# Using behavioural insights to improve mental health for children and young people in the North East of England

March 2023

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# Executive Summary

## What was the local behavioural challenge?

UNPITCHD was commissioned by the LGA and a consortium of 11 North East England councils in July 2022 to develop an intervention to increase access to, and use of, mental health self-help tools for children and young people (CYP) who may be experiencing low mood and/or anxiety for the first time.

The Mental Health of Children and Young People in England survey (2020) outlined the mental health landscape for CYP in the UK following the COVID-19 pandemic with 16 per cent (one in six) of children aged 5 to 16 years thought to have a probable mental health disorder, which represents a fifty percent increase in the prevalence of mental health disorders since 2017 for that age group,

Following an initial insights gathering exercise, including a thorough literature review, the consortium selected the challenge of mental health as …

- … it addressed a high priority area for CYP post-pandemic
- … the use of self-help tools had the potential to help CYP build resilience and diminish the strain on over-burdened mental health resources (such as CAMHS)
- … addressing this challenge could create long-term change by raising awareness.
- … the initial insights phase also showed a heightened need for mental health support in school transition years (10-15)

## Behavioural insights gathering

UNPITCHD is an innovation, strategy and research agency based in London. Working with the councils, the joint team conducted interviews across the consortium in September and October 2022, speaking to 16 children and young people, six parents, and 29 adults to gather information on barriers and opportunities for the use of mental health self-help tools.

We also disseminated a survey and gathered 233 responses from CYP in the North East of England for the same purpose.

Following these insights-gathering activities, we conducted an analysis to identify the behavioural barriers that prevent access to mental self-help tools and compiled a long list of behavioural opportunities to take into the design phase.

# Behavioural Insights

Our insights activities helped us identify six key barriers to the use of mental health self-help tools amongst the 10 to 15-year-olds.

The main specific barriers we observed were as follows:

- Lack of awareness: CYP do not know self-help tools exist
    - Self-help tools are not sign-posted where CYP are and promotional materials do not attract attention
    - Self-help tools are prescribed, not promoted (or promoted once) on the channels where CYP go
- Lack of relevance: CYP don't feel that self-help tools are for them due to signalling and beliefs/expectations around them
    - Benefits from using self-help tools aren't clear
    - The language and framing is off-putting
    - The user experience on self-help tools is filled with friction
    - They expect tools marketed at school to be second rate
    - CYP feel that talking about mental health is ok but seeking help is taboo
- Effortful to engage: The self-help tools feel like too much work to engage with
    - Choice and information overload around self-help tools
    - Limited guidance around how to use self-help tools
    - CYP feel that in-person support is better
- Leveraging the right messengers: CYP prefer to listen to their friends and trusted authorities
    - Word of mouth and peer prompting is powerful, but not leveraged
    - Schools can't be the only messengers
    - Some parents are not interested in speaking about mental health with their children or lack the knowledge on how to do it

- No triggers: CYP need to be reminded to use self-help tools
    - Lack of external prompts to trigger when to use them
    - Some CYP have existing habits and tools to cope with low-level mental health challenges
- Not accessible to everyone: CYP need the means to use self-help tools
    - 'Digital first' limits access for those without data/Wi-Fi at home or without a personal device
    - Schools are mobile-free zones
    - There is no demarcated time or setting to use self-help tools

# The intervention design and behavioural techniques

Following the insights gathering phase, the consortium developed over 40 intervention ideas, grouped into five potential interventions, each developed to address the six barriers previously highlighted. The possible interventions ranged from communication campaigns using physical products (for example, a phone case) to social media campaigns.

Following careful deliberation, the following intervention had been selected: **co-creating four behaviorally informed messages and two 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 to 15-year-olds in a controlled trial.**

The behavioural trial was selected considering the evidence gathered, the [APEASE criteria](#) and pragmatic considerations such as budget and timeframe.

The selection rationale can be articulated as follows:

- Increasing awareness of mental health self-help tools on social media was highlighted as a priority in our insights gathering. Social media also provided a clear form of data collection and measurement.
- Based on our findings, four possible behavioural messaging techniques could be used to increase awareness of the tools (for instance value framing) but it was

unclear which technique would perform best with our target group (primary unknown).

- Co-creation has been retained as a fundamental design principle for the consortium.
- Digital exclusion and the lack of accessibility to digital tool had however been highlighted as a potential barrier to access and inclusivity was a primary concern for consortium members.
- Social media presented limitations for our target age group: only the 13 to 15-year-olds can be targeted specifically.

The consortium therefore opted for a campaign in two phases with distinct and complementary objectives:

- **Phase 1 (under the scope and timescales of this project):** understanding which message would be most impactful with 13 to 15-year-olds using social media. For this trial:
  - o Instagram was selected as the channel for promotion of self-help tools, the platform could help us target the youth in the region and reach the highest number of CYP.
  - o The social media ads directed the CYP to Kooth, as the tool is available consistently across the consortium. The Kooth team kindly accepted to share data to help monitor the performance of our ads.
- **Phase 2 (as potential next steps for the councils):** applying the findings of our trial to physical and / or hybrid communications campaigns to increase inclusivity of the campaign to the CYP with limited access to digital tools and broaden the target age range beyond 13-15.
  - o Councils may also potentially test and compare different physical channels, testimonials, and self-help tools/brands in their adverts.
  - o Councils will also continue to co-create communications with CYP.

As part of this intervention, four behaviorally informed messages and two creative routes have been co-created in workshops with CYP from the region and tested on social media for 6 weeks from 16 January to 27 February 2023.

CYP have indicated a strong preference for cheerful designs during our co-creation session. We have therefore tested the two following creative routes:

- Creative A, a 'bright and cheery' design, displaying the drawing of a smiley sunshine
- Creative B, a more 'hip and modern' design displaying bright neon colors and a smiley emoji

Using social media (Instagram), we have tested relative attractiveness of each of the following message and creative to identify the most impactful campaign to increase awareness of mental self-help tools for 13 to 15-year-olds:

- Social proofing: this message highlighted the '1.3 million other teens' in the UK who were also using a self-help tool
- Testimonial: this message activated the 'people like me' principle, demonstrating how someone used the self-help tool to feel better
- Authority cues: this message used the authority of a 'leading self-help tool'
- Value framing: this message highlighted the helpful features of the self-help tool, such as articles and discussion boards.

Our findings show that the testimonial behavioural message with creative A was the most powerful to drive curiosity and adoption of self-help tools.

## High-level results

Over the six-week trial period, our campaign reached 23,000 Instagram accounts in our target population, which represents over 25 per cent of the 13-15-year-old population in the region.

The testimonial behavioural message consistently and clearly outperformed the control messages on absolute and relative effectiveness metrics (respectively number of clicks and click-through rate), thus making it the clear "winner" of our trial.

The testimonial campaigns (creatives A and B) have indeed driven 2.2 times more clicks to the self-help tools than the control campaigns. The click through rate of the testimonial messages also performed well above control (0.23 per cent for testimonial vs. 0.20 per cent for the control – averages across A and B creatives).

Creative A ('bright and cheery') also consistently outperformed Creative B ('hip and modern'), driving 2.7 times more clicks to the self-help tools than its counterpart.

In addition to the Testimonial message, the Social Proofing messages also consistently outperformed the control messages on absolute effectiveness metrics (it received 1.7 times more clicks than the control campaigns) for both genders.

The other 2 messages performed in line or slightly worse than the controls. This is mostly explained by gender differences in the appeal.

The campaign has generated 746 visits to Kooth resulting in 8 sign-ups, which represents an average conversion rate for the total duration of trial of 1 per cent. This performance is broadly in line with Kooth's average conversion rate for social media campaigns in the region. For reference, the average conversion rate for Kooth on social media: 0.2 – 9 per cent.[1]

It is important to note that the conversion rate was 2.4 per cent for the first 2 weeks of the trial, therefore indicating an above-average performance in the early days of the campaign, followed by a sharp decline in effectiveness over time.

Finally, results from the trial indicate that all messages have performed much better during week days in the hours that precede school than at any other times. Over 40 per cent of weekday clicks have taken place between 7.00 and 9.00am, suggesting a higher need for support and anxiety relief just before entering class.

## Three key learning points

1. Adopting an "agile" mindset

No one trial design can enable testing unknowns in perfectly controlled conditions. To mitigate potential downsides of a given trial or campaign, we recommend adopting an agile mindset: the teams move to unlock unknowns successively and build knowledge iteratively, by breaking up key objectives into multiple trials or multiple phases.

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[1] Kooth data analysis. Kooth campaigns tend to be national campaigns rather than local or regional. Note: this figure needs to be confirmed with Kooth ahead of publication.

Here that has meant isolating our key unknown (identifying the most effective behavioural message) in the first phase and then using this knowledge to create an informed phase 2, where more unknowns and concerns will be addressed (for example, digital exclusion, use of Kooth, and so on) and success will be reached iteratively.

2. Working in partnership

Partnerships are critical for this work both within councils (across teams) as well as with outside organisations of mental health self-help tools. Partnerships were essential to the completion of this work with communications teams in councils, as well as Kooth. Fostering a collaborative partnership with Kooth allowed for mutual benefit as we shared insights we gathered whilst Kooth was able to provide us with additional data.

3. Identifying a clear pathway to data early on

It is crucial to ensure data collection methods as early as possible for trials of this nature, due to the sensitive nature of working with healthcare data as well as navigating the institutions and structures of public health. Different interventions will have different data collection needs and methods, but it is important that once the intervention is decided upon that a clear pathway to data collection is established, through a data access group, manual collection (in this case, Meta ads reporting), or via a partner organisation.

# Key recommendations

- In any future campaigns to increase awareness of and encourage the use of mental health self-help tools, co-creation of communications with CYP is essential. In order for the behavioural principle of 'people like you' to work, communications need to be in the voice, language, and accents of young people.
- We would recommend that councils utilise the testimonial messaging to increase awareness and access to self-help tools for CYP in the region. The sentiment of the 'people like me' behavioural principle has been highly effective at driving curiosity and adoption of mental health self-help tools for CYP, with testimonial messages (with Creative A and B) receiving a combined 34 per cent share of the

total link clicks for all 10 adverts. The use of testimonial messages in future campaigns also opens up a number of potential creative support for future promotion such as videos.

- CYP responded well to Creative A, leading us to recommend that the use of 'bright and cheery' imagery to accompany our behavioural messages was more effective. This echoes what we heard in our insights collection, that self-help tools often seemed 'too serious'.

- The campaign has a higher registration rate in the first two weeks, and Kooth typically runs campaigns for 2 to 3 weeks. We would recommend that future campaigns run for a shorter time frame.

- If messages are targeted to boys specifically, results indicate that the value framing message may be a more cost-effective way to promote self-help tools for this gender.

