

Edge Health

Tellmi Evaluation Report

14/07/2026

Edge Health

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Executive summary

Background - Mental health services across Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) are facing growing demand and increasing complexity of need. Consequently, waiting lists are growing and access to support is becoming more challenging, particularly for those transitioning from child to adult services. While individuals wait for specialist care, they face gaps in mental health and wellbeing support. To address these challenges, LLR ICB's mental health strategy focuses on early intervention and prevention, digital innovation, improving access to support, and providing help during waiting periods and key transition stages.

Context and methodology - LLR ICB commissioned Tellmi in April 2024 as an all-age digital mental health support offer. The platform provides moderated digital support, anonymous age-banded peer support, and signposting to local and national resources, and is accessible to anyone aged 11 years and over. Edge Health were commissioned by Health Innovation East Midlands (HIEM) to independently evaluate the implementation of Tellmi across LLR ICB, focusing on its implementation, adoption and impact on users, using a mixed-method approach.

Key findings - Analysis of application data shows that from 1 April 2024 to 2 March 2026, 2,793 active users in LLR ICB have used the platform, generating approximately 5,300 posts. Tellmi is being used across all ages, although current uptake and engagement are concentrated (77% of total) among users aged between 11 and 25 years. Users frequently engaged in peer conversations, browsed resources, and accessed signposting and therapy-related features. User feedback to survey and interviews were largely positive. Respondents described Tellmi as a safe, anonymous, and supportive environment that reduced fear of judgement and made it easier to speak openly about mental health concerns. Survey findings suggest that many users entered Tellmi with poor baseline mental wellbeing and the strongest statistically significant improvements since using Tellmi were seen in hope (33% improvement) and self-esteem (64% improvement). The majority (76%) of respondents also indicated that they would feel that they would lose a valuable resource if Tellmi was no longer available. Based on self-reported survey data, no significant changes in healthcare service utilisation for mental health support were found before and after using Tellmi. However, it is important to note that respondents already had low engagement with these services prior to using Tellmi.
Overall, the evaluation suggests that Tellmi has been meaningfully used by people in LLR, particularly those aged 11-25 years, by providing free, moderated digital peer support at scale. Given the LLR context, this support could be valuable for individuals seeking to self-manage, those who may not meet the threshold for Child and Adolescent Mental Health Service (CAMHS) or Adult Mental Health Service (MHS), and those transitioning from CAMHS to Adult MHS. However, it remains unclear whether Tellmi delivers system-wide cost savings. It is important to recognise that Tellmi is intended to complement, not replace, clinical care, so reduced healthcare use may not be expected. Further longitudinal and system-level evidence is now recommended to better understand long-term outcomes and cost-effectiveness.

1 Introduction

1.1 Mental health disorders and their impact

Mental health disorders are a complex and common issue seen globally, with more than a billion people living with a mental health disorder[1]https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response. In the UK, an estimated 1 in 6 people aged 16 and above have experienced the symptoms of a common mental disorder within the past week[2].The Adult Psychiatric Morbidity Survey (APMS) 2023/24[3] found that poor mental health significantly affects adults' emotional wellbeing, physical health, daily functioning, relationships, and ability to work.

An NHS survey of Children and Young People's (CYP) (relates to people aged between 0-25) mental health in England found that around 20% children of ages between 8 to 16 years had a probable mental health disorder in 2023, up from 12% in 2017, highlighting the increasing prevalence of mental disorders in CYP. Specifically, the key ages of 17 to 19 years when children transition to adult mental health services saw the biggest rise from 2017, increasing from 10% to 18% in 2020[2].

It is estimated that the total economic and social costs of poor mental health in England in 2022 was £300 billion[4]. This can be attributed to health and social care costs (20% of total or £60 billion), as well as wider societal costs, such as productivity losses, sickness absence and presenteeism[3]. The pressure on NHS mental health services and their waiting lists are mounting. Analysis by the British Medical Association (BMA) of the number of CYP referral spells[5] for NHS mental health services shows that the number of CYP waiting for more than 52 weeks rose by 62%, and for 78 weeks rose by 121% within 2 years (April 2024 to January 2026) (Figure 1)[6].

In most cases, while waiting for their contact with a mental health service, these individuals have no intermediate support based on insight from stakeholder working in mental health in LLR. Long waiting times for mental health support have been shown to negatively affect patients by worsening symptoms of anxiety, depression, and psychological distress while increasing feelings

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[1] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[2] https://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf

[3] https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24

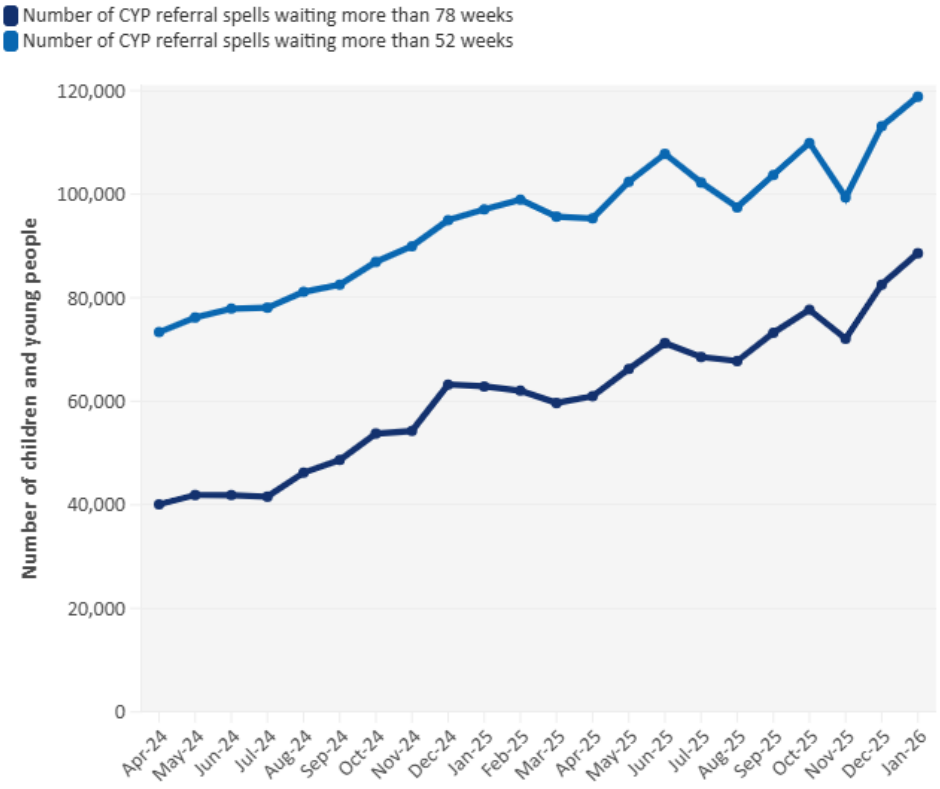
[4] https://www.centreformentalhealth.org.uk/publications/the-economic-and-social-costs-of-mental-ill-health/

[5] a spell is defined as starting at the point the first referral that is in scope is received by a provider. From this point, other referrals can form part of a referral spell where they are open concurrently or where the next referral opens within 5 days of the previous referral ending. A spell is closed when the last referral is recorded as closed (using the service discharge date)

[6] https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/children-and-young-people-s-mental-health-services-in-england

of hopelessness and abandonment. A qualitative study by Fray et al.[7] found that many young adults on waiting lists felt "forgotten" by services, with some reporting significant deterioration in their mental health during the waiting period. Evidence also suggests that delayed access to care is associated with poorer clinical outcomes and greater use of crisis services, particularly in severe mental illness such as psychosis[8].

Figure 1. Number of CYP referral spells waiting more than 52 and 78 weeks for a first contact (Source: BMA)[6]



1.2 Mental health demand in LLR ICB

According to the NHS Mental Health Services Monthly Statistics, LLR ICB had around 25,000 new referrals during the three-month period from July to September 2025 alone for all ages[9]. The

[7] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0265542

[8] https://pubmed.ncbi.nlm.nih.gov/30014544/

[9] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-september-2025

2024 Annual Report on Health Inequalities in LLR found that 12.9% of CYP in LLR had a diagnosable mental health condition in 2023/2024[10].

Overall, CYP's mental health and neurodiversity needs are rising in volume and complexity across LNR [11]. Across the system, more children are presenting with anxiety, low mood, behavioural challenges, trauma-related difficulties and unmet neurodevelopmental needs, reflecting national trends where demand is outpacing the capacity of traditional service models[12, 13]. The NHS Mental Health Dashboard[14] for 2025/2026 highlights that in Q1 2025/26, over 18,000 CYP aged under 18 accessed support by NHS funded community services in LLR, and over 5,000 people aged 18-24 years were being supported through NHS funded mental health. At the same time, significant inequalities persist, with vulnerable groups, including children from disadvantaged backgrounds facing poorer outcomes and barriers to accessing timely care[15].

According to the latest figures reported in the Mental Health Services Dataset (MHSDS), the median waiting time between referral and second contact for referrals accessing community mental health services for adults was 63 days (9 weeks)[11]. For CYP in LLR ICB, only 69% of referrals (between Oct-Dec 2025) received an intervention within four weeks of referral[16]. Based on conversation with mental health transformation lead of LLR, we also found that young people are often at risk of falling through the care gap after leaving CAMHS if they do not meet the high threshold for access to Adult MHS, which often requires them to present with severe mental illness despite having ongoing mental health support needs.

1.3 LLR's strategic goals in mental health support

In response to the rising demand in mental health support and the complexity of needs in LLR ICB, efforts to strengthen mental health services in LLR by improving access, reducing waits, and tackling inequalities across Adult MHS and CAMHS has been a strategic priority in the recent

[10] https://leicesterleicestershireandrutland.icb.nhs.uk/wp-content/uploads/2025/04/LLR-Health-Inequalities-Report-2024.pdf

[11] LLR and Northants. Council's JSNA

[12] https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/national-study-of-health-and-wellbeing-children-and-young-people

[13] https://www.cqc.org.uk/provider/RT5/reports/AP10381/community-based-mental-health-services-for-adults-of-working-age

[14] https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/#heading-1

[15] https://leicesterleicestershireandrutland.icb.nhs.uk/wp-content/uploads/2025/02/Paper-G-Health-Inequalities-Report-Appendices-1-and-2.pdf

[16] https://mentalhealthwatch.rcpsych.ac.uk/docs/default-source/default-document-library/mental-health-watch--spotlight-on-cyp-waiting-times-data.pdf

years[17]. The Five-Year Strategic Commissioning Plan (2026-27 to 2030-31)[18] for Leicestershire, Northamptonshire & Rutland (LNR) cluster ICBs[19] specifically outlines a transformation plan for CYP mental health services.

The strategy aims to create a system that enables earlier and more equitable access to support, with a strong emphasis on prevention, early intervention and integration across services. The use of technology is positioned as a key enabler of this shift. The plan highlights the importance of digital tools to support more proactive and coordinated care delivery. It also highlights how maintaining a focus on digital inclusion is important to avoid widening inequalities.

The strategy places emphasis on improving transitions between child and adult MHS, recognising this as a key point of vulnerability where young people often disengage or experience fragmented care. The strategy commits to developing planned, supported and seamless transitions across the life course, ensuring continuity from early years through adolescence into adulthood (Figure 2). This includes better coordination between services and earlier transition planning, particularly for those with complex needs or belonging to vulnerable groups. By strengthening information sharing, aligning pathways, and embedding transition support within neighbourhood multidisciplinary teams, the system aims to reduce drop-off in care and ensure that young people continue to receive appropriate support as they move into adult services.

[17] https://leicesterleicestershireandrutland.icb.nhs.uk/wp-content/uploads/2023/07/LLR-ICB-5YP-FINAL-v5.0_FINAL_Signed.pdf

[18] https://democracy.leics.gov.uk/documents/s194827/Appendix%20two%20-%20NHS%20LNR%20FIVE-YEAR%20STRATEGIC%20COMMISSIONING%20STRATEGY%20V1.0.pdf

[19] Northamptonshire ICB and Leicester, Leicestershire and Rutland ICBs are currently separate ICBs that currently exist as separate statutory bodies. However, as a part of a national move to bring together ICBs into 26 clusters, down from the current 42, these two ICBs, but in time they will move to work as one, with a single set of staffing structure and board governance called the LNR (Leicestershire, Northamptonshire & Rutland cluster ICBs (LNR) (ref: https://www.healthwatchwestnorthants.com/news/2025-09-03/clustering-northamptonshire-icb-and-llr-icb) . This is part of a national move to bring together Integrated Care Boards (ICBs) into 26 clusters, down from the current 42.

Figure 2. CYP Mental Health and Neurodiversity Delivery roadmap *(Source: LNR Five-year strategic commissioning plan 2026/27 – 2030/31)* [7]

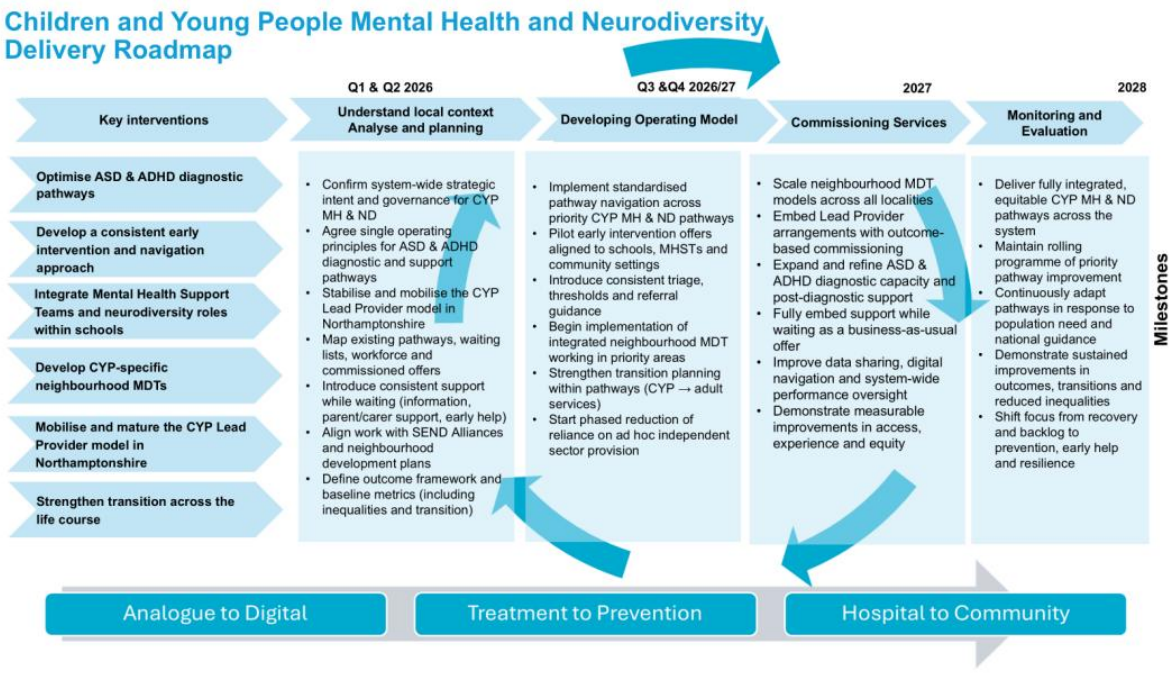


Figure 9 – Delivery roadmap for CYP mental health and neurodiversity care commissioning

1.4 Existing offerings that support mental health in LLR ICB

LLR ICB has expanded its mental health and wellbeing support offerings in the past few years. Apart from the standard NHS emergency and non-emergency hotlines for mental health support, the ICB has funded support groups like neighbourhood mental health cafes (drop-in centres with trained mental health staff for people seeking immediate help), Vita Health Group talking therapy (a self-referred talking therapy support without needing a GP referral) and Samaritans ((a charity that offers call, email and in-person mental health support).

LLR ICB has also been expanding its digital support offering across the area, focusing on increasing signposting and awareness of such services. Broadly, a digital support tool is any digital resource, such as an app, online platform, or online directory, that helps people access information, self-management support, peer support, or signposting to mental health services. There are multiple digital directories in LLR that include support services from statutory partners and voluntary sector organisations like Joy[20], MyChoice[21] and First Contact Plus[22]. These

[20] https://services.thejoyapp.com/
[21] https://mychoice.leicester.gov.uk/
[22] https://firstcontactplus.org.uk/

directories are aimed to provide functionality that enables users to filter by location and support type.

1.5 Literature on digital peer support interventions for mental health

With the growth of digital peer-support offerings in the mental health space, there is some peer-reviewed literature on the effectiveness of these support tools. A systematic review of digital peer support interventions for people with serious mental illness found that these approaches have shown improvements in psychosocial outcomes like self-efficacy, quality of life and engagement[23]. Another paper by Naslund et al.[24] finds that there are benefits of online peer support by promoting mental health care seeking behaviour especially for those with mental illnesses. These benefits appear to outweigh the potential risks like hostile behaviour, misleading information or derogatory comments to its users. Interventions that incorporate engagement features, such as reminders and interactive components, and those grounded in structured therapeutic approaches particularly cognitive behavioural therapy (CBT) were found to demonstrate more consistent benefits. The evidence base remains mixed, with variability in study quality and outcomes, and many apps lack robust validation. Effectiveness differs across populations and app types. Through conversation with the all age Mental Health lead of LLR ICB, it was found that while digital directories were aimed to solve the problem of navigation-helping young people identify where to go, the coverage was patchy across LLR.

Against this backdrop, LLR ICB commissioned Tellmi as a digitally enabled peer-support intervention intended to complement existing mental health provision.

