Qwell: Bridging gaps in vital adult mental health support

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Contents

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Foreword

Across the UK, demand for adult mental health support continues to grow. In an overstretched system, many adults find themselves waiting weeks or months for care, or falling between the gaps of traditional services. For too many, help simply isn't there when and where it's needed, with ripple effects felt across families, communities, workplaces and our economy.

Qwell exists to change that.

As a digital mental health support service for adults, it provides flexible, same-day access to evidence-based support, helping people take control of their wellbeing before issues escalate. Rather than medicalising life's ups and downs, Qwell is built to reflect the messy reality of our mental health, which varies day by day.

Instead of waiting for an appointment, Qwell provides access to evidence-based resources and professional support in-the-moment, helping to address challenges as they arise. This 'scaffolding' can help maintain good mental health for the long-term.

This report explores how Qwell integrates with existing services, combining real-world data, user perspectives and stakeholder insights to show how digital delivery can complement and strengthen the wider mental health ecosystem.

The findings are both timely and important. They show that Qwell is not only delivering measurable positive outcomes for users, but also playing a vital role in relieving pressure on the NHS.

For commissioners, this demonstrates Qwell's tangible impact: preventing crises, reducing demand on local services, and providing a trusted alternative route to support. Crucially, Qwell reaches those often left behind by traditional care pathways, from working adults balancing job demands, to parents juggling family responsibilities and individuals living with neurodiversity.

The report also highlights Qwell's role in supporting people in or back into work, helping to address one of the key priorities outlined in the NHS Long Term Plan: tackling the mental health barriers that prevent people from thriving in their everyday lives.

This work is more than data; it's a reflection of the changing shape of care. As we move towards an integrated, preventative and digitally enabled model of support, Qwell proves that early, accessible and compassionate digital services can make a measurable difference — both for individuals and for the system as a whole.

Reports like this show that when we expand access through trusted digital services, we not only improve individual wellbeing but help build a more resilient, sustainable future for mental health care in the UK.

Dr Lynne Green
Chief Clinical Officer at Kooth

Professor Dame Sue Bailey OBE DBE
Non-executive Director at Kooth

Executive summary

Too many people aren't getting the mental health support they need.

From the NHS Long Term Plan 2025 (1) in England, to Wales' Mental Health and Wellbeing Strategy (2), and Scotland's Mental Health and Wellbeing Strategy (3), there is a collective recognition of the potential for digital transformation to drive healthcare reform and improve access to prompt, locally-driven and accessible healthcare. This report examines the impact and integration of Qwell, Kooth's digital mental health support service for UK adults, as a scalable and evidence-based solution to expand support across communities.

Critically, this report assesses Qwell's role in:

- Supporting unmet needs
- Offering early help, preventing issues from escalating
- Diverting pressures from overstretched services
- Addressing health inequalities by providing accessible and inclusive support

Qwell offers a no-barrier digital mental health service that addresses core priorities of the NHS 10-year strategy: tackling early intervention needs, reducing service pressure, and improving access to underrepresented groups.

This report explores user experience, stakeholder perspectives, and live service data to explore Qwell's impact and how users engage with Qwell's multiple pathways to support.

Diverting pressures from local services while offering timely support

Up to 70% of Qwell users would have otherwise turned to their GP for support if Qwell were unavailable - highlighting its role in relieving pressure on primary care services. This is seen across diverse groups, with Qwell cited as an alternative for men, parents, carers, and adults who are neurodivergent - groups which face consistent barriers to access traditional face-to-face mental health support.

An alternative to long waiting lists, catching those who are 'sub-threshold'

There are clear, strategic goals across the UK to utilise digital tools and services to reduce waiting lists and free up resources to those with more complex needs. Qwell directly supports this aim through a non-diagnostic, no-threshold entry model that reduces access barriers and supports users before their needs escalate.

90% of stakeholders advocated for Qwell as a 'here and now' service for adults on waiting lists. Over 90% of stakeholders agree that Qwell is suitable for people with mild or moderate mental health needs. Therefore Qwell represents a major opportunity to expand care by providing immediate, accessible support for those experiencing a lack of continuity in care, long wait times, or high thresholds for traditional healthcare service eligibility - and for underrepresented and seldom heard groups those who may not ask for help.

In-the-moment and inclusive help, with no barriers

Users present to the platform with a range of issues, spanning from anxiety/stress, suicidal ideation, to work-related stressors. Qwell offers a safe space for adults with diverse wellbeing concerns, where help is available when it is needed most. A large proportion of users make use of the flexibility provided, with 72% of users accessing Qwell outside of 9-5 working hours.

In line with NHS priorities for personalised care and digital empowerment, Qwell enables users to find the support they need. Individuals can access a range of pathways including peer support communities, self-directed activities, and one-to-one professional therapy. Support caters to diverse user needs, with users able to set goals around what is important to them, whether around emotional regulation, stress management or navigating mental health systems. On Qwell, 70% of service users show meaningful progress in goals, and users felt supported with two in five work-related stressors (e.g., work-life balance, managing job demands, returning to work).

The findings of this report highlight Qwell's critical role in addressing gaps across the UK's mental health landscape. Its flexibility, evidence base and alignment with the strategic priorities of England, Wales, and Scotland position it as a valuable complement to traditional services. By offering timely, accessible, and flexible support it relieves pressure from overstretched services while delivering inclusive and preventative care across communities.

Key findings

68%

of survey respondents indicated that they would visit their GP if Qwell was unavailable, adding pressure to already overstretched primary care services.

¾

of healthcare stakeholders think that Qwell is a very good alternative for those who are not eligible for NHS delivered support.

85%

of healthcare stakeholders consider Qwell to be a good option for those in between levels of needs.

43%

of surveyed Qwell users reported being on NHS waiting lists for physical or mental health care.

90%

of healthcare stakeholders agree that offering Qwell to adults who are on a NHS waiting list would enable rapid access to mental health and wellbeing support.

85%

of healthcare stakeholders agree that Qwell helps meet local mental health service demands, recognising Qwell's value in easing burdens on NHS services.

80%

of healthcare stakeholders considered Qwell as a highly suitable option for individuals rejected from waiting lists.

What is in this report?