- On digital platforms, messages could be timed to be promoted in the morning hours on weekdays and weekends. In physical locations, messages should be promoted where they will be salient to CYP in the morning (such as bus stops) on the way to school.

- Unbranded campaigns such as our trial tend to perform less well than branded campaigns. As a result, we would recommend that that future campaigns have higher branding consistency between ads and tools.

- For phase 2, we recommend that the councils utilise the testimonial messaging and more cheerful and bright imagery, but perhaps utilising the branding/colours of a particular self-help tool to promote (with their logo) to make the experience of the CYP more streamlined from campaign (digital or physical) to self-help tool.

# Phase I: Align

Objective

The objective of this phase was to align on a common challenge to improve children and young people's mental health as a consortium. This section will discuss:

    A. Results
        i. Our Selected Challenge
    B. Activities and Key Materials
        i. Literature review and background research
            a. National trends and local manifestations of the CYP mental health crisis
            b. CYP mental health by demographic groups
            c. The use of mental health self-help tools
        ii. Targeting our efforts
        iii. Success criteria

## A.   Results

### i.   Our selected challenge

PMs selected the following challenge statement: "Improve access to and use of self-help and resilience tools for young people aged 10 to 15 (such as techniques to reduce anxiety) who may be experiencing low mood and/or anxiety for the first time", as the challenge statement for our behavioural insights project.

Importantly, this challenge fit the original challenge description per the councils' bid. This challenge could also potentially address the strain on mental health support resources in councils such as Children and Adolescent Mental Health Services (CAMHS), if CYP used self-help tools for support as well as to build mental and emotional resilience, addressing more 'low-level' mental health challenges before they became more severe.

# B. Activities and Key Materials

## i.    Literature Review

The literature review also acts as a record of our thought processes for this project, and how we used the data we collected to come to our long list of challenge statements and our final challenge statement, as well as the exploration of literature on mental health self-help tools that resulted from that process.

The literature discussed in this review is comprised of:

- Desk research (reports, peer reviewed journals, and other publications), collected by UNPITCHD using a variety of databases such as Medline.
- Reports and other grey literature collected by PMs, on the status of mental health for children and youth, current programming, and the effect of COVID-19 on mental health in their respective councils.

The structure for the literature review is as follows:

A. Key issues: themes across the 11 councils
   i. This section covers the key common themes that emerged with regards to the MH of CYP in the research. Each subsection is comprised of national data illustrating this theme as well as selected local authorities where this issue was depicted in reports and other literature.
B. CYP Mental Health by demographic groups
   i. This section covers the particular mental health issues most commonly faced by select demographic groups which emerged in the national and local literature.
C. The use of mental health self-help tools
   i. Existing literature on the use of mental health self-help tools and elements of effective self-help tools.

a. **National trends and local manifestations of the CYP mental health crisis**

This section is compiled from nationally-focused articles and reports, and the literature collected from across the 11 councils, through which a number of key issues emerged. In each sub-section, data and reporting from one or two local authorities may be highlighted to demonstrate the incidence of this issue in the North East, however nearly every topic was present at consortium level. The resulting list of high-level topics related to the MH of CYP in particular, as reflected in our final challenge statements (see below):

a. Self esteem and body image
b. Self harm
c. Resilience and self-help
d. Anxiety
e. School culture
f. Transitions
g. School exclusion/avoidance

Many of the issues highlighted overlap and it should be noted that they have different rates of incidence in different demographic groups (explored further in the next section).

Self Esteem and Body Image

Body Image and bullying were selected by the most young people when asked which everyday life issues effects mental wellbeing for young people (Health Watch Darlington 2020). Particularly for girls as they go through adolescence, there is a noted increase in behaviours related to body image issues and eating disorders (Sunderland survey, 2021 Wave). National data supports this regional and local data, "Rates of probable eating problems among children and young people have increased between 2017 and 2021, though they remain higher in females and older children and young people" (State of the Nation, CYP Wellbeing, 2022).

Self Harm

Fingertips data shows that the rate of hospital admission as a result of self harm for those aged 10 to 24 is higher in several of the councils compared to the England national average (Newcastle and Gateshead: Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan, 2021). Northumberland is also higher than the national average for CYP hospital admissions for self-harm and MH needs (CYP Mental Health Strategy). The North East in general experienced an increased rate of hospital admissions for self harm, particularly in females in 2019 to 2020 (Statistical analysis of hospital admissions for intentional self harm in the NE, 10 to 24-years-old, 2015 to 2016 and 2019 to 2020).

Resilience and self-help

Resilience is a key priority for many of the councils, as building early resilience and coping mechanisms can help to alleviate mental health issues as well as promote mental wellbeing (South Tyneside Joint Strategic Needs Assessment 2019-2021, Sunderland Children and Young People's Mental Health and Wellbeing Transformational Plan 2015-2020). A number of self-help tools and platforms are promoted across the consortium, such as Kooth, ChatHealth, and Qwell, and even local authority-specific tools such as BeYou in Northumberland. Promotion of resilience and the use self-help tools can alleviate a number of the MH issues highlighted across the consortium.

Anxiety

Anxiety is the most common presenting issue in all education sectors in Hartlepool, from primary schools to further education (Supporting the Health and Wellbeing of YP in Hartlepool, 2019). Exams, family, friends, and the way they look are particular trigger points for anxiety in CYP. This is reflected nationally as well, with "emotional disorders (including anxiety, depressive disorders) becoming more common over time – going from 4.3 per cent in 1999 and 3.9 per cent in 2004 to 5.8 per cent in 2017 for the 5 to 15 age group" (Society Watch 2021: Mental Health in Children and Young People).

School culture

All of the councils in the consortium work with schools in a variety of ways to improve school culture surrounding MH as well as provide support, for example through school mental health support teams (Healthy Minds). School assemblies were popular mechanisms as forums for discussions around mental health (Sunderland Time to Care Evaluation 2019), and school nurses are often a first port of call for many CYP.

Headstart is an example of a program available to schools in the consortium, which aims to support young people to build resilience to achieve good emotional health (Headstart Academic Year Report, Middlesbrough and Redcar & Cleveland, 2020 to 2021). The Durham Health and Wellbeing Framework and South Tyneside Stronger Schools, for example, provide examples of Local Authority support in schools, as similar offerings exist for schools across the NE of England. The Durham offering features a self-assessment tool and case study option for schools to sign up to the health and wellbeing framework (2022), while the South Tyneside Stronger Schools website offers clear advice and referral pathways (2022).

Transitions

Transition periods, such as the transition into secondary school or into college is found to be particularly challenging for some CYP and is often regarded as a trigger point for the MH of CYP. Emotional health and resilience nurses in schools often deliver interventions around transition periods in the councils. This can be particularly true for already vulnerable demographics such as those with learning disabilities or young carers. Transitions also between CYP Mental Health services and adult services can also present difficulty for some young people (Newcastle and Gateshead: Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan, 2021).

School exclusion/Avoidance

As a result of COVID-19, there is a national risk of school exclusion and school avoidance for CYP, especially as a result of anxiety returning to school or emotional issues (School exclusion risks after COVID-19, 2020). Anecdotally, school avoidance has also been highlighted by headteachers and attendance support across primary and

secondary schools in Gateshead, as well as South Tyneside. There has been an increase in home-schooled tutoring as a result of this emotional-based school avoidance.

### b.    CYP Mental Health by demographic groups

In national and regional literature, we found stark similarities between groups that had high rates of mental, emotional, and behavioural disorder incidence and faced difficulties accessing mental health services.

Demographics which faced unique MH issues and access issues are outlined below. This is by no means an exhaustive list or account of the entire NE region, but a snapshot of the findings collated from across the consortium.

Boys

In Hartlepool and Stockton-on-Tees, for example, schools believe that 40 to 80 per cent of YP with MH or emotional wellbeing needs are boys, and they tend to be in need of role models (Children and Young People Mental Health and Wellbeing Transformation Plan: Education Research Findings, Hartlepool Borough Council). This sentiment is reflected in several councils, with about one in twenty (4.6 per cent) 5 to 19-year-olds having a behavioural disorder, a higher rate than girls (Newcastle and Gateshead: Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan, 2021).

Girls

Girls are more likely than boys to have low levels of life satisfaction (19 per cent compared to 9 per cent respectively) (What About Youth? 2015). This pattern has been echoed nationally as well, with the categorisation of "young women aged 17 to 19 as a "high risk" group in relation to poor mental health with nearly one in four (23.9 per cent) having a mental health disorder; just over one in five (22.4 per cent) [having] an emotional disorder" (Society Watch 2021: Mental Health in Children and Young People). Girls also have higher rates of eating disorders in particular, with rates increasing between 2017 and 2021 (State of the Nation, CYP Wellbeing, 2022).

LGBT+

A Northumberland survey found that LBGT+ youth were more likely to keep feelings to themselves – 66 per cent wouldn't share vs 53 per cent overall, and are more likely to self harm – 62 per cent versus 36 per cent (The Northumberland Children and Young People's Health Related Behaviour Survey, 2021). This is reflected regionally, as LGBT people have a significantly higher risk of depression, anxiety, and other MH disorders (State of the Northeast Report, 2018). The pandemic also impacted LGBT+ CYP disproportionately, as well as other marginalised groups such as care-involved CYP (Applied Research Collaboration North East and North Cumbria, 2022).

CYP from ethnic minority backgrounds

In a 2021 report, it was noted that there was a disproportionately higher risk of ill mental health due to wider socio-economic determinants, including deprivation and racism for ethnic minorities, as well as unequal access to mental health services (Mental Health Inequalities of Black, Asian and Minority Ethnic Children and Young People, 2021). With regards to gender in the North East, Black and Black British women as well as white women were more likely to have a common MH disorder (State of the Northeast Report, 2018). In Hartlepool, secondary pupils who identified as being from an ethnic minority background were less likely to have a trusted adult to talk to about worries and concerns (28 per cent vs 62 per cent) and say they can rely on their friends (Supporting the Health and Wellbeing of YP in Hartlepool, 2019).

