

Supporting Adults with Stressful Life Events in a Digital Service



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Foreword

The impact of stress - particularly repeated or prolonged stress - on our mental health has been the focus of much study and should not be underestimated. Whilst not a psychiatric diagnosis in itself, stress can cause or exacerbate mental illness if not properly managed and conversely, mis-managed mental illness can cause or exacerbate stress; it is a complex, reciprocal relationship. The COVID-19 pandemic has been a stressful life event for most of us, to varying degrees. With it, we have seen a substantial increase in demand for mental health services. This report provides some important insights into the experiences of a cohort of adults reaching out for help using our digital platform Qwell.

The report demonstrates how digital services can directly mitigate some of the root causes of stress, including those associated with the pandemic; for example by not having to worry about the financial implications associated with taking time off work to travel to 9-5 appointments. None of us truly know the long term impact of this stressful life event that has touched us all, and indeed the effects will be evaluated for years to come. We must engage with this conversation and share the learning far and wide if we are to find solutions - tangible solutions - to not just those in greatest need but also protect many more from the detrimental effects of stressful life events. On a positive note, the reciprocal relationship between stress and mental health does mean that by tackling root cause issues, for example by using well evidenced trauma informed approaches, we can help individuals move to a more hopeful place.....and we all need some hope and positivity right now.



Dr. Lynne Green
Chief Clinical Officer, Kooth

Executive Summary

Qwell is an online mental health service for adults and part of Kooth plc, a digital mental health organisation. It is a free and anonymous thriving community that offers multifaceted support avenues to help people throughout the ups and downs of life, from peer-to-peer to professional counselling support.

We have all faced a stressful situation in the face of the COVID-19 pandemic, with some people being affected more severely than others. Throughout the lifetime it is common to experience multiple stressful life events (SLE), which can then go on to have a negative impact on an individual’s mental health.

This report explores how providing a digital mental health support service - Qwell - for free, with flexible access and anonymity can help adults dealing with stressful life events, and contribute to their personal growth. A survey was released across the service, and four interviews were conducted with Qwell users who had experienced stressful events.

Results indicate that Qwell, as a digital service, was well-placed to support individuals throughout the COVID-19 pandemic. Some early impacts of the pandemic included restriction of access to support services, and resulted in an increased frequency of stressful life events. Financial hardship was a major contributor to the impact of stressful life events. This reiterates the importance of free access, and raises questions on how a counselling service can support the financial hardship experienced by people struggling with a stressful life event in both the short-term and in the long-term. Digital mental health services can increase access and signpost meaningfully to health professionals and other support, with Qwell providing flexibility of access to support service users long term health at the appropriate point of need.

Overall, Qwell provides a Positive Virtual EcoSystem to the users. Engaging with practitioners, and the Qwell community more broadly, helped people feel less alone as they dealt with the impact of stressful life events across their lifespan.

“It makes me feel as if everyone here is on the same sea, even if we’re in different boats”

Headlines

The findings from the report highlight the importance of early support and access availability for people to talk about their mental health. It also demonstrates the importance of the online community aspect of this platform and how it can help through peer support enhancing the recovery of individuals.

Adults in absolute poverty experienced significantly more SLEs and these had a significantly higher negative impact on their lives.

90% said it was important that they were supported in accepting that their problems and emotions are real and valid.

Anonymity on Qwell reduces inhibitions and promotes disclosure talking about mental health. ***“I am totally anonymous, which makes me feel free to be honest”.***

84% said it was important that they were in charge of their own mental health journey.

The therapeutic alliance between service users and practitioners was ***“something that could make or break the experience”.***

1/3 of the stressful life events related to ‘unemployment’, ‘being fired/ made redundant’ and ‘financial problems’ were linked to the COVID-19 pandemic and had some of the highest impacts on day-to-day life.

Background

The COVID-19 global health crisis has shocked the entire world, with many people experiencing stressful life events. The pandemic has shown us the impact of not addressing long-standing mental challenges. This has provided us with insight on how stressful life events can translate into impactful experiences affecting us physically and psychologically.

As with many psychological and social experiences, there is debate on how Stressful Life Events (SLEs) are defined and measured⁽¹⁾. However, due to the COVID-19 Pandemic, most of us have experienced at least one of them, and we may be better tuned to identify them or generate more understanding about them in current times. We find that for stressful life event, the general

definition stands as **“Environmental changes that have a definable beginning point in time, and that is associated with some level of psychological threat, unpleasantness, or behavioural demands”** (1,2 p.729).

In mental health, **stressful life events are associated with anxiety⁽³⁾, psychosis diagnosis⁽⁴⁾ and depression^(5,6)**. Socioeconomic factors can put individuals at a higher risk of deteriorating mental health following stressful life events, whilst protective factors like resilience can mitigate the impact^(7,8). The contribution of individual and contextual factors to negative outcomes of stressful life events highlights the variability of the impact that can have, affecting some more than others⁽⁹⁾.

The variable impact of stressful life events can be used to explore the social determinants of health that contribute to mental health problems within society. Amongst these, financial difficulties and specific socioeconomic backgrounds have been highlighted as contributing societal factors to the deterioration of health after a stressful life event⁽¹⁰⁾. The COVID-19 pandemic has highlighted the differences and similarities that a global and shared stressful life event like COVID-19 can have on us as a society, and how differently it has affected our families and neighbours at all levels⁽¹¹⁾.

The Qwell service is free and available in multiple regions and organisations that commission it, making this online ecosystem a novel service model to study mental health. In this report we aim to explore how making a digital mental health counselling service available and free for adults can help people dealing with stressful life events and contribute to the personal growth of those that use our services. To understand the impact of the therapeutic provisions within Qwell we gather evidence about the potential benefits, risks, and opportunities of the service. This initial investigation aims to understand how a digital service can support adults who have experienced a stressful life event in the context of Qwell, specifically asking the users

who have reported experiencing these events and have used the service to receive support. We hope to shed some initial light on how early support is perceived, who may be more at risk, what parts of Qwell are most useful to people experiencing stressful life events and how the help we have provided is perceived by people.

Therefore, in this report we aim to explore the role of these different aspects in supporting people who have experienced stressful life events, on the Qwell digital mental health service.

1. Exploration into the frequency and accumulation of SLEs, and the impact on mental health, and how much it relates to the COVID-19 pandemic between different demographics.
2. Investigating the connection between financial hardship, poverty and SLEs.
3. The importance of access to early support online in those who had experienced SLEs.
4. Investigating what users want to achieve when using a digital service like Qwell to support with SLEs.

Methodology

We explored how Qwell users coped with stressful life events and the role of the digital platform using a survey and four interviews with Qwell service users who had experienced stressful events in their lifetime. The project was ethically reviewed and approved by the University of Kent, School of Psychology ethics board (Ethics ID: 202116268595547251).

(1) The survey explored the impact of stressful life events, and whether Qwell as a digital therapeutic experience could help in coping with the event. A total of 55 service users completed the survey over a period of two months, with 69 users starting the survey. The mean age of service users who responded was 42 years old (range=18-68, sd=11.5), and the demographic characteristics of the respondents are shown in Table 1.

Descriptive analysis were conducted as well as Pearson’s correlations and comparisons between groups with ANOVAs and t-tests where appropriate.

Table 1 : Demographic characteristic distribution for survey respondents and frequency of interviewees.

