' resources would be best spent on increasing prevention and directing less serious cases to alternative support (such as self-help tools). The initial insights phase also showed a heightened need for mental health support in school transition years.

## The councils agreed to focus on the following challenge statement for our trial

**Develop an intervention to increase access to, and use of, mental health self-help tools for CYP aged 10-15 who may be experiencing low mood and/or anxiety for the first time.**

# Insights Activities Overview

Our councils, supported by the UNPITCHD team, conducted a mix of quantitative and qualitative insights gathering activities to identify drivers and barriers to access to mental health self-help tools.

## **1-1 ethnographic interviews and small group interviews with:**

- 16 children and young people
- 6 parents
- 26 adults who work with children and young people

## **Quantitative survey sent out to CYP**

- 233 responses from students in the North East of England

+ 2 immersions on Kooth, a mental health self-help tool

# Our insights activities helped us identify 6 key barriers to the use of mental health self-help tools amongst the 10-15 yr olds (1 of 2)

## Lack of awareness of self-help tools

**CYP are largely unaware of self-help tools, regardless of what forms they take (apps, websites, etc.)**

Barriers observed:

- Self-help tools are not signposted where CYP are physically or digitally
- Self-help tools are prescribed only when situations worsen

Quote:

“I’m not particularly aware...I think the school sometimes puts links on Google classrooms...where to go if you're struggling.” - CYP interviewee

## Lack of relevance

**CYP do not feel that self help tools are "for them"**

Barriers observed:

- An identity gap exists between CYP and who they think the tools are for
- The language and framing around the tools can be off-putting
- CYP see talking about MH as ok, but seeking help as taboo

Quote:

“If [self-help tools] felt less serious and more fun people would be attracted to it which might make them use it more...we will think it's not just like really bad cases.” – CYP

## Effortful to engage

**Using self-help tools feels too effortful for CYP to engage**

Barriers observed:

- There can be a choice and information overload when CYP seek out information about self-help tools
- CYP have limited guidance on how to use self-help tools for maximum effect
- CYP view in person help as better

Quote:

“It’s often difficult to know how and when to use them.” – CYP

# Our insights activities helped us identify 6 key barriers to the use of mental health self-help tools amongst the 10-15 yr olds (2 of 2)

## Lack of leverage of the right messengers

**CYP listen to and go to their peers and trusted adults, community members, and authorities. Some of the most important messengers for CYP is their peer relationships and social media.**

Barriers observed:

- Word of mouth and peer prompting is powerful, but not leveraged to promote self-help tools

Quote:

"I really like Kooth...I think that's really helpful that there's a community there who feel the same as you" – CYP

## No triggers

**CYP need to be reminded to use self-help tools alongside pre-existing coping skills.**

Barriers observed:

- There are a lack of external prompts to trigger CYP to use self-help tools
- Some CYP have existing habits, tools, and internal prompts to cope with low-level mental health challenges

Quote:

"If I'm not feeling good, I'd probably just pass a ball around outside by myself. I'm probably equally likely to do that or use the computer" – CYP

## Not accessible to everyone

**Some CYP need the means to use self-help tools.**

Barriers observed:

- "Digital first" limits access for those without data or Wi-Fi at home
- Schools are mobile-free zones, limiting CYP access
- There is no demarcated time or setting to use self-help tools

Quote:

"Digital democracy is really important, you know we're free to the service user, but kids may have to pickup data costs if they're not on Wi-Fi." – Adult interviewee

# Designing and selecting the behavioural trial

- Following the insights gathering phase, the consortium developed over 40 intervention ideas, grouped into 5 potential interventions, each developed to address the 6 barriers previously highlighted. The possible interventions ranged from communications physical products (e.g. a phone case!) to social media campaigns.
- The behavioural trial was selected considering the APEASE criteria and pragmatic considerations such as budget and timeframe.
- Increasing awareness of mental health self-help tools on social media was highlighted as a priority in our insights gathering. Based on our research, 5 possible behavioural techniques could be used. We therefore created a campaign to help us understand which message would be most impactful.