## c.    The use of mental health self-help tools

Our challenge statement led us to further explore the use of mental health self-help tools amongst children and young people. Several existing studies examine the use of mental health self-care and self-help tools for children and young people as well as adults with mental health issues. For the purposes of this literature review and practically for this project, this was a useful exploration in order to see what interventions existed and what are important elements of successful self-help tools and interventions.
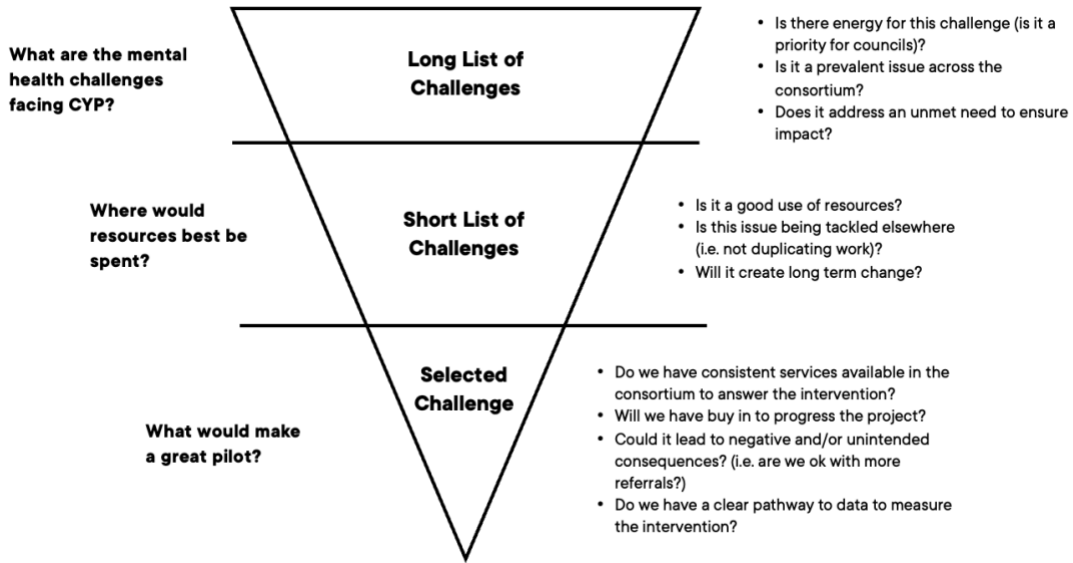
## ii.  Targeting our efforts

In order to drive alignment on a challenge that is urgent and had potential for impact, we created a number of challenge statements. The challenge statements collected from the councils are an articulation of the local data and priorities, and national-level literature review.

1. Improve the body image and self-esteem of girls aged 12 to 15 through increasing uptake of resources to support health and well-being.
2. Improve access to and use of self-help and resilience tools for young people aged 10 or 11 to 15 (such as techniques to reduce anxiety) who may be experiencing low mood and/or anxiety for the first time.
3. Improve understanding of self-help tools for (first year) teachers in order to support students and promote school-wide culture of well-being.
4. Support primary or secondary school staff to help students in transition years (Year 5 or 6 and Year 11) to improve resilience through self-help tools.
5. Increase support for boys aged 11 to 16 in relation to self-harm.
6. Support families to improve the resilience of their children by increasing awareness and signposting to mental health resources.
7. Promoting the habit of using self-help apps such as Kooth to improve emotional resilience, perhaps of those starting GSCEs.
8. Improve access to support and/or services for children who are not in school due to permanent or temporary exclusion or home schooling.

## iii.  Success criteria

Ahead of our second consortium workshop, PMs in each of the councils used a funnel exercise to help score and select their preferred challenges. At the top of the funnel was our 'long list' of challenges. The questions on the side of the funnel comprised of our success criteria, a number of strategic and pragmatic considerations.

Figure 1. Funnel exercise with success criteria.

**What are the mental health challenges facing CYP?**

**Long List of Challenges**

- Is there energy for this challenge (is it a priority for councils)?
- Is it a prevalent issue across the consortium?
- Does it address an unmet need to ensure impact?

**Where would resources best be spent?**

**Short List of Challenges**

- Is it a good use of resources?
- Is this issue being tackled elsewhere (i.e. not duplicating work)?
- Will it create long term change?

**Selected Challenge**

**What would make a great pilot?**

- Do we have consistent services available in the consortium to answer the intervention?
- Will we have buy in to progress the project?
- Could it lead to negative and/or unintended consequences? (i.e. are we ok with more referrals?)
- Do we have a clear pathway to data to measure the intervention?

# Phase II: Identify

Objective

The objective of this phase was to gather insights from children and young people, their parents, and adults who work with children and young people to compile a long list of behaviours to change ('behavioural opportunities') to increase the uptake of mental health self-help tools.

- A. Results
    - i. Key findings from insights gathering
- B. Activities and Key Materials
    - i. Insights gathering activities overview
    - ii. Insights gathering by the numbers
    - iii. Theoretical background: using COM-B to analyse insights

## A. Results

### i. Key findings from insights gathering

Six key overarching themes emerged from the analysis of the insights and refining of our 'behavioural opportunities' at a consortium level.

**Lack of Awareness**

Quote: "I'm not particularly aware…I think the school sometimes puts links like [the self help tools] on Google classrooms, they'll put like mental health day or something, and they'll put a link to where to go if you're struggling. So [my friends/peers] might use them, but I'm not entirely sure." -CYP interviewee

Observation: CYP are largely unaware of self-help tools, regardless of what forms they take (app, website, and so o).

Barriers:

- Self-help tools are not signposted where CYP are physically or digitally (social media), and are not salient
- Self-help tools are often promoted just once, and the promotional materials do not attract attention

- Self-help tools are often prescribed when mental health situations worsen, which limits early exposure

Quantitative evidence: 42 per cent of survey respondents had not heard of any self-help tools.

**Lack of Relevance**

Quote: "If [self-help tools] felt less serious and more fun people would be attracted to it which might make them use it more. If it looks more serious, it feels like its only if you're falling apart. But if it's more fun, we will think it's not just like really bad cases." – CYP
Observation:  CYP don't feel that self-help tools are for them.
Barriers:
- An identity gap exists between CYP and who they think the tools are for
- The language and mental health framing around tools can be off-putting
- The user experience for a self-help tool can be filled with friction (for example logging in, making an account)
- When tools are marketed at school, they may expect them to be second-rate
- CYP see talking about mental health as ok, but seeking help as taboo

Quantitative evidence: 43 per cent of CYP said that they would be worried if someone found out that they used a self-help tool.

**Effortful to Engage**
Quote: "I don't see a lot of engagement with the tools available…the success that I see with using self help tends to be those who are the high achievers and tech savvy and will access what you signpost them to…." – Adult interviewee
"It's often difficult to know how and when to use them." – CYP
Observation:  Using self-help tools feels too effortful for CYP to engage
Barriers:
- 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, less effortful to engage in and with clearer benefits

Quantitative evidence:

- 35 per cent of CYP reported that there was too much of an effort needed to find out if a self-help tool was useful

**Leveraging the Right Messengers**

Quote: "So I definitely think that [a self-help tool] is something I would encourage [my child] to use. He goes get quite anxious, and he will openly talk to us at the minute, but I think if there was ever a time he didn't want to I'd encourage him to use it." - Parent

"I can see a big change in how [young people] talk about mental and emotional health definitely…it's not stigmatized….some young people are surrounded with healthy [peer] relationships….you hear some amazing conversations….[about a] nature and fantastic relationship with your best friend who signposted you to pastoral or was there for you." – Adult

"I really like Kooth (...) mostly because it's a community (...) you can write anything on Kooth (...) I think that's really helpful that there's a community there who feel the same as you" – CYP

Observation:  CYP listen to their peers and trusted authorities. CYP go to trusted adults and supportive community members for support when needed. Some of the most important messengers for CYP is their peer relationships and social media.

Barriers:

- Word of mouth and peer prompting is powerful, but not leveraged to promote self-help tools
- Schools can't be expected to 'do it all' when it comes to mental health support and promoting self-help tools
    - A whole school approach is needed to approach mental health: schools need MH support and to collaborate/integrate with MH services. Simply promoting self-help tools in schools could act as a 'sticking plaster'

- Parents can lack the interpersonal skills and knowledge to engage children on mental health; furthermore, not all parents are interested and/or may experience their own mental health struggles
    - In supportive home environments, parents have been identified as an important support mechanism and often the first port of call for CYP who are struggling with their mental health.
- Some CYP are wary of going online due to misinformation – going to a trusted, authenticated source that they can trust is crucial

Quantitative evidence:

- 57 per cent of CYP who responded to our survey reported that they would turn to a parent or family member if they were having a problem in the next four weeks, followed by 38 per cent of CYP reporting that they would turn to friends.

**No Triggers**

Quote: "I like to play football, it just takes everything away. 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

Observation: CYP need to be reminded to use self-help tools

Barriers:

- 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

**Not Accessible to Everyone**

Quote: "I'd maybe use it at school if there was a place you were allowed to go on your phone" - CYP

"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

Observation: Some CYP need the means to use self-help tools. This barrier was mainly noted by adults we spoke to, and informed by the literature review, rather than CYP interviewees.

Barriers:

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

# B. Activities and Key Materials

## i.    Insights Gathering Overview

We used the themes to ideate our intervention in the design phase, outlined in further detail in the following section.

We used the three questions in our 'insights compass' (below) to list the people to speak to and develop a list of activities to conduct behavioural insights.

Figure 2. Insights Compass



The main activities included 3 sub-phases: conduct, capture, and distil.

Conduct: Conducting insights gathering activities, such as:

- Interviews with children and young people, parents, and adults who work with CYP

- Disseminating a survey to CYP
- Other insights activities (such as a Kooth immersion activity)

Capture: Capturing observation, notes, and quotes in the excel insights collection template

- Using an excel template to record observations and behavioural insights
- Designating insights using the COM-B framework

Distil: Distil insights into 'behavioural opportunities'

- Recording results of the capture phase in 'behavioural opportunity templates'
- Consortium-level synthesis of insights

All of these activities contributed to gathering qualitative and quantitative data about CYP and barriers and opportunities to using mental health self-help tools.