This report aims to:

01 Understand Qwell's role in relieving pressure on existing services

02 Examine Qwell as a support option for individuals on waiting lists or between diagnostic thresholds

03 Explore Qwell as an accessible, flexible form of support

04 Explore how adults engage with Qwell's range of support options

Closing the gap in mental health support with scalable digital solutions

At the end of January 2025, over 2 million people were in contact with NHS mental health services, the majority of whom with adult mental health services (4). Similar pressures are seen across Wales, Scotland, and Northern Ireland, highlighting the widespread and increasing demand across the nations (3-5) following the Covid-19 pandemic. Rates of common mental health disorders, such as anxiety and depression, rose sharply after the pandemic (8) - people in contact with NHS mental health services was up almost two fifths in 2023-24, compared to pre-pandemic levels (9).

This rising demand for mental health support has an impact on the wider system, with the costs of mental ill health estimated at almost £300 billion a year - double the NHS annual budget (10). However, there is a mental health resource-demand gap, with critical shortages of trained mental health staff across the healthcare system (11).

There is further inequality in accessing support for specific populations, such as men, gender-diverse individuals, and those from ethnic minority backgrounds.

Key reasons include (11–13):

- Longer wait times
- Less likely to receive treatment
- Reduced helpseeking
- Stigma and discrimination

> [Qwell is] easily accessible when there are long wait lists. [Qwell] allows me time to explore how I feel and express things through with someone.
>
> **Qwell service user who identifies as female**

Data suggests that between June 2022 and June 2024 the number of adults aged 18 to 64 in contact with mental health services increased by 21%. However, the number of interactions with these services rose by only 9% (12). This disparity suggests growing strain on services and reduced contact time per person.

This sustained rise in demand increases pressure on the NHS and highlights the urgent need for inclusive and scalable solutions to bridge service gaps, and alleviate the burden on the traditional care system.

Digital mental health as an integral part of the NHS future:

Across the UK, digital mental health is increasingly recognised as a vital component of future healthcare systems. From the NHS Long Term Plan (1), to Wales' Mental Health and Wellbeing Strategy (2), and Scotland's Mental Health and Wellbeing Strategy (3), there is a shared policy commitment to leverage digital tools to modernise healthcare delivery, reduce pressure on frontline services, and close access gaps. Digital mental health platforms - such as Qwell - offer timely, flexible and user-directed support that can supplement overstretched services while addressing prevention and early intervention goals and improving equity and access (16,17).

Digital mental health tools are particularly valuable for (16-18):

- Improving access to care
- Overcoming geographic barriers
- Enabling early interventions
- Supporting individuals while they wait for formal treatment
- Providing out–of–hours support
- Providing interim support between therapy sessions
- Offering anonymous support as a stepping stone for face–to–face care

What is Qwell?

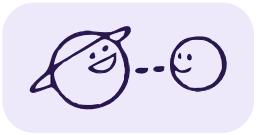
Qwell (www.qwell.io) is an anonymous, online platform offering free mental health and emotional wellbeing support for adults 18 years and older. Accredited by the BACP, Qwell is commissioned within the UK by the NHS, local authorities, workplaces, and charities.

Qwell offers a diverse and flexible blend of practitioner-directed and self-directed therapeutic support, whereby users can navigate through a 'positive virtual ecosystem' (21).
The clinical delivery model is mapped to align with the person-centred and needs-led approach of the iTHRIVE framework (22). This approach enables Qwell to offer flexible support aligned with individual needs, from advice and signposting through to practitioner-directed help when required.

Users can engage with and move in and out of three pathways:

Self–directed
Access to significant resources, including therapeutic articles, podcast and videos, peer support via user-generated content and forums, and online tools, such as journalling, goal setting, and signposting.

Responsive support
Drop–in single session therapy with a practitioner.



Structured support
Regular scheduled practitioner-directed sessions over a specific time period.

Methodology

This report utilises four data collection methods to examine the perspectives and platform use of our community of service users on Qwell, alongside insights from key stakeholders. The methods include:

- A user survey published on Qwell between September 2024 and January 2025
- Service data from individuals who accessed Qwell between September 2024 and January 2025
- A stakeholder survey distributed between November 2024 and February 2025
- Case studies developed from qualitative insights and practitioner-related insights

User Survey:

A total of 172 respondents completed the full survey. Survey respondents were aged 18 to 73 years old, with a mean age of 39 years old.

The survey explored key areas such as user demographics, service utilisation, and satisfaction with Qwell, which were analysed quantitatively.

Additionally, qualitative analysis was conducted on free-text responses to 'Can you tell us why Qwell is valuable to you?'. Responses were analysed using thematic analysis, with particular attention given to the following areas of interest: accessibility, external service use, health inequality, work and mental health, and anonymity.

