Beat Stress Online: an online chat resource

Evaluation Report for Men's Health Forum

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Introduction

The service

Beat Stress is an online chat resource aimed at middle-aged men experiencing stress or mental health difficulties, launched by the Men's Health Forum (MHF) in February 2016. The service is particularly aimed at men who may not identify their experiences as being mental health related, or who may not want to talk about mental health with healthcare professionals or people they know. The webchat operates one night per week and is operated by a variety of professionals, including counsellors, nurses and others. It is a free, confidential and anonymous platform to provide preventative support, early intervention, and appropriate signposting. The objectives of Beat Stress are:

1. To improve male mental health by removing the barriers that exist with traditional services, and
2. To improve the access, quality and experience of mental health services for middle-aged men, especially those from more deprived areas.

The evaluation

The McPin Foundation was commissioned to evaluate the Beat Stress project, through analysing the anonymous transcripts of 'chat' produced from this service. A supplementary aim of the evaluation is to generate insight on the language used by men when communicating about mental health. The evaluation will support MHF to create guidance based on the language that men use to speak about mental health. The priority of the analysis is to examine sentiment change and the role that staff may have in facilitating this. We define 'sentiment change' as the change in clients' attitudes as a result of chatting to Beat Stress staff, for example, increased openness to seek help offline.

Our evaluation will address the following questions:

1. How do men present the problems they raise in online chat?
2. What is the arc of Beat Stress conversations and how does sentiment change?
   - Arc here is defined as the trajectory of conversations – how men move from initial presentation to resolution, including any change in sentiment.
3. How do staff encourage sentiment change?

Method

Sampling approach

We worked with MHF to sample a portion of the full Beat Stress data set (329 chats). Chats were excluded if they contained fewer than ten lines of client-generated text, if clients did not present with a problem, or if clients presented with a problem outside of the Beat Stress remit. We used purposive sampling to identify 50 chats for analysis. This involved keyword searches (and synonyms) to detect transcripts relating to the following: depression (12 chats), stress (11), anger (12), suicide (10), other (4). This 'other' theme was included to capture the range of issues which clients present with. MHF removed any potentially identifying information before presenting the data to McPin.

Analysis approach

A framework analysis approach was developed from an initial reading of the transcripts. The coding framework consisted of the following themes: staff questions, advice and signposting, impact of staff

actions on sentiment, understanding and sentiment at the beginning/end of chats, factors influencing sentiment change, how chats were resolved. Themes were analysed in relation to the research questions above. We also collected quantitative data on average chat length, number of chat lines, and proportion of chats which ended abruptly (without a clear resolution).

Data limitations

Some assumptions must be made about sentiment and resolution as it was not always identifiable based on what people in the chat said. We have no information on what clients did after finishing the chat, for instance, whether they clicked on links provided by volunteers or subsequently sought further support. As a result of these limitations, analyses relied on stated intentions by clients as well as their reactions to signposting, suggestions and advice.

Findings

Context

The 50 chats within our sample ranged in length from 8 minutes to 118 minutes. The mean length was 31.4 minutes, the median length of chats was 26 minutes (some unusually long chats skewed the mean). Clients posted a mean of 16 lines of chat, (median=13), ranging from 5 lines to 38. None of these figures are representative of Beat Stress chats, because chat transcripts were purposively sampled in a way that favoured longer chats. 16 (32%) of the chats ended abruptly, usually with the client no longer replying but occasionally with the staff member no longer replying. In many cases, abrupt endings were likely a result of poor internet connection, but clients occasionally stopped the conversation after the staff member had provided a link to further resources.

Question 1: How do men present the different issues they raise in chat?

Broadly, presentation of issues could be split into three groups. These groups were created based on how the client **began** their presentation of the problem. Lines between these groups were sometimes blurred, and by the end of conversations a client could fit into all three, but the initial client presentation was selected as a useful way to categorise where client sentiments began:

1) *"What's wrong with me and how do I manage it?"*

We categorised 19 (38%) of the transcripts into this group. These clients knew there was something wrong, which needed to be managed, but they were not always clear about the underlying issue. A common presentation included questions such as "Is it normal?", "Am I depressed?", or "Why am I so impatient and angry?"