## ii. Insights gathering: by the numbers

Qualitative sample sizes:

- 16 children and young people
- Six parents
- 29 adults who work with young people

Interview demographics of CYP:

- 11 girls, 5 boys
- Between ages 10 and 15
- Other considerations:
  - 2 LGBT+
  - 4 Special Educational Needs and Disabilities or History of mental illness

Quantitative sample size: 233 survey respondents

## iii. Theoretical background: COM-B

COM-B was designed by leading academics at UCL to help behaviour change practitioners diagnose barriers to, and drivers of health behavioural change (West and Michie, 2020). COM-B recognises that for any behaviour to occur, an individual must
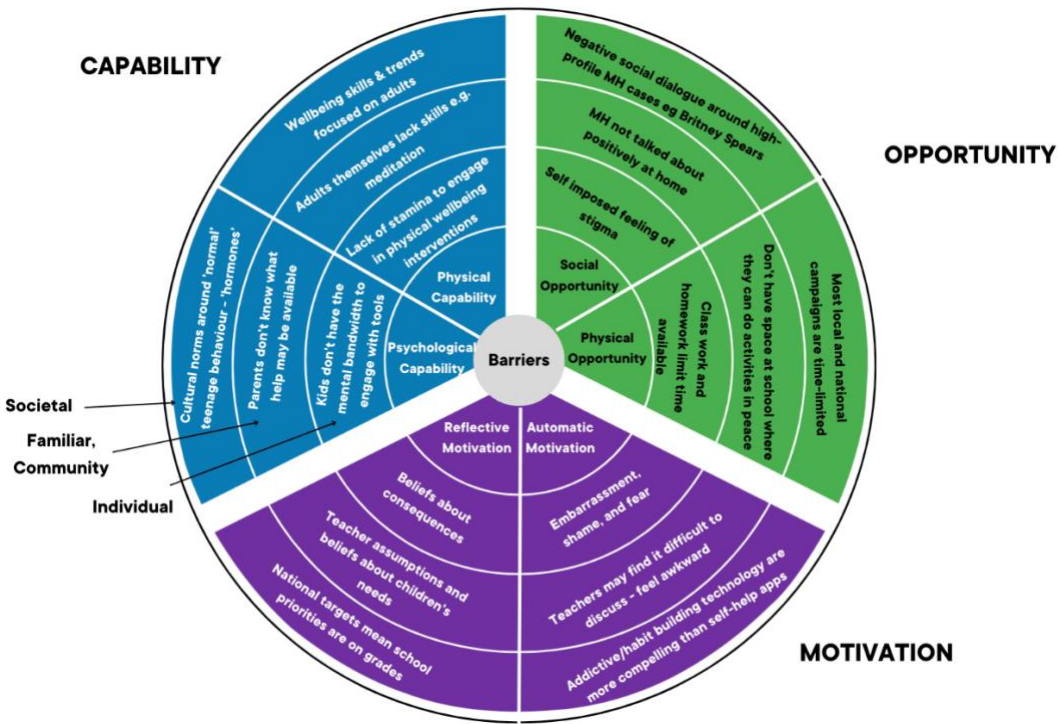
have significant capability, opportunity, and motivation to engage in it over any other behaviour. Capability and motivation relate to the individual, whereas opportunity relates to their surrounding environment. Capability and opportunity are shown to influence motivation – the easier a behaviour is to do, the more likely it is someone will do it. COM-B also recognises the feedback loop from engaging in a behaviour – confidence may grow or habits may form the more a behaviour is done (West and Michie, 2020).

COM-B sets out two further sub-components for Capability, Motivation, and Opportunity. Figure 3. COM-B model with sub-components.



We also utilised the context model to consider different layers of context and how they influence behaviour. For example, what societal trends or forces may be impacting CYP behaviour, or what resources within communities may support CYP behaviours?

Figure 4. Context model

**CAPABILITY**

Wellbeing skills & trends focused on adults

Adults themselves lack skills e.g. meditation

Lack of stamina to engage in physical wellbeing interventions

Physical Capability

Cultural norms around 'normal' teenage behaviour – 'hormones'

Parents don't know what help may be available

Kids don't have the mental bandwidth to engage with tools

Psychological Capability

Societal

Familiar, Community

Individual

Barriers

**OPPORTUNITY**

Negative social dialogue around high-profile MH cases eg Britney Spears

MH not talked about positively at home

Self imposed feeling of stigma

Social Opportunity

Don't have space at school where they can do activities in peace

Class work and homework limit time available

Physical Opportunity

Most local and national campaigns are time-limited

Reflective Motivation

Automatic Motivation

Beliefs about consequences

Teacher assumptions and beliefs about children's needs

National targets mean school priorities are on grades

Embarrassment, shame, and fear

Teachers may find it difficult to discuss – feel awkward

Addictive/habit building technology are more compelling than self-help apps

**MOTIVATION**

We combined these models (above) to map behavioural influences according to the behavioural component (COM) and contextual layer (context model) to build a richer picture of the possible barriers and drivers to behavioural change (Michie, Stralen, and West, 2011). This was completed in the 'Capture' phase, by demarcating both the COM and contextual layer of observed barriers, opportunities, and behaviours of interviewees.

# Phase III: Design

Objective

In this phase, the objective was to use the insights that we gathered about our target profile to design a behaviourally informed intervention to launch.

A. Results
   i. Selected intervention
      a. Final trial design
      b. Why Instagram and Kooth?
      c. Kooth partnership
      d. Data collection and measurement
      e. Final communications
B. Activities and Key Materials
   i. Overview of ideation, lead intervention ideas, and criteria for selection
      a. Ideation
      b. Lead intervention ideas
      c. Criteria for selection
   ii. Co-creation session with CYP
      a. Objectives
      b. Process overview
      c. Key exercises
      d. Key outcomes
   iii. Refining the final intervention


## A. Results

## i. Selected intervention

## a. Final trial design

The final trial design featured five CYP co-created behaviourally-informed messages, utilizing two creative routes 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 13 to 15-year-olds. The intervention was linked to Kooth to anchor to a real self-help tool for CYP who clicked through from Instagram.

Figure 5. Final intervention structure.
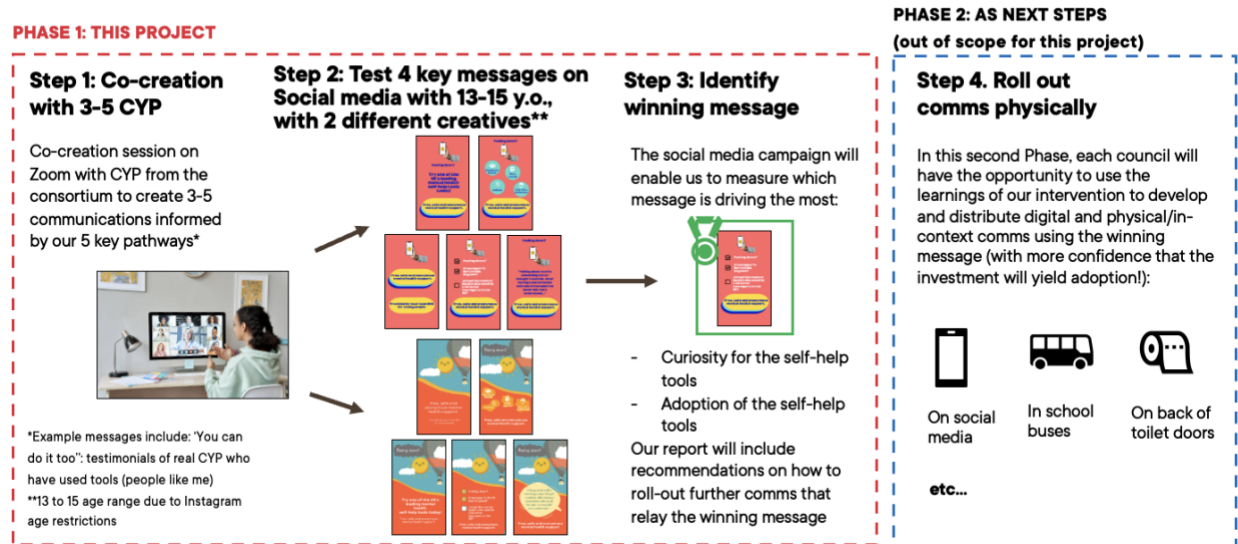


The intervention is split into two phases; with Phase 1 being the focus of this report (Phase 2 is out of scope for this project and for councils to complete following the completion of Phase 1).

Phase 1 is comprised of three steps:

Step 1: Co-creation with CYP

- Co-creation session on Zoom with CYP from the consortium to create three to five communications informed by our five key pathways

Step 2: Test four key messages on social media with 13 to 15-year-olds, with two different creatives

Step 3: Identify the winning message

- The social media campaign will enable us to measure which message is driving the most:
    - Curiosity for self-help tools
    - Adoption of self-help tools
- Use the recommendations in the roll-out of further comms that relay the winning message

Phase 2:

- In the second phase, each council will have the opportunity to use the learnings of the Phase 1 intervention to develop and distribute digital and/or physical communications using the winning message, with more confidence that the investment will yield uptake of self-help tools.
- Possible locations for Phase 2 communications include:
    - Social media (continued use of winning comms)
    - On school buses
    - On the back of toilet doors
    - Flyer distribution

Behavioural messages

We tested four different behavioural messages to see which would drive the most curiosity and adoption of mental health self-help tools, each using a different behavioural principle:

- Social proofing: this message highlighted the '1.3 million other teens' in the UK who were also using a self-help tool
- Testimonial: this message activated the 'people like me' principle, demonstrating how someone used the self-help tool to feel better
- Authority cues: this message used the authority of a 'leading self-help tool'
- Value framing: this message highlighted the helpful features of the self-help tool, such as articles and discussion boards.

Kooth

- Kooth is not mentioned anywhere in the wording of the communications. This is also to remove bias as well as create a neutral communication that would lead to any self-help tool in the future, and test the behavioural messaging strength rather than an association with Kooth.
- As some CYP may be aware of Kooth's branding and have a bias (positive or negative) towards it, we decided to run two sets of creatives: one inspired by Kooth, so we could compare the behavioural messages against their current

copy, and one using new creative (rooted in our initial insights and insights from the co-creation session). This would allow us to test both which creatives performed better as well as which behavioural messages drove the most curiosity and adoption of self-help tools.

b. Why Instagram and Kooth?

Why Instagram?

- Lack of awareness of self-help tools and lack of presence of self-help tools on social media (strongly supported by our insights)
- Precise regional targeting:
    - TikTok: targeting not available for North East England region yet
    - Instagram: can target cities, counties, local authorities and precisely target the NE region
- Ability to choose relevant times for message testing if desired (for example, after school; when Kooth chat is open)
- Pathway to data: can easily monitor which comms are most successful via ad insights
    - Reach and Impressions vs. clicks-through
    - Which communications received the most clicks-through

Why Kooth?

- Our goal is to raise awareness of self-help tools: Kooth will not be promoted directly but used as a 'landing page' suggestion.
- Consistent presence across the consortium: Kooth allows us measure traffic increases to Kooth for each council
- Sustainability: Kooth is open to continue to fund future campaigns using the outcomes of our trial
- Pathway to data: data already received quarterly; Kooth is willing to conduct an additional extraction for us

Where we can make a difference:

- Currently, 65 per cent of referrals for Kooth are from schools

- We know that schools are not always the best messengers for CYP, reminders to use in schools may not be timely as phones are not allowed in schools/CYP may feel embarrassed to use there
- "Lack of awareness is frustrating" – Kooth Director of Government Services

Effectiveness of Kooth:

- LSE study: 75 per cent of users feel Kooth is beneficial to their mental health, 50 per cent go on to help others (Stevens et al., 2022)

## c.    Kooth partnership

We met with several members of the Kooth team to discuss a potential collaboration for the intervention, and agreed on the following:

- The social media intervention co-created by the young people in each of the councils would link to Kooth
- UNPITCHD sent our collected insights to date, including the potential intervention ideas and will continue to share the insights gathered as part of the intervention (such as insights from the co-creation session)
- In exchange, Kooth provided the data necessary to assess the impact of the intervention on the traffic and uptake of its services in the regions targeted over the duration of the pilot; Kooth also suspended additional digital campaigns in the region during that period so that we may isolate the effect of the intervention.
- Kooth provided Urchin Tracking Modules (UTMs) to track registrations and website traffic from our Instagram campaign.