[23] https://mental.jmir.org/2020/4/e16460

[24] https://pubmed.ncbi.nlm.nih.gov/26744309/

2 Tellmi Overview

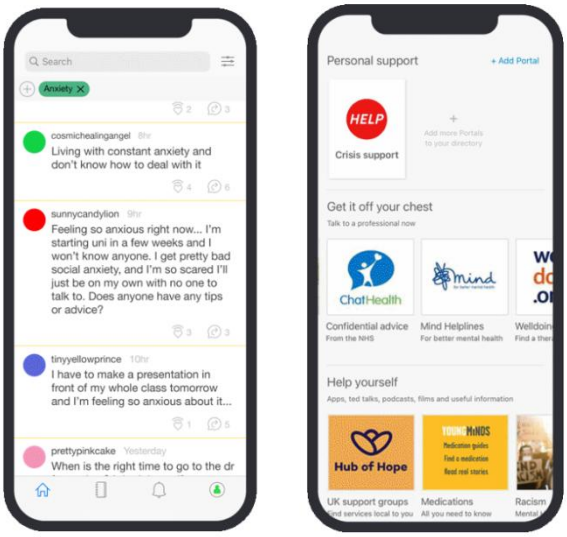
Tellmi is a digital mental health platform commissioned in LLR in April 2024 following a competitive procurement to support all ages (11 years old and over) . This was in response to the need for a local, accessible and scalable support for young people and adults experiencing mental health challenges, particularly during key transition period (between 14-19 years old[25]) and while awaiting specialist services input.

Tellmi is an online peer-support app for individuals aged 11 and over[26]. It provides its users a space to post anonymously, and to receive support and advice from their peers. Tellmi is a Tier B NICE Digital Health Technology that assists users in managing their own health, with its main purpose and focus being to enable peer support, social sharing of emotions, building resilience, and fostering the 'active ingredients' of wellbeing, such as mattering, selfhood, compassion and mindfulness, through a psychologically safe, anonymised platform. It adheres to THRIVE, a framework that provides a set of principles ('getting advice', 'getting help', 'getting more help', 'getting risk support', and 'thriving') to guide the creation of coherent and resource-efficient communities of mental health and wellbeing support for CYP, and their families (Wolpert et al., 2019).

[25] Since the transition age for mental health services is not clearly defined in the literature, stakeholder input was used to define the transition age range for this evaluation as 14–19 years.

[26] https://www.tellmi.help/

Figure 3. Tellmi application on a mobile device



2.1 Existing evidence on Tellmi

Evidence on the effectiveness of the Tellmi peer support app indicates positive impacts on young people's (between 11-26 years old) wellbeing, though the evidence base remains emerging. An independent evaluation conducted by the Anna Freud Centre (n=876) found that 72% of users felt better after using the app, 79% felt less alone, and 78% found it easier to talk about difficult issues[27]. Another economic evaluation)[28] found that sustained use of Tellmi (over one month) was associated with reduced utilisation of NHS services, including A&E, GP, and school health services and estimated cost savings of approximately £214 per user per year. In 2023, Tellmi was also commissioned by Berkshire West ICB for individuals aged between 11 to 17. Over 1,000 young people accessed the app, where 201 high-risk young people were supported by Tellmi's preemptive counselling or had a Tellmi Therapy session. App users also reported to feeling less alone (59%), improved knowledge of their mental health and wellbeing (69%) and 39% better about themselves. In addition, a health economic model devised by York Health Economic Consortium showed that Tellmi was able to save the NHS £89,000 through decrease in GP and school counsellor visits[29].

While these findings suggest both individual and system-level benefits, most outcomes are based on self-reported data and short-term analyses. In addition, with LLR ICB being the first 'all age' provision of Tellmi, there is no current evidence base available to show Tellmi's benefits and impacts for adults.

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[27] https://pediatrics.jmir.org/2022/4/e37424

[28] https://bmjpaedsopen.bmj.com/content/bmjpo/9/1/e003592.full.pdf

[29] https://www.tellmi.help/berkshire-case-study

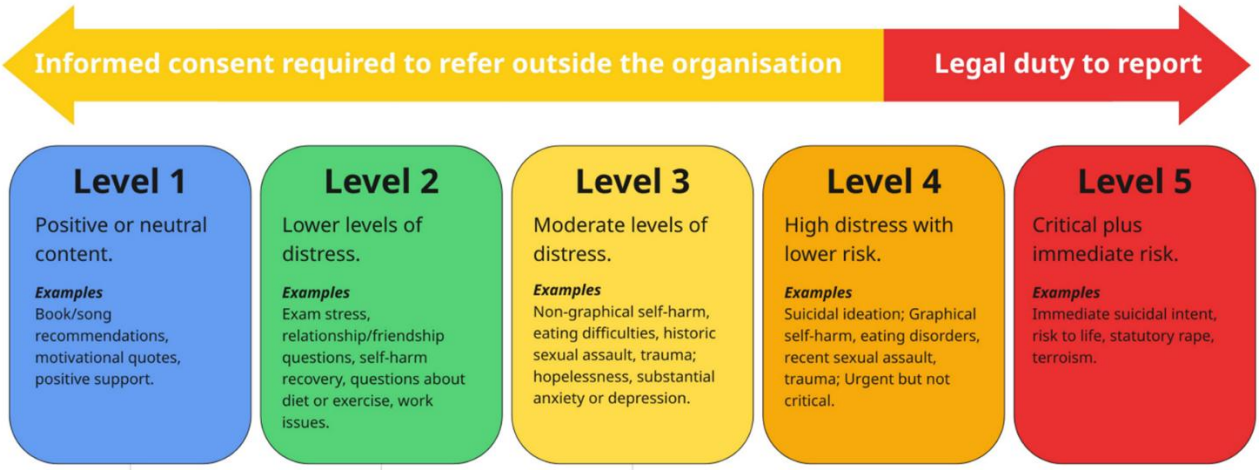
2.2 Tellmi app features and functionality

The Tellmi app combines several features with the aim to provide a safe, moderated digital peer support environment for young people (ages 11-18) and adults. At its core, it enables users to share experiences and offer support, advice, and empathy to one another, with the ability to search and filter posts by specific topics (e.g. autism, dyslexia, learning difficulties) to connect with relevant communities. The platform is age-banded, ensuring users interact with peers within a two-year age range, both younger and older. This applies until age 21; users aged 22 and over can view all posts made by others aged 22 and over. Engagement is supported by "SuperPeer volunteers", who are typically undergraduate psychology students who help ensure that all posts receive replies. Moderators play a key role on the app by checking posts, filtering content, and signposting users to cousellers. All posts and replies are reviewed and risk-assessed by these trained moderators within approximately 15 minutes (between 8:30am and 11pm). Moderators rank each post for severity and risk before it goes live on the app. This ensures that high-risk posts are immediately identified and there is rigorous safeguarding in place. The risk level is assigned based on the following framework:

- **Levels 1–2** represent low risk (neutral or mild distress) and are published if they meet moderation guidelines.
- **Level 3** indicates moderate distress (e.g. anxiety, historic trauma) and is published but reviewed by a counsellor within 24 hours, with additional support or signposting where needed.
- **Level 4** reflects high distress (e.g. suicidal ideation or recent trauma); these posts are not published, and a counsellor responds privately to provide support and determine next steps.
- **Level 5** represents critical and immediate risk (e.g. suicidal intent or risk to life), triggering urgent safeguarding actions, including potential referrals to external services in local authority or emergency services.

The framework is underpinned by a safeguarding approach that escalates from informed consent for lower-risk referrals to a legal duty to report in high-risk situations.

Figure 4. Risk Levels for Tellmi posts and replies diagram.



Another key feature of Tellmi is the app's directory of over a 1000 mental health and wellbeing resources based on the user's age and location. It allows users to access information that is localised, such as specific regional charities, or local youth centres and support lines that are accessible to the user. These resources can also provide support groups or guides which reflect the specific socio-economic and environmental context of the area in which they live.

Users are also provided with functionality where they can personalise their feed using a sensitivity filter to control the level of content they see i.e they can chose to include or remove Level 2 and 3 posts and hide specific topics they do not want to see.

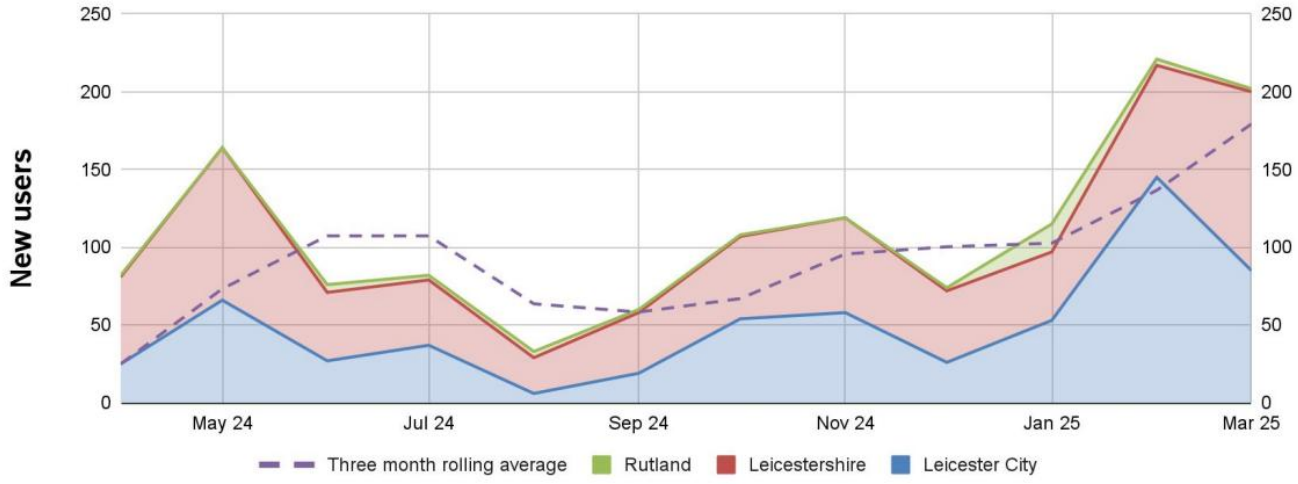
For commisioned areas like LLR, users on Tellmi can also access therapy sessions through the directory and access a councellor without needing any referral.

2.3 Tellmi in LLR

Based on targets set by LLR for Tellmi, the user ratio is aimed to be 70% CYP (11-25 years old) and 30% for those over 25 years old. According to the Tellmi Annual Report, the app is currently used by a broad age range, with 60% of users aged 11-17 years and 40% aged over 18. This report also found that there was a total of 1,337 users in LLR during this period who had a total of 22,291 interactions by March 2025[30]. Figure 5 highlights the steady uptake of the app within LLR through a consistent uptake of new users since April 2024, as well as an increasing trend since the start of 2025.

[30] Based on documentation : Tellmi impact report 2025 shared by Tellmi team.

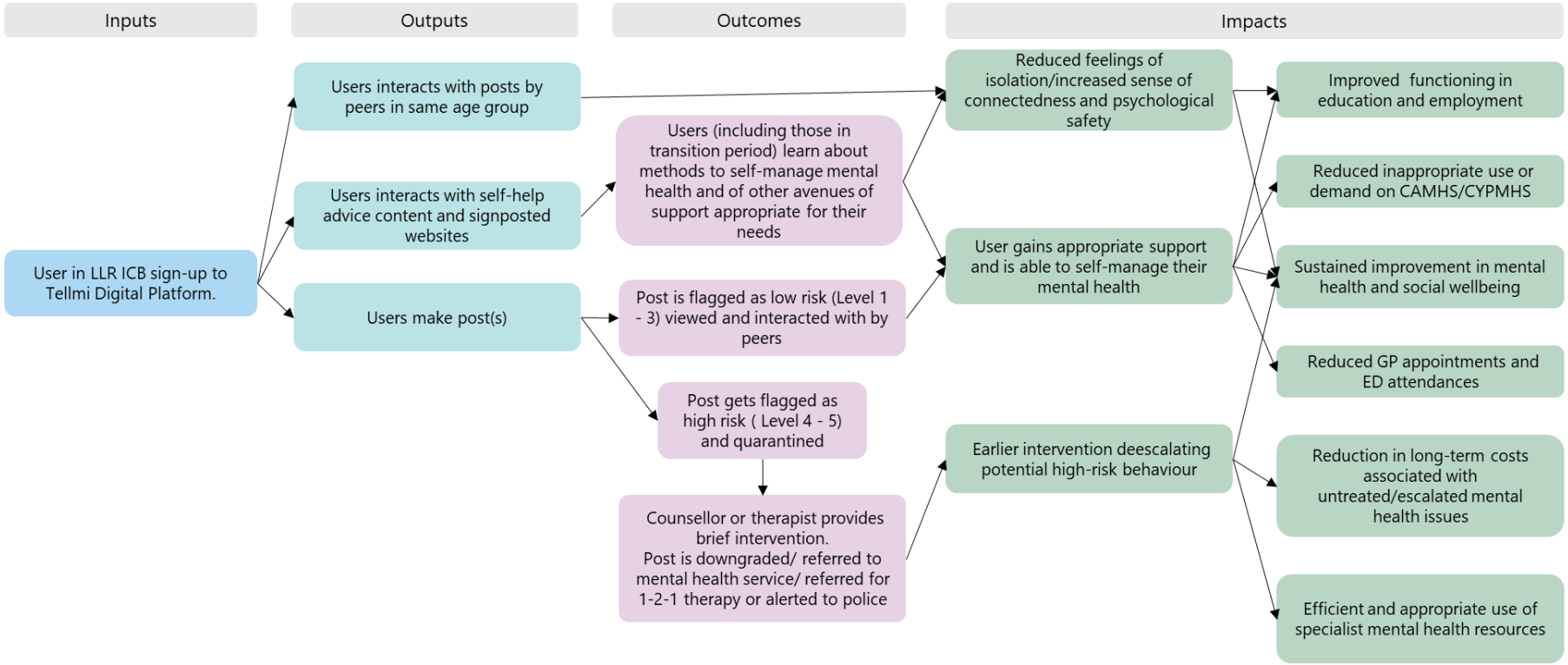
Figure 5. Trend of new users on Tellmi users in LLR from 2024/2025 *(Tellmi , 2025)*



3 Impact pathway

The Tellmi app has shown to have a wide range of impact on its users and subsequently the wider healthcare system based on its implementation in other contexts (outlined in literature review in section 2.3). The impact pathway in Figure 6 was developed to map the input to theoretical outputs, outcomes and impacts of the Tellmi app. This was developed through engagement with stakeholders (defined in section 4.1) and existing literature research. This model was used to inform subsequent analysis.

Figure 6. Tellmi impact pathway



4 Evaluation Methodology

Our independent evaluation aimed to assess the impact and benefits of Tellmi in LLR ICB. This evaluation also aims to build a robust evidence base for Tellmi and LLR to support future commissioning decisions.

The evaluation was designed to answer the following key evaluation questions:

- Who has accessed / used Tellmi in LLR?
- How are LLR users using Tellmi?
- Is Tellmi acceptable to users of all ages?
- How successful was implementation?
- Why was implementation (un)successful?
- How quickly do users of Tellmi receive support?
- What was the impact of Tellmi on the wider system?
- What was the impact of Tellmi on mental health, social connectedness and isolation?
- How is Tellmi being used as people are transitioning from child to adult services?
- What factors might influence wider adoption of Tellmi in other similar contexts?
- What are future plans for commissioning / using Tellmi in LLR?

This evaluation provides a comprehensive assessment of Tellmi's reach, user engagement, and impact on mental health and wellbeing, drawing on validated wellbeing measures. It explores user experience across different age groups, with a particular focus on transitions from child to adult services (ages 14-19), and examines implementation success, barriers to adoption, and stakeholder perspectives. In addition, the evaluation seeks to quantify system-level impacts such as potential reductions in CAMHS referrals, GP visits, and A&E attendances as outlined in the impact pathway (Section 4). It also considers equity through analysis of demographic data. However, due to user anonymity, the evaluation does not include individual clinical follow-up, long-term outcomes beyond the evaluation period, or randomised controlled comparisons.

4.1 Data sources

This evaluation draws on data from multiple data sources. Table 1 summarises the sources of data.

Table 1: List of data sources used in this evaluation[31]

Data sources
1. **Literature review**, internal documentation and publicly available data review – A targeted search was conducted of existing online research, publicly available data, and materials shared by stakeholders. The findings were synthesised to provide background and context for the report and to inform the development of the project's surveys and interview guides. The review covered mental health, particularly in the context of the NHS and LLR; digital mental health tools; validated wellbeing scales for adults and children; and previous evaluations of Tellmi.
2. **Tellmi application activity data** of users in LLR[32] from 1 April 2024 to 2 March 2026.
3. **LLR Tellmi User survey** – a bespoke survey was deployed on the Tellmi app for users within the LLR ICB region[33] from 1 October 2025 to 31 March 2026. Survey questions are provided in the appendix.
4. **Stakeholder interviews[34]** – five semi-structured online interviews/ focus group (when multiple interviewees present) were conducted*, including: • LLR representative (n =1): the All-Age Mental Health & LD Transformation Lead of LLR ICB. • Tellmi platform staff (n=2): One that had functioned as a moderator and super peer. And another one with the programme delivery manager. • Tellmi Leadership (n = 2): founders of the platform.

[31] n provides the counts of individuals within each stakeholder category

[32] Note: Due to the sensitivity of data privacy and Tellmi's commitments to its users- specifically that identifiable user data would not be shared with third parties for research, any data shared with Edge was provided at an aggregate level. To maintain analytical independence, Edge was granted access to Tellmi's development environment, where SQL queries were developed using synthetic data. These queries were then shared with Tellmi and executed in the production environment on real user data. This approach ensured that Edge retained full control and transparency over the analytical methodology while safeguarding user privacy. Any additional data manipulation required by Tellmi was communicated and agreed with Edge. It should also be noted that, to protect user anonymity and prevent the potential identification of individuals through the interlinking of aggregate data (e.g. matching posts, replies, or timestamps), Edge was limited in the level of granularity of data it could obtain and analyse.

