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Big White Wall Mental Wellbeing Service:

Evaluative Review

March 2009

BIG WHITE WALL™
the support network

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Executive Summary

- This review presents the findings of an evaluative review of a one year pilot of Big White Wall, an online Mental Wellbeing Service ('MWS').

- The cost of mental health services in the UK is significant; in addition there is substantial unmet need for mental health support. Big White Wall was established to test the value of an online approach to these issues. Its aim is to improve mental wellbeing by providing an early intervention which also serves as a pathway for determining the need for further therapeutic or medical intervention.

- The MWS improves mental wellbeing through peer engagement and support in an online community, e-learning on mental health topics, creative self-expression and networking with others. The service completed a one year pilot in December 2008 during which time the community grew to 3000 users.

- A review was carried out in January 2009 to explore users' views on the value and impact of Big White Wall in order to clarify the role of an online approach to improving mental wellbeing and to inform the professional development of the service. The review was based on a survey of 598 active users and had a response rate of 38.3%.

- Big White Wall users were four fifths female, almost half were aged 16-24 and over four fifths lived in urban settings.

- Big White Wall was used most commonly to relieve stress and loneliness, each cited by nearly two thirds of respondents, anxiety, cited by a half, and depression one third. One quarter of users was experiencing suicidal feelings and one fifth was self-harming. Factors underlying these conditions included relationship difficulties, family problems, work concerns, sexuality, bereavement, sexual abuse, financial worries, domestic violence, eating concerns and alcohol or drug use, hereafter, referred to as 'issues'.

- Three factors appeared to be critical in users deciding to use the service: connection with others experiencing mental distress, lack of alternative safe and anonymous places and ease of access. In terms of quality of experience, respondents found the choice of how and when to engage and the supportive culture of the community most valuable. In comparison to other online communities of which respondents were members, Big White Wall was considered more personally helpful by over 80% of respondents and safer by two thirds.

- Three quarters of respondents had never previously shared the issue they raised on Big White Wall with anyone else. The most important factors that enabled disclosure were freedom of expression, anonymity, trust in the community and safety. This reflects the aims of the service to provide a secure place in which users share issues without fear of repercussions on their work and family lives.

- Three in five respondents were unlikely to approach a doctor, work colleague or employer for support for the issues raised on Big White Wall. The most frequently used sources of support were friends and counsellors or therapists, cited by just under a third of respondents. Overall, over three quarters of respondents found Big White Wall more helpful than any other source of support in their lives, including family, friends, doctors, therapists and employers.

- More than nine in ten respondents reported improved mental wellbeing as a result of their experience on Big White Wall, including enhanced self-understanding and reduced isolation, as well as lower levels of stress and depression.

- The majority of users were able to self-manage their mental wellbeing without recourse to further help. Others found Big White Wall a helpful step to, or complementary with, other medical or therapeutic intervention.

- The qualitative data derived from open-ended questions in the survey indicated that Big White Wall appears to be an accessible form of mental health support, providing a stigma-free service in which users value safety, anonymity, accessibility, ease of use and the caring culture.

- The increasing incidence of poor mental wellbeing in the UK is being addressed through government initiatives, principally Improving Access to Psychological Therapies (IAPT). Innovative approaches are needed to extend the reach of IAPT and this review suggests that the digital era presents a significant opportunity to tackle the wellbeing deficit.

- Big White Wall is the first organisation to create an online mental wellbeing service and, in this review, 95% of users reported one or more improvements in mental wellbeing through using it. This would suggest that the digital environment offers a significant opportunity to develop improved access to mental wellbeing services.

Introduction

This review presents the findings of an evaluative review of a one-year pilot of Big White Wall, the online mental wellbeing service.

It reviews the evidence collated from a survey of all active users of Big White Wall at the end of the twelve month pilot phase that began in January 2008. The review was carried out in January 2009. It was conducted by the Big White Wall team and was supervised by an independent research professional, Jane Ritchie.

Jane Ritchie, Research Supervisor

Jane Ritchie founded the Qualitative Research Unit at the National Centre for Social Research in 1985 and was the Unit's Director until 1998. She has worked exclusively in social policy research, both as a survey researcher and as a qualitative specialist. Her research spans a wide array of policy fields and she has undertaken a number of evaluations of major government programmes. She has an extensive list of substantive research publications particularly in the fields of social security, labour market participation, health and social care.

Jane Ritchie has made a significant contribution to the development of qualitative methods for applied policy research. She has done so both as a practitioner and as an author of methodological publications. She was one of the originators of *Framework* – a qualitative analysis method now widely used in the UK. She co-edited and contributed to a source book on qualitative research, *Qualitative Research Practice*, published by Sage in February 2003.

Jane currently works as an independent adviser and trainer on qualitative methods and their applications. Throughout her career she has taught extensively on a variety of aspects of qualitative methodology within government departments, universities, research institutes, professional societies and individual organisations.

She is an elected member of the Academy of Social Sciences.

Review overview

This review begins with background information on mental health needs and provision in the UK and an explanation of how Big White Wall addresses these needs. This is followed by a description of the review methodology and response data.

The report then outlines a socio-demographic profile of Big White Wall users. Against this backdrop, it examines the patterns of use of the service followed by the users' evaluation of its value, including its comparative value to other sources of support. It also explores the impact of Big White Wall on service users.

The report concludes with a summary of key results about the extent to which Big White Wall meets its aims, as well as drawing out some tentative conclusions about its role and value in improving mental wellbeing in the context of a growing incidence and cost of mental ill health in the UK.