## d.    Trial communications

As a result of our discussions with members of the consortium and in order to remove bias where possible, we ran a total of 10 communications on Instagram. For each of the two creatives, we ran five total communications, one control and four behaviourally informed messages.

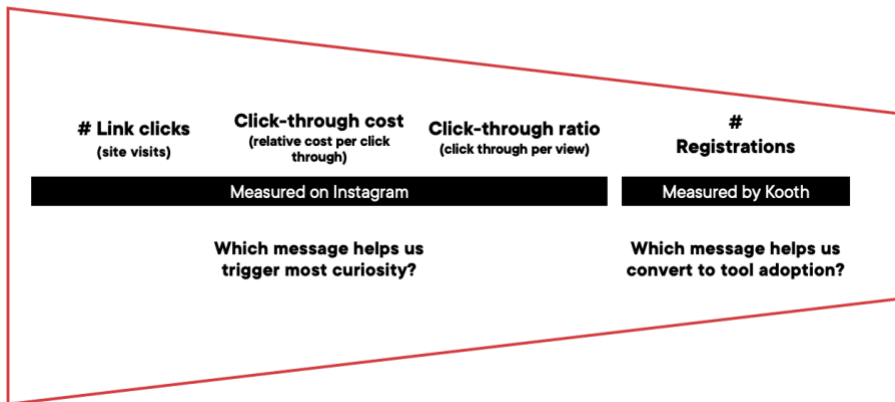Figures 6 through 10. Final comms with creative A (Kooth-inspired)



Figures 11 through 15. Final comms with Creative B
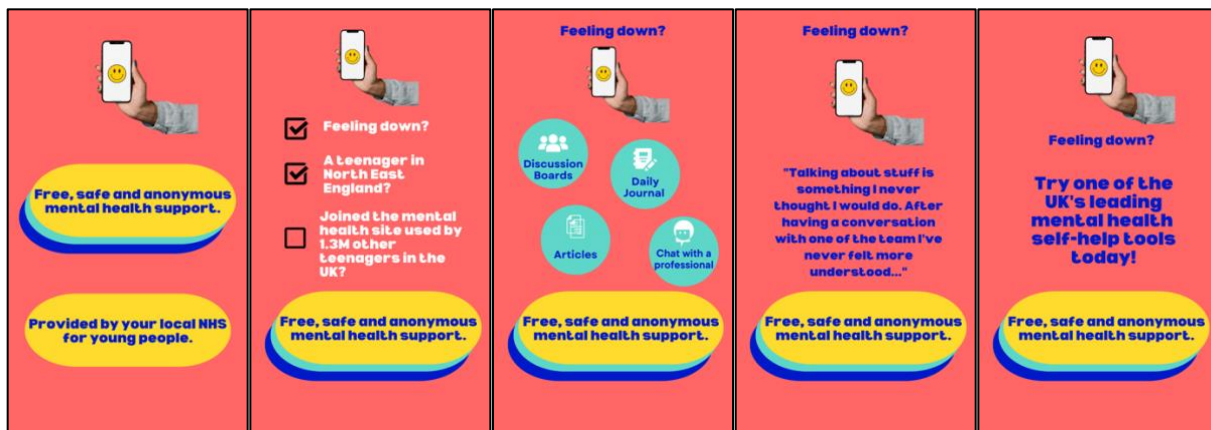


e.    Data collection and measurement

Figure 16. Key data metrics

**Pathway to data: key metrics**

| # Link clicks (site visits) | Click-through cost (relative cost per click through) | Click-through ratio (click through per view) | # Registrations |
|---|---|---|---|
| Measured on Instagram | | | Measured by Kooth |
| Which message helps us trigger most curiosity? | | | Which message helps us convert to tool adoption? |

We used Instagram metrics to tell us the reach, impressions, and number of link clicks, as well as the cost per link click. With this data, we measured the click through ratio (click throughs per view/impressions), and click-through cost (the relative cost per click through). We also used Instagram data on link clicks to measure the number of site visits to Kooth.

Kooth provided us with data on registrations as a result of our adverts to measure what behavioural message and creative drove the most registrations. With this data, we measured the number of new joiners to Kooth, and therefore which message drove conversions to tool adoptions.

## B. Activities and Key Materials

### i. Overview of ideation, lead intervention ideas, and criteria for selection

#### a. Ideation

UNPITCHD ran a workshop to ideate potential behavioural interventions as a consortium, using the six key themes identified as jumping off points. We used a 'stimulus gallery' of behavioural interventions to draw inspiration from and 'how might we' provocations to provoke creativity for ideating potential intervention ideas for each theme.

After the ideation consortium workshop, we grouped and refined intervention ideas into five 'buckets' of potential interventions for the consortium to select from. We discussed the potential interventions and our criteria during a weekly check in meeting; including what each intervention was, how we would measure its impact, steps for roll out, and feasibility.

## b.    Overview of lead intervention ideas

For each intervention idea, we have outlined what it consists of as well as the evidence for why it may be effective ('reasons to believe') for improving access to self-help tools for CYP.

1. "5 Pathways" communications campaign
    a. What is the intervention?
        i. A communications campaign (digital or physical) to target five different behavioural barriers we observed in CYP
    b. Reasons to believe
        i. We have identified lack of awareness as a primary reason why CYP do not use self-help tools. As such, communications campaigns have represented a high volume of ideas.
2. Social media campaign
    a. What is the intervention?
        i. A social media campaign de-stigmatising the use of digital self-help tools, developed and co-created with MH Champions, Youth Parliaments, and similar organisations and broadcasted on social media platforms such as TikTok or YouTube by local influencers.
    b. Reasons to believe
        i. The insights we gathered stressed the importance of using the right messengers, such as peers, to deliver information about mental health and self-help tools.
3. In-Context comms

a. What is the intervention?

    i. Several modes of interventions utilising communications placed in salient locations for CYP and at times they may use a self-help tool, for example parks, bus stops and buses, toilet doors, and traffic lights

b. Reasons to believe

    i. We have identified opportunities to place communications which are placed in the everyday lives of CYP, where they may be more inclined to feel low (such as a school bus) or where the communications may be more salient.

4. Products

a. What is the intervention?

    i. Give away branded phone covers or other 'freebies' to raise awareness of Kooth (at popular locations for CYP, such as school, bus stops, city centres, Subway, Starbucks, and so on) or another self-help tool; or promote an easy self-help exercise

b. Reasons to believe

    i. We have identified a lack of awareness as a primary reason why children and young people do not use self-help tools. In addition, it is important that messaging comes from the right source, such as a peer with a cool item or phone case.

5. Co-creation as the intervention

a. What is the intervention?

    i. This intervention would make co-creation with children and young people the centre piece via school projects or competitions

b. Reasons to believe

    i. The insights we gathered stressed the importance of using the right messengers, such as peers, to deliver information about mental health and self-help tools.

This intervention would have CYP create and promote self-help tools in order to break the stigma and increase the changes of other CYP using the tool.

## c. Criteria

To score and decide on a final intervention, we used the APEASE framework and a few key questions to ensure that the intervention would be feasible.

Criteria for our intervention: APEASE and our key questions to consider

- Acceptability: is the intervention acceptable to the consortium and potential partners (for example, Kooth, comms teams)?
- Practicability: is the intervention practically possible?
- Effectiveness: is there a potential for high impact?
- Affordability: is the intervention not too resource intensive and within council budgets?
- Side-effects: is there a low chance for unintended negative consequences?
- Equity: does the intervention address issues of equity?

Key questions to consider:

Pathway to data: how will we get data to measure our effect?

Measurability: can the intervention be measured to demonstrate success?

Replicability: can other local authorities replicate this work easily and take on our learnings?

Joy factor: is there energy for this intervention?

PMs from each council scored each intervention against our criteria, ranking each intervention 1-5 against each criteria. We combined features of the three most highly-scored interventions (the '5 pathways' communication campaign, a social media campaign, and co-creation as the intervention) to form our final intervention.

## ii.   Co-creation

### a.   Co-creation session objectives

Objective of the sessions were to co-create powerful Instagram adverts with young people to encourage their peers to use mental health support tools to support the behaviourally informed messages identified in the primary insights collection phase.

### b.   Process Overview

We ran 2x 1-1 co-creation sessions with CYP aged 13-15 in the North East of England during the week of December 12th.  The purposes of each session were sequenced as follows:

Session 1: "Imagineering": imagine and co-create our Instagram advert communications.

Session 2: "Creative feedbacking": get their feedback and improve on the design and wording of our adverts.

The exercises and sessions have been designed as successive steps to increasingly gain confidence on the message and visuals that would be most effective with the CYP.

### c.   Key Exercises

Session 1: Imagineering

- A pre-task for CYP to help them learn about behavioural science and get ready for the session,
- Three activities during the session:
    - A general discussion on social media behaviours which prompted CYP to think about what they engage with on Instagram and why.
    - "Creating" mental health adverts by identifying the key components they imagined would be part of an engaging campaign (message and visual).
    - Feedback on pre-existing adverts and Instagram pages for Kooth and Young Minds, two popular self-help tools.

Session 2: Creative feedbacking

- No pre-task (to ensure unbiased reactions to content)
- General discussion on social media behaviours which prompted CYP to think about what they engage with on Instagram and why.
- Provide feedback on the design and messaging of a long list of mock adverts developed following the first session from prompting questions, such as: what are your first impressions? On which ones would you click and why?