[33] Collecting data from non-adopters of Tellmi in LLR i.e those individuals who had never used Tellmi or had discontinued use was identified as a desirable component of the evaluation. However, despite efforts to circulate surveys to over 100 schools and 3 universities in LLR, no responses were received.

[34] The evaluation also aimed to conduct interviews with staff involved in mental health services. However, despite efforts to engage relevant stakeholders, due to poor engagement from staff, interviews couldn't be conducted.

- Health innovation East Midlands (HIEM) Representatives (n = 2): Digital Health Navigator and Digital Health Innovation Lead

5. **User interviews** – three users of the Tellmi platform who were all CYP*.

**Note: The focus group/interview user guide can be found in the appendix. We have included the specific topics and questions we asked each user group. To note, we had prepared a user guide for the CAMHS/CYPMHS staff, LLR CYP Forums, and School Staff, but we had no engagement with these groups.*

4.2 Data analysis

A mixed-methods approach was adopted to quantitatively and qualitatively analyse the data sources outlined in the previous section.

Qualitative analysis thematic analysis was conducted on transcripts and notes from semi-structured interviews with stakeholders and Tellmi users in LLR. Themes and patterns identified within the transcripts and notes were manually analysed and categorised against the relevant evaluation questions outlined at the beginning of Section 4 (MS Excel was used to support coding and organisation). Findings from interviews with Tellmi users were also used to develop anonymised case studies. In addition, qualitative insights were drawn from user survey responses where relevant.

Quantitative analysis was conducted using application activity data covering the period from April 2024 to March 2026. Data processing and analysis were carried out using SQL and R[35]. Quantitative analysis was also undertaken on survey data collected from users. As part of the survey analysis, a retrospective pre-post (RPP) approach was used. RPP is a widely accepted methodology in digital health and public health research for measuring perceived change when long-term longitudinal tracking is not feasible. This approach is particularly well suited to anonymous user populations and provides valuable perceived impact data that complements objective outcome measures[36,37]. Validated scales appropriate for children and adults were integrated into survey questions to robustly quantify the impact of Tellmi on mental wellbeing (more information on scales can be found in Appendix).

[35] RStudio Team (2021). Version 4.6.0, RStudio: Integrated Development Environment for R. RStudio, PBC, Boston, MA URL https://www.r-project.org/

[36] https://fyi.extension.wisc.edu/programdevelopment/files/2021/12/RetrospectivePost-then-Pre.pdf

[37] https://www.sciencedirect.com/science/article/abs/pii/S0149718924000120

All data was stored securely in Edge Health's internal dedicated SharePoint folders. Findings from both the qualitative and quantitative analyses were triangulated to develop a comprehensive understanding of outcomes and to address the evaluation questions.

5 Stakeholder perspectives: current service gaps and the implementation and adoption of Tellmi

Through interviews or focus groups with stakeholders representing Tellmi, LLR, and HIEM, we gathered a range of perspectives on existing gaps in mental health services across LLR and the rationale for commissioning Tellmi. These discussions also highlighted Tellmi's implementation journey, including the barriers and challenges encountered during delivery. Finally, the interviews provided insight into LLR's future commissioning intentions and strategic plans for mental health support services. Specifically, evaluation questions that were answered in part or completely through these engagements include:

- Who has accessed / used Tellmi in LLR?
- How are LLR users using Tellmi?
- How successful was implementation?
- Why was implementation (un)successful?
- What factors might influence wider adoption of Tellmi in other similar contexts?
- What are future plans for commissioning / using Tellmi in LLR?

5.1 Current system pressures and how Tellmi could support in bridging some of these gaps

An interview with an LLR stakeholder highlighted several persistent gaps and challenges in NHS mental health provision across the region, particularly for CYP, and especially those transitioning from CAMHS to Adult MHS. Key perceived issues include long waiting times and a lack of clarity around how to navigate mental health services, alongside broader systemic gaps such as insufficient provision for neurodivergent individuals. In addition, before commissioning Tellmi, there didn't exist a single digital support service that covered the entire LLR ICB geography for continuity of support and which was accessible to children and adults.

For those in the transition age group (14-19 years old[38]), many young people experience a lack of continuity in support. As they age out of CAMHS, high thresholds for Adult MHS often result in individuals being turned away because their needs are not deemed "severe enough."

[38] Based on discussion with stakeholders, the age group of 14-19 years old was agreed as the mental health services transition age group for this report.

Additionally, there is also limited step-down support following discharge, leaving many without ongoing care.

The decision to commission Tellmi came from the need of an 'all-age' digital solution that was accessible across the whole of LLR ICB. Hence, Tellmi's approach to support children (ages 11 and over) and adults by offering a free, digital and locally tailored platform with no referral requirements and 24/7 availability fit this need. Its moderated peer support, age-banded communities, and a directory of services, also aims to help users to feel understood through shared experiences and access resources local to them. Stakehoders described Tellmi as a complementary solution to existing NHS provision in LLR based on its anonymous peer support functionality, responsiveness to user feedback through its internal youth advisory board and integration of local resources.

5.2 Tellmi's implementation aims, adoption journey and barriers faced in LLR

In LLR, the majority of Tellmi users have been CYP aged 11–25 years, accessed primarily through engagement with schools, colleges and universities. While this age group was the focus during the first year of the commission, Tellmi as an all-age service, alongside embedding in schools, colleges and universities, it is now actively expanding its outreach to the over-25 years population. Tellmi staff also noted that users in LLR are particularly active compared to other commissioned areas. Besides efforts to embed in school, universities and colleges, Tellmi has also put efforts towards specific groups who can reach individuals who may benefit from mental health support, such as carers for autistic people, with earlier work focusing on charity volunteers and employees (though this has evolved over time).

Tellmi's overarching goal remains consistent for both children and adults, but there is a growing focus on supporting the transition age groups. At present, there is limited differentiation in the functionalities offered to different age groups on the app. Tellmi hopes that users view the platform as an accessible interim option while on waiting lists for mental health services or when unsure where to seek help. The platform also enables users to access support outside traditional mental health service hours, with staff reporting peak usage between 6–9pm, times where higher levels of crisis are also reported to be observed by Tellmi. Through interviews with Tellmi staff, it was found that Tellmi is being made available and promoted in schools, colleges, and universities, by listing on their website, training education teams, putting up posters on campus, hosting workshops. This has been their most effective route for reaching young people.

There were some initial challenges with changes in Tellmi staff. Additional challenges faced were related to schools being slow to adopt Tellmi, and yet Tellmi relied on schools to pass information on to students. The success of campaigns depended on school staff effectively communicating about Tellmi; if schools lack time or do not engage fully, user reach is limited. Another barrier was schools' initial concern that the app resembled social media, raising

questions about safeguarding and parental perceptions. These concerns were largely addressed through in-person engagement by Tellmi with both staff and parents, helping to reassure stakeholders and disseminate accurate information.

5.3 Future commissioning plans for Tellmi and wider adoption of Tellmi in other similar contexts

Tellmi was commissioned by LLR ICB in 2024 on a three-year contract, with the option to extend for a further two years. Given that this evaluation will inform the formal review and recommendation beyond Year 3, it is essential that there is evidence on both outcomes of users of Tellmi and wider system implications.

At present, the evidence base for Tellmi is still developing. While a rapid evidence review identified some supportive findings (reported in Section 2.1), the overall quality of evidence remains limited when compared to NICE standards, highlighting the need for more evaluation evidence. In particular, there is a need for stronger evidence of effectiveness across both CAMHS and adult services. In addition, current limitations in demographic data collection such as the lack of data captured at sign-up make it difficult to robustly assess whether Tellmi is reaching underserved populations and addressing health inequalities. Tellmi has actively sought to only collect data that could be used for safeguarding purposes, data outside this is not collected to protect anonymity of their users.

Despite these challenges, LLR stakeholders reflected that Tellmi aligns with the broader strategic direction of LLR, including a shift towards more proactive and preventative models of care and the increasing role of digital commissioning. As such, while digital mental health support is likely to remain a key component of future service provision within LLR and in other similar contexts, it is important that Tellmi is able to generate evidence of its impact on its users and wider system.

6 Current Use of the Tellmi platform

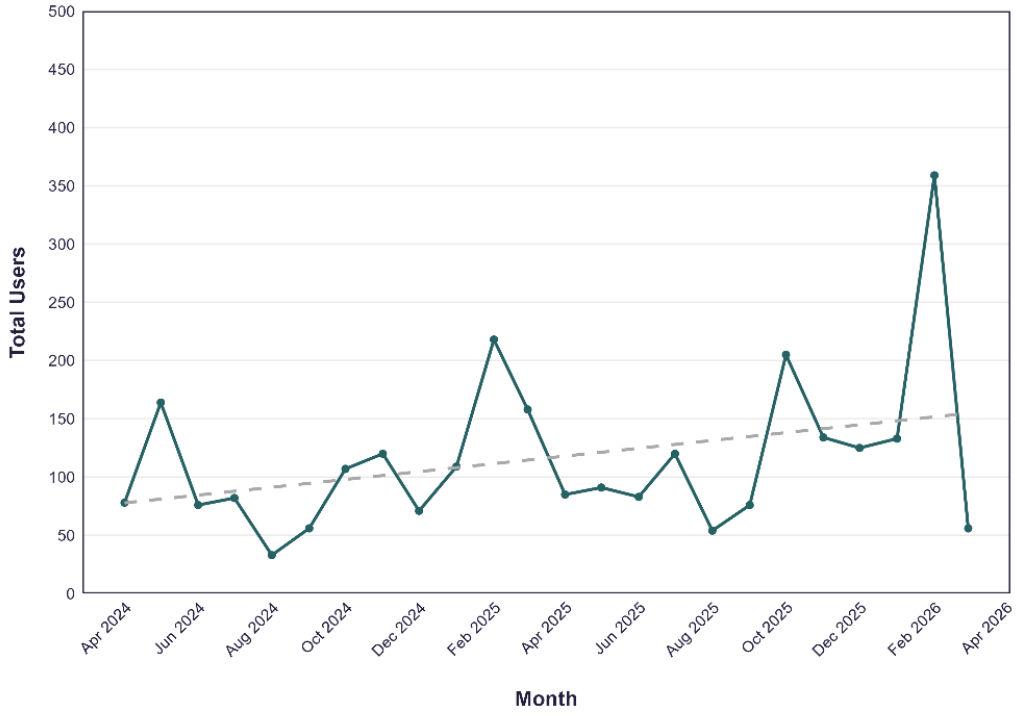
Data was obtained from Tellmi on its application users from April 2024 to March 2026 covering 2,793 active users registered in LLR. To note, the data gathered was gathered from the beginning of April 2024 until the 2nd of March 2026. This section explores how Tellmi is used in LLR by its users since being commissioned in 2024. Evaluation questions that were answered in part or completely through application data analysis include:

- Who has accessed / used Tellmi in LLR?
- How are LLR users using Tellmi?
- Is Tellmi acceptable to users of all ages?
- How successful was implementation?
- How quickly do users of Tellmi receive support?

6.1 Reach and Engagement

Since April 2024 there has been a steady upward trend of new users, suggesting steady uptake of Tellmi in LLR over time. Across all months there was an average of 116 new users in LLR per month. The highest number of monthly new users was seen in February 2026 (Figure 7). There was also a spike in new users in February 2025.

Figure 7. New Tellmi Users Over Time



Note: As the data was received in March, the lower user numbers recorded for this month are due to the dataset not covering the full month.

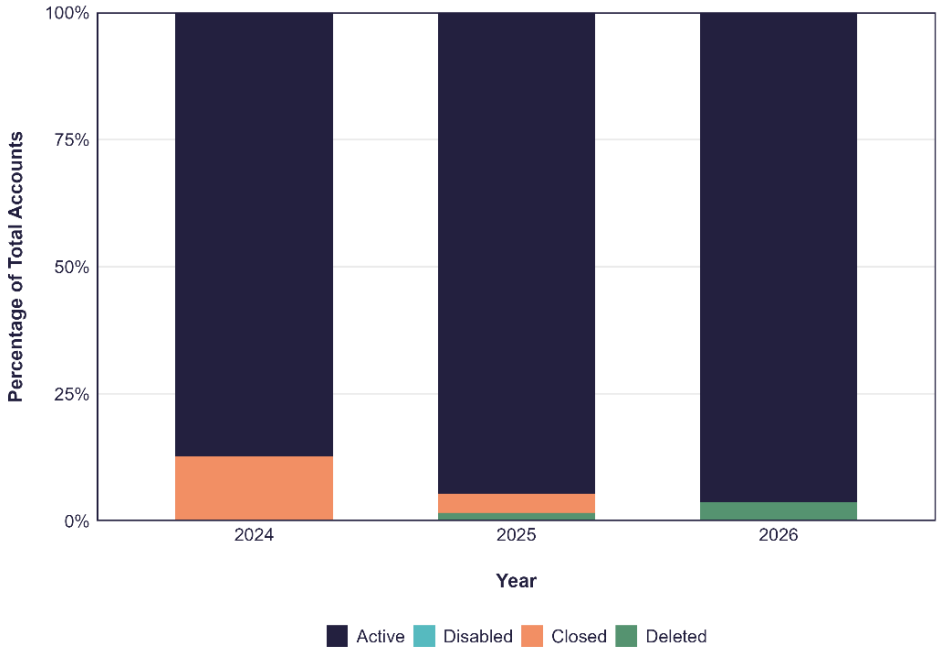
Table 2 and Figure 8 show the yearly totals of different account statuses (active, disabled, closed, and deleted) for each year. As data was gathered from the start of April 2024 to the beginning of March 2026, the only complete year of data we have is 2025.

When looking at the general trend in new accounts, 2026 (2026) is forecasted to have the largest number of active accounts. It is also evident that earlier on in Tellmi's implementation in LLR, there was a greater proportion of closed accounts (12.5%), with the number of closed accounts falling to 0% in 2026.

Table 2. Yearly Account Statuses

	Active	Disabled	Closed	Deleted	Total
2024 (April- Dec)	687 (87.3%)	0 (0%)	98 (12.5%)	2 (0.3%)	787
2025 (Jan- Dec)	1379 (94.6%)	0 (0%)	55 (3.8%)	24 (1.6%)	1458
2026 (Jan – March)	528 (96.4%)	0 (0%)	0 (0%)	20 (3.6%)	548

Figure 8. Breakdown of yearly account status (proportions)



6.2 Demographics of Tellmi users

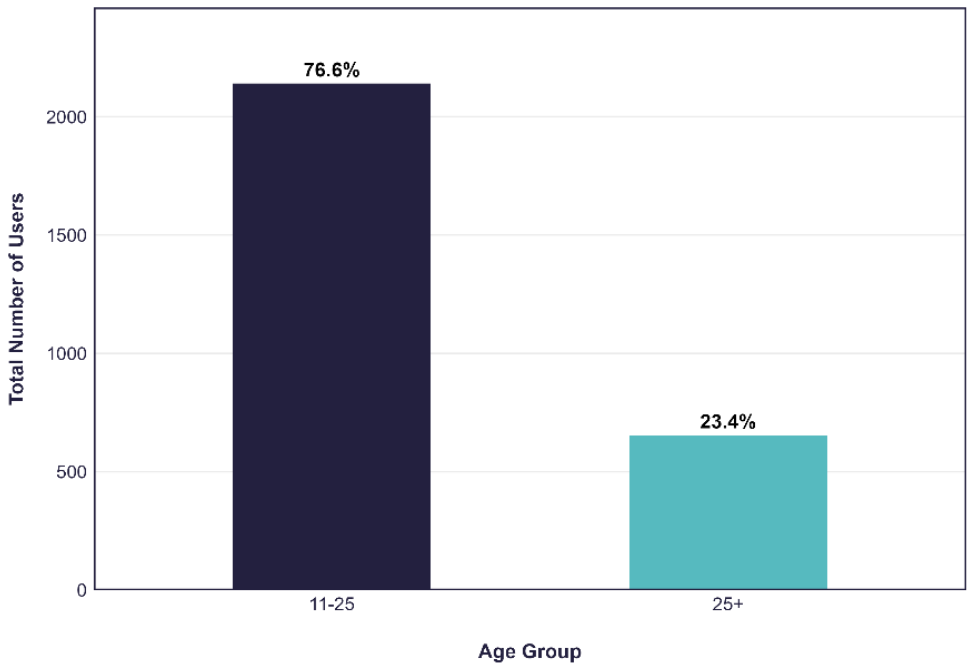
Age of users

In total there were 2,793 users in LLR. When breaking down the users into CYP (11-25) and over 25, we see that the current breakdown is 76.6% (n=2,140) of users being CYP and 23.4% (n=653) of age 25+, which closely aligns with Tellmi's target to shift this user ratio to 70% CYP and 30% of age 25+. By comparison, the 2025 population across LLR ICB is estimated to be comprised of 20% of individuals aged 11–25 and 68% for those aged 25 and over[39].

User engagement across LLR is most concentrated among the ages of 12 and 13, which represent 14.5% and 12.9% of the total user base, respectively. Following this peak, there is a noticeable downward trend, with user volume at each age declining steadily for those aged 18 and above. 32% of all users fall within the transition age group (14-19 years).

It is also observed that the total number of new users at each age in the transition age group has a downward trend in the number of new users as age increases with 263 new users aged 14, whereas only 60 new users aged 19.