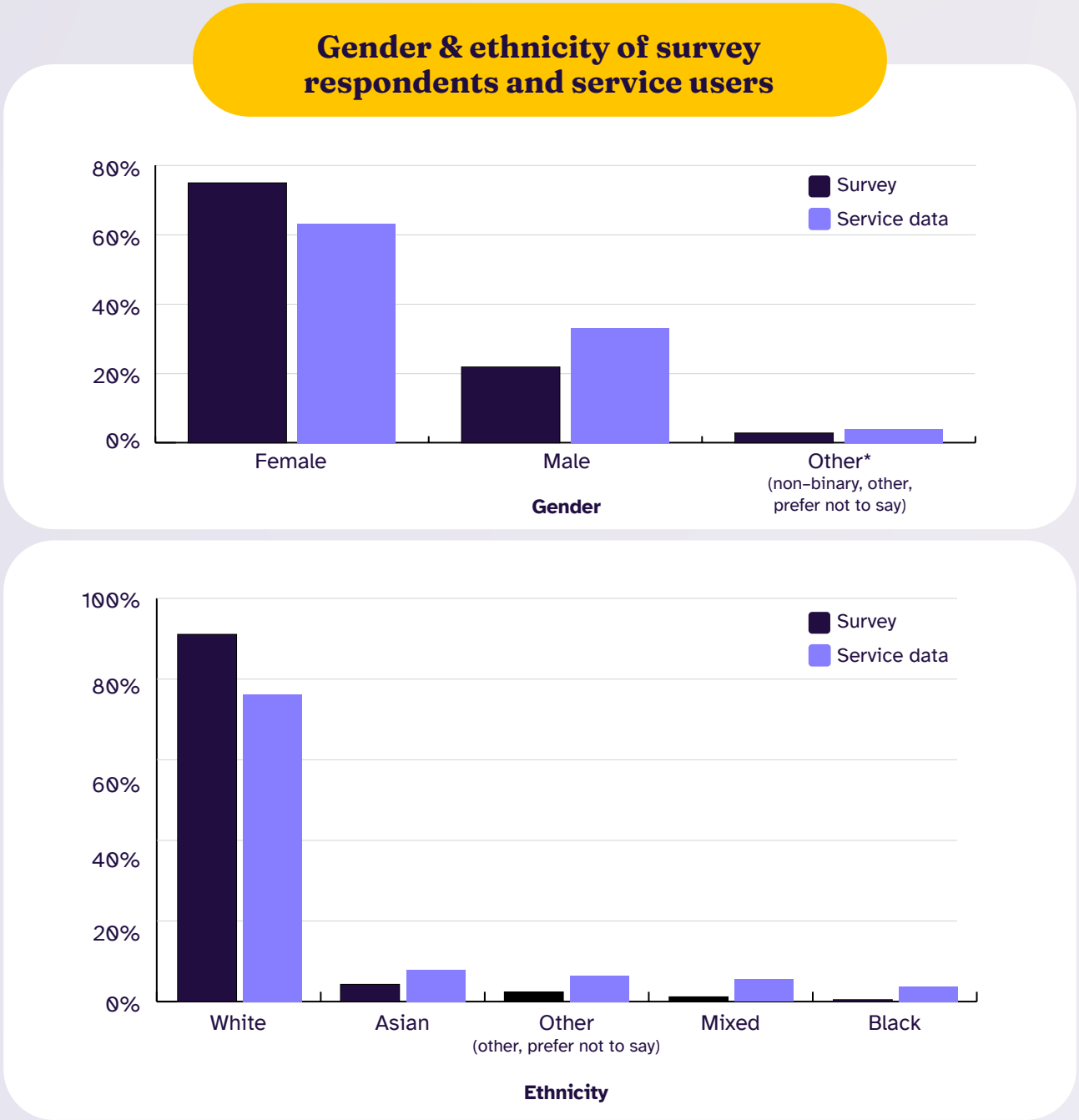
Routinely collected data:

The service user data analysis included 25,446 users who registered, and 26,374 users logging into Qwell. Of these users:

- 52% were aged between 18–25 years
- 26% were 26-39 years
- 20% were 40-64 years
- 2% were 65+ years

Key data points examined in this analysis included demographics, presenting issues, platform engagement, clinical outcomes, and safeguarding information.

Figure 1: Gender and ethnicity of survey respondents and service users



Stakeholder survey:

Additionally, 133 stakeholders who signpost individuals to Kooth (our service for children and young people) or Qwell completed the stakeholder survey. For this report, we analysed 30 of these stakeholders who signpost either exclusively adults (18+ years) (n = 4) or both adults and young people (16-25 years) (n = 26). The survey assessed perspectives on the suitability of Kooth/Qwell, its role in supporting existing healthcare systems, and its key features.

Case studies:

Finally, case studies based on qualitative insights from the Qwell survey and practitioner-created case studies were developed to provide further context on user experiences.

Chapter 1: Easing service pressures through accessibility

Qwell complements existing NHS services by providing additional support, helping to bridge gaps and reduce wait times where services may be stretched, and ensuring more people can access timely, consistent care (23). (Figure 2). In line with UK strategic priorities (1–3), which call for scalable digital innovations to relieve pressure on in-person services and close care gaps, Qwell demonstrates clear value as an integrated, accessible alternative.

Users cite service cuts and lack of continuity as barriers to care and view Qwell as a vital solution bridging this gap by offering timely, consistent support when other options are unavailable:

> I like qwell because recently I have found out that I cannot access the DBT group therapy service at the Helios centre anymore in Bradford district because the funding has been cut so I cannot access secondary care when I need it.
>
> **Qwell service user who identifies as female and neurodivergent**

> My GP said I probably need long-term support, but this wasn't offered via the NHS'
>
> **Qwell service user who identifies as female and neurodivergent**

60% of adults on Qwell reported discovering the service independently through digital signposting, highlighting the importance of digital pathways in connecting people to mental health support.

An alternative to GP appointments and A&E

Research indicates that up to 40% of GP appointments are related to mental health (24); easing pressures from emergency services and GPs remains a key priority for the NHS (1).

Critically, adults who might otherwise turn to GPs or emergency services have found Qwell to be an accessible alternative. The survey data shows that **68% of users** would visit their GP if Qwell was not available.

Furthermore, **17% of users** reported that they would turn to A&E services for support if Qwell was unavailable. Service data* further underscores the importance of Qwell, revealing that the most frequently recorded safeguarding presenting issue was suicidal ideation without intent.

> Qwell is a start to exploring all options for help and support. Knowing that an understanding person is there to talk is invaluable and life saving.
>
> **Qwell service user who is a carer and identifies as female**

This is reinforced by health professionals: 65% of stakeholders reported finding Qwell to be an extremely or very helpful option for people who can't reach in person emergency mental health services.

In many such cases, Qwell provides a safe and supportive digital environment - offering immediate help while reducing unnecessary strain on emergency services. Collectively, this highlights Qwell's role in diverting demand from high-pressure frontline services and ensures people get the right support at the right time.

This impact is also seen locally, whereby healthcare stakeholders recognise Qwell's value in easing burdens on local services:

100% of stakeholders who currently refer to Qwell expressed concern about the potential impact of losing the service in their area.

85% of stakeholders agree that Qwell helps meet local mental health service demand.

*Collected between 23/09/2024 - 29/01/2025 for 619 service users.

Digital services can help everyone get support

The impact is also evident among specific groups, highlighting Qwell's ability to appeal to groups who might otherwise struggle to access appropriate care (22-24).

For example, neurodivergent people often report difficulties with in-person communication or sensory challenges in clinical environments:

> I don't always find communicating easy. Im on a waiting list for an autism assessment and struggle a lot with anxiety which makes talking therapies a struggle. Qwell lets me take more time writing responses without having to think about body language and trying to look normal.
>
> **Qwell service user who identifies as female and neurodivergent**

Without access to Qwell, users across diverse groups have said that they would likely turn to already overburdened services, such as GPs or A&E departments. Qwell's ability to serve as a safe, accessible alternative alleviates pressure on these traditional systems, ensuring that more individuals receive timely and suitable support.

Among respondents who are men*, if Qwell was not available, **55%** report they would go to the GP, **50%** would turn to Talking Therapies and **35%** would contact a Crisis Helpline.