Background

Mental wellbeing in the UK

The increasing incidence of poor mental wellbeing is well-documented and presents a significant challenge for the future mental capital of the UK. Statistics show that in the UK:

- Approximately one third of visits to GPs are concerned with mental or emotional health

- At least one third of all families in the UK are affected by mental illness[1]

- 16% of adults of working age have a mental illness, around half of whom are seriously ill[2]

The economic cost of poor mental wellbeing is significant. A 2007 report by the Sainsbury Centre for Mental Health estimated that mental ill health costs UK employers £25bn per year. In addition, government statistic show the average annual growth rate for mental and behavioural disorder benefit claims since 2000 was 5.4%, far outstripping the 0.8% growth in overall incapacity benefit claims. This represents one million incapacity claims for mental and behavioural disorders by 2008, or 40% of all incapacity benefit claimants[3].

This situation is exacerbated by the decline of traditional community support structures, an ethos of increased individualism that dissuades people from disclosing mental wellbeing issues for fear of repercussions and current economic concerns resulting in higher levels of uncertainty.

Mental health service provision is currently far outweighed by demand, which is itself under-estimated as stigma inhibits people from seeking help for mental distress. Only one in four people in the UK known to be suffering from depression or chronic anxiety receives treatment[4];others have limited or no support.

The 2008 Foresight Report on Mental Capital and Wellbeing identified early diagnosis and intervention at the primary care level as a critical factor in stemming the rising tide of poor mental wellbeing in the UK.

Whilst the Government has introduced new measures, principally the Improving Access to Psychological Therapies programme, to enhance the number accessing services, provision is still forecast to fall far short of demand. Further, service access is dependent upon people overcoming stigma to present with poor mental wellbeing.

Big White Wall recognises that innovative approaches are needed to address inequalities in service access and to provide more readily-available support. Big White Wall was established to explore whether an online service could improve mental wellbeing by reaching a greater number of those experiencing mental distress cost-effectively.

The Mental Wellbeing Service

Big White Wall is an online service for those experiencing poor mental health which aims to improve mental wellbeing.

The service improves mental wellbeing in three ways:

- By providing an early intervention system for mental wellbeing that supports users as soon as an issue arises. Users can access the service at any time easily and anonymously in a safe and facilitated environment

- By providing a pathway to help users determine, through self help and peer support, whether further therapeutic or other support is needed

- By offering a complementary service which provides a 24/7 place where users can address issues before, during or after other therapeutic interventions

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[1] Richard Layard, "Mental Health: Britain's Biggest Social Problem?" 2005
[2] Psychiatric Morbidity Survey, cited in Richard Layard's "Mental Health: Britain's Biggest Social Problem?" presented at No. 10's Strategy Unit Seminar on Mental Health, January 2005
[3] The Mental health and the UK economy report, commissioned by UnumProvident and carried out by analysts Oxford Economics, March 2007
[4] in The Centre for Economic Performance's Mental Health Policy Group's "Depression Report", June 2006

The service enables users to improve their mental wellbeing through four activities:

- **Engagement and support:** members of the community engage with peers and trained facilitators in a safe and supportive environment to explore and self-manage their problems and issues. The service is facilitated which ensures safety through adherence to 'house rules', provides appropriate support through encouraging community involvement and encourages those experiencing crises to seek professional advice.

- **E-learning:** users learn about mental wellbeing using a bespoke and highly-accessible range of resources.

- **Expression:** community members express their thoughts and feelings on bricks posted on The Wall; other users comment on them and engage in supportive discussion.

- **Networking:** members of the community encourage one another to participate in the service through forming strong bonds with one another, engaging with one another in invitation-only groups and developing relationships through private messaging.

Big White Wall launched to the public in January 2008 as a one-year pilot service. During the first six months of operation, Big White Wall encouraged the community to give feedback about the service. This led to a wide range of site improvements that became fully functional in September 2008.

By the end of its pilot year, Big White Wall had 3,000 service users and extensive user feedback about its value in improving mental wellbeing.

In order to provide a systematic and more comprehensive evidence-based review of users' experience, the Big White Wall team carried out an independently-supervised evaluative review of its value and impact.

Review methodology

Review aims and methodology

The review had four main aims:

- To explore users' views on the impact of Big White Wall

- To establish the extent to which users value Big White Wall in relation to other sources of support

- To draw conclusions about the value of Big White Wall in providing an online approach to improving mental wellbeing

- To gather data to inform the professional development of the service

In order to meet these aims, a survey of active users was carried out during the last quarter of the pilot year to provide quantifiable data on impact, whilst gathering qualitative appraisals of the service.

Target audience

The target audience was defined as all active users of the service between 1st September and 31st December 2008. The start date was selected as it was the time at which all major enhancements to the service became fully functional.

Active users were defined as members of the service who had:

- **Visited Big White Wall at least once since initial registration:** given that much of the content and functionality is only available to registered users, it was assumed that in order to make the decision to engage with Big White Wall it is necessary to register. Those who did not return after registration were assumed to be inactive; and

- **Engaged with the site:** whilst it is understood that those who read content but do not post – so called lurkers – benefit from content, they were excluded from the review. This allowed the review to focus on how engagement with the site impacted on users. The target audience therefore included only those that posted on the service.

It should be noted that all Administrators and Moderators and Deactivated Accounts were removed from the target audience.

The total target audience of active users as defined above was 598 representing around one fifth of the total user base over the pilot period.

Data collection

Data for the review was collated by means of a survey conducted online using a third party service, Constant Contact, as the data accumulator.

Users were made aware of the survey using the following methods (see Appendix A for further details):

- **Posting on the service:** announcements informed users that a survey was being conducted;

- **Generic mailing:** all users on the Big White Wall mailing list received two emails, in the format of a newsletter, asking for participation in the survey; and

- **Private messages:** all users who did not respond to the survey after the above were sent a private message encouraging them to participate. A second private message was sent to those that had not responded three weeks later.