## d.    Key Outcomes

Messages and wording to increase uptake of self-help tools on Instagram

- CYP need to know something is 'for them'. The right language can imply something is more personal in a few ways:
    - Mentioning a local area (council or region)
    - Saying that something is 'recommended'
    - Using a phrase that would resonate, for example, 'feeling down?", "anxious about going back to school?", "I never thought I could talk to someone but using a self-help tool helped"
- Referring to the group in the right way is important: 'child' language is not helpful for this age group – use teens/teenagers or young people/youth instead
- Effectiveness needs to be shown and clearly demonstrated – whether through statistics or testimonials. CYP want to know it actually works!
    - Quote from CYP: "If I could write it, I'd say 'most used' or 1.3 million, because it shows that the app actually helped. And it's not just people trying to get us to join, like I mentioned before it shows it's actually helped people."
- CYP also want to have a good idea of what is on offer – whether through description or a visual preview
    - This age group has a good understanding of concepts of mental health, self-help; so using these terms gives them a good idea of what may be provided when they click

Visuals to increase uptake of self-help tools on Instagram

- Colour schemes should be eye-catching and easy to read
- In session; upbeat and playful, 'sunny' and positive imagery were more welcome – there was no clear preference for cartoons vs. photos.
  - Positive colour implied overcoming something and implied that the self-help tool is effective
  - Quote from CYP: "the [hot air balloon image] kind of makes me feel like I'm overcoming something. And it's like, how there's more than one person. It makes me feel like I'm not doing that alone, it's something that shows like a bright ending."
- Ads need to be a balance between images and words
  - More minimalistic w/ less text can be more impactful - Text should be straight to the point, very clear, and not in block format

Other outcomes of note: CYP engagement with Instagram/social media

- CYP will click on things related to their interests – with the abundance of content on social media, they need to feel interested/like it's for them
  - Quote from CYP: "Really, if it's needed, interesting to me, I will click on it. Because that's what I'm interested in, it doesn't matter who it's from."
- They were more likely to click on a story rather than an in-feed post
- The account or the brand listed weren't key elements that drive interest - would depend more on the content of the message
- Images and videos are perceived as more engaging than just text

## iii.  Refining the final intervention

The initial intervention went through two stages of revisions.

The first stage consisted of adding an optional 'phase 2' to the intervention to include elements of the 'in-context' comms campaign. Councils would use the learnings of our intervention to develop and distribute physical and in-context versions of the trial comms (formatted and optimised for larger formats, for example flyers and posters) using the winning behavioural message (with more confidence that the investment will yield

adoption). This revision was in response to some consortium members' concerns over a few constraints with using social media, namely: the narrowing of the age range to 13-15 from 10-15 (due to Instagram age restrictions), digital exclusion, and linking to only Kooth. Phase 2 mitigated these concerns as the physical comms would be for all ages, available to those without mobiles and internet, and could link or direct to another or a number of self-help tools, whilst utilising the most powerful behavioural messages(s).

Figure 17. Initial intervention design.
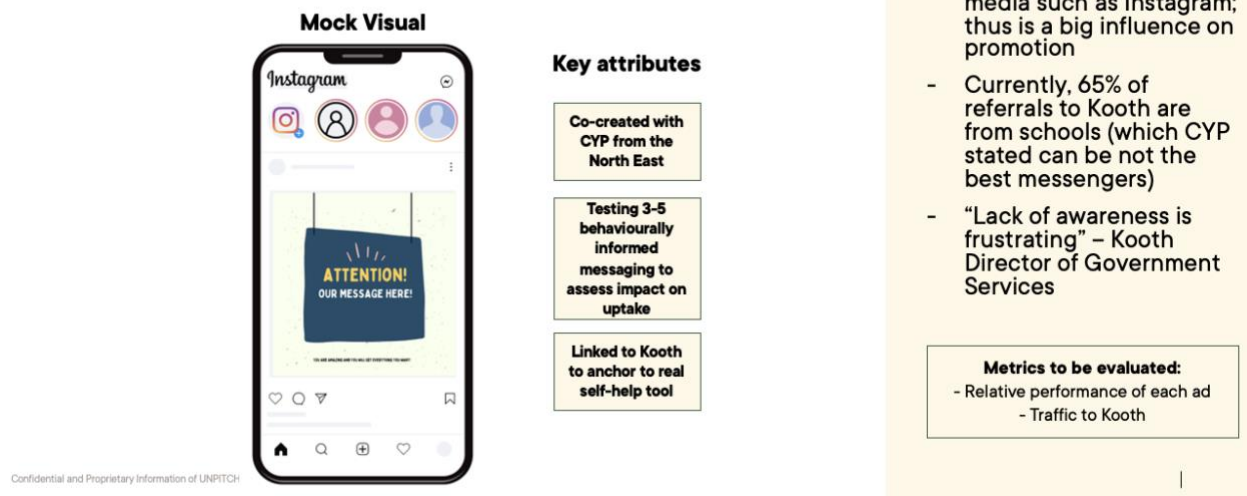


The second stage consisted of adding the second set of creatives, as to remove any possible bias with association with Kooth's branding (which the A creative set drew inspiration from). This also enabled us to identify which message performed best as well as which visual support performed best to drive curiosity and uptake of the mental health self-help tools.
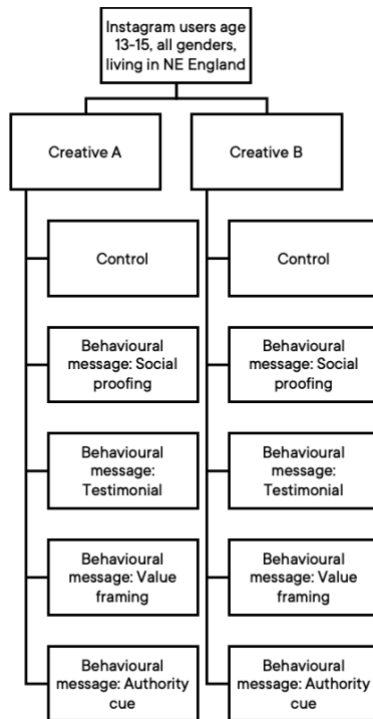
# Phase IV: Launch and Run

Objective

The objective of this phase was to plan and launch the intervention on Instagram.

    A. Results
        i. Trial design
        ii. Instagram Settings
    B. Activities
        i. Roles and responsibilities
        ii. Trial launch

# A. Results

## i. Trial design

Figure 18. Simplified trial design

## ii.   Instagram Settings

We set up our own Instagram account and Meta ads manager to run the Instagram campaign. We created a new account, without connection to any previously established council or other account to remove bias if CYP clicked on the profile. We ran three small test campaigns (budgets of £20) to learn and test out different metrics and settings, and reason through which would be the best settings for our campaign.

We learned that having an established Instagram (and linked Facebook, which was needed for an Ads account) was important for Meta to allow ad spending. In order to give legitimacy to the account, we ran the Instagram for a few weeks before the trial to post photos and stories, gain a few followers, and have some interaction with other accounts (such as likes and follows).

Instagram ad campaigns are comprised of three component parts: the campaign, the ad set, and the ads themselves. Each contains information to dictate how the ad will run, its objectives, and who will see the adverts on what platforms.

**Campaign**

The campaign determines the goals for the adverts under it.

- Campaign objective: 'Traffic', as the ultimate goal was to encourage link clicks.
- Campaign budget: Set to spend our 'lifetime' amount (budget) across the six weeks of the trial, with no daily budget as we wanted the spend to vary based on CYP interest.
- Campaign bid strategy: 'Highest volume,' in order to maximize the delivery (views and impressions) and conversions (clicks) we could get from our budget.
- Ad timing: We set ads to run all day, as we wanted to see which times CYP were more likely to view and click on our adverts.

**Ad set**

The ad set dictates how the ad will be run. We placed all of the adverts under the same ad set as they had the same target group and settings.

- The conversion location was a website, as we linked to Kooth.
- Budget and schedule: We switched off dynamic creative, as we wanted to neutralise this possible bias and let the messaging and creative speak for themselves without enhancement.
  - The ads were scheduled to run from 16 January to 27 February 2023.
- Audience: The audience was set to target all genders, aged 13-15 in all of the councils in the consortium.
  - We also turned off 'advantage detailed targeting' to allow our ads to be spread across the age group evenly to ensure wide reach, rather than target CYP with specific interests.
- Placement: We placed adverts only on Instagram stories, as we were not testing which placement (for example, in feed, on Facebook, on explore pages, and so on) worked best to drive uptake.
  - In addition, CYP we spoke to noted that stories were a placement they were likely to click on.
- Optimisation and delivery: we optimised for link clicks, as that was our ultimate goal and success metric. We did not input a cost per result goal, as this was something we were testing to use a metric of success.

**Ads**

Each advert had the same settings. All were linked to the Instagram and Facebook accounts created to run the campaign, and the comms were manually uploaded.

- Ad creative: The primary text to accompany each advert was kept simple and neutral, "Try a mental health self-help tool today".
  - We turned off optimisation and enhancements for the images for the same reasons mentioned above.
- Call to action: 'Learn more' for each advert, as this was seen as the best call to action for our goal in our co-creation sessions.

- Destination: Each advert had a unique Kooth UTM into a bit.ly link (https://bit.ly/self-helptools#), to give the advert a more neutral appearance and minimise any connection to Kooth up front to remove bias.

## B. Activities

### i.    Roles and Responsibilities

UNPITCHD

UNPITCHD set up the Instagram campaign on a new account as to minimise bias associated with any former accounts or council accounts. We created some existing visual assets for the new account to establish a sense of legitimacy and followed relevant mental health organisations. UNPITCHD also completed paperwork for budget requests for the PMs. UNPITCHD also met with Kooth to finalise the data sharing plan and discuss trial logistics.

Consortium

PMs contacted their respective finance teams to get the budget request approved (£300-£500) and fulfil any requirements for funds transfer to the Instagram campaign. PMs also liaised with communication teams in their councils to get the communications approved.

### ii.    Trial launch

The trial launched on Instagram on 16 January 2023 and ran until 27 February 2023.

# Phase V: Analysis

Objective

The objective of this phase was to assess the effectiveness of the intervention we designed and ran on Instagram.

This section includes:

A. Data overview
B. Data lexicon
C. Key findings
D. Detailed findings
    a. Number of clicks and cost per result: all adverts
    b. Number of clicks and cost per result: by creative
    c. Click-through rate: all adverts
    d. Advert performance by gender
    e. Advert performance by time of day and day of week
    f. Registration and conversion data
E. Limitations
F. Recommendations

# A. Data Overview

The impact of the intervention is assessed using two data sets

1. Instagram: used to measure curiosity about self-help tools via the number of link clicks (site visits) and cost of each result.
2. Kooth: used to measure uptake of the self-help tools by the number of registrations.