Figure 9. Age of Tellmi Users in LLR



[39] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/populationprojectionsforsubintegratedcareboardsbysingleyearofageandsexengland

Figure 10. Total users of Tellmi by age (in years) in LLR

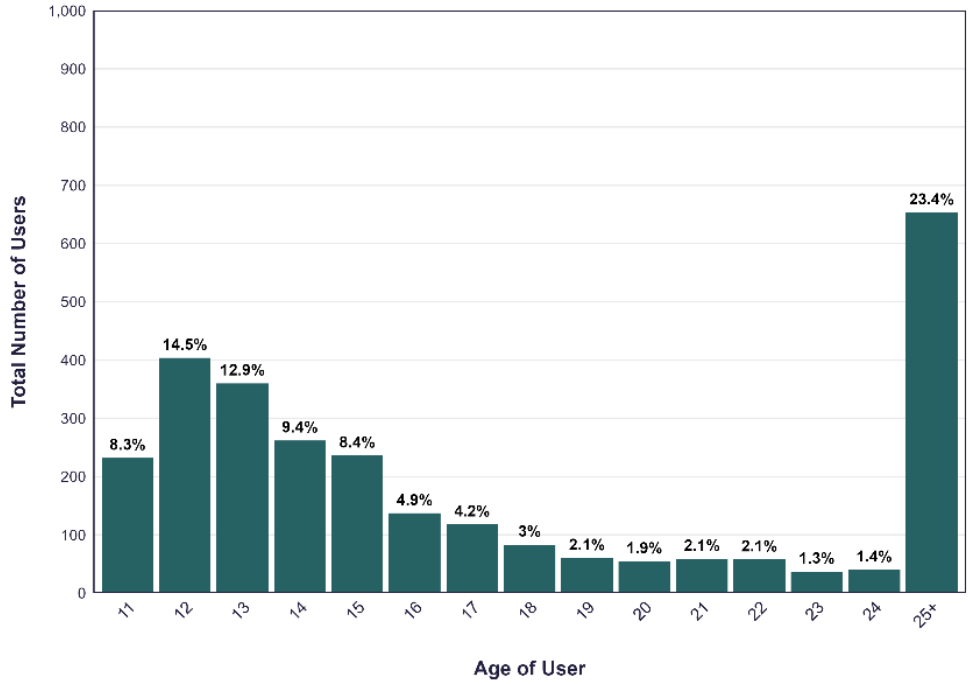
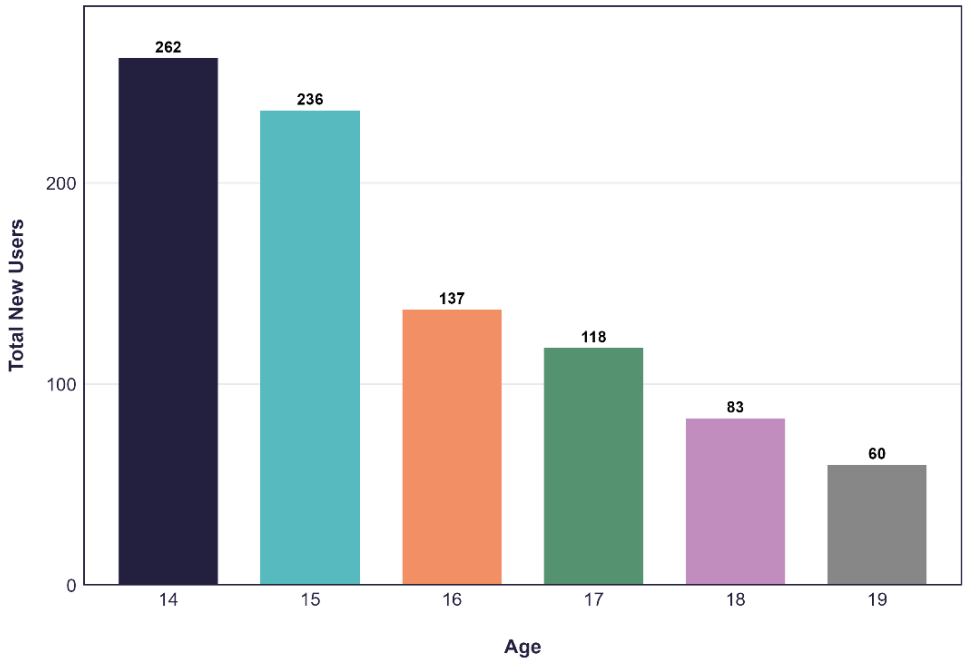


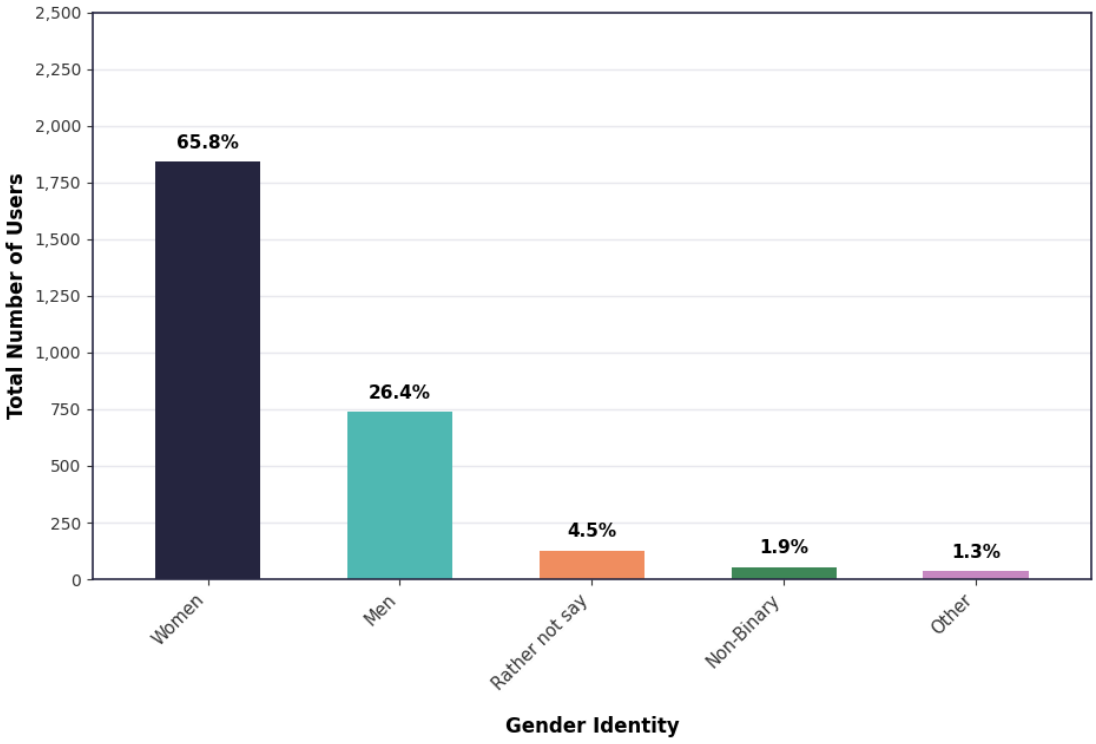
Figure 11. Number of new users in Transition Age Group (14-19 years)



Gender of users

When looking at the split of different genders across the users, we found that women make up the largest proportion of users (65.8%) compared to other gender groups including those that identify as Men, Non-Binary, Prefer not to say and Other. 26.4% identify as a Man, 1.9% identify as Non-binary, 4.5% answering as 'Rather Not Say', and 1.3% answering as 'Other'.

Figure 12. Gender distribution of users



6.3 Usage of app features

Posts

When breaking down the post activity by age, we can see that it's concentrated in the ages 12-17 years, with nearly 2000 posts (37.3%) coming from users aged 12 and 13. The general trend shows that post activity decreases with age, except posts by users aged 20 years old who have higher posts counts than expected based on the trend.

Looking into the top 10 topics across all user posts in LLR, we found that the most common topic or reason that users post about is 'Emotions or Moods', representing 5.3% of all posts made, followed by 'Friends' (3.2%) and 'Communication' (2.9%). Interestingly, only 1.7% of posts are about general 'Mental Health', signalling that posts are generally more specific and cover specific mental health disorders, such as 'Anxiety' (2%).

Figure 13. Post Activity by Age

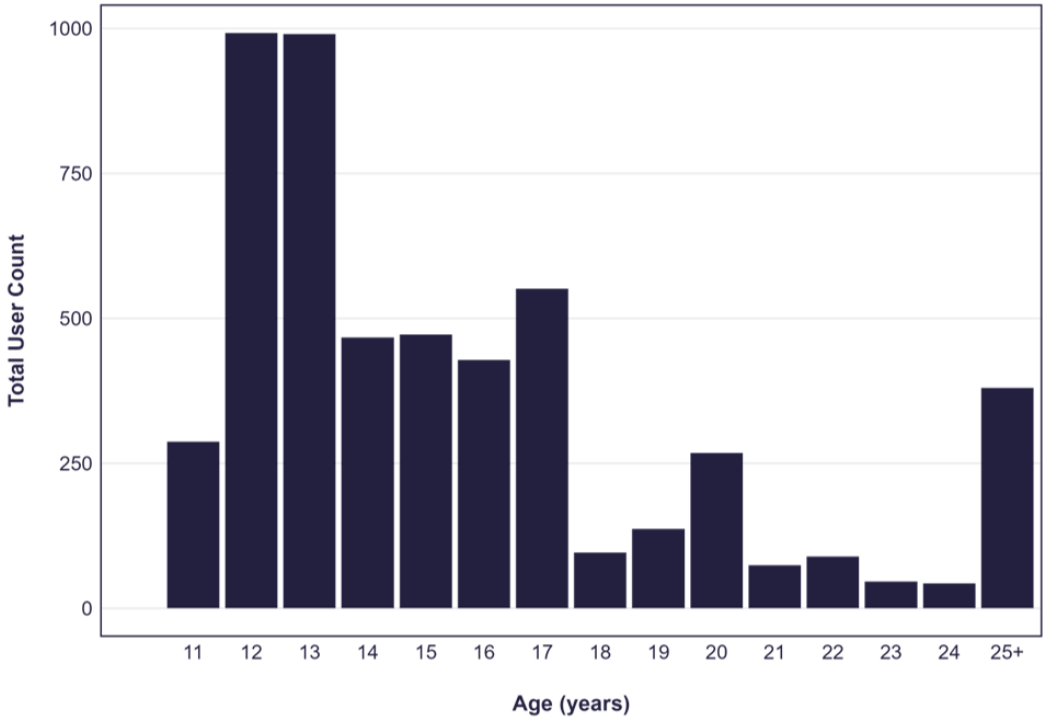
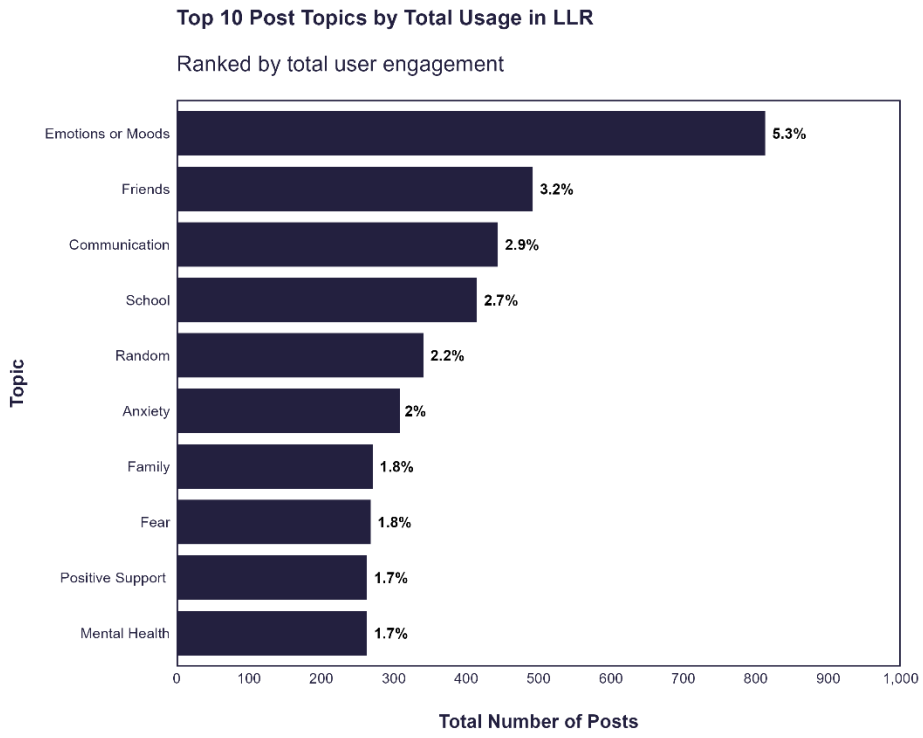
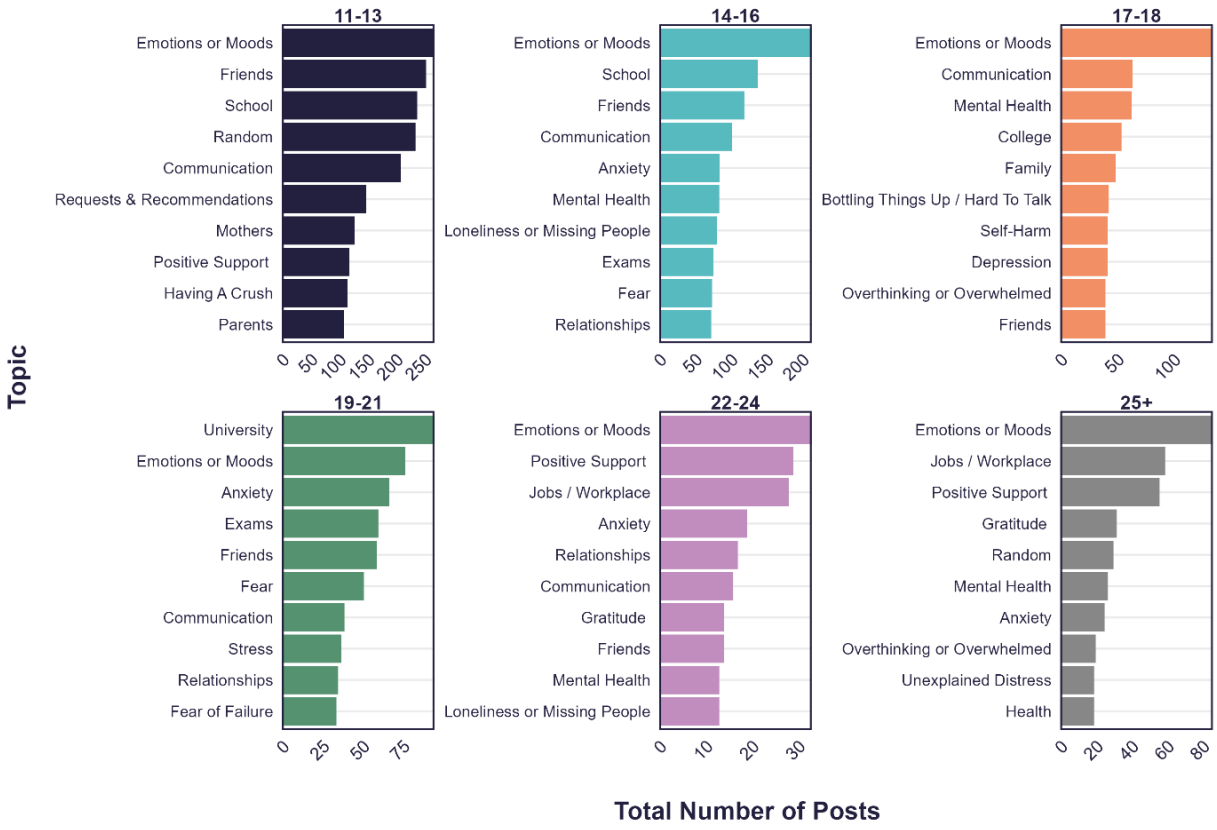


Figure 14. Top 10 post topics ranked by user engagement



When looking into most common post topics to understand how user concerns change with age -the most common post topic across all but one age band (19-21 years) was 'Emotions or Moods', with the most common topic in the 19-21 age group being 'University'. We can see a general shift in topics as age increases, with younger age banded (11-13 years and 14-16 years) users frequently posting about friends, school and communication, and older users (22-24 years and 25+ years) posting more frequently about 'Jobs/Workplace' and 'Positive Support'.

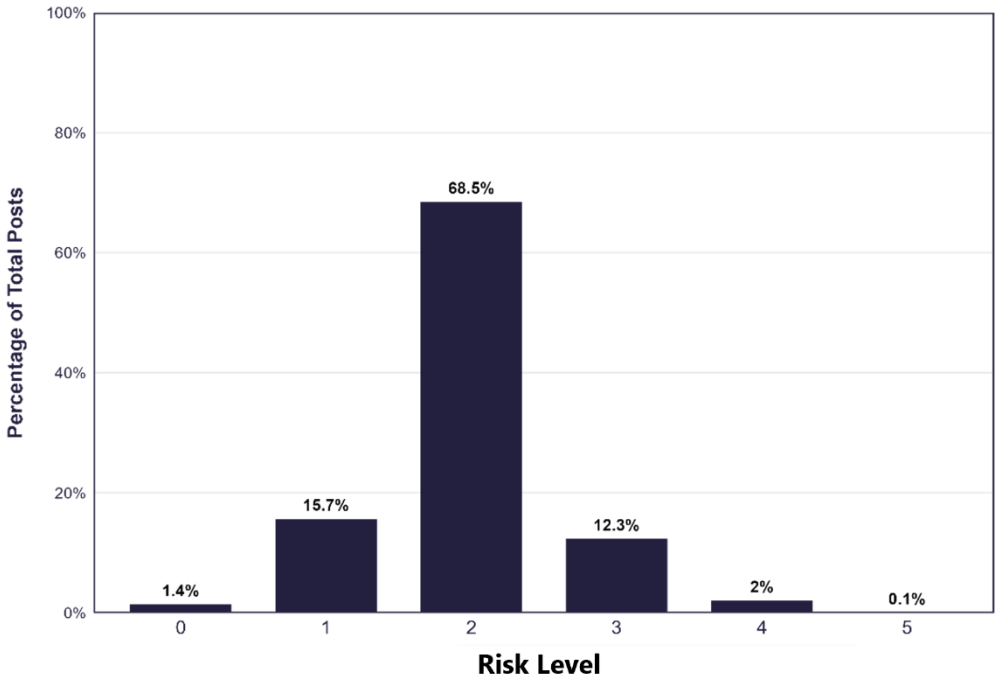
Figure 15. Top 10 Post Topics by Age Band



All posts are given a risk level on the scale 1-5, as described in Section 2.2. This risk level gives an indication of the seriousness of the post. Across all posts in LLR, we found that 68.5% of posts were assigned a risk level of 2, meaning that these posts represent low risk (neutral or mild distress) and are published if they meet moderation guidelines. 15.7% of all posts were given a risk level of 1, and 1.4% were given a risk level 0[40], meaning that 85.6% of the posts made by users in LLR since implementation were deemed to be mild or positive. On the higher end of the scale, we found that only 0.1% of posts are assigned a level of 5. Level 5 posts signal an imminent risk to self or others. The majority (96.5%) of all posts fall in Risk level 1,2 and 3.