Clients in this group were focused primarily on how to 'manage' and 'control' the issue. The chat may have been the first time they had communicated with anyone about the problem, most did not mention having done any other research on their symptoms online. The sentiment of these clients was 'dipping their toes' into seeking, but reluctance to seek help offline. Many of these clients had not talked to significant others about the issue. As a result, there appeared to have a relative difficulty articulating issues, which meant they often needed more prompting and encouragement from staff.

2) *"I think I know what's wrong, how do I fix it?"*

We categorised 20 (40%) of the transcripts into this group. Compared to clients in group #1, these clients knew more about what they were experiencing. They often mention having had already

received treatment and/or tried self-management techniques, researched symptoms online, or self-diagnosed. Their sentiment began by accepting that they needed help, but were dissatisfied with current treatment or coping techniques and needed confidential personalised tips/advice. Common language used included "I need help with [specific issue]" or "what should I do?" As with clients in group #1, chats focused on how to manage the issue (including self-management). Several were unsure if their issue was 'serious' enough to talk to a doctor, and many wanted to self-manage without visiting a doctor.

Many clients in this group had reached out to services or people around them, but were unsatisfied with the support they received. Some described negative experiences of reaching out to services, loved ones or colleagues. Others had not yet sought help but had been motivated to use Beat Stress by family or partners. Many of those experiencing 'anger' issues were seeking help because of a partner telling them to get help for the sake of their relationship. Others wanted help to make life easier for those around them, without necessarily having been prompted.

3) "I mainly want to vent"

We categorised 11 (22%) of the transcripts into this group. These chats were primarily motivated by the need to talk to someone, rather than to receive specific advice about what was wrong with them or where they could seek help. The majority (n=6) of these transcripts arose using 'suicide' as a keyword. This group often presented with very open ended conversation and with phrases as simple as "Hi" or "Hello", to "I need someone to talk to". Loneliness and isolation were common themes, and others around them may have been part of the issue being presented. These transcripts sometimes showed people venting frustrations rather than planning to seek help, however some of this group did respond positively to the advice and signposting that staff offered.

Question 2: What is the arc of Beat Stress conversations and how does sentiment change?

We focused on how conversations progress and on any changes in client's sentiment towards seeking offline help (e.g., GP, services). Transcripts were coded by whether or not clients had already sought help from offline services; 29 (58%) had not, 11 (22%) had, and for 10 (20%) it was unclear.

Transcripts were coded towards stated sentiments toward offline help both initially and following the chat with staff. 20 (40%) of participants made an explicit statement reflecting reluctance towards seeking help offline; they did not want to speak to people face-to-face or by phone, did not think a doctor would be helpful, did not want to take medication or did not feel their issue was serious enough. 12 (24%) seemed open about seeking offline help and asked questions about what would happen if they sought help offline. In the remaining 18 (36%) of cases, client's sentiment to offline help was unclear.

There were four types of relevant sentiment change evident in the chats. Some chats showed more than one change. The frequencies below indicate the frequency of each type of sentiment change:

1) **Increased openness** to speaking about issue face to face/ over phone (4, or 8% of transcripts): Clients initially expressed reluctance to speak offline, often explicitly stating sentiments such as "I can't talk to anyone face to face", but expressed openness or intention to seek offline help by the end of chats.

2) **Recognition that services could be helpful** (12, 24%): These clients expressed initial attitudes such as "I was going to phone NHS but don't know if it would be appropriate" and "what can a doctor

do?", not wanting to take medication, or wanting to manage by themselves. By the end of chats they were open to contacting their GP.

3) **Recognition that issue was serious enough** for offline support (4, 8%): These clients stated they had not sought offline support because they did not think their issue was serious enough, but after chatting with staff stated some level of recognition that it was.