Responses from those who completed the survey but were not in the target audience were removed from the database. Responses were identified using online usernames which were collected as part of the survey. Usernames were employed as identifiers to ensure that real identities were protected.

Response rate

A total of 229 users completed the survey out of a total target audience of 598; an overall response rate of 38.3%. This compares well to other online surveys using similar methods. For example, an analysis of 199 surveys using a similar approach had an average response rate of 32.52%[5].

Analysing the response to the survey in more detail:

- 114 active users responded to the generic mailing or the posts on the service

- 484 active users were sent private messages. Of these:

  - 24% (115) opened the private message and responded to the survey

  - 36% (175) opened the private message and did not respond to the survey

  - 41% (199) did not open the private message. It is unknown how many of these were email accounts created for registration purposes only; users employ dummy email accounts to further protect their real identities and potential third-party disclosure.

Notes on data

It should be noted that the base number for all data is 229 unless otherwise stated. All quotations are in response to open-ended questions asking for further comments.

Representativeness of responses

In order to establish that the respondent group was broadly representative of the target audience, an analysis of gender and age was completed.

Figures 1, 2, 3 and 4 illustrate that the gender and age of the respondents corresponded highly to the gender and age of the total user population.

It would have been advantageous to compare the target audience and total user population on other socio-demographic variables. However, these were not collected at registration to facilitate ease of access and minimise the personal information required for participation.

In the next stage of the service, a broader range of socio-demographic variables and standardised instruments for collecting outcome data from all users will be introduced.
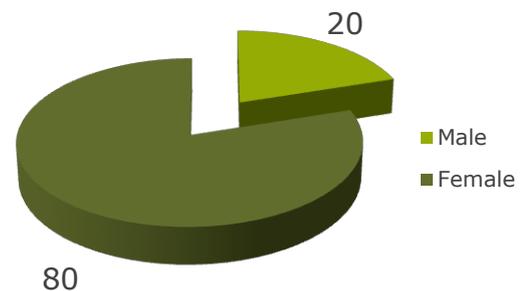

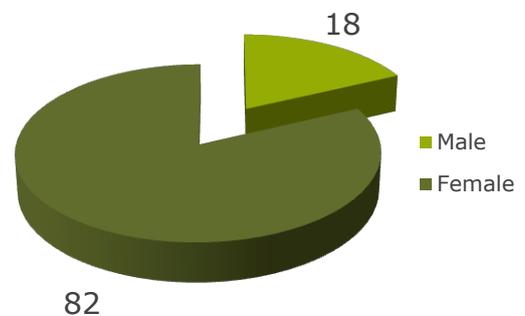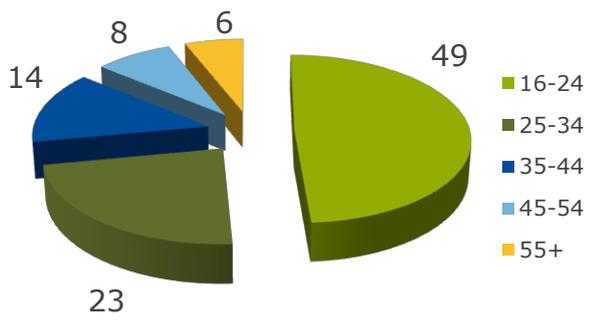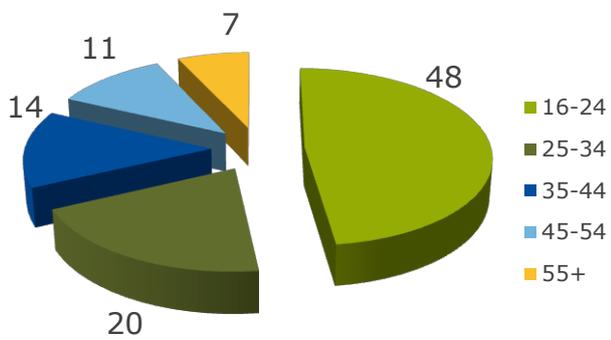**Figure 1: Gender of target audience (%)**

Figure 2: Gender of respondents (%)

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[5] . Online Survey Response Rates and Times Background and Guidance for Industry Michael Braun Hamilton, Online Survey Analyst, 2003 Super Survey

Figure 3: Age of target audience (%)


Figure 4: Age of respondents (%)

Profile of users

Respondents to the survey were asked to provide additional socio-demographic information to provide a more detailed profile of Big White Wall users.

Gender and age

As can be seen from Figure 1, four out of five Big White Wall users were female; this possibly reflects the coverage of Big White Wall in the media during the pilot period as sources were significantly weighted towards women's magazines and online media for women, such as Alpha Mummy, published by Times Online, and iVillage.

Notably, the proportion of male users in any particular age group increases with age, with men comprising approximately one quarter of users aged 55 plus, see Figure 5 below.
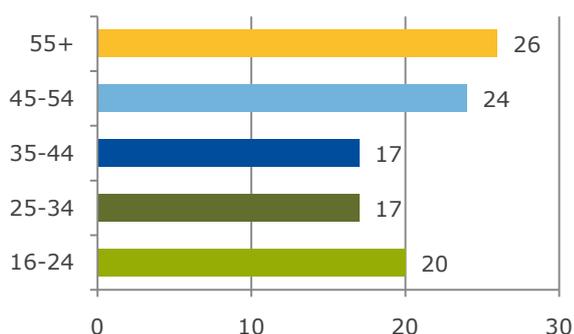
Figure 5: All male users by age (%)

Almost half of the users of Big White Wall, as shown in Figure 3, were in the 16-24 age range. This may reflect that younger people are more familiar with the internet and able to build and explore social relationships online, than older groups who have not had as much exposure to the digital environment. Further, the skew towards a younger age range may also be as a result of online media coverage of Big White Wall, predominantly on blogs, which are read by a greater number of younger people.