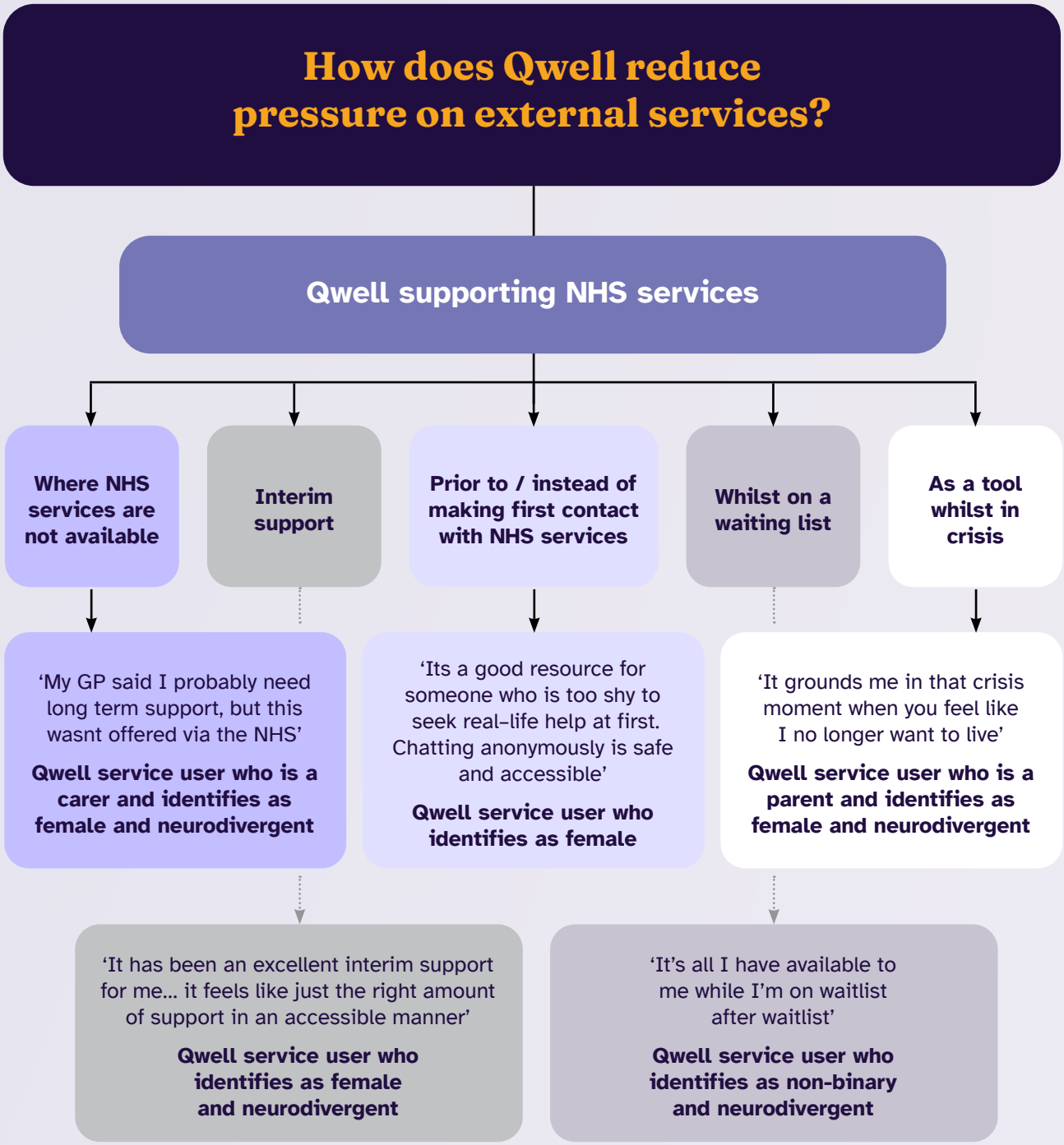
Among parents, carers, and adults who are neurodivergent**, Qwell provides an alternative to visiting a GP, the most commonly chosen alternative.

- For carers, almost **1 in 2** said they could go to GP, Talking Therapies, or speak with a family member or friend
- **Over 60%** of parents stated that they view Qwell as a good alternative to visiting a GP for mental health support
- **1 in 5** parents and neurodivergent adults indicated they would go to A&E if Qwell was not available

Kooth's report on supporting parents reveals that Qwell helps reduce some of the barriers that parents face when accessing support (28). Findings revealed diversity in how parents engaged with digital support, including peer-to-peer engagement and significant clinical improvements in practitioner-directed support. **This report can be found here.**

*The male sample in the survey was small, 20 of 34 male respondents completed this question.
**Sample size for these groups was small. 44 of 59 parents, 17 of 24 carers and 27 of 31 neurodiverse adults completed this question.

Figure 2: Survey respondents on Qwell's role in reducing external service pressures



Chapter 2: Timely support for adults who are ineligible for services or on waiting lists

Qwell offers timely, digital support to individuals navigating the mental health care system. Crucially, this approach aligns closely with NHS priorities to offer digitally accessible, preventative care to those facing long wait times or barriers to traditional services (1). Around **1 in 5 users discover Qwell through NHS services**, including GPs and mental health teams - this group represents the second largest group after digital signposting, highlighting the service's integration with existing NHS pathways

Bridging the gap for those on waiting lists

While Qwell is a lifeline for many, offering help in-the-moment and free access to professional mental health practitioners, it is also playing a major role in helping people to wait well.

Long delays for timely support leave individuals at an increased risk of deteriorating mental health (29). Qwell bridges this gap, where people can self-refer to the service and access immediate, flexible, and accessible support.

> [Qwell is] all I have available to me while I'm on waitlist after waitlist
>
> **Qwell service user who identifies as non-binary and neurodivergent**

When asked about barriers to seeking access to support outside Qwell:

- **43% of adults on Qwell were on waiting lists for physical or mental health care**
- **37% cited long waiting times as a major barrier to accessing other services**

Healthcare stakeholders echoed this, highlighting Qwell's role as a dependable source of support, providing rapid access for adults awaiting care:

- **90% of stakeholders support offering Qwell to adults on waiting lists**
- **83% consider Qwell as a very or extremely helpful option for people on waiting lists for mental health support**

With demand for NHS services outpacing funding (30), there is a critical need for digital solutions to provide essential support while individuals wait for formal treatment. Services like **Qwell offer a scalable and responsive solution** that reduces the risk of individuals reaching crisis point while waiting.