## The selected trial

**The trial: Co-creating 5 possible behaviorally-informed messages and 2 creative routes with CYP and using social media (Instagram) to test their relative attractiveness to identify the most impactful message to increase awareness of mental self-help tools for the 13-15 year olds.**

# Our trial design

## PHASE 1: THIS PROJECT

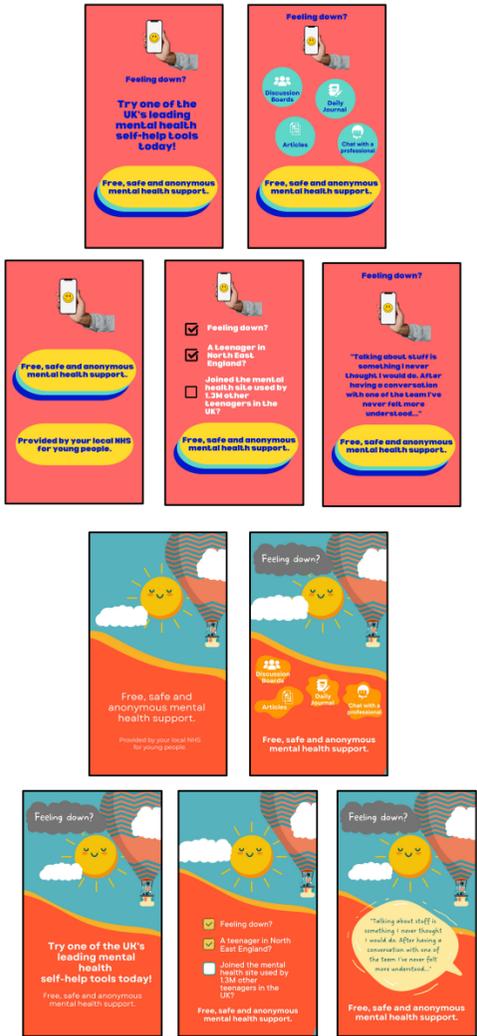
### Step 1: Co-creation with 3-5 CYP

Co-creation session on Zoom with CYP from the consortium to create 3-5 communications informed by our 5 key pathways\*



\*Example messages include: "You can do it too": testimonials of real CYP who have used tools (people like me)  
See full list page 12

### Step 2: Test 4 key messages on Social media with 13-15 y.o., with 2 different creatives



### Step 3: Identify winning message

The social media campaign will enable us to measure which message is driving the most:



- Curiosity for the self-help tools
- Adoption of the self-help tools

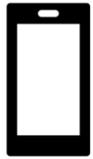
Our report will include recommendations on how to roll-out further comms that relay the winning message

## PHASE 2: AS NEXT STEPS

(out of scope for this project)

### Step 4. Roll out comms physically

In this second Phase, each council will have the opportunity to use the learnings of our intervention to develop and distribute digital and physical/in-context comms using the winning message (with more confidence that the investment will yield adoption!):



On social media



In school buses



On back of toilet doors

etc...

# The social media collateral designed for the trial, helping us test 4 behaviourally informed messages in 2 creative routes vs. control

## Creative A

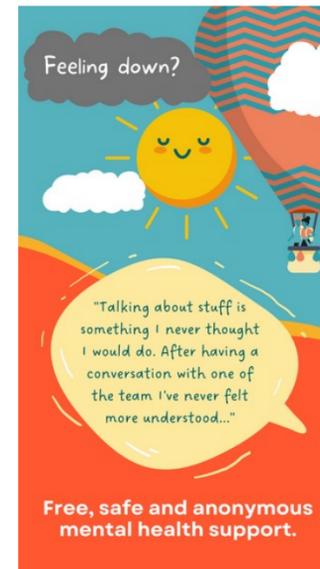
### Control



### Social proofing



### Testimonial



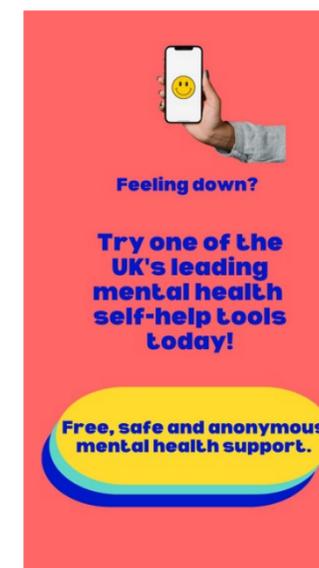
### Value framing



### Authority cues



## Creative B



## Next steps

- UNPITCHD and the councils will share our findings and project process with several stakeholder groups.
- Councils will take forward learning around: insights gathering, COM-B, running behavioural trials, data collection, social media campaigns and project roles in behavioural insights trials.
- Councils may choose to conduct Phase II as noted in the design phase, and utilise the learnings of our intervention to distribute physical versions of the testimonial communications (with more confidence that the investment will yield adoption).
- The final report will be published on the LGA website.