Economic activity

Reflecting the age of the respondents, the data shows that 39% were students, 45% were in either full or part time paid employment, 7% were looking after the home and 5% each were retired or unemployed.

Location and circumstances

Overall, 85% of Big White Wall users were living in urban settings. This reflects the distribution of the UK population as a whole with over 80% of people living in urban settings according to 2001 Census data. The remainder of respondents stated that they lived in a village or in the countryside.

As a further reflection of the younger profile of Big White Wall users, 40% were living with parents whilst a further fifth were either living alone or were lone-parents.

Living circumstances	%
Living with a partner	30
Living alone	21
Living with parents	40
Living with friends or family members	7
Living in college accommodation	2

Figure 6: Analysis of living circumstances

Community diversity

Monitoring of Big White Wall users and content demonstrated that the service has wide appeal to people from different cultural backgrounds. In addition, the service has proved accessible to those who are isolated through ill-health, disability, social circumstance and geographical location.

Reasons for service use

Big White Wall was used for a wide variety of emotional and psychological reasons. These fall into two categories:

- the mental health conditions that respondents report, and

- the range of factors that potentially contribute to these conditions.

It should be noted that mental health conditions were user reported and not clinically diagnosed.

Mental health conditions

Big White Wall users had significant levels of emotional and psychological distress. The two most common conditions that users identified were stress and loneliness, reported by nearly two-thirds of all users.

Furthermore, as set out in Figure 7 below, more than half suffered from anxiety and a significant number experienced mild, moderate or severe depression. One in five respondents had self-harmed and one quarter had felt suicidal.

Selected mental wellbeing issues	%
Stress	64
Loneliness	62
Feelings of anxiety	51
Mild depression	36
Moderate depression	27
Suicidal feelings	25
Severe depression	23
Self harm	20
Phobia	10

Figure 7: Mental wellbeing issues

These finding suggests that Big White Wall is being correctly identified by users as a service for those with mental wellbeing support needs.

Potential contributing factors

Monitoring of Big White Wall prior to the review showed that users rarely had a single factor contributing to their mental distress although, in many cases, there appeared to be a primary presenting factor. In other words, while many users raised a single issue initially, subsequent engagement with others on Big White Wall revealed a more complex pattern of factors impacting on their mental wellbeing.

Potential contributing factors	%
Relationship difficulties	47
Family difficulties	35
Concern for a friend	32
Work issues	16
Sexuality	14
Bereavement	13
Sexual abuse	13
Financial worries	11
Domestic violence	6
Eating issues	7
Alcohol/drug use	7

Figure 8: Potential contributing factors

As set out in Figure 8, nearly half of all respondents had suffered from relationship difficulties including divorce, separation, affairs and conflicts. Just over a third had experienced familial issues of which many focused on relationships between parents and children. Another significant group of problems were work-related such as demands at work, relationships with colleagues and lack of job satisfaction.

Further, Big White Wall was used by those with issues concerning sexuality, bereavement, sexual abuse, domestic violence, eating disorders and alcohol and/or drug use.

The third largest group, cited by nearly one third of all users, used Big White Wall to address a concern for another person. Big White Wall, therefore, is used significantly to support others as well as gain support.

Similarly, from monitoring data, it appears that many of those who first come to the service with mental distress become key sources of support for other users. Similarly, those who participate initially by giving support, start to reveal their own issues of poor mental health. This appears to be a critical factor in creating a community of peer support.

'I love the wall I tell many people about this community and the wonder i feel from looking at all different bricks. It is amazing to see how emotion can be the same yet different for each person.'

'it has proved to be a lifeline to me and now I use it to give support as often as to gain support.'

User engagement and choice

User engagement

In open-ended responses, many users talked of the benefits derived from expressing the issues that were impacting on their mental wellbeing. Three factors appeared to be important in their ability to engage:

- Recognition that others were experiencing similar issues which reduced isolation, afforded a sense of the legitimacy of their feelings and increased their willingness to share openly

- Lack of alternative places in which to express issues including fear of disclosure to family and friends

- Immediate and easy access to Big White Wall at any time

'Big White Wall is the only place that I feel I can be myself. If I hadn't have found this website, I honestly don't know what I would do. I have met so many amazing people that I feel I have known my whole life. I can tell them anything. It is the best feeling in the world; speaking the truth. I've never been able to do that before. I am honestly and truthfully glad I found this website when I did.'

User choice

Big White Wall offers a range of ways to improve mental wellbeing, designed to provide a choice of how and where users share issues and concerns.

- **Open engagement:** the most 'public' way of engaging the community is through creating or posting on a talkabout, a forum for discussions. Over four in five users used the service in this manner and 93% found it very or quite helpful.

- **Self-expression:** posting a brick on The Wall, to express concerns and feelings, was more even more popular amongst respondents. 94% of respondents had created bricks, of which 97% found it helpful.

- **E-learning:** nearly two thirds of users had read articles in Useful Stuff of whom over 90% found it helpful. Similarly, learning takes place through reading bricks and talkabouts. Bricks were more popular with 93% of respondents reading content, compared to 86% for talkabouts. In both cases, more than four in five respondents found these helpful.

- **Networking:** Over half of respondents had used networking, i.e. creating and engaging with 'named friends' on Big White Wall. Of these, 85% found networking helpful.

- **Private messaging:** Over 60% of respondents had used private messaging, of which 89% found it helpful.