Supporting those 'not ill enough' to receive support

Beyond those on waiting lists, Qwell is recognised as a valuable option for individuals who fall below or between NHS service thresholds - a group that frequently faces exclusion from formal care due to diagnostic criteria or perceived severity of need.

- **29% of users reported struggling to access other services because they were deemed 'not ill enough'.**

This is made possible because Qwell is a low-barrier and accessible model of care, and users can self-refer and access timely support without waiting lists and diagnostic criteria. Stakeholders highlight the value of this whereby:

- **85% identified Qwell as a good support option for individuals in-between thresholds of needs**
- **80% considered Qwell as a highly suitable option for individuals rejected from waiting lists**
- **75% find Qwell very or extremely helpful for those who are not eligible for NHS-delivered support**

Critically, this shows effective integration into local healthcare systems as vital support for those who may otherwise deteriorate without timely intervention.

88% of stakeholders highlighted the value of Qwell being free of waiting lists and needing no formal referrals, making it a valuable option for users unable to access NHS services.

Qwell reduces barriers to accessing mental health support

Key features of Qwell	How Qwell makes access easy	Survey feedback
No diagnostic criteria or thresholds	Support for individuals with diverse needs, including those who are in-between diagnostic thresholds.	75% of stakeholders state that Qwell is very or extremely helpful for adults ineligible for NHS support.
Anonymous to peers	Users can engage with confidential peer support without fear of stigma.	"[Qwell] allows me to be open and honest without fear of being know[n] and the people I am talking to already having preconceived thoughts about me." **Qwell service user who is a parent and identifies as female**
Online platform	Helps users overcome common barriers to accessing face-to-face support, including fear of judgement/stigma and remote locations.	"I'm Autistic so [Qwell] takes away some of the social context that can be a barrier to getting support (e.g. eye contact, verbal communication, feeling pressure to respond within a socially acceptable time rather than thinking over my answers/thoughts)." **Qwell service user who identifies as female and neurodivergent**
Out of hours support	Users can access support at a time that suits them, including outside of standard working hours.	"[Qwell] allows me to talk when I need to rather than when it suits an appointment." **Qwell service user who is a parent and identifies as female** 80% of stakeholders value the out of hours support on Qwell.
No formal referrals required or waiting lists	Users can access immediate access to online support, without the need for waiting lists or referrals.	"Easily accessible when there are long wait lists." **Qwell service user who identifies as female** 90% of stakeholders would offer Qwell to adults on waiting lists.
Free	Users can access accredited support, regardless of financial status.	"I paid for various therapies myself, but could no longer afford to do so... I was starting to despair of finding any appropriate help, when I came across Qwell. It is early days, but I am hopeful." **Qwell service user who is a carer and identifies as female and neurodivergent** 98% of adults value that Qwell is free.

The power of same-day support in an era of waiting lists and service gaps

Timely access to help is a crucial determinant in the outcome of care. It can take courage and determination to seek help for mental health difficulties and, when that step is met with long waits for assessment - or then treatment - it can be dispiriting and leave people feeling more alone in the face of worsening symptoms. NHS services are overstretched and, beyond the resource-demand gap, there is growing evidence that people benefit from provision outside of traditional routes.

Qwell offers immediate, stigma-free support without referrals, waiting lists, or assessments; **over 70% of adults access the service outside working hours.** Its accessibility makes it particularly valuable in remote or underserved areas, and for those who fall between service thresholds.

Clinically, Qwell is designed to meet people in their moment of need. Our model ensures that individuals can access meaningful, focused in-the-moment support - whether through single-session chats with professionals, self-directed resources, peer discussions, or structured counselling. As part of a stepped care model, Qwell integrates flexibly - as a first-line offer, a parallel pathway, or post-discharge support - enhancing reach, responsiveness, and continuity across mental health systems.

Ultimately, Qwell allows people to be met with compassion and care at the moment they reach out - before things worsen. This includes individuals experiencing suicidal ideation without intent - currently the most common presenting issue on the platform - who may not meet local eligibility thresholds but are nonetheless in significant psychological distress.

Brian Rock,
Clinical Director

Chapter 3: Low-barrier and flexible access to support

There is a growing need for digitally enabled mental health pathways that are accessible, preventative, and inclusive. This is particularly true for individuals who face barriers to accessing in-person care such those with caring responsibilities or who are experiencing social anxiety (31).

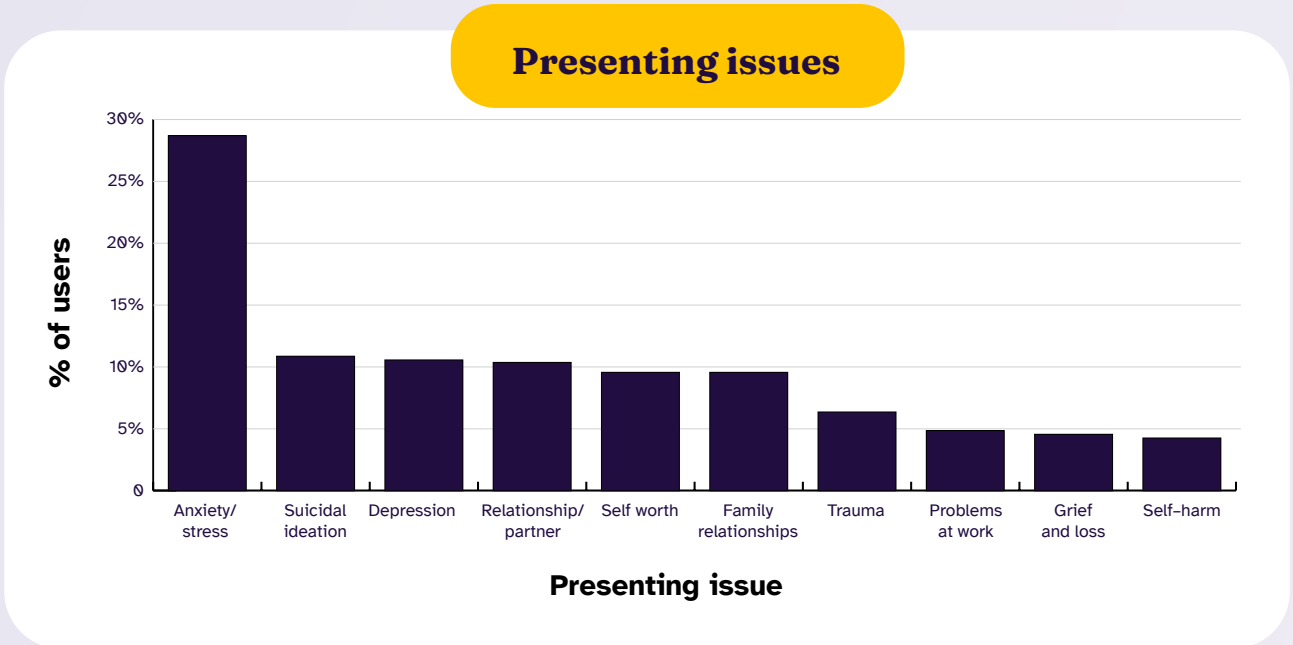
What issues are people coming to Qwell with?