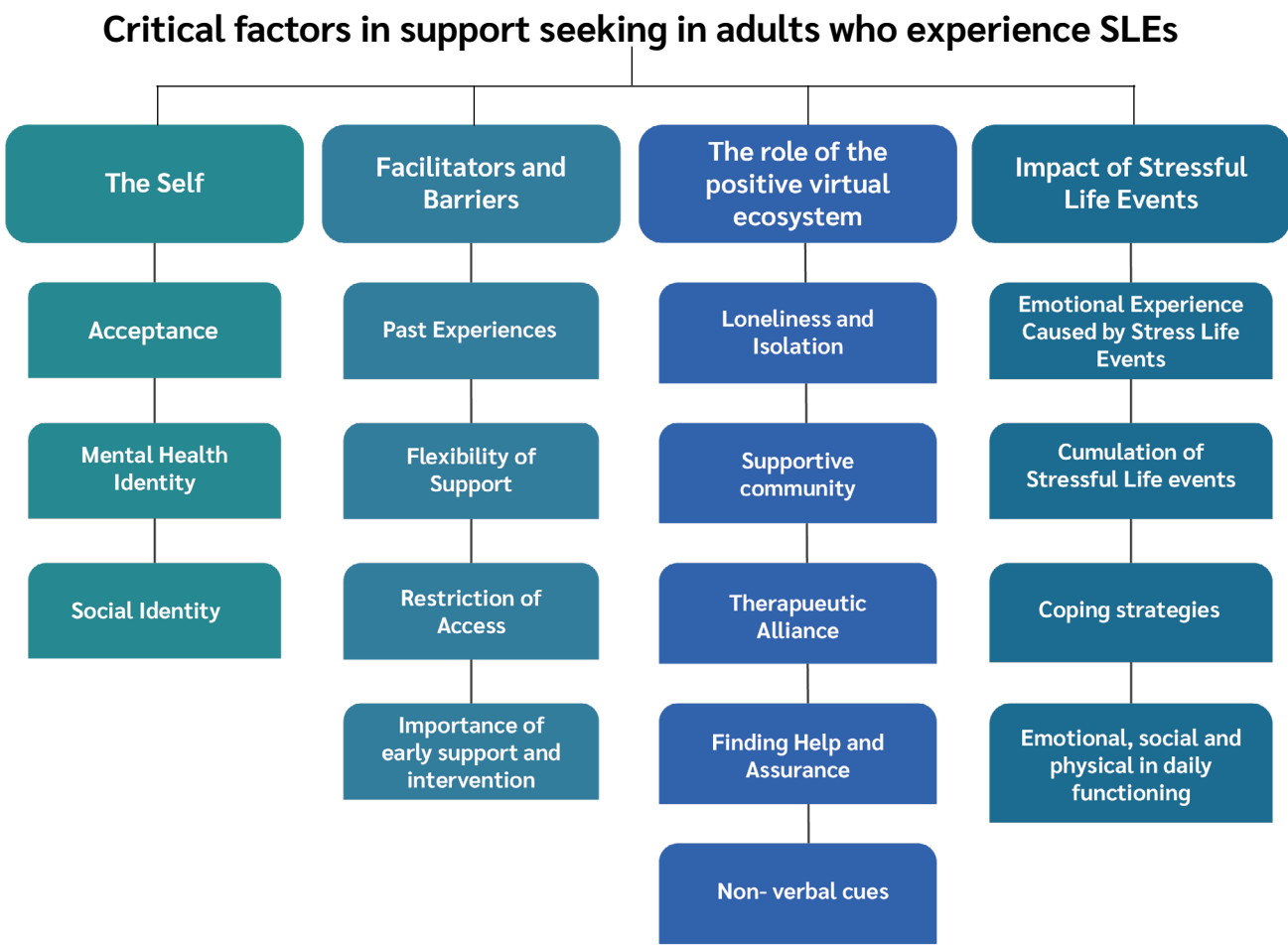
Gender	Proportion of Survey Respondents	Frequency for interviewees
Female	83%	3
Male	15%	1
Non-binary	2%	0

Ethnicity	Proportion of Survey Respondents	Frequency for interviewees
White	85%	3
Mixed Ethnicity	6%	1
Other	2%	0

(2) Four interviews were conducted to get an in-depth understanding of Qwell users who have recently experienced stressful life events. The questions focused on the experience of accessing support for stressful life events, and explored mechanisms of both helpful and unhelpful elements of a digital ecosystem. Interviewees were recruited through the survey, and were aged between 40 - 51; the demographic characteristics of the interviewees are shown in Table 1.

Transcripts were analysed following reflexive thematic analysis^{1 (12)}, and a thematic tree with four themes, and 16 subthemes were identified (See Figure 1).

Figure 1. Thematic tree from SLE qualitative analysis



The full methodology can be seen in Appendix 1

¹ This approach acknowledges the importance of researcher subjectivity in analysis, researchers inevitably have some preconceived ideas and theoretical knowledge prior to beginning analysis.

Stressful life events - Experience and impact

Most people exposed to Stressful Life Events (SLEs) do not develop an illness thanks to their ever developing resilience, but SLEs can have a profound effect on those who are not able to get better and recover after the SLE or traumatic experience. There are a variety of mechanisms through which the experience of stressful events may influence the onset and progression of clinically defined disease^(13,14). Although SLEs may not be the cause of a disease in healthy people, chronic exposure to an SLE can be weakening for the individual^(14,15). This can happen through persistent SLEs caused by permanent life stressors (e.g. disability, chronic illness) or by sequential exposure triggered by one SLE that follows a series of them e.g. job loss, financial difficulties, divorce^(14,16,17)



Our survey results showed a weak but significant relationship between age and the number of stressful life events experienced, this was in the expected positive direction with increasing age resulting in increasing stressful life events ($r(49)=.277$ $p=.05$). Therefore, **older adults could be more at risk of the compounding effects of SLEs on mental health.**

All interviewees in the study were between 40 and 51 years old, and reported more than one stressful life event in their lifespan.

Adults who completed the survey reported having experienced on average five stressful life events in their lifetime (a range between 1-10 SLEs were experienced). Surprisingly, support was only sought or received, on average, for one stressful life event. The cumulation of stressful life events was one subtheme found across the qualitative interviews analysed too. In some cases initial stressful life events had a cascading effect triggering further events⁽²²⁾. In other cases, the interviewees experienced multiple independent stressful life events, with no apparent relation to each other.

Across all interviews it was seen that multiple experiences of stressful life events had a detrimental impact on the individual's mental health.

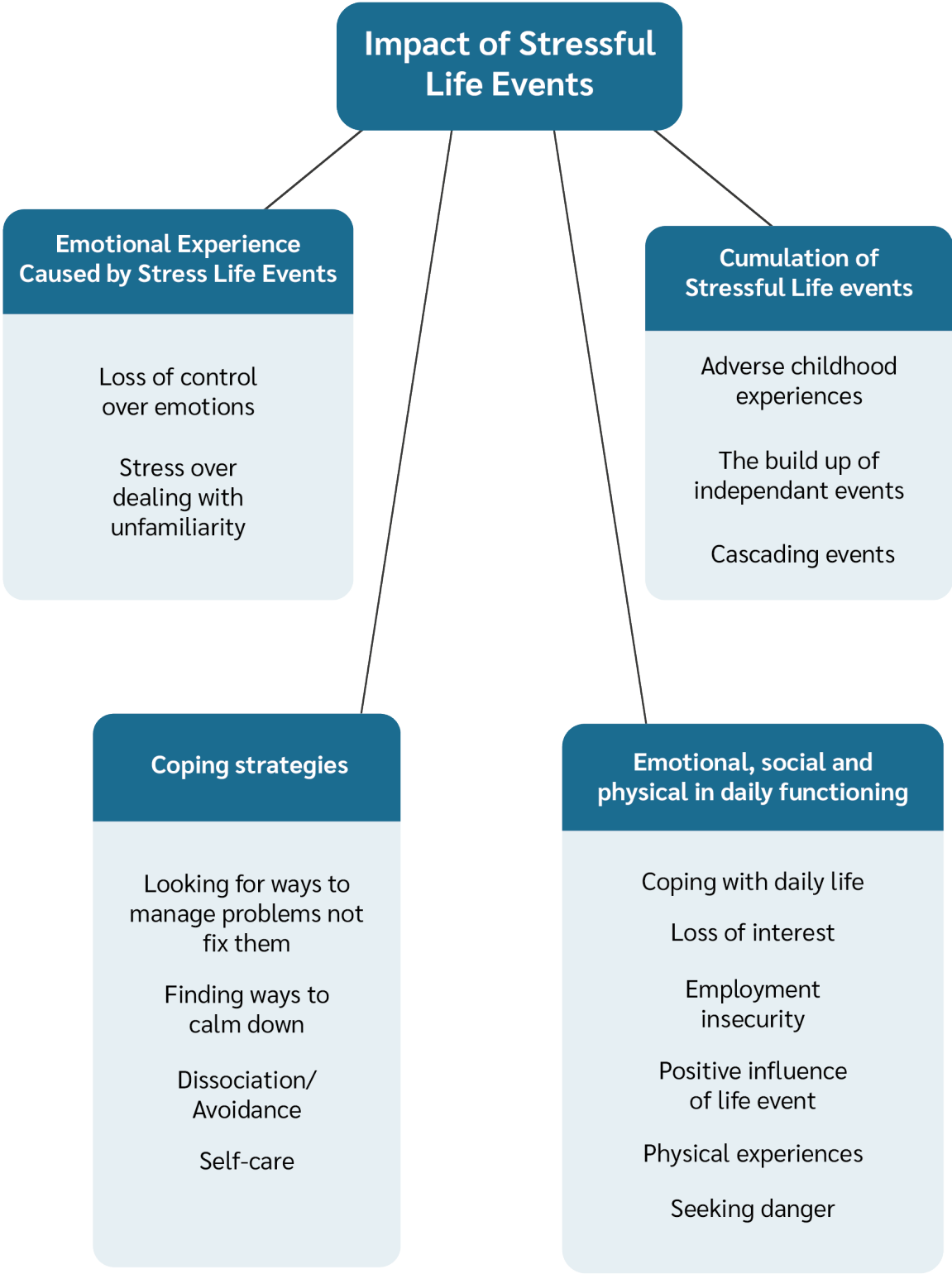
“The other life stressors have just piled on top of that”.