In summary, it appears that having a range of participatory opportunities serves the various needs of different users who may prefer support through small groups, public engagement, issue-specific bricks and discussions, individual engagement or more passive e-learning. The ability to offer users choice about where and how they gain support for improving their mental wellbeing is a valued feature of the Big White Wall service.

'The brick facility had been a real gift - a wonderful opportunity to express myself in a new way. It has been an effective tool to enable me to access and express complex aspects of myself - and find treasures within. Really excellent.'

'Big White Wall made me show my creative side by doing those bricks. Creating those bricks helps reduce stress. I found joy by just looking for those beautiful images. When I'm on Big White Wall, I don't feel alone because I realized that there's many of us going through the same things, others, much worse than what I'm going through.'

The Community

This section looks at the nature of the Big White Wall community and respondents' views on its value. The results revealed some strikingly different patterns of user participation in the community combined with a much higher overall participation level than the norm for online networks.

Levels of participation

The normal ratio for online community 'lurking' or viewing versus posting is 10 to 1; that is, only 10% of those who use a site post. Monitoring statistics of the total population of 3,000 users revealed that 59% of those who joined Big White Wall posted, suggesting that it is a site that attracts those in need of self-expression and support and that users feel able to express themselves in the environment.

'I have found Big White Wall life transforming. I believe that it has saved me from self harming and decreased my sense of isolation about issues i find difficult to share with others. Thank you.'

Patterns of participation

The average duration of respondents' participation in Big White Wall was 160 days, just over five months. Site monitoring showed a wide variation in patterns of use:

- Some users post on the service at least three times a week and reported a need for regular support and contact

- Some users did not post for weeks, or even months, but returned to the service as and when they felt the need for support

- Some users used the service for a specific issue, such as a conflict at work, and did not return once the issue was resolved.

This appears to confirm Big White Wall's role as a support network; a place that exists for users whenever they have a support need, whether that is on a daily, periodic or one-off basis.

'I don't know how I would have managed initially without the feedback from some very caring people in the community. It's nice to know that there are people out there and that you can be there for someone too when you can't sleep and the darkness comes down. And there are some really great practical suggestions on how to deal with things too. My only wish is I could give a little more back. Perhaps when I've finished grieving I can be there for someone too.'

Culture of Community

The culture of Big White Wall was significant in enabling users to feel at ease in expressing their issues and situations and being open to helpful peer support. Three aspects of the culture were mentioned most frequently in open-ended responses:

- Non-judgemental listening

- Inclusive and accepting of a range of very different people in terms of age, gender, culture, family circumstance, educational level and economic status

- Supportive and thoughtful commentary on issues and situations

'I find people very caring and they don't judge you, they actually listen to you, that all what i was looking for .....someone to listen what i want to say.......'

'People in the Big White Wall have been very helpful and understanding, not all communities could give that kind of help.'

'In the whole it has been wonderful and is a space where I feel I don't have to put on a mask and be what other people expect I 'should' be. I have felt included and accepted and have had the opportunity to interact with many people with beautiful spirits.'

'So amazing, to find such support in such a lonely world.'

'It was great. I never expected people to respond thoughtfully to my post. I felt heard and cared.'

'People in Big White Wall are nice. they're ready to listen to you when you have something in your mind. I'm glad that i found this site in a magazine (Reader's Digest). not everyone can voice out their own problems because it's not 'that' easy to just say it to someone.'

Value of Community

Users found Big White Wall a more supportive environment than alternatives. Three quarters of Big White Wall respondents were users of other online communities and Big White Wall was rated highly versus the others in three main respects: 71% expressed a greater sense of belonging in Big White Wall, 81% found it more personally helpful and 67% experienced a stronger sense of safety.

'It is the only online 'thing' that I have felt at ease with - because there is no pressure of chatting - you can take time to think about stuff - or ignore it! I like it that we can contact admin so easily. I have met so many interesting people - as I have physical disabilities and crowd aversion, this format is very good for me. People have been extremely kind to me.'

There were some aspects of community that were reported as concerns. In an open-ended question on negative experiences of Big White Wall, which one in six completed, most of the issues raised concerned the individual and their relationship to the community whilst the remainder were relating to technical issues.

The community issues that were of most concern were:

- Feeling misunderstood and receiving advice or 'attacking comments' rather than support

- Personal upset due to unsettling content, such as strong images or people in deep distress

- Community domination by some more active members

- Feeling too exposed by the level of community interest

- A need for professional in addition to peer support

Regarding service developments, 25% of respondents suggested specific enhancements: two thirds of these were technical or functional changes. The remainder tended to mirror concerns about community relationships as mentioned above:

- Users wishing to broaden their own participation in the service

- Participation from a greater cross-section of the community, for example, in commenting on bricks

- A broader range of e-learning in Useful Stuff

- Availability of online professional support and therapeutic interventions

In summary, Big White Wall users found the service well-attuned to their needs and peer support was highly-valued by users. Negative experiences focused on certain aspects of relationships within the community.

Value of support

This section looks at respondents' views on the value of support received on Big White Wall as well as how they compared Big White Wall to other sources of support outside the digital environment.

Support on Big White Wall

73% of respondents had never shared the issue they raised on Big White Wall with anyone else and a further 9% were unsure whether they had. Furthermore, Big White Wall was viewed by users as a comparatively safe and trustworthy service, over three quarters of respondents found Big White Wall more or much more helpful than any other source of support.

More detailed analysis showed that, when asked to whom they would most likely turn with the issue they disclosed on Big White Wall, respondents replied that friends were the most likely source of support, cited by 32% of users, followed closely by a counsellor or therapist at 29%, see Figure 9 below.