Any adults in a commissioned area can self-refer to Qwell at any time, and can seek support for a wide range of challenges. For example, previous research evidences Qwell's role in helping adults feel less alone throughout stressful events (32). The report, **which can be found here,** showcases Qwell's role in addressing a broad spectrum of stressful life challenges, like financial difficulties and unemployment - especially as early, flexible support.

Service data reinforces Qwell as stigma-free, flexible, digital support for diverse mental health challenges (Figure 3) - from **anxiety and stress (30%)** to more acute challenges like **suicidal ideation (11%)**.

Furthermore, findings show how Qwell supports work-related stressors, closely aligning with government priorities to help address the complex barriers individuals experience in finding and staying in work. **59% of survey respondents had missed work days due to mental health.** Qwell helped with **2 in 5 reported work-related stressors**, including meeting job demands, returning to work, and managing their work-life balance.

Figure 3: Top 10 presenting issues on Qwell



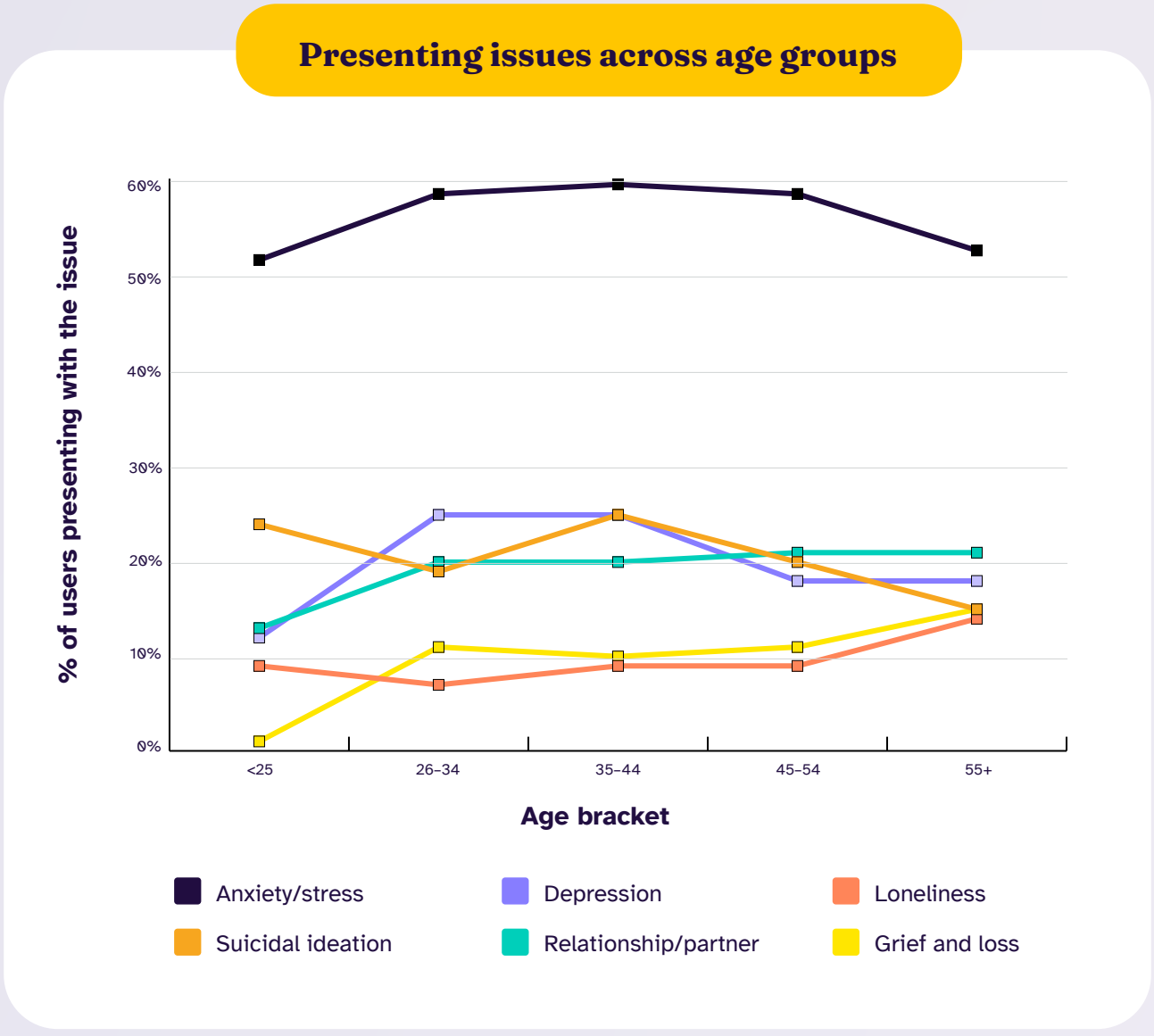
Adapting to mental health needs across the lifespan

Figure 4 shows the prevalence of key presenting issues across age groups.

- **Anxiety/stress** is consistently the most common issue with similar rates across all groups
- **Depression peaks <25 to 26-34**, maintaining steady levels thereafter, indicating its persistence beyond early adulthood
- **Loneliness** sharply increases in the **55+ group**
- **Suicidal ideation** declines steadily with age, peaking in the **<25 group**
- **Relationship/partner-related issues** peak within the **26-44 age range**

These patterns highlight Qwell's flexibility in supporting age-specific and evolving concerns among adults seeking mental wellbeing support.