- Anonymous service user

One participant reflected that a problem with accessing mental health support and treatments available is the insufficiency for dealing with more complex cases of individuals who have experienced stressful life events; **“only cater for someone who has had just one or two difficult situations”.**

Research has shown that psychological distress has an association with adverse childhood experiences in the presence of stressful life events, indicating the need for a person centred approach that addresses life adversity and contemporary stress⁽²³⁾.

Figure 2. A breakdown of the interview analysis findings related to the theme ‘Impact of Stressful Life Events’



The survey provided the opportunity to explore the prevalence of impact of the SLE questionnaire (See Table 2). The overall average impact for all stressful life events was 2.37 out of the maximum score of 3. The highest impactful stressful life events were for one’s own injury, financial difficulties² and ‘Other SLEs’³. Free-text for ‘Other SLEs’ reported were often linked to traumatic events such as abuse particularly sexual abuse, relationship difficulties and problems with family members, hence being the highest average of impact across categories. Most participants reporting ‘Other SLEs’ also reported more than one stressful life event.

Table 2: The prevalence and impact rating reported in the survey for each SLE category.

Stressful Life Event Category		
	Prevalance	Impact
Own injury	67.30%	2.65
Friend death	63.60%	2.06
Family death	49.10%	2.42
Relative injury	43.60%	2.46
Fired/ Redundundant	43.60%	2.46
Unemployment	34.50%	2.17
Police	27.30%	2.50
Friend Problems	23.60%	2.35
Finance	21.80%	2.56
Relationship End	18.20%	2.00
Other SLE	16.40%	2.86
Theft	3.64%	2.33

Note: Impact rated on a scale of 0-3.

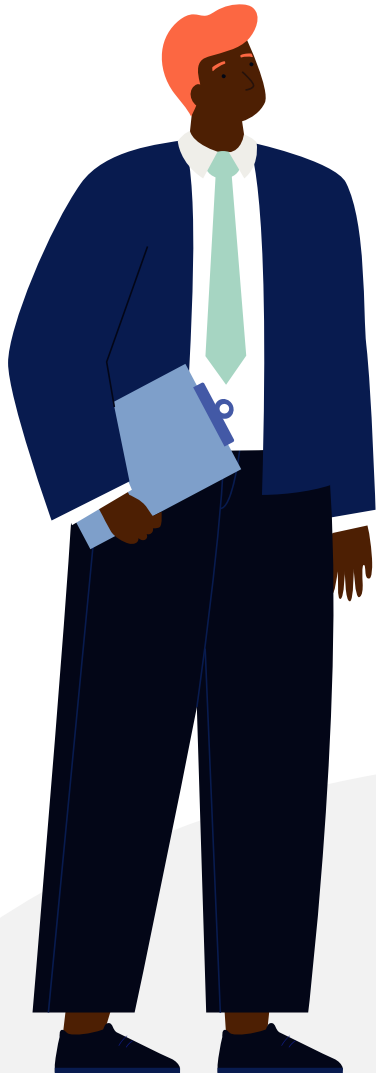
² On a scale out of 0-3, with 3 being the most impact on their life at the time of survey completion.
An ‘other’ free-text field was added in the survey to the LTE questionnaire for participants to personalise their answers.

There are other demographic factors that can affect stressful life event experiences and support seeking behaviours. Various factors can change the likelihood of experiencing stressful life events and may change the severity or likelihood of accessing support. For instance, a 25 year longitudinal study found significant differences in males predicting major depressive episodes for those experiencing stressful life events ⁽²⁴⁾, higher frequency of SLEs has also been found in those from ethnic minority groups ⁽²¹⁾.

Two of these factors were explored here. Firstly, the effect of gender was examined, where we found that of the eight men (15%) who completed the survey on average experienced 6 stressful life events (SD=2.0) and sought support 40% of the time, in comparison to women (83%) who on average experienced 4 stressful life events (SD=2.2) but only sought, on average, support 27% of the time.

Lastly, in our survey sample there was no difference in the number of stressful life events experienced between ethnicity groups, similarly there was no difference in the proportion of support sought or impact. Despite this, we are cautious to draw conclusions based on our small sample, where participation of white females was considerably higher and it was not possible to split equally

across the sample in gender or non-white ethnicities (See Table 1). Literature supports gender differences in the experience and frequency of stressful life events ⁽²⁵⁾. Our findings continue to highlight the required need to engage better with these groups and provides early indication on the willingness of males to engage with support after a stressful life events. Digital services can contribute to narrowing this gap, by not only providing easy access but also helping to understand the barriers preventing these groups (e.g. males and minority groups) from engaging in mental health services.



Finally, we investigated the stressful life events and its direct relationship with the COVID-19 pandemic (See Table 3). The primarily affected categories of stressful life events were around unemployment, being fired or made redundant and finance difficulties, followed by close network bereavements.

These categories highlight the pervasive impact that the COVID-19 can have despite efforts to mitigate these experiences during the pandemic and how bereavements caused by the pandemic may burden individuals well-being in the near future.

Interviewees also mentioned that the pandemic had affected their ability to access external help to services: **“her (a support worker) help was limited a bit by COVID-19”**. The pandemic has enhanced the adoption of digital technologies for health, at Qwell and Kooth (the children and young people’s service) we’ve had unprecedented demand since the pandemic started ⁽²⁶⁾. Qwell aims to be available for all with no costs for the users to access help, putting access at the heart of a personalised and effective mental health support.

Table 3: Percentage of stressful life events related to COVID-19

Stressful Life Event related to the COVID-19 pandemic	
	COVID-19 effect
Unemployment	33%
Finance	29%
Fired/ Redundant	27%
Relative injury	25%
Theft	22%
Friend death	20%
Friend Problems	17%
Family death	15%
Other SLE	11%
Own injury	8%
Relationship End	8%
Police	0%

Financial Hardship - Both a cause and a risk factor

Financial hardship and poverty are known social determinants and risk factors of poorer mental health ⁽²⁷⁾. The known challenges of living on a lower budget can be exacerbated by mental health problems ⁽²⁸⁾. Adding more importance to exploring the effect of financial hardship on the impact of stressful life events is the evidence that during COVID-19 pandemic, people with mental health problems were more likely to be on a lower income bracket than people without mental health problems ⁽²⁸⁾. Additionally, individuals in lower socioeconomic groups classically have accessed mental health services less, partially due to beliefs or experiences relating to the financial costs of psychological support. Other barriers stemming from problems with transport to get to appointments, as well as difficulty taking time off work ⁽²⁹⁾.

As discussed in the previous section, issues such as finances, unemployment, and being fired/made redundant were all highly prevalent stressful life events, and were exacerbated by the COVID-19 pandemic (see Table 3). This supports the wider evidence that financial hardship and associated financial uncertainty can be a stressful life event itself and in turn a risk factor for mental health issues. **Sudden financial problems can be triggering of suicidal thoughts ⁽³⁰⁾, and there is a reluctance to disclose this to support organisations due to the feelings of ‘double stigma’, stigma both around financial hardship and stigma around mental health difficulties ⁽³⁰⁾.**

Adults in the survey were classified into being either above the poverty line, in relative poverty or in absolute poverty⁴. In our sample we identified that 18% were in absolute poverty and 9% were in relative poverty, with 60% being above the poverty threshold (13% did not respond). **In our sample we see a higher proportion of adults in absolute poverty and a lower proportion of adults in relative poverty compared to the UK national average⁵ ⁽³¹⁾.**

As seen in Figure 2, adults who were above the poverty line did report experiencing stressful life events, but we saw that they experienced a below average number of stressful life events overall compared to the whole sample. This contrasted with adults in our sample who were classified in **absolute poverty, who experienced an above average amount of** stressful life events, with one additional stressful life event on average compared to the overall group in our sample. Adults in relative poverty were seen to experience 5 stressful life events, which was the average number overall⁶. The difference in the number of stressful life events between the adults above the poverty line and those in absolute poverty was statistically significant⁷, suggesting that there is an effect on the number of stressful life events experiences and the socioeconomic poverty classification.