[40] Risk level 0 is for users that make a post and archive it before it goes through moderation. Users can archive their posts, but they cannot delete them. When a post is archived, it is hidden from the user's feed and profile area, but they can still view it in their settings and unarchive it if they choose. Tellmi can still access archived posts in the backend. Posts are not deleted due to NHS data retention requirements, as users must be able to view the data that has been collected about them.

Figure 16. Distribution of Tellmi post risk levels across all LLR users



High risk posts go through a process in which they are quarantined[41] and reviewed by a trained counsellor. We found that since April 2024 the ratio of live to quarantined posts has remained fairly consistent, with an average of 88.5% of posts going live. Table 3 shows the yearly number and proportion of live and quarantined posts since Tellmi's implementation in Tellmi.

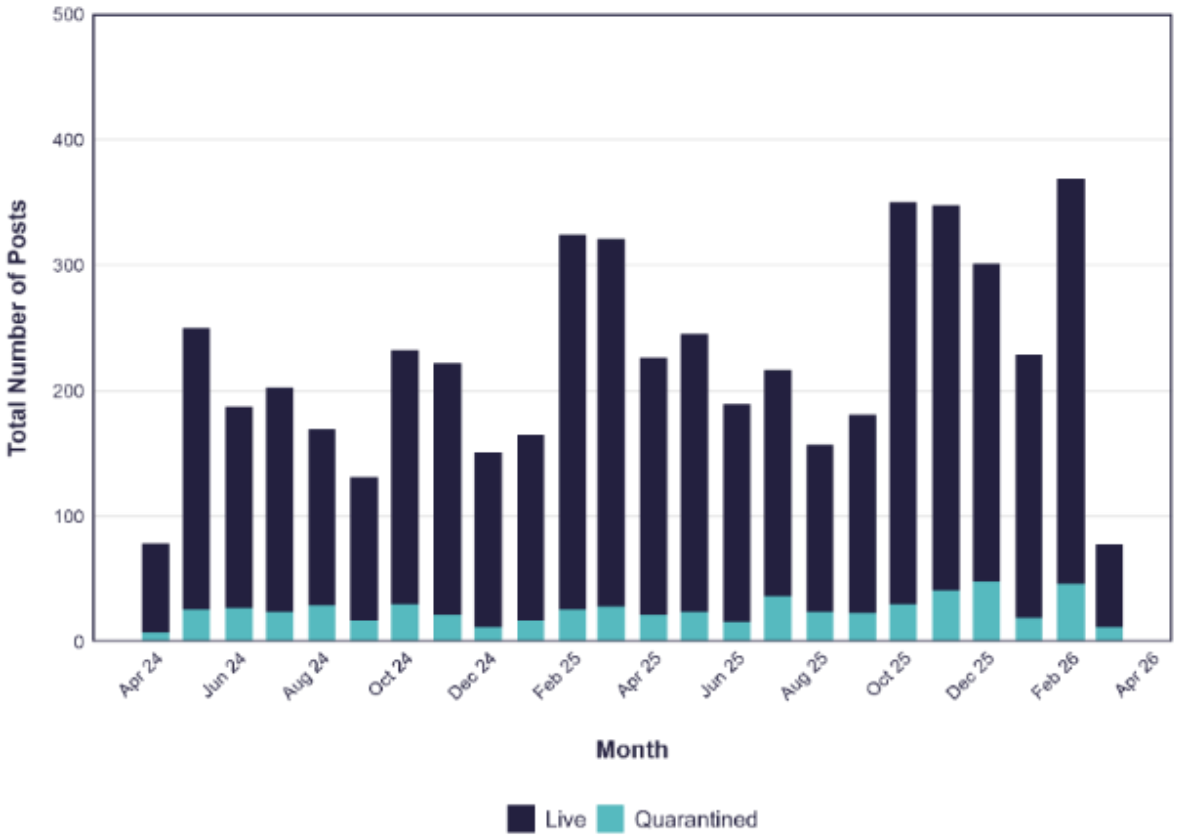
Table 3. Yearly Quarantined Posts

Year	Live	Quarantine	Total
2024 (April – Dec)	1429 (88.1%)	193 (11.9%)	1622
2025 (Jan – Dec)	2689 (89.0%)	334 (11%)	3032
2026 (Jan – March)	598 (88.6%)	77 (11.4%)	675

[41] Quarantine is when posts are not made public and are only visible internally to Tellmi staff

Figure 17 displays the monthly aggregate of live vs. quarantine posts. There has been a general increase in the number of posts, with an average of 221 posts per month. Across all months there is an average of 197 live posts and 25 quarantined posts.

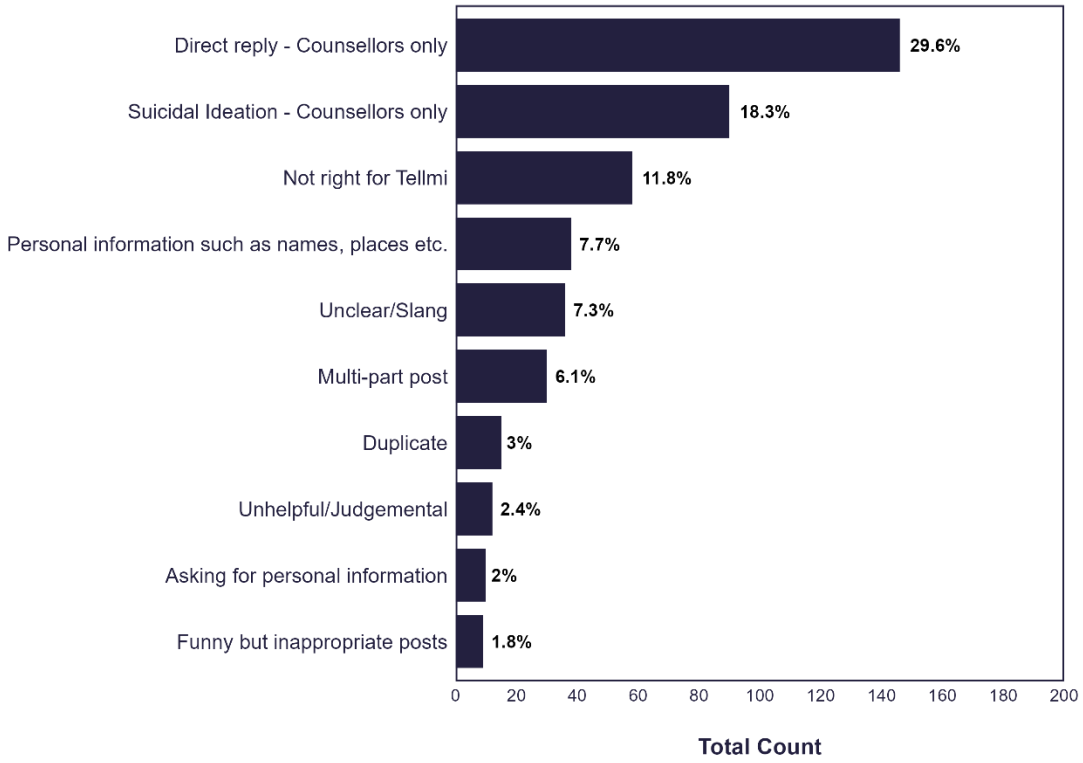
Figure 17. Breakdown of post status (Live vs. Quarantined) over time



We also investigated the different reasons for withholding[42] of posts. The most frequent reason for posts to be withheld is because the post is deemed level 4, and therefore received a direct reply from a counsellor. This reflects 29.4% of all withheld posts. 16.3% of posts were withheld due to including content on suicidal ideation, and 11.6% were withheld because they were deemed 'Not Right for Tellmi'.

[42] Moderator will withhold posts/replies that include racially offensive, homophobic, threatening or aggressive comments. Moderation will also withhold posts that are purposely intimidating or high-risk content of the post (level 4). Withholding post means that post will not be displayed on the public feed, depending on the content of the post it will get an automatic direct and private reply from the Tellmi team and then the counsellor (where appropriate).

Figure 19. Top 10 Reasons for a Post being Withheld



Directory Usage

The Tellmi directory provides users with access to personalised, localised resources. When looking at the directory views over time, we found that there was an average of 267 directory views per month.

Figure 19 shows the number of unique visitors on cumulative count of directory views. The graph shows that while total volume reaches over 700 views per month, the number of unique visitors for these is often lower. This indicates high engagement levels, with users frequently returning to the directory multiple times. Based on the total number of current users (n = 2,793) and the total number of unique visitors, we estimate that 1 in about 1.63 users are accessing the directory. On average there are 4 views per user.

When breaking this down by directory type, we found that Therapy was the most frequently visited service provided for within the app's directory (10.8% of total views). To note, there appears to be a drop in total counts for both directory views and unique visitors for March 2026. This is most likely as data for March 2026 was only collected up to 2nd March.

Figure 20. Directory engagement over time (Total directory views vs unique visitors)

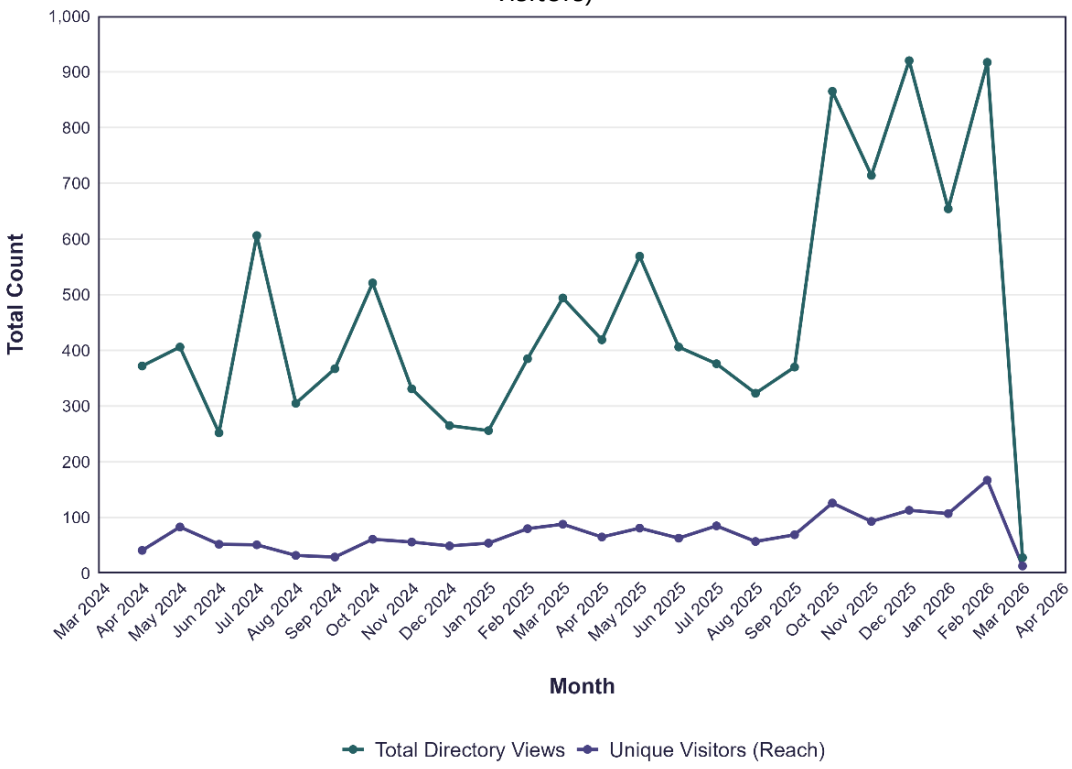
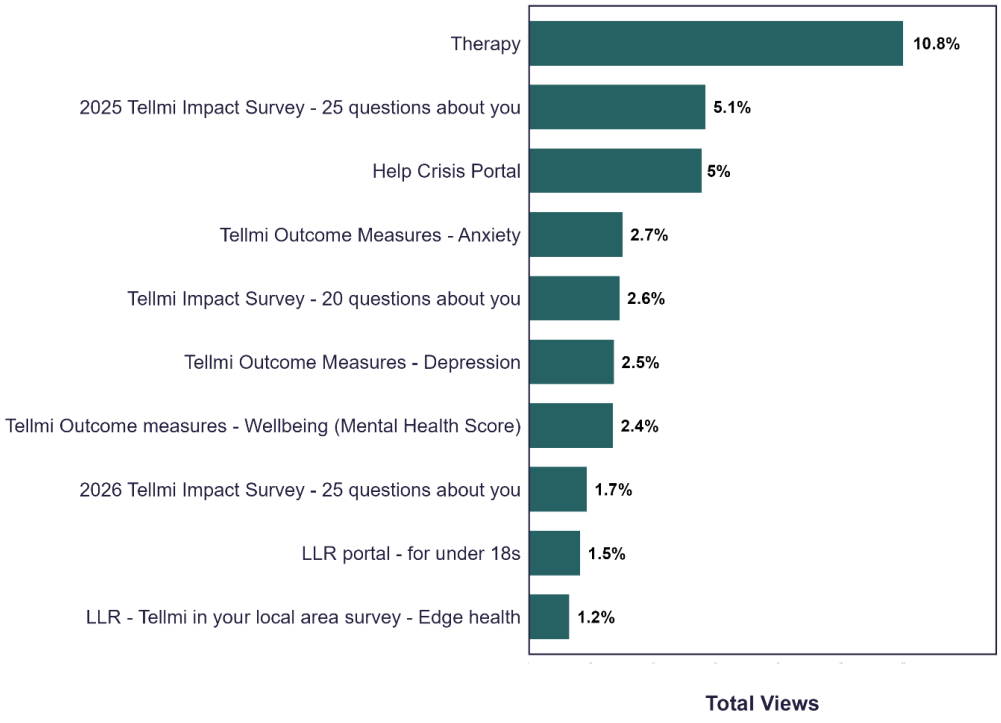


Figure 21. Top 10 services by Directory views



By segmenting the data by age band, we see that the type of services users view in the directory varies with age. Across all age groups over 13 years, Therapy was the most frequently viewed page in the directory (can also be used by user to book therapy sessions). The Help Crisis Portal was in the top 3 most frequently visited pages for all age groups over 13 years, making up nearly a quarter of all directory visits made by users age 17-19 years (breakdown of top 10 topics per age band can be found in the Appendix).

Therapy sessions

Data is collected on the number of therapy sessions to give an indication of how much therapy support is provided via the app. By breaking down the number of counselling sessions undertaken by users in the transition age group (ages 14-19), to those in other age groups (<14 and >19), we can see that on average 23% of the sessions in each year are undertaken by those aged 14-19. For reference, users in the transition age group make up 32% of all users[43].

Table 4. Yearly Number of Therapy Sessions provided for via Tellmi

Year	Transition Age Group (%) (ages 14-19)	Other Age Groups (%) (ages 11-13 and 19+)	Total Sessions
2024 (Apr – Dec)	60 (30%)	144 (70%)	204
2025 (Jan – Dec)	105 (20%)	433 (80%)	538
2026 (Jan-March)	28 (18%)	126 (82%)	154

6.4 Timeliness of support

Posts to Moderation

After a user submits a post, Tellmi's moderators review it by assessing its risk level and assigning a risk level from 1 to 5. Posts assigned risk levels 1–3 are then made publicly available on the app. Tellmi aims to moderate posts within approximately 15 minutes of submission.

Table 5 summarises the percentage of posts moderated within specific time bands, calculated based on the time elapsed between when a post is submitted and when it is moderated. This analysis includes only posts submitted between 8:30am and 11:00pm, which corresponds to moderation operating in-hours. Posts submitted outside these hours may take longer to be moderated, as they are not reviewed until moderation resumes at 8:00am.

[43] Further exploration of Therapy sessions was out of scope for the evaluation as this relates to clinical outcomes which does not form part of the evaluation aims.

Overall, data shows that the moderation team responded promptly, with an average of 47% of posts moderated within 15 minutes and 84% within 30 minutes across all risk levels. Response times were broadly consistent across risk levels 1–3. Risk level 2 showed the fastest initial response, with 51% of posts moderated within 15 minutes, while Level 3 had the lowest proportion at 47%. Notably, Level 3 also had the highest proportion of slower responses, with 4% of posts taking between 1 and 5 hours to be moderated, compared to 0% for Levels 1 and 2. This suggests that more complex or higher-severity posts may require additional time for assessment. Posts taking longer than 5 hours to be moderated remained consistently low across all risk levels (around 1–2%), indicating that significant delays in moderation were rare regardless of risk level.