Figure 4: Percentage of presenting issues by age groups in Qwell



> [Qwell] grounds me in that crisis moment when you feel like I no longer want to live
>
> **Qwell service user who is a parent and identifies as female and neurodivergent**

> I can access [Qwell] when is convenient, the forums and articles are by real people so I feel less alone with my issues. The practitioners are professionally qualified and respond in a professional way so I can feel that I can trust them with topics that I find difficult to talk about.
>
> **Qwell service user who dentifies as female**

Inclusive and safe for a range of needs

While not explicitly a crisis service, Qwell's open-access model ensures that individuals can seek help without barriers. This inclusivity, combined with robust safeguarding and crisis management processes, enables the platform to support and de-escalate situations effectively, ensuring that users in acute distress receive appropriate care and guidance.

24/7 support when it is most needed

Qwell's flexible pathways and extended hours means it is widely accessible, including to those who might otherwise be turned away by traditional mental health services.

The platform operates 24/7, allowing users to access digital support when they need it the most, including:

- Journals, articles, and peer forums around the clock
- Live chats with practitioners' support during extended hours (weekdays: 12-10pm; weekends: 6-10pm).

Out-of-hours support is highly valued, particularly for those who may struggle to get help during typical working hours:

- **80% of stakeholders agreed that the out-of-hours support is a highly valuable feature**
- **72% of user logins were out-of-hours, reflecting that users find value in accessing the platform at times that suit their needs**

By offering care on users' terms - regardless of diagnosis, location, or time of day - Qwell supports people who might otherwise go without help.

Chapter 4: Meeting diverse needs through flexible pathways

Qwell's positive virtual ecosystem

Individuals can engage with Qwell in a way that suits them - whether through self-directed or practitioner-directed support, or a blend of both. This adaptability ensures that care is responsive and flexible to users' needs, consistent with core NHS goals around enabling individuals to have greater autonomy and choice in their care.

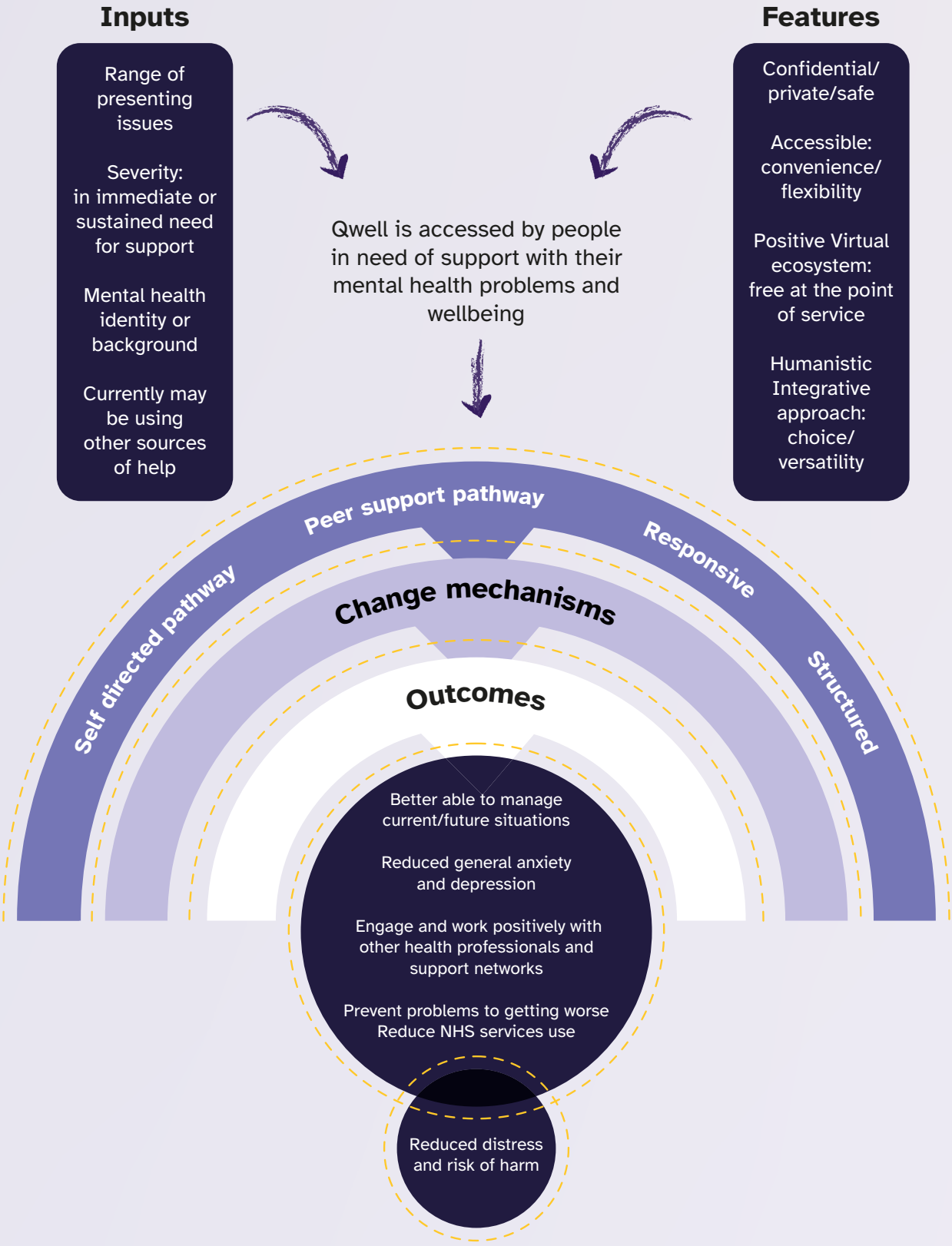
Users describe Qwell as providing 'just the right amount of support' at the right time:

> It has been an excellent interim support for me. As someone who is well versed in self-help, struggling with a depressive episode, but not immediately suicidal, it feels like just the right amount of support in an accessible manner.
>
> **Qwell service user who identifies as female and neurodivergent**

Figure 5 illustrates Qwell's **Theory of Change** (21), highlighting how change mechanisms and outcomes combine to achieve the intended impact: sustained positive change.

Change mechanisms describe how users interact with the service and include building trust and therapeutic alliances, relating to others, and fostering autonomy to take charge of their mental health journey. These mechanisms lead to outcomes such as gaining confidence and motivation to manage mental health, feeling safe and heard, and having renewed hope for the future. Together, these outcomes contribute to long-term, meaningful improvements in users' lives.
Further information on Qwell's Theory of Change can be found here.