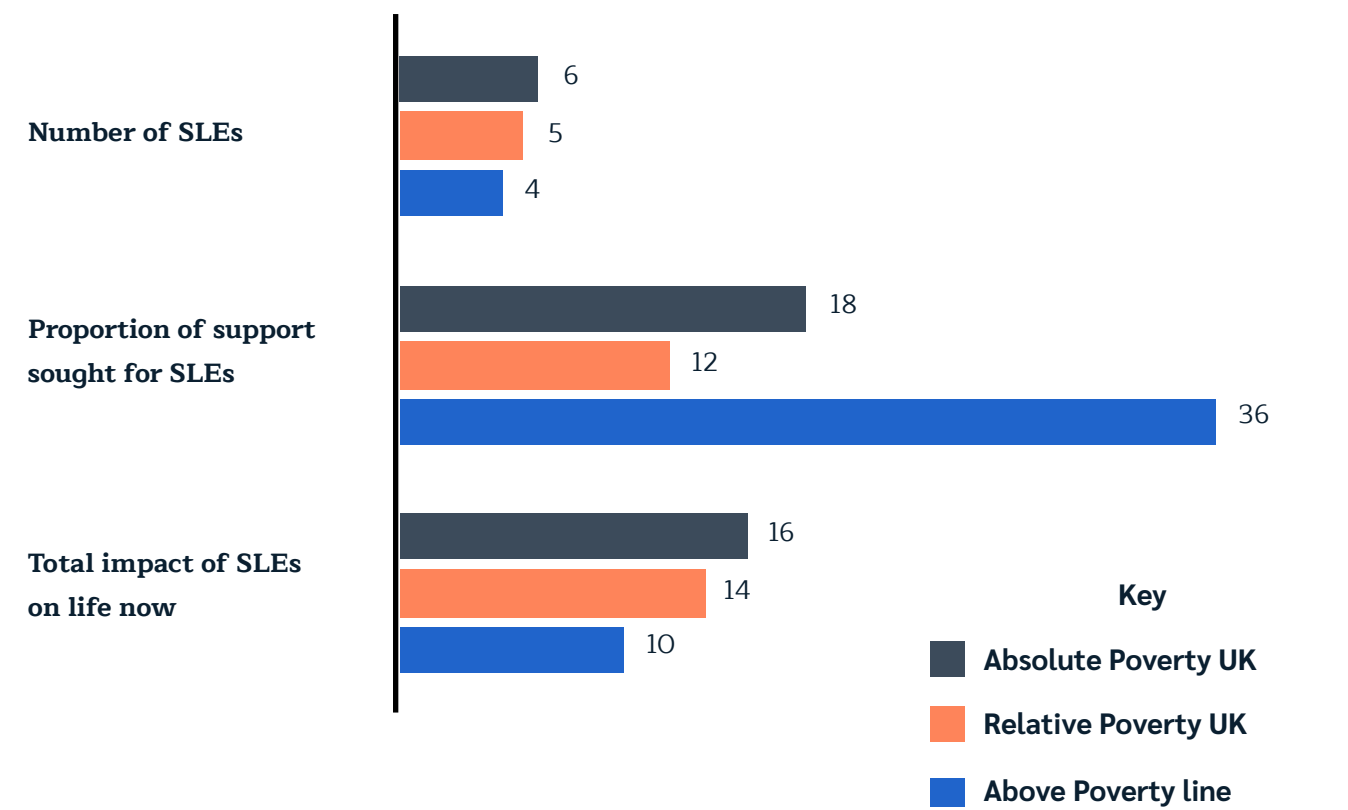


Figure 3. This figure shows at the top the average number of Stressful Life Events (SLEs), in the middle the proportion of support sought for these SLEs, and at the bottom the total impact these SLEs had on the respondents now. All of these figures are split in socioeconomic status by absolute poverty (Grey), relative poverty (Orange) or above poverty line (Blue).

⁴ Income was reported by 48 service users enabling a classification (after examining the distribution of income scores) into 3 categories, service users under 30k per annum (58%), those earning between 31-50k pa (23%) and those earning over 51k pa (19%). For individuals earning under 30K, we further classified responses into their poverty status (49): relative poverty (household income below 60% of the UK median income in 2019/2020), absolute poverty (household income below 60% of the UK median income in 2010/2011, and above the poverty threshold (household income equal or above 60% of the UK median income in 2019/2020).
⁵ Which in 2019/20 reported 14% in absolute poverty, and 18% in relative poverty (31).

⁶ It is worth noting that this is a small and cross-sectional sample and therefore cannot be fully representative.
⁷ There was a significant difference in the number of a SLE experienced in our survey sample between adults who were in absolute poverty (M=6.10, SD=2.23) and above the poverty line (M=4.42, SD=2.15, t(51)=2.17, p=.035.)

In association to the stressful life events experienced (See Figure 2), adults who are below the absolute poverty line experienced a significantly higher negative impact overall of the experienced stressful life events on their life now, than those above the poverty line⁸. This is important as the impact score indicates how much a stressful life event impacts their day-to-day life now, with the more stressful life events experienced the more impact these had.

“I paid privately for a time just to support trying to keep going until I ran out of money”

- Anonymous service user

An interesting observation is that those above the poverty line seem to seek support more often for their stressful life events than those below the poverty line. This is an observation as this was not significantly shown in the data, one reason perhaps is the variability in sample sizes between these groups, but is something interesting to explore further given the perceived financial barriers to early support⁽²⁹⁾. This links with what was seen in the interviews, with one of the key barriers to accessing support that interviewees mentioned was financial constraints, both at an individual and an organisational level.

Responses to the interview question;

“What do you think are the main challenges people are facing when it comes to seeking support for stressful life events?”

- “Financial limitations, of the individual and of the organisations”
- “Funding private counselling”
- “How rich you are”

Without available funds to pay for private mental health treatment, the interviewees felt restricted in the help they could access. Whilst all participants had previously accessed support, primarily through charities and the NHS, the interviewees often desired private treatment. One possible reason for this was that private mental health treatment provides a choice, continuity and length of support that public healthcare is limited in providing due to a high level of demand on these services.

Overall, from our sample we observed that being in a lower socioeconomic group puts you at higher risk of experiencing more stressful life events in your lifetime. The associated overall impact on the respondents lives, at the time of completing the survey, was also higher. Interview data reiterated the importance of removing the barrier of financial costs associated with flexible and suitable professional therapeutic support, as this is seen to be a major barrier to mental health help-seeking⁽²⁹⁾.



Taken together, there is a suggestion that there was a compounding of the impact of stressful life events on one’s life, rather than just an impact at the time of the stressful life event, with individuals from lower socioeconomic background being more at risk of this compounding effect and the impact of those on their day-to-day lives. Stressful life events are shown to often have a negative effect on both

⁸ There was not a significant difference between the effect of ‘Impact on life now’ and the poverty grouping variable overall ($F(3,51)=3.41, p=.23$), however t-tests shows a statistically significant difference between adults in the absolute poverty grouping and adults above poverty line (below absolute poverty line: $M=15.70, sd=6.82$, above poverty line: $M=9.94, sd=5.46$; $t(51)=2.71, p<.001$). There was a small sample size between the relative poverty group and this could have explained the lack of overall significance in the model.

The importance of early support:

90%

of survey respondents said it was important that they were supported in developing strategies for **dealing with the event immediately after the event.**

92%

said it was important to be supported to develop strategies for **dealing with the event in the long term.**

88%

said it was **important that they were supported in understanding their own mental health** and reactions to a Stressful Life Event.

35%

of survey respondents **previously sought no support** for past Stressful Life Events.

physical^(33,34) and mental health⁽³⁻⁵⁾. **Early support is one way of mitigating this negative impact, with research suggesting that early therapy is effective at treating traumatic stress symptoms when carried out within three months of the event⁽³⁵⁾.** As a service without waiting lists, where service users can seek support when they need it, Qwell offers significant value to users needing quick and early support.