Sources of support (All figures in %)	Very likely	Likely	Unlikely
Friends	32	43	25
Counsellor/therapist	29	32	38
Family	20	32	48
Church minister	9	13	78
Doctor	8	30	61
Work Colleague	8	27	66
Teacher/tutor	5	16	79
Employer	4	11	85

Figure 9: Other sources of support

Furthermore, the following were prominent results:

- One in four respondents felt they would be unlikely to confide in a friend

- Nearly two in five respondents were unlikely to talk with a counsellor/therapist

- Almost half of respondents did not view family as a likely source of support

- Over three in five respondents would be unlikely to turn to a doctor or work colleague

- Four in five or more respondents would not disclose issues to a teacher/tutor or employer

The most important factors that enabled respondents to share an issue on Big White Wall were freedom of expression and anonymity, each identified by over 80% of respondents, trust in the community 58% and safety 54%.

'it is here where i feel that i can say pretty much what i really really feel. like i dont need to cover up what i actually feel because im afraid of what other people may think.'

'Anonymity is crucial when feeling able to discuss topics that come up on BWW, and I think it is this aspect of the community which makes it such a success, not only ensuring anonymity through a username, but also having the option to post anonymously also. I found it a truly helpful experience, helping me order my thoughts and feelings, so I could then decide how to approach them in my life.'

'Since joining in May it has been a unique and wonderful site. Mainly because of the community with no one abusing it or others. Unconditional support is hard to come by. The anonymity is essential to me. For the most part I would not be here without it. Thank you all for your work'

'It is very good that a person who cannot share their emotions and experiences with friends and family have an outlet for their emotions on Big White Wall. It is very damaging to mental and physical health if there is no outlet for emotions.'

'I never worry that my brick won't be good enough, and I like that people can actually reply rather than just seeing it and wondering about who wrote it and if they're okay. During a time of my life when I have next to no one to turn to for help or to express myself, BWW has given me at least a place where I feel free to do so.'

'The Big White Wall was suggested by a friend who uses it. It was very helpful in figuring out a certain situation, which is still on going nut i do not feel as upset about it. The people you meet on here can give you a lot of supportive yet need to hear advice. The fact that it is anonymous makes it easier to spill my guts about issues I don't think my friends or close family would not understand. I always sign off feeling much better and I am very new to the world of computer communication..'

Impact of Big White Wall

Whatever the value of support, the litmus test of any service in the mental health arena is whether it makes a difference to the lives of those using it.

Given the response rate, it is likely that there was a bias towards those with more positive experiences of Big White Wall among those completing the survey. Even taking this into account, it is clear that the service had a significant benefit.

When asked about the impact of Big White Wall's service, 95% of respondents reported one or more improvements in mental wellbeing. This section looks at the overall impact as well as that for more specific groups.

Overall impact

Overall, the most significant gains by users were in self-understanding, reported by 52%, and reduced isolation 45%, whilst 40% of respondents felt less depressed and just under two-fifths felt less stress.

In summary, other benefits were:

- 34% felt gains in confidence and self-esteem

- 29% reported reduced anxiety

- 23% developed the confidence to talk to their family, friends or others about their issues

- 8% decided to seek help from a counsellor or therapist and 4% from a doctor

Full impact data can be found in Appendix B.

'I like the site. It's a soft therapy for the stress I have. I'll keep trying other functions to see if it may help me further.'

The results show that a quarter of users gained the confidence to talk to family, friends and others. This suggests that Big White Wall provides a supportive base for users to address issues that they raise. Further, these figures indicate that the service acted as a pathway to other sources of support or help, particularly therapeutic or medical interventions.

'I would like to say that my experience in BWW has helped me a lot - in expressing myself and lessening the stress that I hold everyday. I would like to thank BWW because in this online community, I knew people who are experiencing things that I am going through and I felt like I am important because people would give me advices.'

'A great website which has helped me find perspective on more than 1 occasion and helped me vent in a not harmful way'

'It's really a therapy for me especially that i don't vent out my feelings that often'

Impact on presenting issues

It would seem that the impact of using Big White Wall varied according to the issues raised by users. For example, there was a greater propensity to seek help offline when feeling suicidal. This suggests that Big White Wall is providing support targeted to users' specific mental health needs as well as being a more generic aid to improving mental wellbeing.

It can be seen from the data in Appendix B that Big White Wall enabled many users with generalised anxiety, stress, loneliness and mild to moderate depression to self-manage issues through gains in self-awareness, a reduced sense of isolation and greater confidence to talk with others offline.

An analysis of data for those with depression, see data in Appendix B, showed that half of all those with mild to severe depression, felt less depressed as a result of Big White Wall. In particular, reduced isolation was an important benefit for those with severe depression. This may indicate that the online environment is particularly suitable for those who become isolated due to their depressive condition.

Those who were suicidal, self-harming or phobic were much more likely to seek therapeutic or medical help and/or be more likely to talk with others offline. For example, one third of those self-harming and two fifths of those with phobias were able to draw on sources of social support whilst over one in five of those feeling suicidal or self-harming sought a therapeutic intervention and nearly one in ten went to their doctors. This suggests that users with more serious conditions were able to identify the need to seek appropriate offline professional help.

'It has been immensely helpful to me during my severe depression.'

'Its an integral part of my life. I have made some good friends whose company keeps my depression at bay. I enjoy being a supporter.'

'Thank God that I found it. I am regularly overwhelmed by the compassion and understanding, and the warmth and even love that radiates out from fellow wallers. It has kept me sane since the spring of this year.'

Impact on underlying factors

As evidenced in the data in Appendix B, the impact of Big White Wall on the factors that contributed to users' mental distress is consistent with its impact on particular mental health conditions.

Firstly, it can be seen that, depending on the underlying factor, more than half and up to three-quarters of users experienced greater self-awareness through being on Big White Wall. Further, between one third and three fifths of users improved self-esteem.