Table 5. Time elapsed from post submission to post moderation

	Post submission to post moderation: Percentage of posts by risk level by time band				
Risk level	**< 15 mins**	**15-30 mins**	**30mins-1hr**	**1-5 hours**	**Over 5 hours**
1	44%	40%	15%	<1%	1%
2	51%	38%	8%	<1%	2%
3	47%	31%	16%	4%	2%
Average	**47%**	**37%**	**13%**	**2%**	**2%**

Moderation to first reply

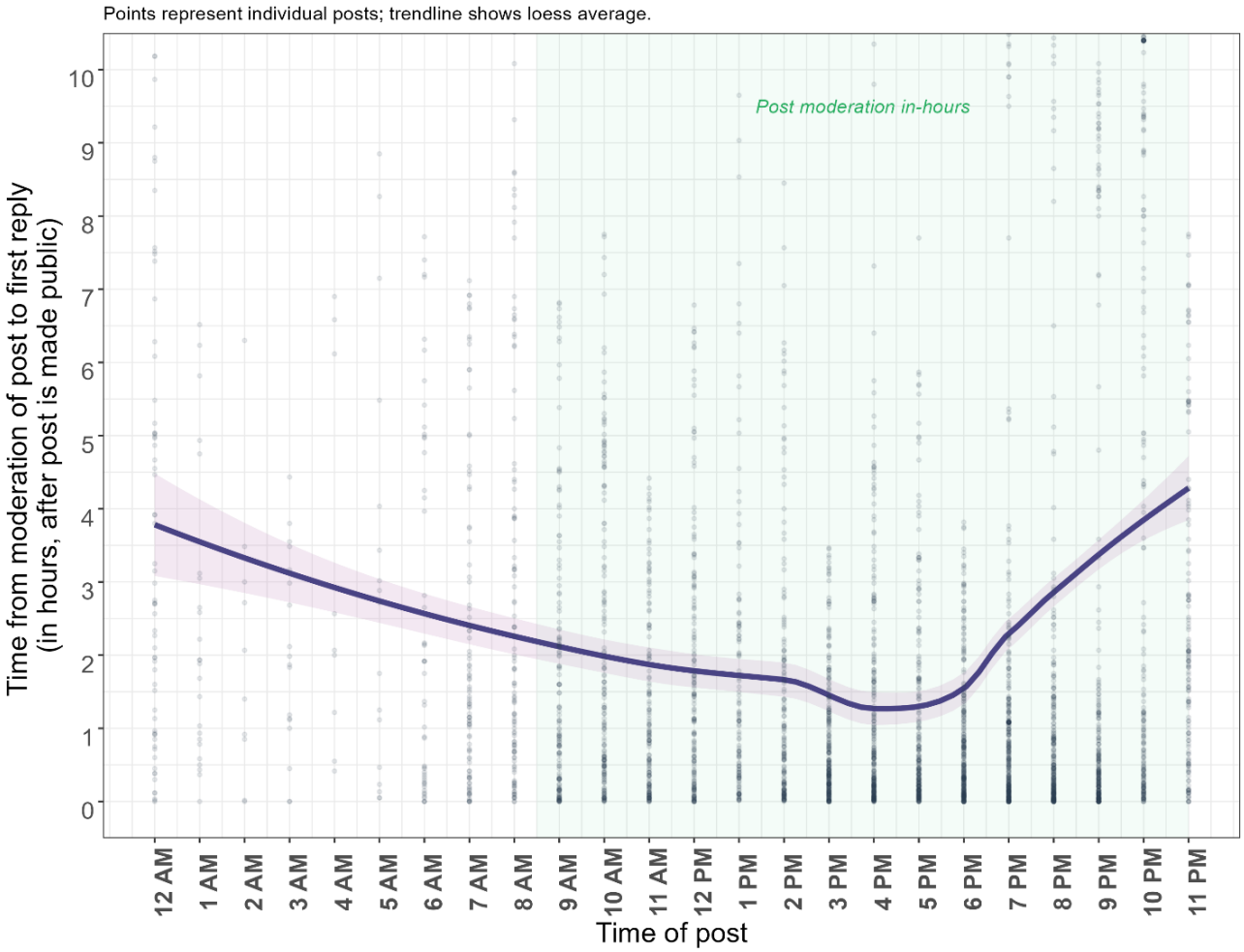
The time between when a post was moderated and made public and when it received its first reply from another user is also examined. Table 6 shows the time elapsed from post moderation to first reply to post across the three risk levels, broken down by time band. On average, 32% of posts received a first reply within one hour, while over half received a reply within five hours. However, it should also be noted that a substantial proportion of posts (34%) took more than 10 hours to receive a first response. Analysis of reply patterns (Figure 21) suggests that the time a post is made has a significant impact on how quickly it receives a response. Posts made during the day (between 8:00am and 7:00pm) tended to receive the fastest responses, with the vast majority receiving a reply within two hours.In contrast, posts made later in the evening or overnight (between 7:00pm and 7:00am) experienced longer response times, likely reflecting lower levels of user activity on the app during these hours.

Table 6. Time elapsed from post moderation to first reply

	Post moderation to first reply: Percentage of posts by risk level by time band			
Risk level	**< 1 hour**	**1-5 hours**	**5-10 hours**	**Over 10 hours**
1	36%	25%	6%	32%
2	32%	29%	10%	30%
3	26%	25%	8%	41%

Average	**32%**	**26%**	**8%**	**34%**

Figure 22. Time from moderation of post to first reply on post by time of post[44]



[44] Technical note on methodology: This graph only presents data for posts with risk level 1,2, and 3 and is cropped for timepoints within 10 hours to bring focus to the trendline. As reflected in table 6, a significant proportion of posts took longer than 10hours to get a first reply. The dataset also was filtered to include only first responses within the 75th percentile per hour, effectively removing extreme outliers. The trendline (in purple) uses a non-linear regression model that adapts to hourly fluctuations. The shaded area (in pink) represents the 95% Confidence Interval – a narrower cloud indicates high data density and consistency, while a wider cloud reflects greater variance.

7 User experience, acceptability and impact

Through a user survey hosted on the Tellmi app for users registered in LLR, we collected data on user experience, acceptability, the impact on both their mental health and wellbeing, and their utilisation of healthcare services such as CAMHS, Adult MHS, and A&E. We collected data over a six-month period, from 1 October 2025 to 31 March 2026, and collected a total of 28 responses. As there were 28 survey respondents, each individual response represents 3.6% of the data. Evaluation questions that were answered in part or completely through survey data analysis and user interviews include:

- How are LLR users using Tellmi?
- Is Tellmi acceptable to users of all ages?
- What was the impact of Tellmi on the wider system?
- What was the impact of Tellmi on mental health, social connectedness and isolation?
- How is Tellmi being used as people are transitioning from child to adult services?

7.1 Demographic of respondents and representativeness

To ensure that the cohort of respondents in our user survey was representative of the registered users in LLR, we compared both age and gender distributions across these two datasets.

Gender - We found that the gender distribution is broadly aligned, indicating that the results from our survey were representative of the LLR Tellmi registered user population (Figure 22).

Age - The survey population has over double the percentage of users aged 17-19 (25% vs 9.3%), indicating that our survey population is overrepresenting this age group. Similarly, the 14-16 age group is overrepresented, with this age group making up 22.7% of registered LLR users but constituting 32.1% of our survey population. On the other hand, the age groups 11-13 and over 22 are underrepresented in the survey population when comparing the percentages of the registered users with survey respondents, 35.7% vs 21.4%, and 26.1% vs 14.3% respectively. This means that the views reflected in the survey are more representative of younger CYP (11–16 years old) than older young people and adults (17 years and over). As such, the interpretation of findings should be considered in light of this imbalance in representation.

Ethnicity - Ethnicity data is not captured on the LLR Database, but we did capture information on ethnicity of users through our user survey. The survey sample was broadly representative of the LLR population [45]for White respondents and Black or Black British respondents. However,

[45] https://leicesterleicestershireandrutland.icb.nhs.uk/wp-content/uploads/2025/04/LLR-Health-Inequalities-Report-2024.pdf

two groups that showed notable differences were the Asian or Asian British respondents who are underrepresented in the survey at 11%, compared to 19% of the LLR population. Conversely, Mixed or multiple ethnic group respondents were significantly overrepresented, comprising 14% of survey respondents against just 3% of the LLR population. Other ethnic groups were absent from the survey sample entirely, despite making up 3% of the LLR population. These gaps suggest the survey findings should be interpreted with some caution, particularly regarding the experiences of Asian and Other ethnic group communities who are underrepresented in the data.

Figure 23. Comparison of Gender Distribution of Registered LLR Users and User Survey (total respondents n = 28)

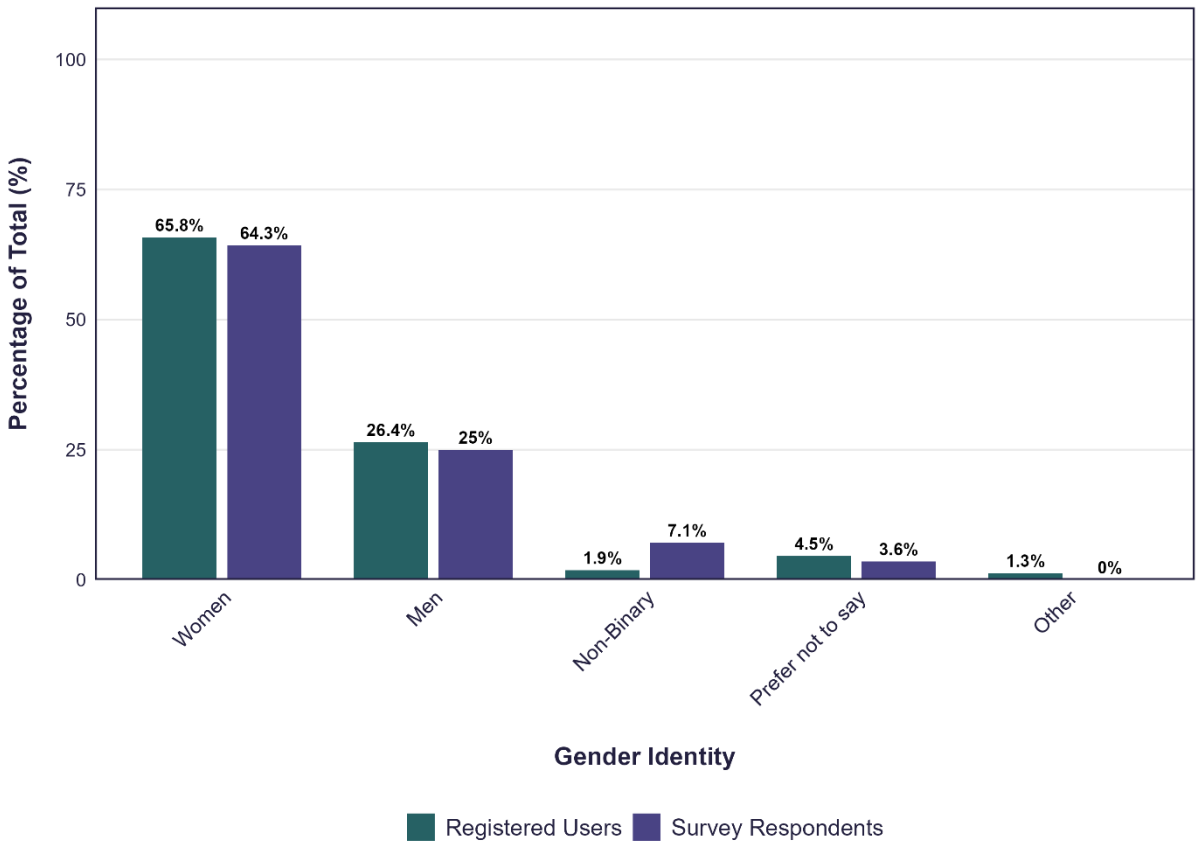


Figure 24. Comparing Age Distribution of Registered LLR Users and User Survey (total respondents n = 28)

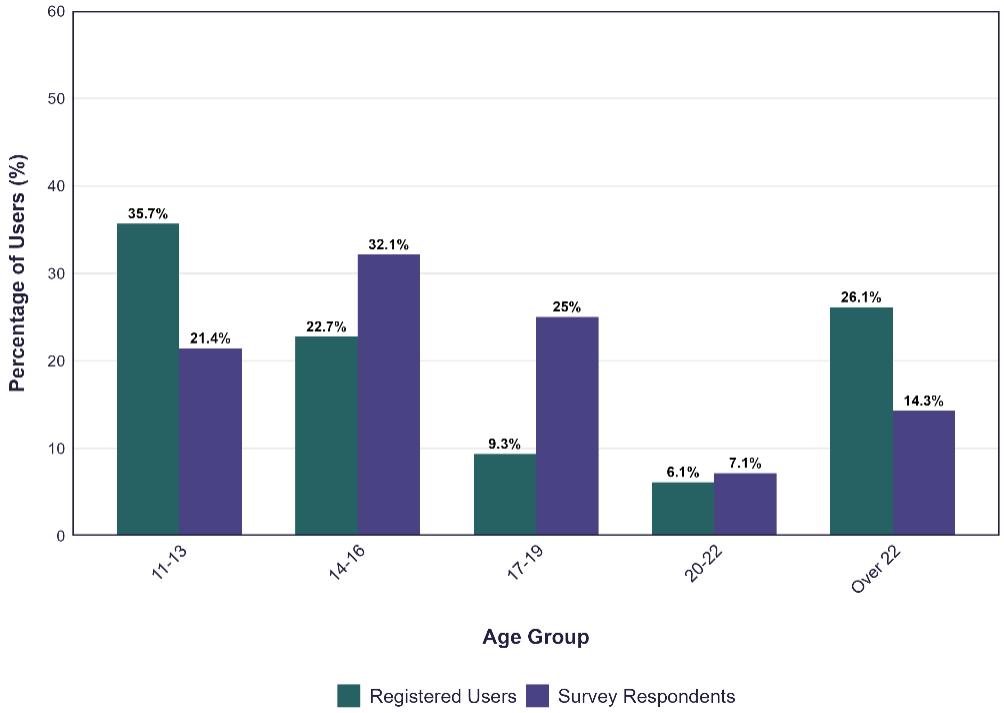


Figure 25. Ethnicity of User Survey Respondents (total respondents n = 28)

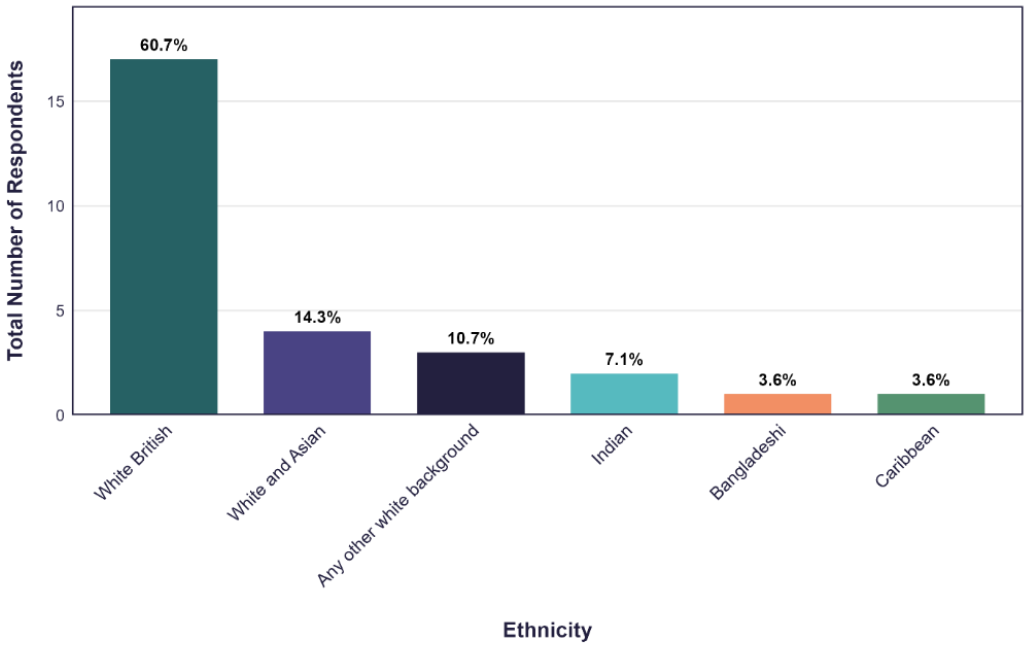


Table 7. Ethnic representativeness of survey respondents to LLRs overall population[46]

Ethnicity	Survey Users (%)	LLR Population (%)
White	71%	72%
Asian or Asian British	11%	19%
Black, Black British, Caribbean or African	4%	3%
Mixed or multiple ethnic groups	14%	3%
Other ethnic groups	0%	3%

We also analysed responses to Tellmi's own impact survey circulated in 2025. The survey received a total of 185 responses from users aged between 11 and 29 years within LLR. When asked whether they had taken any time off from school, university, or work due to mental health problems, 46% of respondents reported that they had. Respondents were then asked how much time they had taken off, and answers varied considerably, ranging from a couple of days to several weeks.

7.2 Routes of access to Tellmi

When asked about how users found out about Tellmi, 42.9% of all respondents indicated having heard about Tellmi through their school, suggesting that this has been the most effective route of implementation in LLR over the past 2 years but also correlating to the higher representation of respondents in the school age groups of 11-18. This is also a reflection of Tellmi's efforts to embed in the educational settings. A further 21.4% of respondents heard about Tellmi online or through social media, and 10.7% heard about Tellmi through family. Interestingly, only 3 respondents in total (10.8%) heard about Tellmi through a mental health service, such as CAMHS or NHS Adult MHS. 14.3% of respondents answered as 'Other', and based on free text answers, the alternate routes of access were: Chat GPT, the SHOUT Helpline, with one person stating they don't remember how they heard about Tellmi.