We know that stressful events can build up across a person's lifetime, resulting in a wear and tear impact on mental health^(14,36). From the survey results, we found a strong relationship between the number of stressful life events and the impact on daily life ($r(55) = .868$, $p < .001$) with the increase in stressful life events having an increase in the overall impact on daily life. **The cumulative impact of life events over an individual's life can have a compounded effect on their mental health.** In the interviews, the participants often only sought support after the cumulative impact of multiple stressful

life events pushed them to a crisis point in their mental health. Mental health support was viewed as an option of last resort, only to be sought when individuals could no longer cope with their problems;

| **“I’ve sought support when I’ve been very desperate”**

- Anonymous service user

Counselling offers a way to intervene with compounding effects of built up stressful life events. By providing early support when stressful life events first happen, individuals can be helped to develop resilience to better deal with future stressful events⁽³⁷⁾.

| **“I had been going in a downward spiral and needed to try to even things out again”**

- Anonymous service user

Because of the importance of early support, one part of the survey focused on how frequently respondents accessed support for individual stressful life events, with respondents only seeking support for an average of 29.8% (SD=32.1) of stressful life events they had experienced. Respondents most frequently accessed support when a relationship ended (46%), and were also more likely to access support for financial difficulties (43%) followed by other stressful life events (See Table 4).



Table 4: The percentage of support sought for the SLEs.

	% who sought support	Total who experience SLE
Relationship End	46%	13
Finance	43%	14
Unemployment	39%	18
Other SLE	37%	35
Family death	30%	27
Own injury	30%	37
Relative injury	25%	24
Friend Problems	22%	11
Fired/ Redundant	18%	11
Friend death	11%	35
Theft	11%	9
Police	0%	2

The higher negative impact of the event is likely to contribute to why respondents experiencing this event were more likely to seek support. Across all of the events, there was a small but significant positive correlation ($r(55)=.302$, $p=.025$) between the impact of the events and the proportion of events where the respondent accessed support. Therefore, an individual with a higher impact average was more likely to have accessed support for a greater proportion of events experienced.

The impact of stressful life events alone is not sufficient to explain the differences in accessing support, given the correlation was quite small. For example, when respondents experienced a relative getting injured, they were far less likely to access support (25%), but had a similar average impact score (2.46) compared to those experiencing financial hardship (2.57). A comparison between the impact and proportion of support sought can be seen in Table 2.

Financial difficulties was a highly impactful stressful life event. In the case of financial difficulties, there are multiple opportunities when an individual may be signposted to mental health support. For example, food banks often provide signposting and support ⁽³⁸⁾. Support specifically for financial difficulties is also available alongside general mental health support, such as Citizen Advice, potentially also increasing the proportion of respondents accessing support for the event.

In the case of bereavement, the frequency of accessing support is relatively low, at 30% for the death of a family member and 11% for the death of a friend. In both cases the average impact is high, at 2.42 and 2.06 respectively (out of 3). These findings correspond with previous research

into suicide bereavement where many participants spoke about feeling unable to seek out support, and not knowing what type of help was either available or required ⁽³⁹⁾.

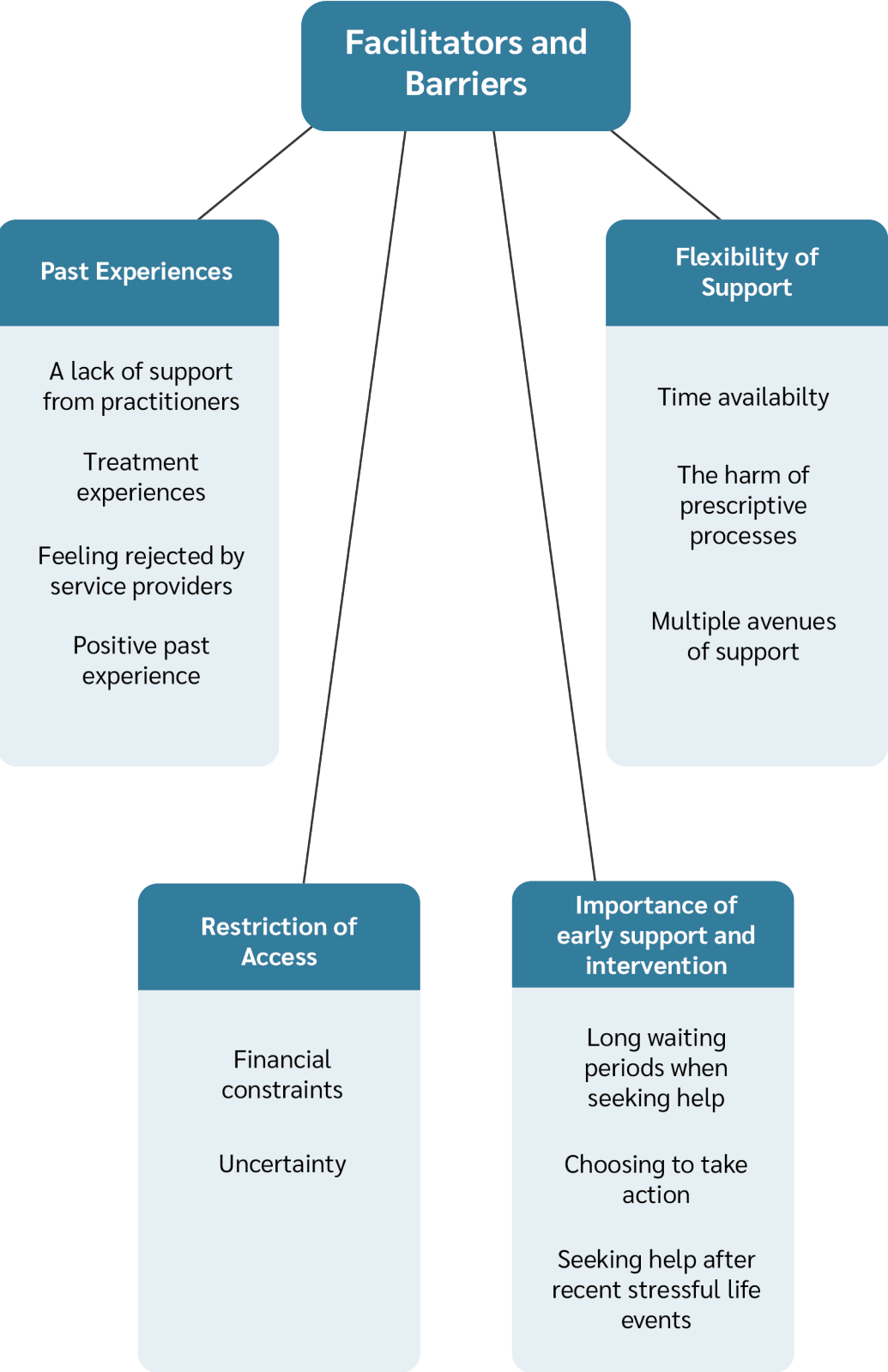
Not knowing where to seek support, or what type of support is available presents a possible explanation for why respondents did not access support for events that had a negative impact on their daily lives. This barrier to accessing support was identified as one of the codes in the subtheme ‘Restriction of Access’, reflecting comments from interviewees about not knowing where to access support.

“I’ve had times in my life where I have felt so desperate for support but just haven’t known where to turn”

- Anonymous service user

For people who are signed up with Qwell, at the point they experience a stressful life event the service is able to provide early support and avoids people suffering without knowing where to seek support.

Figure 4. A breakdown of the interview analysis findings related to the theme of ‘Facilitators and Barriers’



Clinical Expert Commentary

Qwell is a trauma-informed organisation, which aims to address the impact of trauma more broadly across all our staff so we can better support the people that come for help from our service ⁽⁴⁰⁾ through providing compassion and understanding. This is highly relevant to mitigating the impact of stressful life events on mental health as we recognise as a service the relevance of prior stressful life events on support readiness and are open to tackle the compounding effect of stressful life events on mental health more broadly.

Individuals who have experienced more Stressful life events (SLEs) are consistently more likely to report worse mental health than those who have experienced few or no stressful events. A significant percentage of us are dealing with major stresses at any point in time. Digital mental health platforms, like Qwell, are vital in supporting users to talk about what is troubling them, access evidence-based mental health services and feel part of an online community. Qwell’s digital platform further provides the flexibility of access to mental health support and functional signposting to health professionals, services, and interventions. The platform’s anonymous medium reduces users’ inhibitions, thus promoting the sharing of their experiences and enhances their support to embark on their own mental health journey.

“Be kind, for everyone you meet is fighting a hard battle.”



Andreas Paris
Clinical Lead, Kooth

Why Digital?

At Qwell, we offer a unique provision of anonymous, safe and integrated humanistic counselling within a positive digital ecosystem ⁽⁴¹⁾. Qwell is able to flexibly support the service users needs in a way that face to face services may struggle to, as the service user is in control of their mental health journey. The service user can be anonymous and does not have to share any more information than they wish to. They can explore the community and find their own paths to getting the support they need.

84% of survey respondents said it was important that they were in charge of their own mental health journey.