'I was in doubt about myself, and only me can get through this, i sought out this site and it was really helpful and i got me back, and i love myself, which makes being loved more easier, though that love was always there but i couldn't see it, now i'm a lot happier with being me'

'it really did give me positive insights to living life'

'It has helped me so much to grow as a person'

Secondly, these findings suggested that users were able to find need-specific help. In particular:

- There are clear indications that users who experienced more serious underlying conditions were able to identify that they needed offline therapeutic intervention. These included 31% of users with eating disorders, 24% of those who had experienced sexual abuse, 19% with concerns about sexuality and 18% with issues relating to alcohol or drug use.

- The single most important impact for those who were bereaved was reduced isolation, cited by over 80% of users, which would correspond to situations where people have lost significant others in their social or familial networks

Thirdly, users who had particularly sensitive issues that are traditionally more difficult to disclose found increased self-awareness and gaining confidence to talk to others particularly beneficial. For example, three-quarters of those with eating disorders, using alcohol or drugs or with concerns about sexuality experienced improved self understanding whilst one third or more of those with financial problems or experiencing domestic violence were able to talk to others offline about their situation. This suggests that opportunities to better understand self and find the confidence to talk to others are important steps in improving mental wellbeing for many of those who have become isolated through fear of disclosure.

Conclusions

Tackling the wellbeing deficit

As outlined in the Background to the report, there is an increasing incidence of poor mental wellbeing in the UK. This is being addressed through government initiatives, principally Improving Access to Psychological Therapies (IAPT). Innovative approaches are needed to extend the reach of IAPT and, more generally, improve access to early intervention psychological support.

This review suggests that the digital era presents a significant opportunity to tackle the wellbeing deficit. The proportion of the population with internet access and the range of activities that most people can carry out online are growing rapidly. The Office for National Statistics stated that 16 million households in Great Britain, or 65% of the population, had internet access in 2008; an increase of just over 1 million households over 2007 and 5 million households or 46% since 2002.

Big White Wall is the first organisation to create an online mental wellbeing service and, in this review, 95% of users reported one or more improvements in mental wellbeing through using it. This would suggest that the digital environment offers a significant opportunity to develop improved access to mental wellbeing services.

The value and impact of Big White Wall

- Big White Wall has been effective in attracting younger users to its service, however, the Big White Wall community has thrived as users recognised the benefits of diversity of age, gender and cultural background

- Big White Wall is recognised as a mental wellbeing service as can be seen from the high incidence of mental distress amongst its users. Users have ranged from those who are experiencing stress or anxiety for the first time in their lives through to those suffering from long-term mental illnesses including bi-polar disorder, chronic depression, DID and OCD. It therefore appears to cater for a wide range of mental health needs.

- Big White Wall appears to encourage much greater levels of participation than internet norms; three fifths of users are active on the site compared to one tenth on other websites. This suggests that the service attracts those in need of self-expression and support. Further, it is a service that is continually available that some use daily, others less frequently and some for a short period focused on a specific issue. It is, therefore, a service that is open to different patterns of use according to need.

- Offering users choice of how to engage online is important. Whilst some users prefer creative self-expression and more targeted reflection on issues, others find open discussions or e-learning more appropriate to their needs.

- Big White Wall users experience a strong sense of belonging in the community and find it personally helpful and safe. Within a defined and safe space, users find peer support and self-expression of significant value. But, it is clear that some users are fragile and vulnerable and would benefit from knowing therapeutic professionals are supervising the service.

- Almost three quarters of respondents had never previously shared the issues that they raised on Big White Wall. Critical factors in enabling users to share issues include trust in the community, freedom of expression, anonymity and safety. These particular sets of factors are not easy to replicate in other settings in everyday life. It is perhaps unsurprising therefore that three quarters of users found Big White Wall more helpful than any other sources of support including family, friends, doctors, therapists, colleagues and employers.

- More than nine in ten reported one or more improvements in their mental wellbeing as a result of their experiences on Big White Wall including enhanced self-understanding and reduced isolation, as well as lower levels of depression and stress. This was particularly marked for those who could not afford private therapeutic support or who found waiting lists too long, Big White Wall provided a readily accessible alternative service.

- The majority of users were able to self-manage their mental wellbeing without recourse to further help. Others found it a helpful pathway for deciding to seek further support. This appeared to reflect severity of need with a significantly greater incidence of those in critical states deciding to seek medical or therapeutic help.

In summary, Big White Wall appears to have provided significant mental health support to many who have not accessed other services, as well as providing a pathway to those in need of further therapeutic or medical intervention.

Appendix A: Survey details

Users were made aware of the survey using the following methods:

- **Posting onsite:** an announcement was posted on the service to inform users that a survey was being conducted.

- **Generic mailing:** all users on the Big White Wall mailing list received two emails, in the format of a newsletter, asking for participation in the survey. This was worded as follows:

    As a member of the Big White Wall community, we very much value your thoughts on what you find helpful and what you would like to change about the site.

    As you may have seen, we are asking all members if they will participate in a very short and completely anonymous survey.

    Click here to participate

    The survey closes on DATE and we will be sharing a summary of the findings with the community early in the New Year.

    Thank you so much for your help.

    If you have any questions or comments, please email Emily at theteam@bigwhitewall.com

- **Private messages:** all users who did not respond to the survey, after the above, were sent a private message encouraging them to participate. A second private message was sent to those that had still did not respond three weeks later. This message stated:

    We need your help

    As a member of the Big White Wall community, we very much value your thoughts on what you find helpful and what you would like to change about the site.

    As you may have seen recently, we are asking all members if they will participate in a very short and completely anonymous survey.