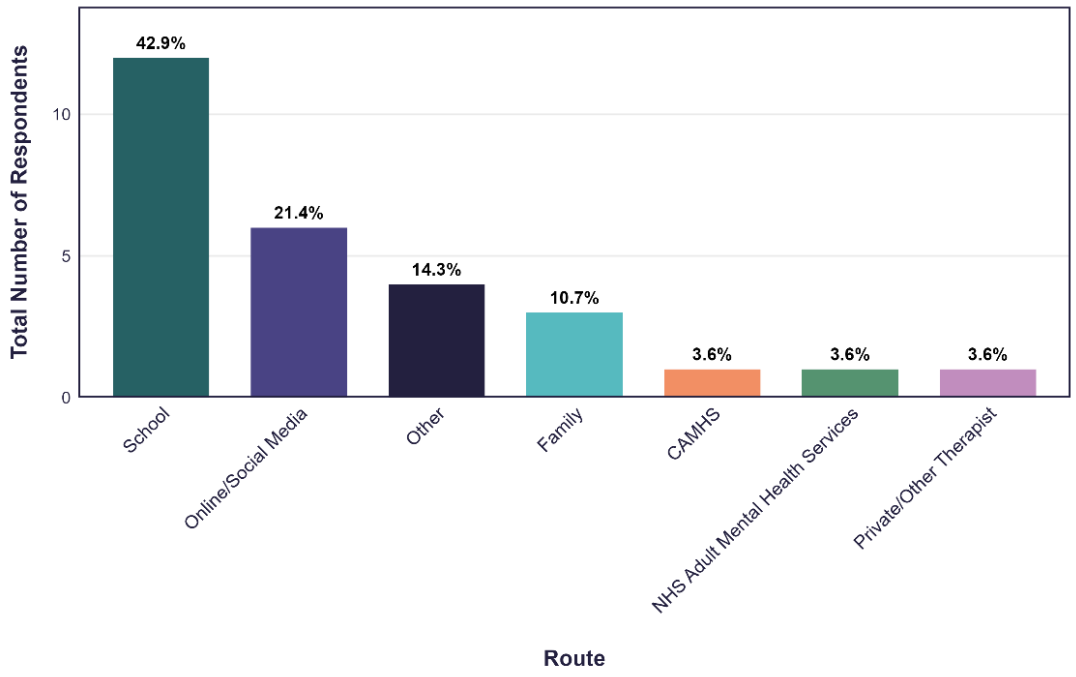
Across the whole cohort we found that none of the respondents heard about Tellmi through university, local community services, the GP, or through their friends. This signals that implementation in Universities across LLR may not have been as successful as implementation in schools across the area, and presents an opportunity to refine the university-specific implementation approach to better reach the demographic between 18 to 21 years old. Additionally, implementation through local community services, or GPs has not been successful.

[46] The table categorises the ethnicities shown in Figure 24 into nationally recognised overarching categories, enabling like-for-like comparison between survey users' ethnicity and the LLR population ethnicity breakdown.

The absence of users having heard about Tellmi through their friends suggests that mental health remains a private concern for Tellmi users, and peer-to-peer recommendation is not a driver of adoption in LLR.

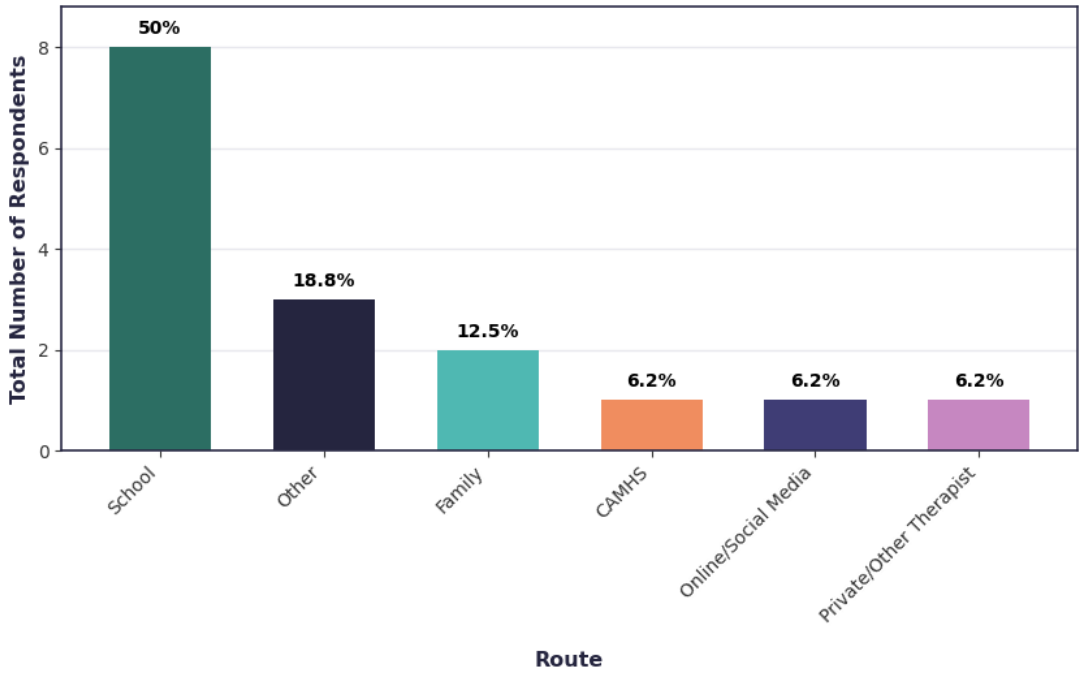
We also looked at the routes of access specifically for users within the transition age group (14-19 years). Half of users in the transition age group heard about Tellmi through their school and 12.5% of users heard about Tellmi through their family. 18.8% of users aged 14-19 responded Other, and this included two users answering that they heard about Tellmi through the Shout Helpline, and one user stating that they couldn't remember. All three users who responded Other were aged 17-19.

Figure 26. Survey Respondents' Routes of Access to Tellmi (total respondents n = 28)



Note: The other category includes free text responses including Chat GPT, the SHOUT Helpline, with one person stating they don't remember how they heard about Tellmi.

Figure 27. Survey Respondents' Routes of Access to Tellmi (Transition ages 14-19 years) (total respondents n = 16)



7.3 Perceived value of Tellmi

When asked about whether users would feel like they lost a valuable support resource if Tellmi were no longer available, most respondents agreed with this statement (76%). 3.6% of users (n =1) disagreed with this statement and 21.4% (n = 6) of respondents answered 'Unsure' (Figure 27).

We also asked respondents whether they were satisfied with Tellmi. We found that over half (53.6%, n = 15) of respondents are very satisfied with Tellmi and 28.6% (n = 8) are satisfied. In total this means that 82.2% (n = 23) had a positive sentiment towards Tellmi, a similar proportion also see Tellmi as a valuable resource (76%, n = 21). Across all survey respondents, 17.9% (n = 5) reported a neutral experience (neither satisfied nor dissatisfied). This represents a portion of passive users of which it would be useful to identify and understand why they were not satisfied with Tellmi, to address specific challenges and move them into the favourable sentiment where they are satisfied with what Tellmi has to offer them.

No respondents reported being dissatisfied or very dissatisfied with Tellmi, indicating that no users see Tellmi as unhelpful or poorly aligned with their needs.

Figure 28. Survey response to question: 'If Tellmi were no longer available, I would feel that I'd lost a valuable support resource' (total respondents n = 28)

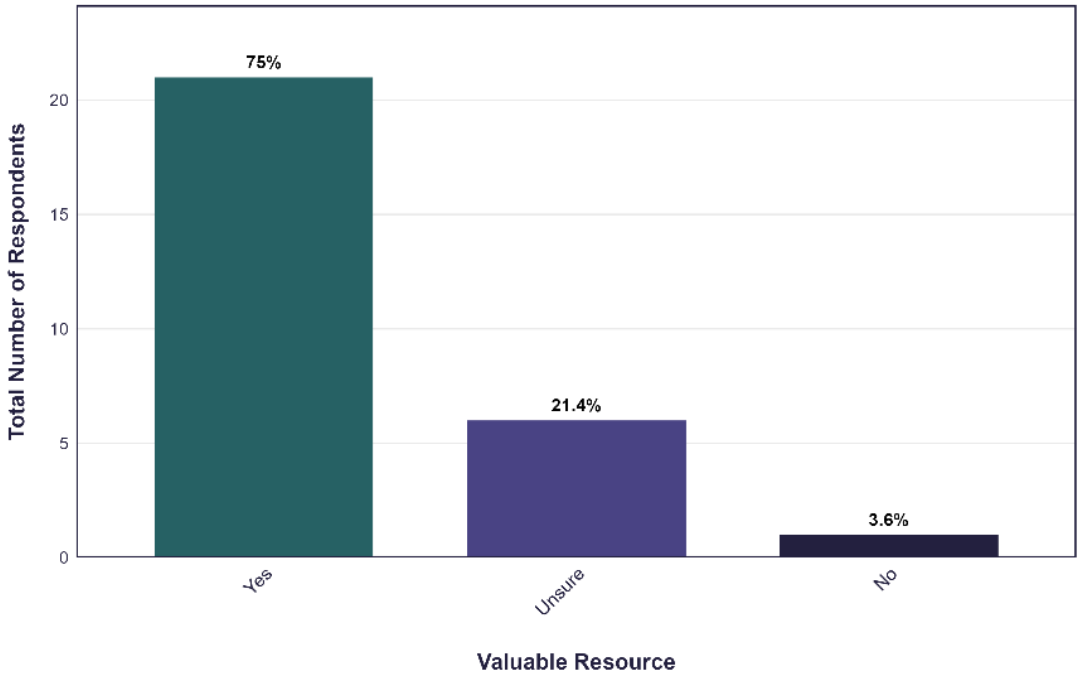
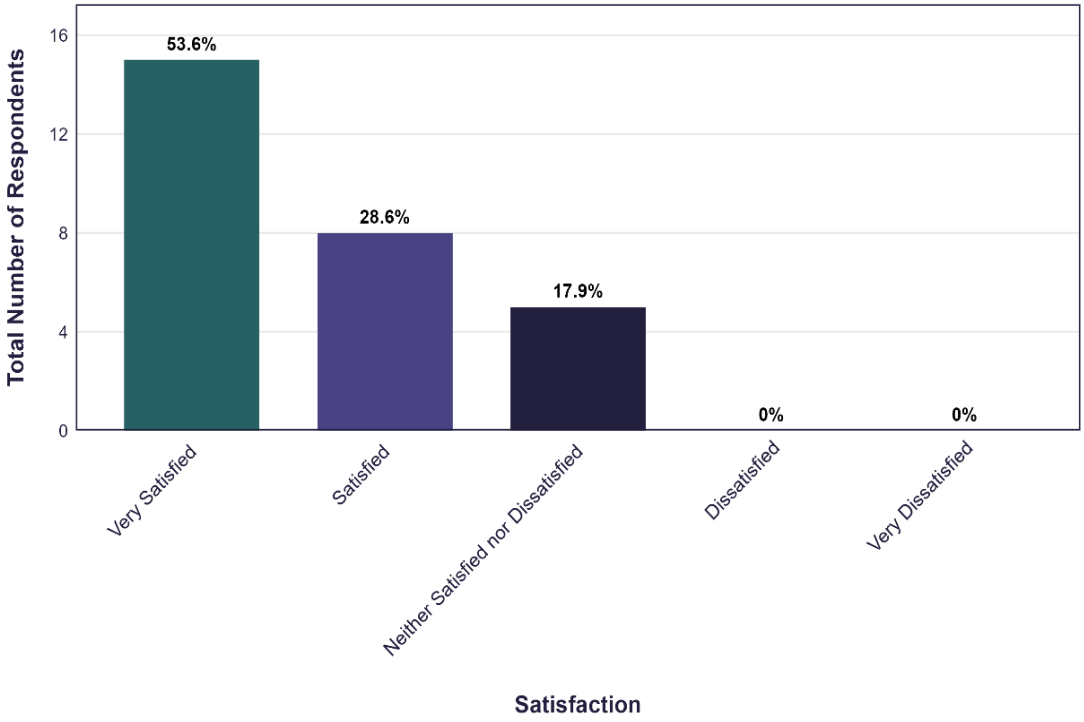


Figure 29. Respondents' Satisfaction with Tellmi (total respondents n = 28)



7.4 Usage of Tellmi

Frequency of use

We asked users which frequency best describes how often they use Tellmi, and found that almost all users use the app more often than weekly (85.8%, n = 24). This suggests that Tellmi provides users with a platform that has become a frequent support mechanism for its users, instead of one-off support. No users reported their frequency to be monthly, but 14.3% (n = 4) did report using Tellmi less often than monthly.

Figure 29 shows the ratio of users that have paused their Tellmi account at any time. The graph shows that the majority of users (60.7%, n = 17) have never paused their Tellmi account, with 39.3% (n = 11) having paused their account at some point since registering on the app.

When respondents that had reported to have temporarily paused the use of Tellmi, were asked to expand on why, the reasons were as follows:

- Improvements in mental health – majority respondents stated that their usage was directly tied to their current state of wellbeing. Some people felt improvements in their mental health which meant that they didn't see a need for it or as frequently but would come back to use it if they felt it got bad again, stating things like - *"I thought I got better"*, *"I just felt I didn't necessarily need the assistance from TellMi at that time. Only recently have I just come back* ".
- One respondent self-reflected that they felt badly about getting validation for expressing their poor mental health on Tellmi during a difficult time - *"I was in a really bad place and it was just making me worse that I had the option to phrase my problems in a way that I would get validation for them, no fault of Tellmi."*
- One user stated to have misunderstood the age requirements for Tellmi, temporarily stopping once they turned 18 as they assumed it was only open to under-18s. Another respondent stated to have forgotten their login.
- One user also claimed that Tellmi had temporarily banned them because of their complex mental health conditions and neurodivergence. Tellmi, however, stated that it had communicated with the user regarding their complaint.

To understand whether frequent usage leads to higher retention rates (i.e. users not pausing their account) we compared users' frequency of usage with whether they had paused their accounts. Figure 30 shows that daily or weekly users of Tellmi were only 67% likely to have never paused their accounts, whereas those who use Tellmi less often than monthly were 75% likely to have paused their accounts.

Figure 30. Respondents' Tellmi Usage frequency (total respondents n = 28)

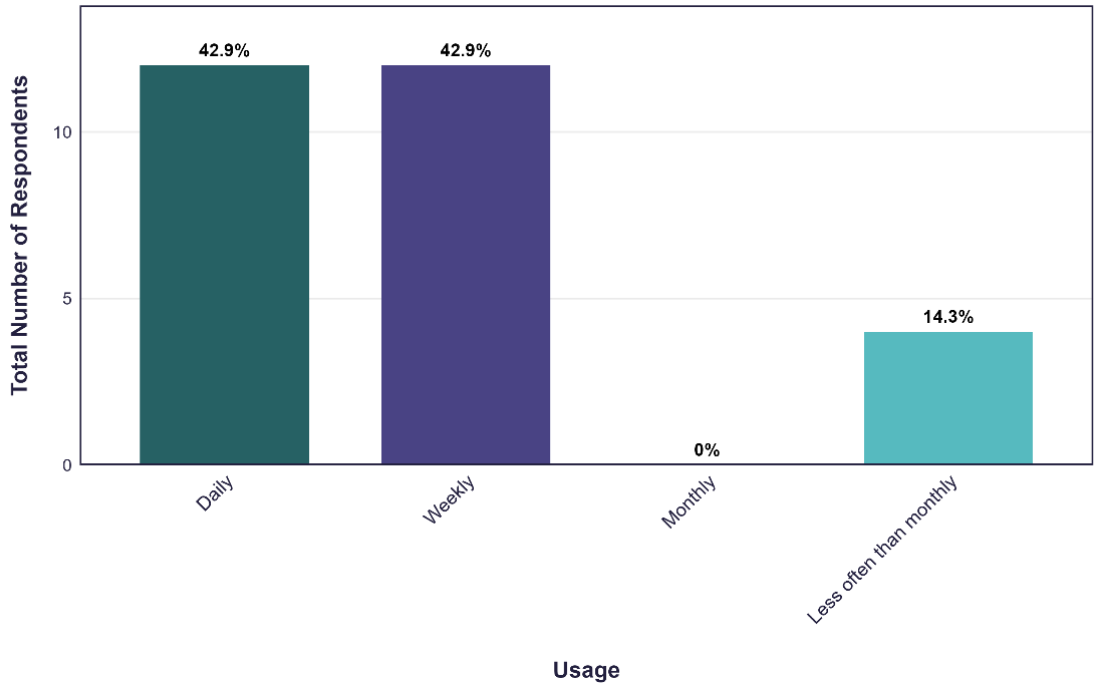


Figure 31. Survey response to question 'Have you ever paused the use of Tellmi' (total respondents n = 28)