Figure 19. High level data overview table

| Data Sets | Metrics included (high-level) | Purpose | Collection Method | Time Periods | Caveats and Limitations |
|---|---|---|---|---|---|
| Instagram Data | - Quantitative assessment of the behavioural messages and creative across our target group | To provide a quantitative measure of the success of each advert through comparing the | Instagram ads reporting | 16 January – 27 February 2023 | Cannot track precise locality of viewers of each advert or exact age due to restrictions on |

| | | click-through rate and click through cost, number of link clicks | | | | data for this age group |
|---|---|---|---|---|---|---|
| | - Reach, impressions, number of clicks (site visits) cost per result, click-through rate, click-through cost<br>- Includes aggregated data on gender | | | | | |
| Kooth data | - Quantitative assessment of the behavioural messages and creatives across our target group<br>- The number of new registrations to Kooth | To provide a quantitative measure of the success of the intervention by new registrations | Kooth data extraction | 16 January – 27 February 2023 | |

# B. Data lexicon

Instagram ads (Meta) metrics: in order to interpret results and understand the performance of our adverts. Instagram Ads (Meta) is a sales tool designed to optimise results. It uses an algorithm to rapidly identify the audience(s) that will most likely execute on the set objective (in this case, link clicks). Here, our parameters targeted 13-15 year olds in the North East of England.

- Reach: The number of people/unique accounts who saw the ad at least once.
- Impressions: The number of times each ad was seen.
- Results (link clicks to the Kooth site): an absolute measure of advert effectiveness. The number of link clicks from our adverts to the Kooth site.
- Cost per result: average cost per link click (in £).
- Registrations: the absolute number of people who registered for Kooth.
- Click-through rate: the share of link clicks per impression. This is a relative measure of effectiveness which removes the bias of the number of impressions for each advert.
- Customer acquisition cost: the marketing cost required to lead one user to sign up.

## C.Key Findings

Over the six-week trial period, our campaign reached 23,000 Instagram accounts in our target population, which represents over 25 per cent of the 13-15-year-old population in the region.

The testimonial behavioural message consistently and clearly outperformed the control messages on absolute and relative effectiveness metrics (respectively number of clicks and click-through rate), thus making it the clear "winner" of our trial.

The testimonial campaigns (creatives A and B) have indeed driven 2.2 times more clicks to the self-help tools than the control campaigns. The click through rate of the testimonial messages also performed well above control (0.23 per cent for testimonial vs. 0.20 per cent for the control – averages across A and B creatives). [2]
Creative A ('bright and cheery') also consistently outperformed Creative B ('hip and modern'), driving 2.7 times more clicks to the self-help tools than its counterpart.

In addition to the Testimonial message, the Social Proofing messages also consistently outperformed the control messages on absolute effectiveness metrics (it received 1.7 times more clicks than the control campaigns) for both genders.
The other two messages performed in line or slightly worse than the controls. This is mostly explained by gender differences.

The campaign has generated 746 visits to Kooth resulting in 8 sign-ups, which represents an average conversion rate for the total duration of trial of 1 per cent. This performance is broadly in line with Kooth's average conversion rate for social media campaign in the region. For reference, the average conversion rate for Kooth on social media: 0.2 - 9 per cent.[3]

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[2] Average click-through rate of all campaigns on Instagram: 0.2 -0.3 per cent
[3] Kooth data analysis. Note: this figure needs to be confirmed with Kooth ahead of publication

It is important to note that the conversion rate was 2.4 per cent for the first 2 weeks of the trial, therefore indicating an above-average performance in the early days of the campaign, followed by a sharp decline in effectiveness over time.

Finally, results from the trial indicate that all messages have performed much better during week days in the hours that precede school than at any other times. Over 40 per cent of weekday clicks have taken place between 7 and 9 am, suggesting a higher need for support and anxiety relief just before entering class.

## D. Detailed Findings

### a. Number of clicks and cost per result: all adverts
Fig 20. Number of clicks and cost per result for all adverts
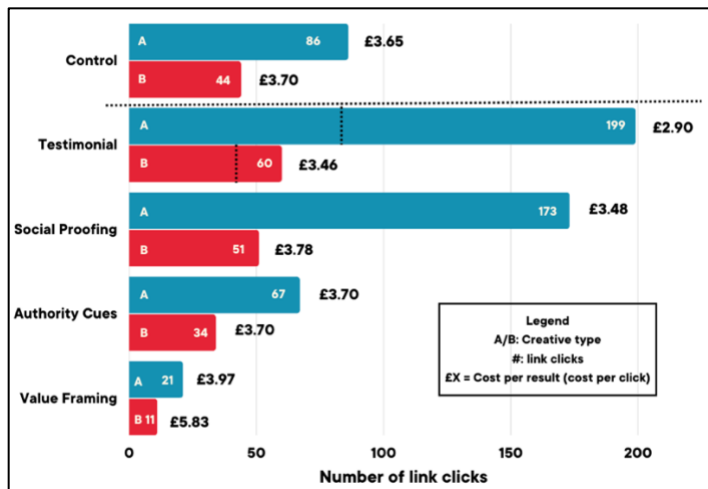


As previously noted, the testimonial message with Creative A was the clear winner, receiving the most link clicks (199) and the lowest cost per result of £2.90. Adverts with the testimonial and social proofing messages received more link clicks than the control, and were cheaper to run compared to the control, for both Creative A and B. Authority cues and value framing messages did not outperform the control in link clicks or cost per result with either Creative.

### b. Number of clicks and cost per result: by creative
Fig 21. Number of clicks and cost per result by creative
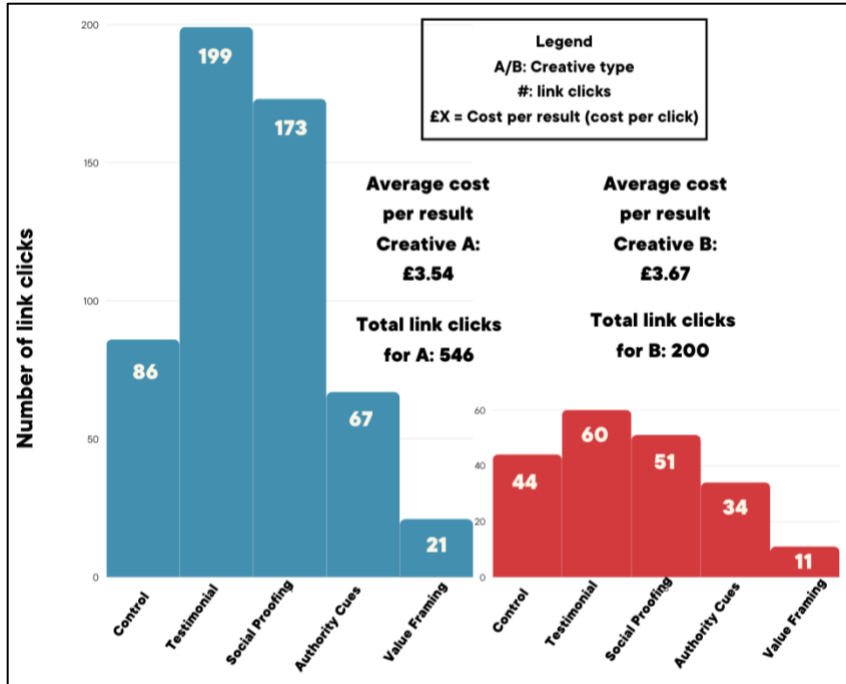
Adverts using Creative A performed better in terms of link clicks and average cost per result. Creative A received 546 link clicks, 73 per cent of the share of total link clicks (2.7 times more clicks to self help tools than Creative B). The average cost per result for link clicks for Creative A was also £0.13 cheaper.
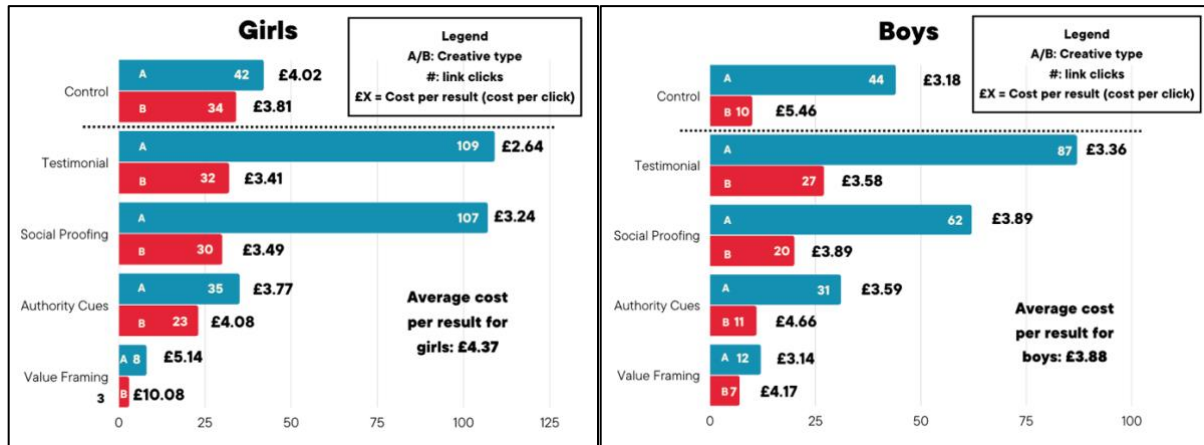
### c. Click-through rate: all adverts

Fig 22. Click through rate for all adverts
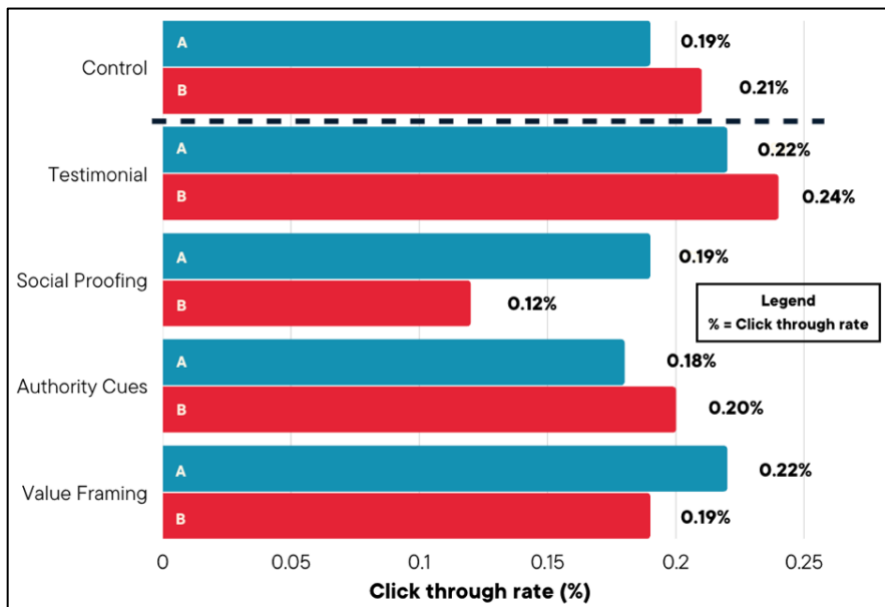
Testimonial messages also performed well above control in terms of click-through rate (0.23 per cent for testimonial vs. 0.20 per cent for the control – averages across A and B creatives).

