



Derby and Derbyshire Clinical Commissioning Group

Print friendly: Assessing Digital Mental Health Support for Children and Young People

Your experience of Kooth and other similar services

Have you heard of Kooth? NHS Derby and Derbyshire Clinical Commissioning Group currently provide this mental health and wellbeing service for our Children and Younger adults. We would like to hear from people who have experience of using this service or any other similar services to tell us anonymously how useful they find this kind of support, and if there are any improvements we can consider when we review this service.

What is Kooth? It is a free online Mental Health and Wellbeing resource for children and young people aged 11 to 25 in Derby and Derbyshire requiring no formal referral, but instead only for a user to set up an account on the site. Kooth provides easy to access universal mental health support, including information, blogs and 1 to 1 therapeutic conversations.

To take a look at Kooth please click here: www.kooth.com

This survey is aimed at users of Kooth or young people who may want access to Kooth or a similar online mental health support in the future.

As demand for children and younger peoples mental health support increases it is really important that Derbyshire continues to provide a universal digital service which is easily available 24/7 to offer early interventions and support. We want to ensure that our services fully support your mental health needs and you can help us to ensure that the digital services do this by telling us about your experience of using the digital platform or what you would like to see available through our platforms to meet your needs.

You can complete this survey online or print and return it to us using our freepost address.

There is no need to add a stamp just write the words below on an envelope:

Freepost NHS DDCCG

If you need this survey in another language or more accessible format please call us on: 01332 868730

Or email: DDCCG.Enquiries@nhs.net

1. What is really important to you when accessing mental health support online?

- The option to download a mobile app rather than just a website
- Record of all your conversations and a way of showing progress or changes in your mood
- Someone to talk with; message directly when you need it, a personal friendly feel
- Instant access to support and advice when things aren't going well
- 24 hours 7 days a week availability
- Discreet, private support that you can use anywhere at any time without anyone else knowing you are seeking mental health support
- Other (please specify)

2. Have you used Kooth before?

- Yes
- No

3. If yes then where did you hear about Kooth?

- Online
- Through a friend, family member or carer
- School, college, university or some other educational setting
- Through a nurse, Doctor or another healthcare professional
- Other (please specify)

4. If you have never used Kooth is there a specific reason why?

- I have never heard of the service
- I don't have online access, or my online access is limited
- Other (please specify)

5. If you have used Kooth before did you find it easy to sign up to and navigate the site?

- Yes
- No

Please explain your answer and tell us more

6. If you have used Kooth and spoke with a counsellor how happy were you with the time it took to connect you to a counsellor?

- Unhappy
- Satisfied
- Happy
- Very Happy

Please tell us more about your answer

7. Do you feel you got what you needed from Kooth?

- Yes
- No

Anything you can add or wish to tell us?

8. How would you rate your overall experience using Kooth?

1 star, not good at all!

2 stars!

3 stars!

4 stars!

5 stars! Excellent!



9. Do you have anything else to tell us, maybe some final ideas on how we could improve the overall experience with Kooth or what you would want out of a similar service?





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Equality Monitoring Form (strictly confidential)

Derbyshire Clinical Commissioning Groups recognise and actively promote the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that we understand who has given us feedback we would like you to complete the short monitoring section below in relation to yourself or if you are representing another person in relation to them. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Our Commitment to Data Privacy and Confidentiality Issues

We are committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the General Data Protection Regulation (EU) 2016/679 (GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

If you are a parent or carer, please fill in the demographics for the person who the survey represents.

10. First few letters of your postcode? e.g. DE3

11. How old are you? (Kooth is aimed at 11-25 year olds)

- Under 13 years old
- 14 - 16
- 17 - 20
- 21 - 25
- Prefer not to say

12. How would you describe the gender/sex you identify with?

- Male
- Female
- Non-Binary
- Prefer not to say
- If you describe your gender with another term, please provide this here:

13. Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes, taking hormones or having gender reassignment surgery)

- Yes
- No
- Prefer not to say

14. Please choose one option that best describes how you think of yourself:

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- Pansexual
- I'd prefer not to say

Other (please specify)

15. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

- Vision (such as due to blindness or partial sight)
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- Memory
- Mental ill-health
- Stamina or breathing difficulty or fatigue
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- No
- I prefer not to say
- Any other condition or illness, please describe:

16. Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental-ill-health/disability
- Problems related to old age
- No
- I prefer not to say
- Other, please describe:

17. Please choose one option that best describes your Ethnic Group or Background?

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian
- Pakistani
- Bangladeshi
- African
- Caribbean
- Chinese
- Arab
- I prefer not to say
- Any other ethnic group, please describe:

18. Please choose one option that best describes your religious identity?

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Baha'i
- Jain
- I prefer not to say
- Any other religion, please describe:

19. Are you pregnant or are you currently caring for a child under 24 months of age?

- Yes
- No
- Prefer not to say

20. What is your employment or educational status?

- I am a student at a School or college
- I am a student at university
- I work part-time
- I am in full-time employment
- I am currently unemployed and don't study either
- I would prefer not to say