Figure 5: Qwell's Theory of Change



User needs and goal–setting

Within the platform, users can set therapeutic goals independently or collaboratively with practitioners during text-based chats. Goal-setting can improve therapeutic outcomes and engagement with services (33–35).

A total of **1,008 goals** were set by **433 users between September 2024 and January 2025**. Goals set are wide ranging; the most common are (Table 1):

- Self–help and self–care
- Emotional regulation
- Getting professional help within Qwell
- Getting professional help outside Qwell

Qwell uses the **Goal-Based Outcomes (GBO) tool** (35,36) to measure users' progress. Users can 'move' their goals on a scale from 0 ('no progression towards meeting goal') to 10 ('goal achieved'). Meaningful change - or a 'GBO' - is defined as a goal movement of 3 or more (36), This indicates that the individual is making progress toward a goal they have been working on, reflecting a positive and tangible improvement in their life.

70% of users who engaged with goals achieved meaningful progress towards their goals.

Table 1: Top 10 goal categories

Goal Category	Number of goals created
Self-help/self-care	187
Emotional regulation	126
Getting professional help in service	103
Getting professional help outside our service	92
Emotional exploration	71
Self-help/skills for life	57
Overcoming anxiety	56
Confidence/self-acceptance	54
Challenging thoughts	42
Keeping safe	36

Setting goals, sometimes in partnership with their Qwell mental health practitioner, can be a powerful way for adults to articulate and structure their desired progress, with many prioritising self-help and self-care as a first step toward improving their mental health and wellbeing.

By fostering **prevention and self-management**, Qwell enables adults to independently improve their mental health and wellbeing, supporting adults to manage **immediate challenges and build long-term psychological wellbeing**, giving them agency over their own mental health journey.

Self-directed support

Self-directed support can be vital for adults navigating gaps in traditional care, or for those who do not need direct practitioner support. Indeed, 91% of stakeholders agree that Qwell is suitable for people with mild mental health needs.

The majority of users engaged with self-directed support (67%), including journalling, articles, and forums. Service data shows that 30,184 journals were created by 25,241 users to reflect on their emotions, track their mood, and recognise patterns.

Users can access self-help content through articles and forums, with opportunities for safe, pre-moderated peer-to-peer engagement via comments and discussions. Forums in particular see a high interaction (Table 2). This community engagement can help foster connection, reduce isolation, challenge stigma, and raise awareness of available support (21,37,38).

> I love.. that I can keep track of my thoughts safely through my journal entries. I also like that a member of the team occasionally responds to my journal entries as it feels like I'm being listened to.
>
> **Qwell service user who identifies as female**

Table 2: Number of activities adults engaged with on Qwell

	Number of views	Number of comments	Number of articles or forums created
Articles	3188	22	17
Forums	8046	474	242

Popular article topics include:

- Poems and creative writing
- Grief and loss
- Work
- Hobbies and interests
- Emotions

Practitioner-led suport pathways

While most users engage through self-directed methods, 14% of adults on Qwell access direct support from practitioners through (Table 3):

- **Live, text-based chats (synchronous)**
- **Asynchronous therapeutic messaging**

These practitioner interactions offer an accessible alternative to traditional therapy, which is especially valuable for individuals who are uncertain about in-person support. Empirical evidence highlights the clinical effectiveness of structured support with practitioners, with high user satisfaction and significant clinical improvements (39).

> It's a good resource for someone who is too shy to seek real-life help at first... The therapists are really nice. It feels like a safe space. The individual therapy I have gotten has been very beneficial.
>
> **Qwell service user who identifies as female**

Table 3: Frequencies of synchronous and asynchronous messaging on Qwell

	Frequency	Average per user	Number of users
Synchronous chats	4322	2.0	2185
Asynchronous messages	47,853*	0.3	26,136

This service data showcases Qwell's ability to provide live support with an accredited practitioner, or through asynchronous messages without the pressure of real-time conversation. Qwell's Theory of Change suggests that even a short online therapeutic interaction can spark meaningful change, helping users feel more confident in engaging with their face-to-face mental health support (21).

Qwell's multi-pathway model ensures that individuals can choose the right level and type of support for their needs - whether that's community connection, self-guided tools, or structured therapeutic intervention. This model aligns with the NHS' vision of digitally enabled, personalised, and preventative mental healthcare (1), offering a timely and flexible approach to mental wellbeing across diverse populations.

Case Study

Background

Erika accessed Qwell as she was suffering with constant low mood and intrusive thoughts, which she described as feeling out of control. The impact on her relationships was leading her to self-isolate to escape painful feelings. She was not sharing how she felt with others as she feared judgement and rejection.

> The anonymity made it feel easier to open up. I always felt heard and respected. It was easier to type than to say it out loud and made it feel comfortable.
>
> **Qwell service user who identifies as female**

Engagement

Erika engaged with Qwell over several months, engaging in regular counselling chats with a Qwell practitioner following initial assessment. As rapport and trust built, she began to explore the root causes of the anxiety she was carrying, especially in her relationships with others. She opened up about her history of abuse and betrayal by those close to her which had led her to blame herself.

Tools were shared with Erika for her to read and practice between her booked Qwell chat sessions. These focused on self-compassion, assertiveness and identifying triggers for her low mood.

Building confidence and supporting wellbeing

Erika built up the confidence to reach out to her GP and explore having an autism assessment. Her sleep improved and she described an uplift in her mood overall.

Risks & needs

Erika had history of self-harm and suicide attempts as well as ongoing fleeting thoughts. These reduced and eventually stopped for her during the course of her Qwell support. Erika voiced concerns that she may be on the autism spectrum.

Empowering wellbeing through community, guidance, and self-directed support

We see many of our Qwell users improving their wellbeing as they access the most relevant online discussions and content at their own pace and at the best time for them. Many find encouragement to take the next step towards direct support from our team after hearing the impact our messaging and chat services have had on others.

During support interventions and after they end, adults on Qwell often continue using our self-guided activities - building independence to manage their mental health needs as they consolidate their learning.

Our moderated online community is a safe, anonymous and collaborative space for sharing experiences, supporting peers, and contributing their own content, creating a lasting, holistic experience beyond one-to-one support.

Emily Booth,
Head of Service for Qwell

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