4) **Improvements in how people were feeling** (9, 18%): after talking through their issues with staff these clients stated they were feeling better or calmer. There was a sense that clients felt a weight off their chest and that they were beginning to take control of the issue, moving from a sentiment that they had to deal with it themselves to one where they were willing to be more open.

Over half (n=27, 54%) of the transcripts contained evidence of at least one of these changes, although this may be an artificially high percentage because of the purposive sample which prioritised longer chats where sentiment change was likely to take place. In six (12%) of transcripts there was evidence that no change in sentiment had occurred, in 17 (34%) it was not clear due to clients leaving without stating a specific intention, sentiment or resolution.

Question 3: How do staff encourage sentiment change?

A recurring approach by staff in chats was to guide clients through the following conversation arc. Staff used the following questions and prompts to engage clients and facilitate sentiment change:

1) **"Tell me more"** - Staff encouraging clients to talk about their issue in more detail and followed up with probes specific to the conversation.

2) **"What triggers it?"** - Staff asking clients to think about situations that caused their issues to occur.

3) **"What works?"** - Staff asked clients to identify existing resources and positive aspects of their life that they could focus on.

4) **Signposting and advice** - e.g., links to online resources, suggestions about self-care such as mindfulness, signposting to offline support such as the client's GP or counselling. Sometimes advice was more specific to the issue, such as suggesting that the client talked to their partner about their relationship issues.

A list of ways in which staff can encourage sentiment change, and positive interaction with clients was identified from transcripts and is summarised in the following table.

Techniques/ practices	Why important	Staff approach
Encouragement	Clients seeking help for the first time, tentatively reaching out to talk about mental health.	Let clients know that seeking help was brave, and is a big first step.
Acknowledging the issue	Clients unclear over nature of their issue, or its severity and whether they'd be wasting services' time	Acknowledge the distress the issue is causing for client, validate decision to reach out.
Asking open, neutral questions	Keeps conversation going, important in a medium where clients can disengage any moment.	Allow client to work through issue in their own words. Following up on what is said.
Allowing space for (anonymous) discussion	Allows the client to talk about the issue first, before they move to seeking other sources of support.	Avoid signposting before discussing the issue. Answering questions about the information/service signposted to.
Personalising responses	Acknowledges that clients value the prospect of speaking to someone, rather than seeking online information sources only.	Make suggestions to client based on understanding of their circumstances.
Addressing barriers	Clients may have barriers to seeking help, such as wishing to remain anonymous, or not feeling like a service would help.	Provide assurance that seeking help would be relevant. Ask clients "Are you willing to do that?" to identify barriers.
Talking through options	Clients may not know about the options (e.g., CBT, counselling and medication). Important for first-time help seekers.	Explain what would be involved if client did reach out to their GP or other services.
Using a warm and personal tone	Contrasts with less personal nature of online information sources, or of services.	Treat the client like a friend, talk about hobbies, and put client at ease.

Conclusions

Beat Stress is an attractive option for men to begin speaking about mental health problems, when they feel unable to talk to services or with those they know. The anonymous and confidential nature of the chat allows people to dip their toes in to health-seeking behaviour without fear of it being taken further if they do not want it to.

Clients ranged from those reaching out for the first time who didn't understand what was wrong or what the triggers were, those managing an existing problem who wanted advice, to those who just wanted to talk or vent. Using such an approach to identifying client presentation may be useful in helping staff decide how to support different clients to change sentiment.

Sentiment change was evident in many of the chats. A large proportion of clients analysed conveyed reluctance to engage with health services and of these, many experienced a sentiment change towards more positive attitudes to seeking offline help by the end of the chat. This was enabled most

effectively by staff when they allowed space for discussion and worked through any barriers and issues the client had, as well as questions they may not have got answers to if they were reading information online on their own. We encourage Beat Stress to use the techniques described in this report to maximise the positive impact they have on their clients.