### d. Advert performance by gender

Fig 23 and 24. Advert performance by gender



The testimonial adverts performed best for boys and girls in absolute results. Girls clicked on our ads 423 times, while boys clicked on our ads 311 times. For the remaining 13 clicks, the gender was unknown.

The value framing message with Creative A was the best cost per result for boys (£3.14), but the value framing adverts were the two most expensive ads for girls (£5.14 and £10.08 respectively), leading to an overall poorer performance.

### e. Advert performance by time of day and week

Fig 25. Advert performance by time of day

**Time of Day**
(Total clicks over 6 weeks)
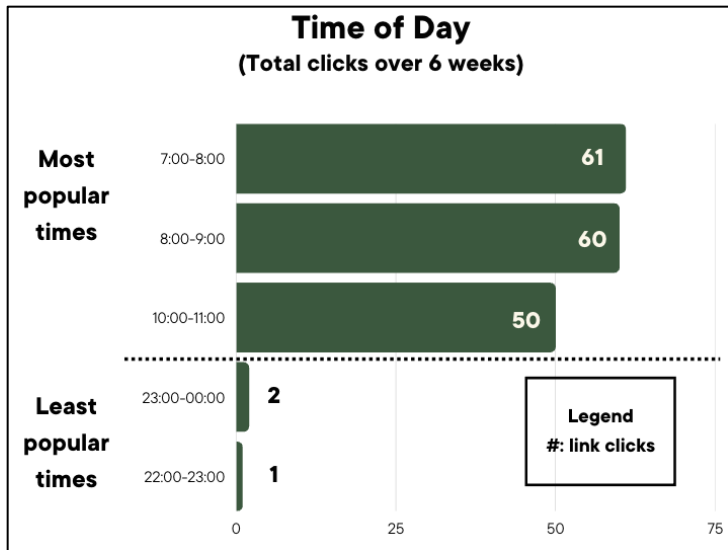
The most popular times for link clicks were right before school and in the morning: 170 of 746 total link clicks were between 7.00am-9.00am and 10.00-11.00am (24 per cent). All adverts follow this pattern.

72 per cent of link clicks between 10.00-11.00am were on weekends, demonstrating that CYP were still clicking on adverts soon after waking up.

Figure 26. Advert performance by day of week



**Weekday vs Weekend**
(Weekly average)
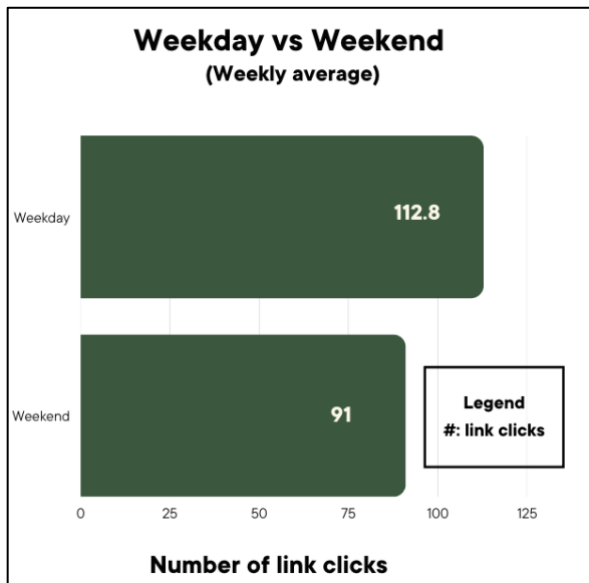
Weekdays were more likely than weekends to gather link clicks. We hypothesise that this may be due to CYP feeling anxious about school, and thus more likely to feel

curious about using a mental health self-help tool. In addition, weekends may be more relaxed for CYP, leading to a slightly lower average number of clicks.

### f. Registration and conversion data

- We received 746 unique visits to Kooth as a result of our campaign, converting into 8 unique sign ups over the 6 weeks of our trial.

- During the first two weeks, there was a 2.4 per cent conversion rate from 6 sign ups, however the conversion rate drops to 1 per cent across the entire trial period.

- We have noted that the sharp decline in the conversion rate following the first two weeks of the campaign highlights the likely greater efficiency of shorter campaigns. Kooth's campaigns usually run for 2-3 weeks, which would confirm this finding.

- Unbranded campaigns such as our trial tend to perform less well than branded campaigns, and the comparably lower result is therefore not surprising. We believe that consistent branding between the ad and the tools would lead to a higher conversion rate.

# E. Limitations

The trial had some limitations, including:

- Inability to see location data for clicks on Instagram, as well as a further age and gender demographic breakdown beyond the aggregated data provided by Instagram, due to data protections for this age group.

# F. Recommendations

Recommendations for using social media to increase uptake of mental health self-help tools:

- Unbranded campaigns such as our trial tend to perform less well than branded campaigns. As a result, we would recommend that that future campaigns have higher branding consistency between ads and tools.

- Using a bit.ly link rather than a direct link to the self-help tool provides more data and a further ability to track uptake without requiring an additional data extraction from the website.
- If messages are not targeted to gender, we recommend using the testimonial message. The value framing message may be a cost-effective way to promote self-help tools for boys worth exploring.
- The campaign has a higher registration rate in the first two weeks, and Kooth typically runs campaigns for 2-3 weeks. We would recommend that future campaigns run for a shorter time frame.
- On digital platforms, messages could be timed to be promoted in the morning hours on weekdays and weekends. In physical locations, messages should be promoted where they will be salient to CYP in the morning (such as bus stops) on the way to school.

Recommendations for co-creation with CYP:

- In any future campaigns to increase awareness of and encourage the use of mental health self-help tools, co-creation of communications with CYP is essential. In order for the behavioural principle of 'people like you' to work, communications need to be in the voice and language of young people.
  - Mentioning the region or local authority if possible enhances the feeling of personalisation
  - Using regional and local accents (if video/audio) and phrases would also bolster this behavioural principle
- Two sessions, firstly to imagine and co-create Instagram advert communications and secondly to get feedback and improve on the design and wording of our adverts worked well in succession to gain confidence on the message and visuals that would be most effective with CYP.
- Having a gender split also benefitted to ensure comms would be engaging for all genders.
- A longer in-person session with a small group (3-6) would allow for even further creativity and input from CYP.

Recommendations for Phase 2:

- We would recommend that councils utilise the testimonial messaging to increase awareness and access to self-help tools for CYP in the region. This opens up a number of potential creative outlets for future promotion such as videos.
- CYP responded well to Creative A, leading us to recommend the use of bright and cheerful imagery to accompany our behavioural messages was more effective. This echoes what we heard in our insights collection, that self-help tools often seemed 'too serious'.
- We recommend that the councils utilise the testimonial messaging and more cheerful and bright imagery (Creative A), but perhaps utilising the branding/colours of a particular self-help tool to promote (with their logo) to make the experience of the CYP more streamlined from advert to website.

# Conclusion

Objective: This section will conclude the report by outlining the next steps for the consortium and key learnings.

- A. Discussion
- B. How the findings will be used: next steps for the consortium
- C. Challenges and Learnings
- D. Authors
- E. Citation
- F. Acknowledgements

## A. Discussion

To conclude, our advert using the testimonial behavioural message (with Creative A) performed the best to increase uptake of mental health self-help tools for CYP aged 13-15 in the North East of England, receiving 199 link clicks and having the cheapest cost per result at £2.90.

By utilising the behavioural principle of 'people like me' in the testimonial adverts and a social proofing behavioural message, these intervention messages performed better than the control in terms of absolute link clicks and the cost per result. Value framing and authority cues messages did not perform better than the control, suggesting that these behaviourally informed messages are less impactful for CYP.

Future interventions to increase awareness of mental health self-help tools should utilise the testimonial behavioural message, regardless of gender targeting. Promotional material or campaigns for mental health self-help tools should also seek to utilise a brighter, 'cheerier' imagery in their design whilst striving for consistency with the branding of the self-help tool(s) it is seeking to promote. In addition, if adverts are targeted by time of day, we recommend that they are promoted in the morning hours.

# B. How the findings will be used: next steps for the consortium

A key facet of this project was to foster cross-council collaboration and utilise the consortium approach for behavioural insights and behavioural science research. Upskilling members of the councils on behavioural science such as the COM-B model and context model was also an important outcome, especially with the use of the 'behavioural toolkit' designed by UNPITCHD for future reference for members of the councils.

As the toolkit contains both the process of the entire project from alignment to trial analysis, with examples of behavioural science interventions, it should provide a holistic reference point for the councils to carry out their next behavioural insights project.

General key outputs and work to be taken forward:

- We will be sharing our findings and project process with several stakeholders:
    - Regional Directors of Public Health
    - The Children and Young People Public Health group
    - Public Health regional communications network
    - NHS Integrated Care Board
    - LGA Behavioural Insights national conference
- General upskilling of councils in behavioural science alongside the toolkit as a manual for any future behavioural insights projects, such as Phase 2

Councils' next steps:

- Councils will take forward learning around running behavioural trials, data collection, social media campaigns, and project roles, specifically the importance of ensuring data availability and extraction as well as having an analysis plan before trial.
- Councils now have knowledge of conducting insights gathering with CYP, and the importance of co-creation with CYP. They also possess a repository of the extensive insights collected through the identify and design phases.

- Councils to conduct Phase II as noted in the design phase section; where they would use the learnings of our intervention to develop and distribute physical and in-context versions of the trial comms (formatted and optimised for larger formats, for example flyers and posters) using the winning behavioural message (with more confidence that the investment will yield adoption).
- In future projects, PMs have noted that they:
  - Would continue to involve CYP in creation processes
  - Will embed learnings around behavioural science, CYP use of social media, and recommendations from our findings

# C.Challenges and Learnings

Insights gathering and co-creation with CYP

Any communications or other materials need to be 'by kids for kids', to ensure that they are accessible and appropriate for children and young people. Co-creation sessions in the future could be bolstered by including more CYP, hosting them in-person, or holding longer sessions. We recommend two sessions to imagine and co-create, and feedback and improve communications.

Partnerships

Partnerships are critical for this work both within councils (across teams) as well as with outside organisations of mental health self-help tools. Partnerships were essential to the completion of this work with communications teams in councils, as well as Kooth. Fostering a collaborative partnership with Kooth allowed for mutual benefit as we shared insights we gathered whilst Kooth was able to provide us with additional data.

Data

It is crucial to ensure data collection methods as early as possible for trials of this nature, due to the sensitive nature of working with healthcare data as well as navigating the institutions and structures of public health. Different interventions will have different data collection needs and methods, but it is important that once the intervention is decided upon that a clear pathway to data collection is established, through a data

access group, manual collection (in this case, Meta ads reporting), or via a partner organisation.

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# E. Citation

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