    Copy and paste http://survey.constantcontact.com/survey/a07e2esx072fo6083zz/start into your browser or click on the link to participate.

    The survey closes on 16th January and we will share the findings with the community as soon as we can.

    If you have any questions or comments, please reply to this PM.

    Thank you so much for your help.

    Keep emotionally health,

    Emily and the Team

The **questionnaire** that was used for the survey is reproduced below:

Big White Wall - Tell us what you think...

1. What is your Big White Wall username? All answers to this survey are aggregated, therefore your answers will remain anonymous

2. Is Big White Wall the only online community of which you are a member?

- Yes

- No

3. If NO how does Big White Wall compare to other online communities in the following respects? (Each of these was rated on a five point scale from much more to much less)

- Sense of belonging

- Personally helpful

- Quality of friendships made

- Level of your engagement

- Sense of safety

4. For which of the following issues, if any, have you used Big White Wall?

- Loneliness

- Feelings of anxiety

- Stress

- Financial worries

- Mild depression

- Moderate depression

- Severe depression

- Bereavement

- Relationship difficulties

- Family difficulty

- Eating issue

- Work issues

- Domestic violence

- Sexual abuse

- Sexuality

- Suicidal feelings

- Self harm

- Alcohol/drug use

- Phobia - particular fear

- Concern for a friend/another

- Other

5. How helpful have you found each of the following features of Big White Wall? (Each of these was rated on a five point scale from very helpful to very unhelpful).

   - Creating bricks

   - Reading other people's bricks

   - Posting on talkabouts

   - Reading talkabouts

   - Useful stuff

   - Networking

   - Private messaging

6. Have you spoken of an experience or feelings on Big White Wall that you have not shared with anyone else?

   - Yes

   - No

   - Not sure

7. If YES which of these factors were important when sharing this issue on Big White Wall?

   - Anonymity

   - Safety

   - Trust in the community

   - Freedom of expression

   - Presence of volunteer facilitators

   - Other

8. To what extent do you feel you can turn to the following with the issues and feelings that you have raised on Big White Wall? (These were rated on a three point scale – very likely, likely, unlikely)

   - Family

   - Friends

   - Counsellor/therapist

   - Doctor

   - Church minister

   - Work colleague

   - Teacher/tutor

   - Employer

9. Compared to all other sources of support, how useful have you found Big White Wall?

- Much more helpful
- More helpful
- Neither more or less helpful
- Less helpful
- Much less helpful

10. Which, if any, of the following did you experience as a result of being on Big White Wall?

- Gained in confidence
- Sought help from a doctor
- Decided to use a counsellor/therapist
- Decided a counsellor/therapist not necessary
- Reduced isolation
- Improved self esteem
- Achieved new insights into self
- Improved emotional health
- Less depressed
- Less anxious
- Less stressed
- Felt able to talk to family/friend/others about your feelings
- Other

11. What, if any, negative experiences have you had on Big White Wall? Please write in your answer.

12. What, if anything, would improve your experience on Big White Wall? Please write in your answer.

13. Is there anything else that you would like to say about your experience of Big White Wall?

14. Are you male or female?

- Male
- Female

15. What are your living arrangements?

- Living with partner
- Living alone
- Living with parents

- Living with friends

- Living in a college residence

- Other

16. Which of the following age groups do you fall into?

- 16-24

- 25-34

- 35-44

- 45-54

- 55+

17. Which of the following describes your economic status?

- Full time paid work

- Part time paid work

- Looking after the home

- Retired

- Student

- Unemployed

- Other

18. Are you living in the countryside, a village, town or city?

- Countryside

- Village

- Town

- City

- Other

Appendix B: Impact data

All figures as a % of base	Stress	Loneliness	Anxiety	Mild depression	Moderate depression	Severe depression	Suicidal feelings	Self harm	Phobia
Base % - citing the issue	**64**	**62**	**51**	**36**	**27**	**23**	**25**	**20**	**10**
Also cited the following:									
Gained in confidence	38	38	40	37	39	46	41	42	41
Sought help from doctor	5	5	8	2	2	12	9	9	5
Decided on counselling	12	11	14	7	13	13	23	22	18
Reduced isolation	53	54	60	44	49	60	61	62	55
Improved self esteem	36	39	42	34	37	37	39	36	50
Achieve new insights	56	57	63	54	61	48	54	60	55
Less depressed	47	49	49	57	49	56	50	53	55
Less anxious	35	32	50	33	37	29	32	40	41
Less stressed	49	43	50	45	44	37	39	44	59
Able to talk	26	23	26	27	24	27	23	33	41

Figure 10: Impact on reported conditions

All figures as a % of base	Relationship difficulties	Family difficulties	Concern for a friend	Work issues	Sexuality	Bereavement	Sexual abuse	Financial worries	Eating issues	Alcohol/ drug use	Domestic violence
Base % - citing the issue	**47**	**35**	**32**	**16**	**14**	**13**	**13**	**11**	**7**	**7**	**6**
Also cited the following:											
Gained in confidence	36	35	40	42	44	50	38	28	38	53	50
Sought help from doctor	4	8	8	6	3	10	10	8	6	6	7
Decided on counselling	7	14	15	11	19	13	24	12	31	18	14
Reduced isolation	50	56	46	56	56	80	62	64	63	64	64
Improved self esteem	39	35	38	39	59	33	45	24	56	50	36
Achieve new insights	59	64	57	64	75	63	62	56	75	76	57
Less depressed	48	46	49	44	59	47	45	32	50	47	50
Less anxious	33	36	33	28	41	30	34	28	50	59	36
Less stressed	46	43	43	56	44	27	41	36	56	59	50
Able to talk	26	28	35	28	28	23	28	32	19	29	36

Figure 11: Impact on reported issues