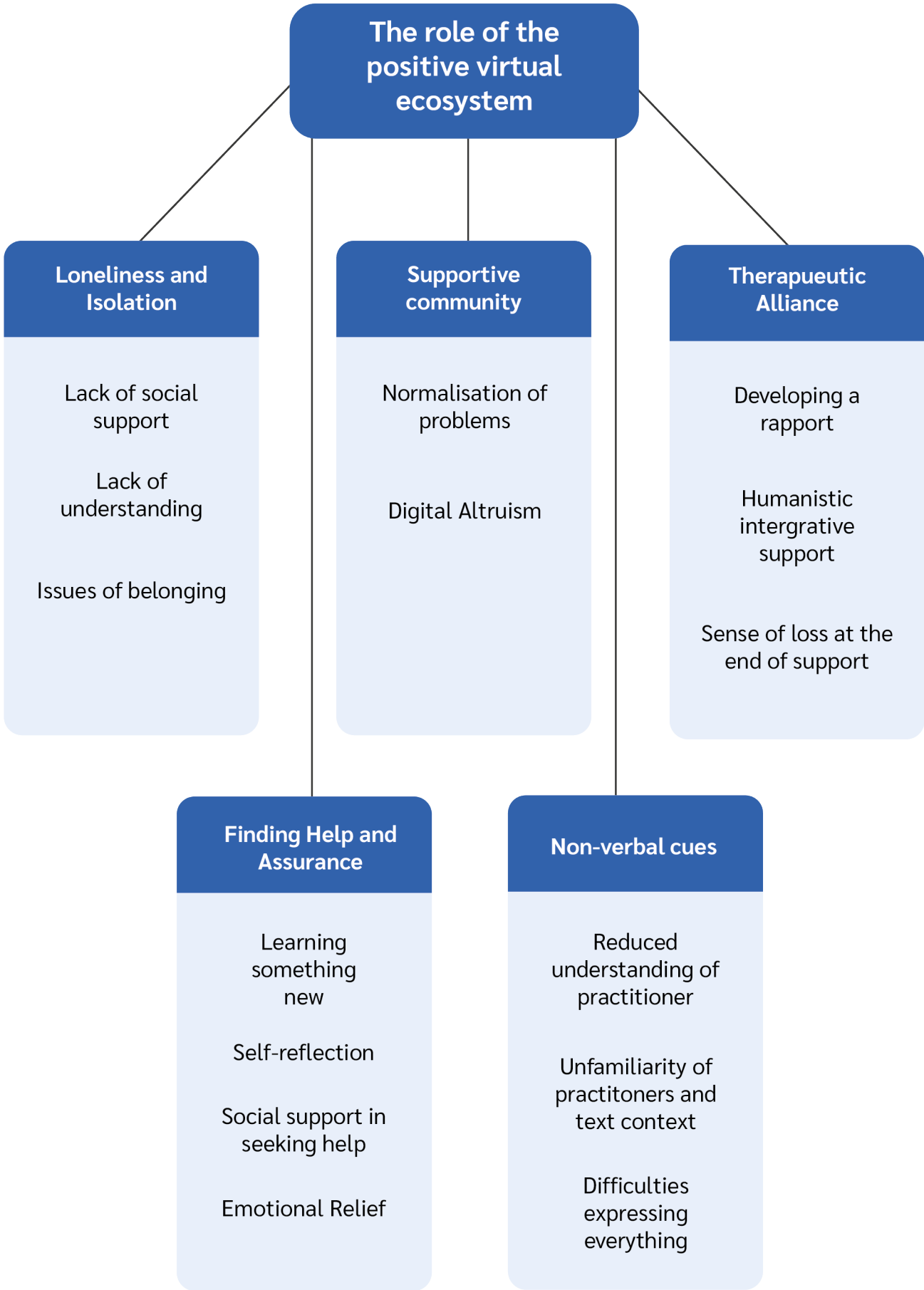
The survey revealed that the most popular type of support people want for dealing with stressful life events remains to be face to face, but it is followed by online support from health professionals offered by services like Qwell (See Table 5).

Table 5: People who did not have access to support for a stressful life event indicating what type of support would have helped them

What support would have helped/would help in dealing with past stressful life events	
Face to face support	37
Online support from health professionals	26
Talk with someone I know	15
GP	14
Support groups	14
Self help	7
I don't think any would have helped me	4

Note - only service users who did not seek support at the time of their SLE were asked this.

Figure 5. A breakdown of the interview analysis findings related to the theme of ‘The role of the positive virtual ecosystem’



Digital services are becoming more integrated with the wider system to help to provide further choice of support options. A digital service like Qwell aims to provide personalisation and information on what support may better fit the individual needs and can meaningfully signpost to other support available too.

This person-centred approach may also help increase access to services. One interviewee mentioned how their Qwell practitioner had helped them get in touch with their GP and act as a go-between between themselves and the GP, “GP phoned me and it made it easier as I have always struggled to initiate a conversation with the GP but the counsellor had briefly explained the issue so this helped”. The Qwell practitioner acting as a go-between helped the participant feel more comfortable talking to their GP and helped the service users access support in a way they were comfortable.

It is often thought that online rapport or therapeutic alliance may be different, or take more time to develop in a digital environment. However in line with other findings⁽⁴²⁾ the interviews captured humanistic and integrative provision of the ecosystem shows how counsellors quickly develop rapport online and meaningful connection with users, an interviewee said;

“I feel comfortable sharing and I feel as though people really do understand ”

- Anonymous service user



90%

of survey respondents said it was important that they were supported in accepting that their problems and emotions are real and valid.

A subtheme from the qualitative interviews identified the impact of digital text-based service having a lack non-verbal cues. Some interviewees described missing non-verbal cues between the practitioner and the service user. A point of **concern for some interviewees was a fear of the unknown**, the fear that they wouldn’t be able to connect with the counsellors over an online platform. One interviewee said they “didn’t like not knowing who I was talking to at first.” However the same person described having a “**really good experience**” at **Qwell**, suggesting that this fear was mitigated once on the service.

The format of text-based chats meant some service users had difficulties expressing everything. They sometimes struggled to put their emotions and problems into words and they couldn’t use non-verbal signals. As one interviewee describes “sometimes I can’t write emotionally exactly what’s going on for me and they cannot detect anything only the written word”. Yet, some interviewees also appreciated the text-based chat as a method of self-reflection. The chat format ensures a slower interaction with the counsellor, which allows her to stay calm and think about what she is trying to say.

“I like the way Qwell slows down the conversation because of the nature of typing”

- Anonymous service user

But one added positive aspect of Qwell is that there is anonymity. This **anonymity can reduce inhibitions about disclosure** and talking about mental health and makes them “feel free to be honest”. Interviewees claimed that Qwell helped them to talk about their thoughts and problems, providing emotional relief.

“I Felt able to open up and talk about difficult things”

- Anonymous service user



How Qwell is perceived to support people with stressful life events?

People are provided with choice at Qwell - some use it routinely and others interact with Qwell more intermittently or even as a one-off interaction. In the interviews, flexibility of support was identified as a subtheme under ‘Facilitators and Barriers of accessing mental health support’. All interviewees suggested time availability was important in accessing support. One interviewee said, “Qwell is there any time and for any length of time, as the need arises”. In contrast to in-person services which involve waiting times and booking sessions in advance, online services **provide greater flexibility of support** since you can access them from anywhere as long as you have access to a device and internet connection. One way Qwell provides flexibility is through the short waiting times for support where

“Qwell is there any time and for any length of time, as the need arises”

- Anonymous service user

users can access support as soon as they join up. In the interviews the subtheme of ‘The importance of early support and intervention’ was identified, raising the issue of long waiting times for accessing support. A consequence of the long waiting times, particularly when combined with individuals seeking support at a crisis point, may leave them without support at a time when they are particularly vulnerable.



“Sometimes things have failed or the wait has meant no support at that time but years later”

- Anonymous service user

The people with stressful life events surveyed provided information about their engagement with the Qwell platform (See Table 6). Almost half of the respondents had used the service for their first time, this highlights the importance of single-session therapy approaches, and brief interventions within the service, but also how online services can act as a bridge to access the desired support. However 24.1% of surveyed people reported to use the service once a week engaging in more structured ways in chat with counsellors. **Qwell is able to offer both brief intervention or more structured support** with an allocated counsellor that supports the progress and journey of the service user, this is a more consistent work within the service, they highlighting the pathways of engagements (41p.24) and different interventions that users embark on when engaging with the Qwell virtual ecosystem to achieve their personalised goals.

Table 6: Frequency of engagement at Qwell from Survey respondents

Levels	Counts	% of Total
Daily	4	7.4%
A few times a week	7	13.0%
Once a week	13	24.1%
A few times a month	2	3.7%
A few times a year	3	5.6%
This is my first time using Qwell	25	46.3%

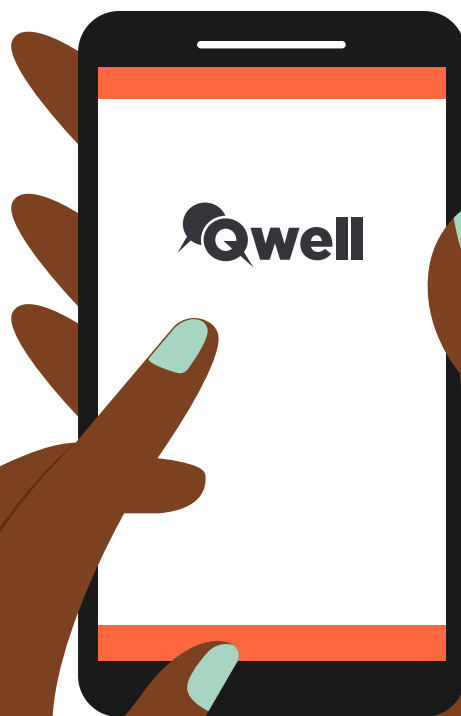
74%

of survey respondents said it was important to be able to set and work towards supportive goals on Qwell.

All of the interviewees had used the therapeutic chats at Qwell, and some had also either read or created content. The questions used in the interviews asked about general use of the service, including the benefits and limitations of a digital service. **Interviewees considered the messaging and the community content to be areas of greater importance** when discussing the service.

“I can get the help I need without feeling like a burden, because I can also ‘pay back’ by helping others”

- Anonymous service user



In the survey, the community aspect of Qwell was highlighted, respondents value the importance to support others passing through similar experiences and to be able to connect to others. **Safety in the community and ecosystem seems to be one of the main priorities for people who have experienced stressful life events and are now accessing Qwell.**

61%

of survey respondents said that it was important to be able to support others in similar situations.

65%

said that it was important that Qwell helps them connect to people who have had a similar experience.

91%

said that it was important to have a safe space to talk.

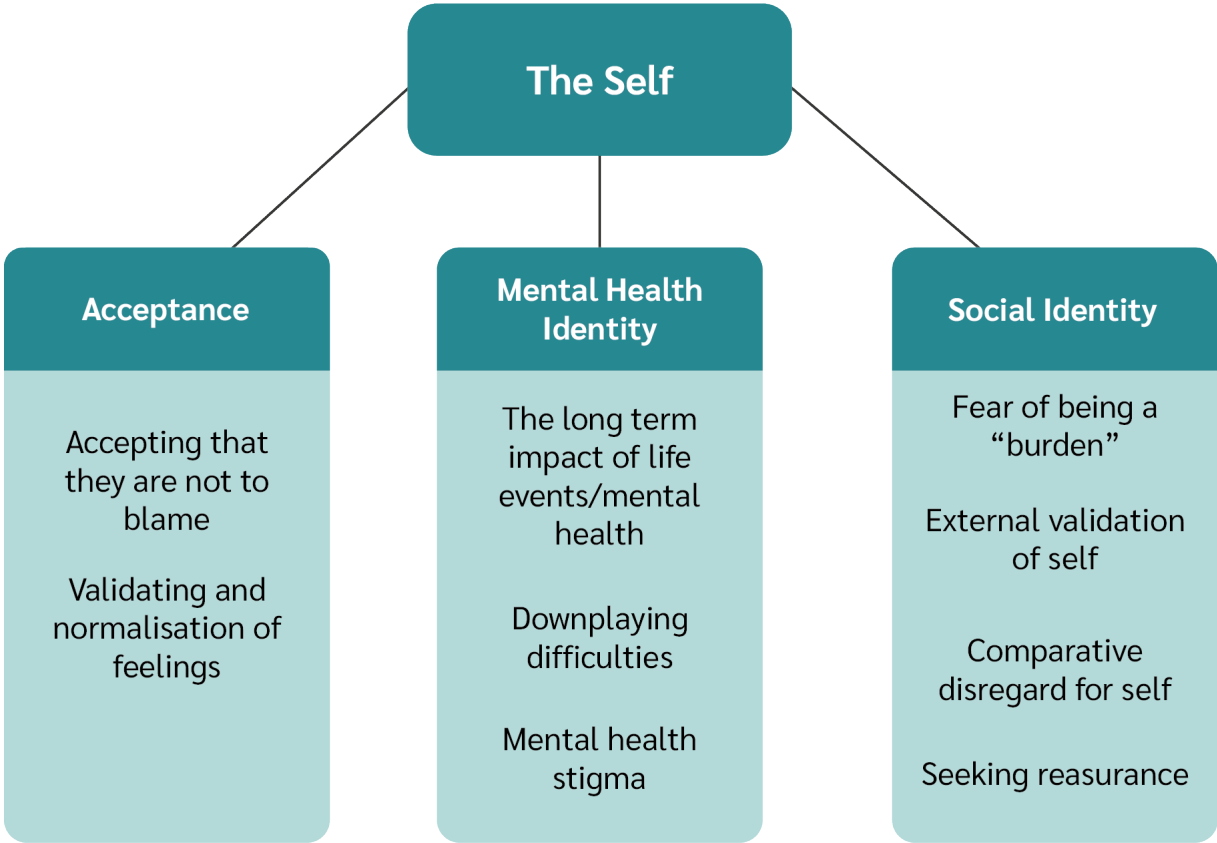
In the interviews, the positive impacts of the Qwell community were frequently raised, and are presented in the subtheme of ‘Supportive Community’ in the overarching qualitative theme of ‘The Role of the Positive Virtual Ecosystem’. The community space

“Seeing that others are also affected, struggling helps to not feel isolated”.

- Anonymous service user

offers users the opportunity to talk to people with similar problems and experiences. It helped them feel included when they had previously felt isolated by their mental health issues. The interaction with the community aspect of Qwell varied between the interviewees. Some cases reported on reading what others were writing, while others discussed how they actively interact with others on the community forums, to give back what they learn as a form of digital altruism ⁽⁴³⁾. From the perspective of one interviewee helping others on the platform allowed them to have a more balanced relationship with the service. **“I can get the help I need without feeling like a burden, because I can also ‘pay back’ by helping others”.** The benefits of a bidirectional relationship within peer support services has been found in previous research ⁽⁴⁴⁾.

Figure 6. A breakdown of the interview analysis findings related to the theme of ‘The Self’



Digital services like Qwell are well suited to offer community elements as there are little barriers to engagement, such as stigma around mental health discussions, travel limitations and working hour restrictions ⁽²⁹⁾, which are present in traditional community engagement. The additional safety Qwell provides through moderating all content ensures that the digital community is supportive and beneficial to those who choose to engage with it.

What people who have experienced a Stressful Life Event want to achieve in Qwell as a positive virtual ecosystem?

Table 7: The positive virtual ecosystem outcomes sought by service users

Outcomes from the Positive Virtual Ecosystem digital support	
Heard	78%
Confidence	66%
Positive behaviour	64%
Understanding	64%
Relief	60%
Problem Solving	51%
Support Network	33%
Safe	27%
Support Appreciate	25%
Isolation	20%
Self Esteem	17%
Hope	15%
Support Aware	8%
Peers	8%

The theory of change for Kooth adults⁽⁴¹⁾ outlines some of the main outcomes that service users seek to achieve in the platform. The survey allowed us to explore the outcomes in more detail with a sample of people experiencing stressful life events (See Table 7).

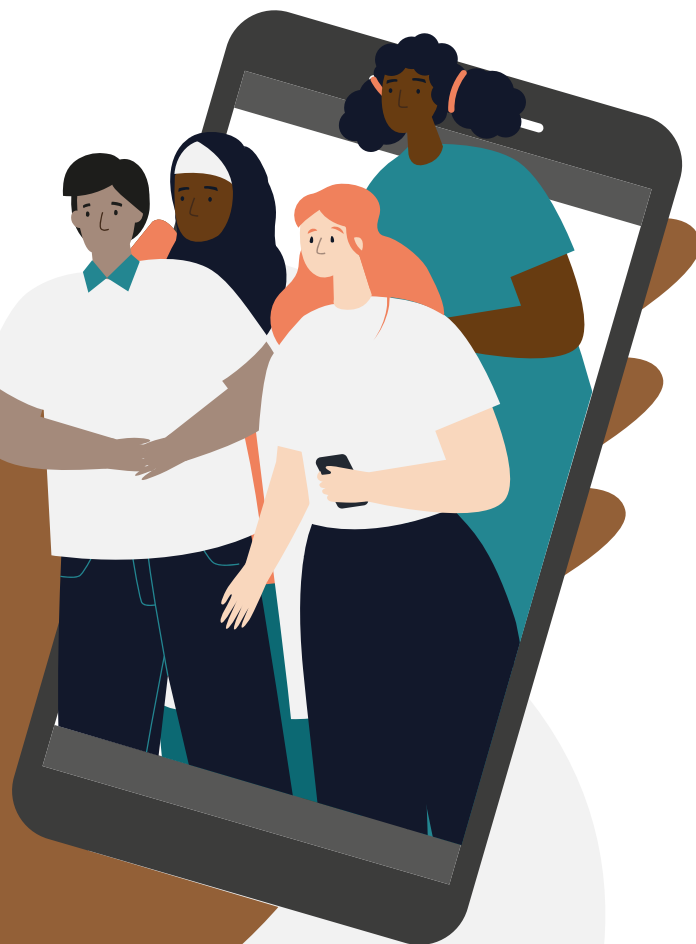
The most **frequently selected outcomes were seeking to be heard (78%) and experiencing relief (60%)**. They were also seeking to gain understanding (64%) and increase their confidence (66%) and establish positive behaviours in their life (60%). People were also seeking to increase hope and feel safe. These are all known and important factors for successful mental health recovery ⁽⁴⁵⁾.

Interviewees had multiple reasons for using the service, with the main one shown in the subtheme ‘Seeking help and Assurance’. This theme incorporates both informational support, and emotional support that the service can provide through its ecosystem. Interviewees often appreciated the signposting and guidance provided in the chats, and sought to learn new ways to cope acquired from the service. One interviewee said, they were “hoping to learn something new” through Qwell. This highlights the importance to service users of finding more or new information and developing understanding and mental health literacy ⁽⁴⁶⁾ which ultimately should provide better health outcomes for the users in their journey to wellness.

| “I am hoping to learn something new (from Qwell)”

- Anonymous service user

Digital mental health services like Qwell provides a set of opportunities and challenges to address stressful life events. Adults access and wish to access support online, therefore it is important to understand how service users want to use the service and what they seek to achieve in a Positive Virtual Ecosystem with professional and peer support available to all.



Conclusion

This report provides a deep dive into a digital mental health service, Qwell. We explored through a survey and interviews with service users, their experience and impact of SLEs, financial hardship and the importance of early and accessible support and why digital could be a viable option for early intervention and prevention.

Qwell is a digital mental health service that provides a positive virtual ecosystem to the users. The findings from the report highlight the importance of early support, access and availability for people to talk about their mental health. It also demonstrates the importance of the online community aspect of this platform and how it can help through forum based anonymous peer support, enhancing the recovery of individuals and their safety.

In line with the literature, we found that people experiencing stressful life events may be more impacted when there is accumulation of them throughout their lives, but also to those experiencing severe trauma from specific events. Age was therefore a key factor to consider, with older adults experiencing more SLEs over their lifetimes, and therefore could be more at risk of the compounding effects of SLEs on their mental health.

We were able to discern some of the recent and early impacts of the COVID-19 in people accessing our services and what kind of stressful life events are more frequently experienced. Financial difficulties and unemployment were the most prevalent during the pandemic, these also had the highest impact, alongside significant others bereavements. Joining up the range of societal support services for these SLEs is critical to provide early support for the impact of these SLEs on mental health specifically.

Some individuals could be more at risk. Here we identified those in absolute poverty were at higher risk of experiencing more SLEs and having a larger overall impact on their daily lives as a consequence. Findings show how financial hardship seems to be a major contributor to the SLE's impact, emphasising the importance of free access. It also raises questions on how a digital counselling service can support the financial hardship event in the short-term but also in the long-term.

Digital mental health services can improve access, they constitute an opportunity to provide early and flexible support to individuals from any socioeconomic background and may mitigate financial restrictions, such as travelling or taking time off work. Importantly, services like Qwell can support increased psychological flexibility, resilience, and adaptive problem solving which all support and protect mental health during financial difficulties ⁽³²⁾ and provide early support in the event of a stressful life event.

Having a single accessible point to seek anonymous support for a range of SLEs and mental health difficulties is critical to prevention. Many interviewees told us that they either did not know where to seek support when they experienced a SLE, or did not seek support until they experienced severe problems. People also highlighted the importance of having a service where access could be available, consistent and directed by the service users, giving choice back to the individual. This was especially important as many of the adults seeking support from Qwell had experienced multiple SLEs or had more than one concern they wanted to discuss.

Finally, findings suggest the importance of digital services to serve as a leverage to access and signpost meaningfully to health professionals, when further treatment is required, some wish to engage briefly with the service aiming to gain understanding of their own mental health, to experience someone listening to their concerns, or provide hope and start steps to establish positive strategies towards their wellness and mental health. These are key person-centred goals that adults who have experienced a SLE are aiming to achieve to impact their lives positively and that Qwell aims to provide to those suffering from stressful life experiences and further mental health difficulties.

Recommendations

We recommend exploring how to join-up or provide multi agency support provision for SLEs to provide more timely and appropriate mental health support. We stress the importance of flexibility and choice when providing support for SLEs, as well as a more immediate availability at the point of need. Further exploration to examine how SLEs impact mental health of individuals at higher risk of being impacted by SLEs, such as individuals from lower socio-economic backgrounds, as well as exploring how gender and ethnicity impacts the likelihood of accessing support after an event. We recommend taking a trauma-informed approach to support provisions, enabling service users to explore SLE experiences that may otherwise have a compounding effect when experiencing future SLEs.



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Appendix: Full methodology

In order to explore stressful life events in the digital platform, we took a mixed-method approach for data collection and designed a cross-sectional study.

Due to the nature of the topic, our research was ethically reviewed and approved by the University of Kent, School of Psychology ethics board (Ethics ID: 202116268595547251).

Survey

To explore stressful life events we adapted List of Threatening Events (LTE) (47)) and include a functioning question to measure the impact on the individual for each event reported. For each stressful life event selected there were questions on when the event happened, the impact of COVID-19 pandemic, and whether support was accessed at the time. The second section of the survey was on Qwell usage. This is asked to explore how users interact with a digital text-based platform, and how helpful or unhelpful the therapeutic experience is for users of the platform.

An online survey (Alchemer.com) was advertised in the peer support community and Qwell landing page. The survey was active for a 2-month period from August to October 2021.

A total of 55 service users completed or partially completed the survey. 69 service users started the survey, with 4 excluded for not completing the consent form, and 8 excluded for not having a SLE. Out of the 55 service users, there was a completion rate of 90%, with only 5 service users partially completing the survey. Data was analysed from all 55 service users.

The demographic proportions for service users completing the survey is shown in table 1. The mean age of service users who responded was 42 years old (range=18-68, sd=11.5). The service users completing the survey were from different ethnic backgrounds; 85% reported being white, 6% reported mixed ethnicity, 2% reported other and 7% did not report on their ethnicity. In the 2011 Census, 87% of the UK population were White, whilst 13% belonged to a Black, Asian, Mixed, or Other ethnic group⁽⁴⁸⁾.

Descriptive analysis was conducted as well as Pearson’s correlations and ANOVAs (t-test follow ups) where appropriate.

Interviews

Interviewees were all Qwell service users and were recruited via two methods. They either expressed interest in taking part in the interview by providing their Qwell username at the end of the Stressful Life Events survey or they directly expressed their interest from an advert published in Qwell community forums. Clinical assessments of potential interviewees were conducted by our clinical governance at Kooth Plc, to mitigate any risk for the interviewees. From 18 service users who expressed an interest in taking part, 7 service users were considered suitable to take part in the study after the clinical assessment. All interview participants were provided with a £20 token for their participation.

Service users were contacted through Qwell for an interview and given access to an information sheet and consent form which explained the interview process in greater detail. Interviews were conducted by a single researcher for 60 minutes with four participants aged between 40 - 51. One identified as male and three as female. Three participants were White British, and one participant was Mixed White and Black Caribbean.

The interviews took place anonymously using the chat service on Qwell. All interviews were transcribed. Transcripts were analysed following reflexive thematic analysis (Braun & Clarke, 2006). Two researchers read through and familiarised themselves with the transcripts and then coded the transcripts which involved highlighting and making notes throughout. From coding the transcripts, researchers identified four themes, and 16 subthemes **(See Thematic tree on page 9)**. The themes and codes were validated through two workshops with two other researchers and three members of the Qwell clinical team.

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