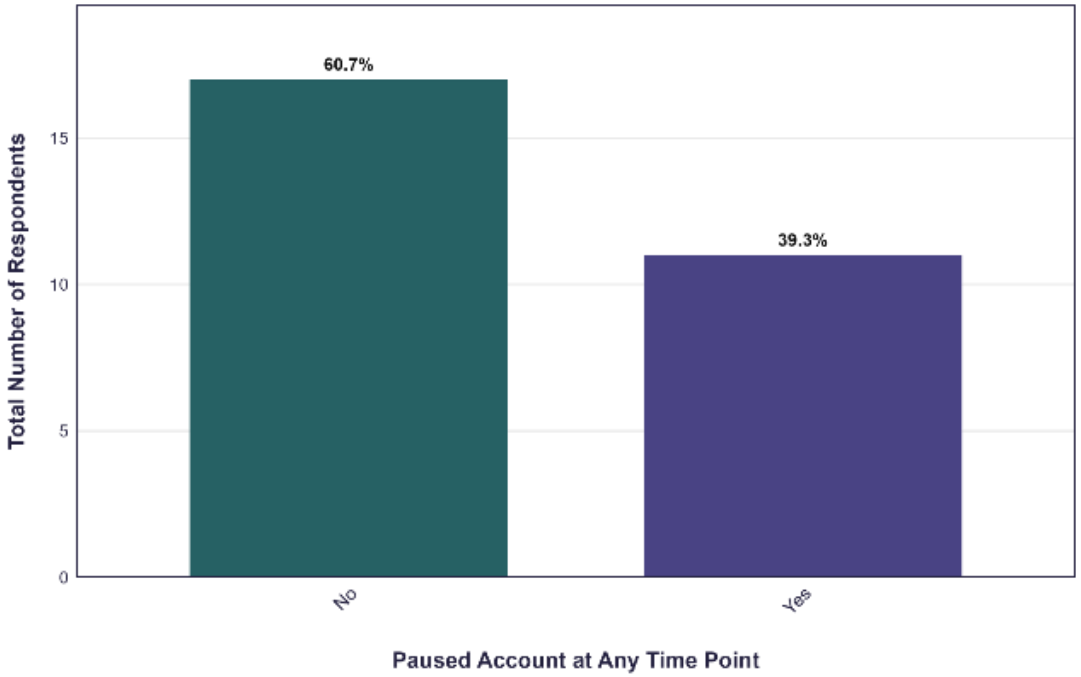
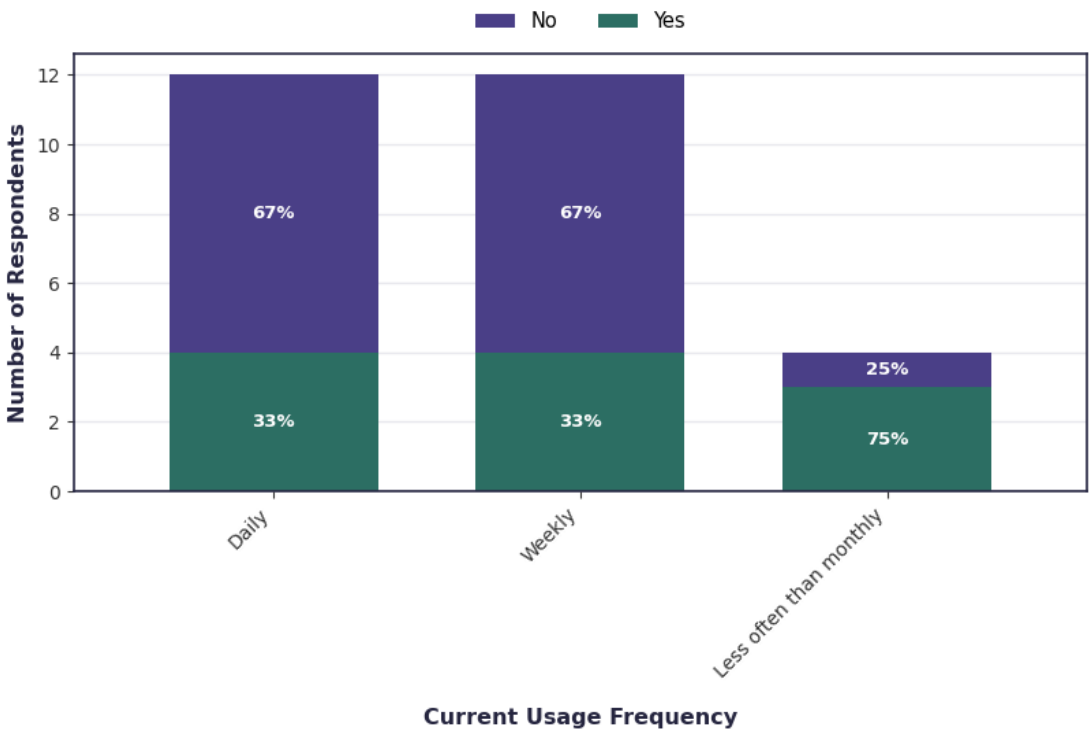


Figure 32. Comparing Usage Frequency with Account Pausing (total respondents n = 28)



Tellmi features used

To understand more about how users are using Tellmi in LLR, we asked which features of the service they use. The most common feature of the service used by the respondents is to post about their own thoughts/feelings, with 89.7% (n =25) using Tellmi for this purpose. Reading other users' posts (86.2%, n = 24) and replying to other users' posts (78.9%, n = 21) were also heavily used features of the app. Less commonly, users utilise Tellmi therapy (35.71%, n = 10) or access the Tellmi directory (27.6%, n = 8). The responses gathered from the survey provides evidence to support that the service is fulfilling its main purpose of enabling peer support and sharing of emotions.

Usage of Tellmi by users in transition age group

We asked users whether they have ever moved, or currently moving, from child to Adult MHS. 82.1% (n = 23) of respondents had not gone through this transition, 7.1% (n = 2) had, and 10.7% (n = 3) were not sure. Of those who responded yes (2), both answered that they found Tellmi helpful during their move between child and adult services.

Figure 33. Survey response to 'When you're on Tellmi, which features of the service do you use' (total respondents n = 28)

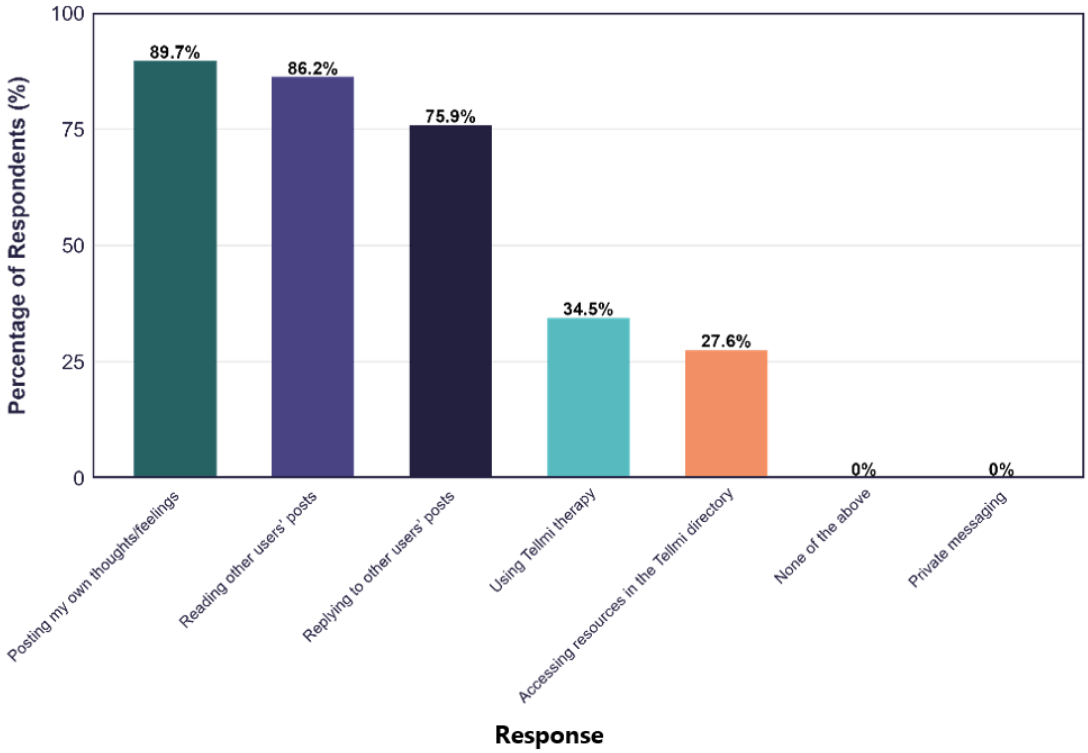
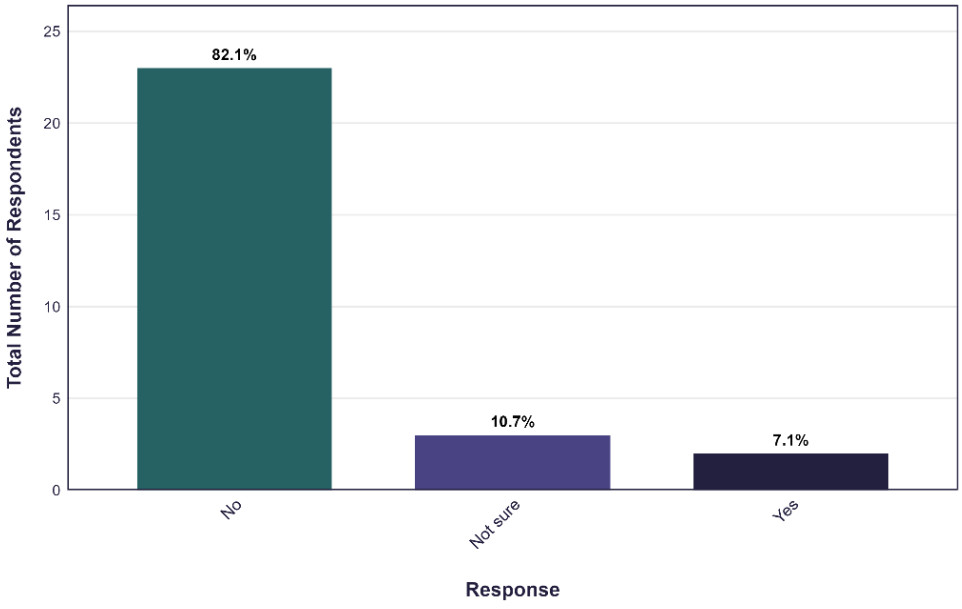


Figure 34. Proportion of Survey Users Transitioned (in the past or currently) from CAMHS to Adult MHS (total respondents n = 28)



7.5 Perceived impact of Tellmi on mental health and wellbeing

In this section we outline the quantitative findings from the surveys to understand the perceived impact Tellmi has had on users based on five validated scales to assess mental wellbeing (see appendix, Table 12 for details). Scales used are as follows:

- Brief Rosenberg Self-Esteem scale
- UCLA Loneliness scale
- Social Connectedness scale
- Children's Hope scale
- Brief Resilience scale

The effect size and statistical significance of changes in wellbeing measures were calculated for the full respondent cohort (n=28) as all respondents answered every question related to the scales. Changes in wellbeing were also reported separately for respondents who had used Tellmi for more than 12 months (n = 15) and those who had used it for less than 12 months (n =13). However, statistical testing was not considered appropriate for these subgroups due to their small sample sizes.

Rosenberg Self-Esteem

The Rosenberg self-esteem scale uses a 4-point Likert scale to assess an individual's self-esteem. Half the items are reverse-coded, with the total score being reported being the sum of the score across all items, with a higher score indicating a higher self-esteem. Here we used the 5-item version of the scale, with the range of score being 0 to 20. When analysing the average pre and post scores of the Rosenberg self-esteem scale, we found that the average pre and post scores were 3.9 (low self-esteem band) and 6.4 (low self-esteem band) respectively, indicating that whilst **self-esteem in general has improved**, the average scores still sit in the low self-esteem band. The range of scores for before (pre) is 0 to 16 and after (post) is 0 to 18.

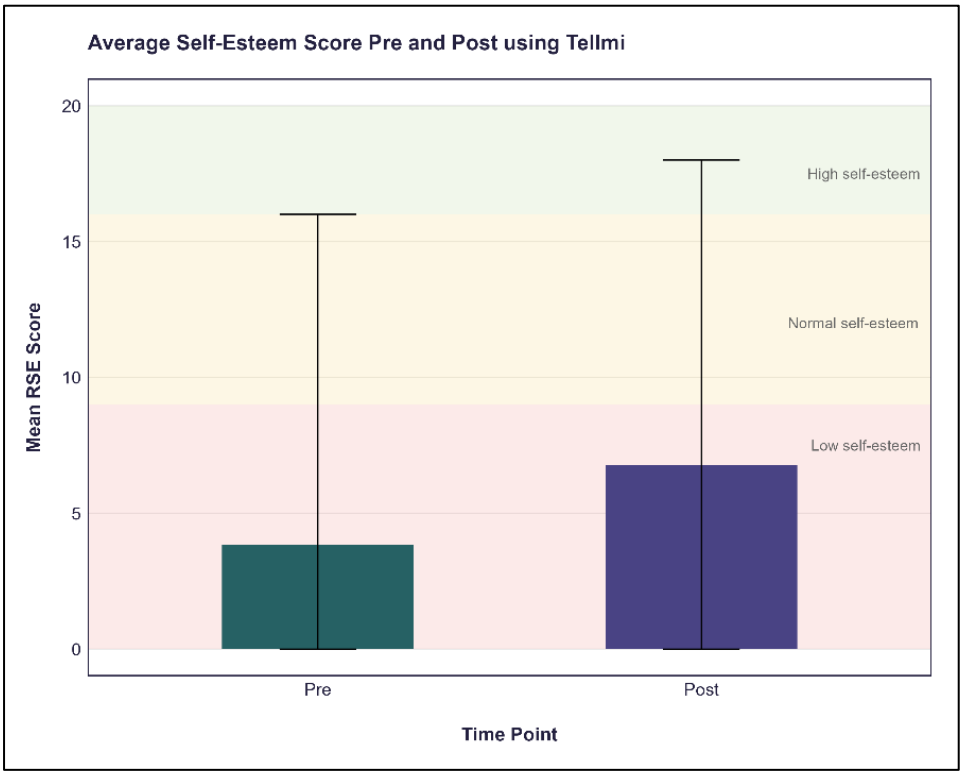
A paired-samples t-test showed a **statistically significant increase** in Rosenberg Self-Esteem Scale (RSES) scores from pre- to post-survey, $t(27) = 2.56$, $p = .017$. A Cohen's *d* was calculated to evaluate the change in self-esteem scores following the use of Tellmi. The results indicated a **medium effect size** (*d = 0.51),* suggesting that participants experienced a meaningful and moderate increase in their self-esteem levels during the period of app usage. When comparing the magnitude of impact on self-esteem of those using Tellmi for less than 12 months vs those using Tellmi for more than 12 months, we found that longer-term users reported a smaller improvement in their self-esteem whereas, there was similar improvement in short-term users (a change in score of 2.05 in short term users compared to 2.04 in long term users).

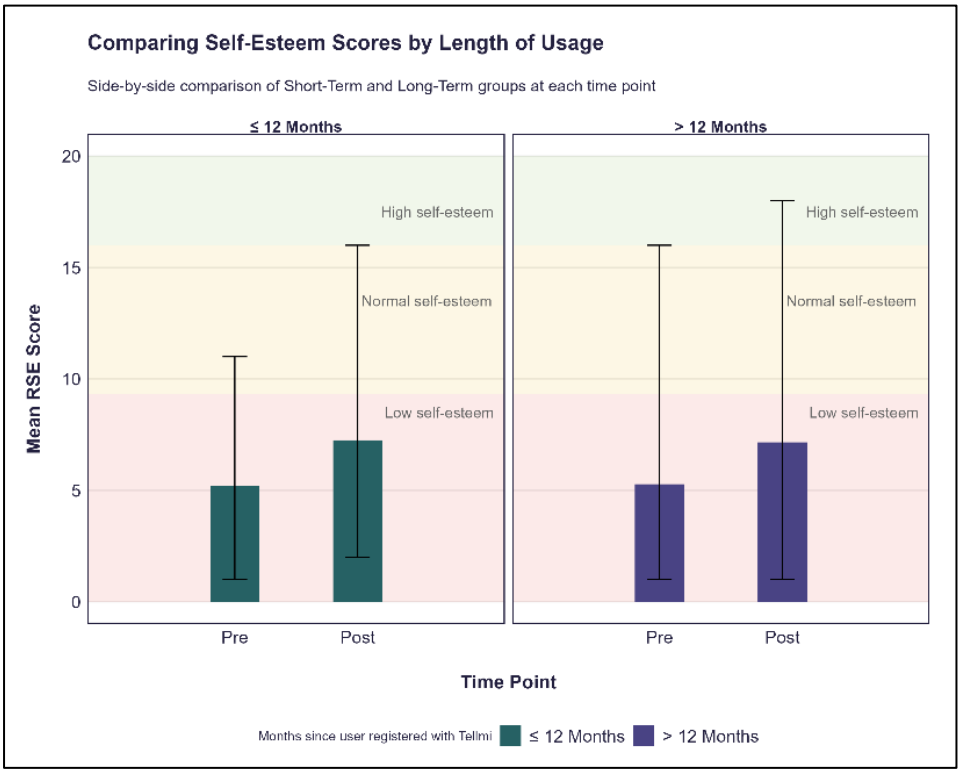
Table 8. Summary of results: impact on Self Esteem

Cohort	Difference between pre and post results		Statistical significance (t-test)[47]	Effect size
	Difference in mean score	Percentage difference in mean score		
Overall group	2.5	+64% (Improved self esteem)	Statistically significant *t(27) = 2.56, p = 0.017*	Moderate (*d = 0.60)*

[47] Data distributions were assessed using the Shapiro–Wilk test for normality. A p-value greater than 0.05 indicated that the assumption of normality was not violated and paired-samples t-tests were therefore considered appropriate. Paired-samples t-tests were used to examine whether mean scores differed significantly between pre- and post-survey responses. Statistical significance was assessed using a threshold of $p < 0.05$.

Figure 35. Comparison of pre- and post-self-esteem scores for the overall cohort and by duration of Tellmi use (≤12 months vs. >12 months) (total respondents n = 28)





UCLA Loneliness

The UCLA Loneliness Scale is a 3-Item scale which aims to assess an individual's subjective feelings of loneliness and social isolation. It uses a 3-point Likert scale where "Hardly ever" = 1, "Some of the time" = 2, "Often" = 3. The scores are summed to produce the final scores, where 3-5 indicates the individual is not lonely/ is experiencing low loneliness, and 6-9 indicates the individual is lonely / is experiencing high loneliness.

When analysing the average pre and post scores of the UCLA Loneliness scale, we found that the average pre and post scores were 8.0 and 7.3 respectively, indicating that whilst **loneliness in general decreased for users**, the average scores sit within the top band of scores (6-9) which indicate loneliness / high loneliness. The range of scores for both before (pre) and after (post) reflect the entire possible range of the scale (3-9).

A paired-samples t-test showed a **statistically significant decrease in loneliness scores** from pre- to post-survey, t(27) = -2.41, p = .023. A Cohen's *d* was calculated to evaluate the change in loneliness scores following the use of Tellmi. The results indicated a **small effect size (*d* = *0.40*)**[48]. This suggests that participants experienced a modest but meaningful decrease in loneliness levels during the period of app usage.

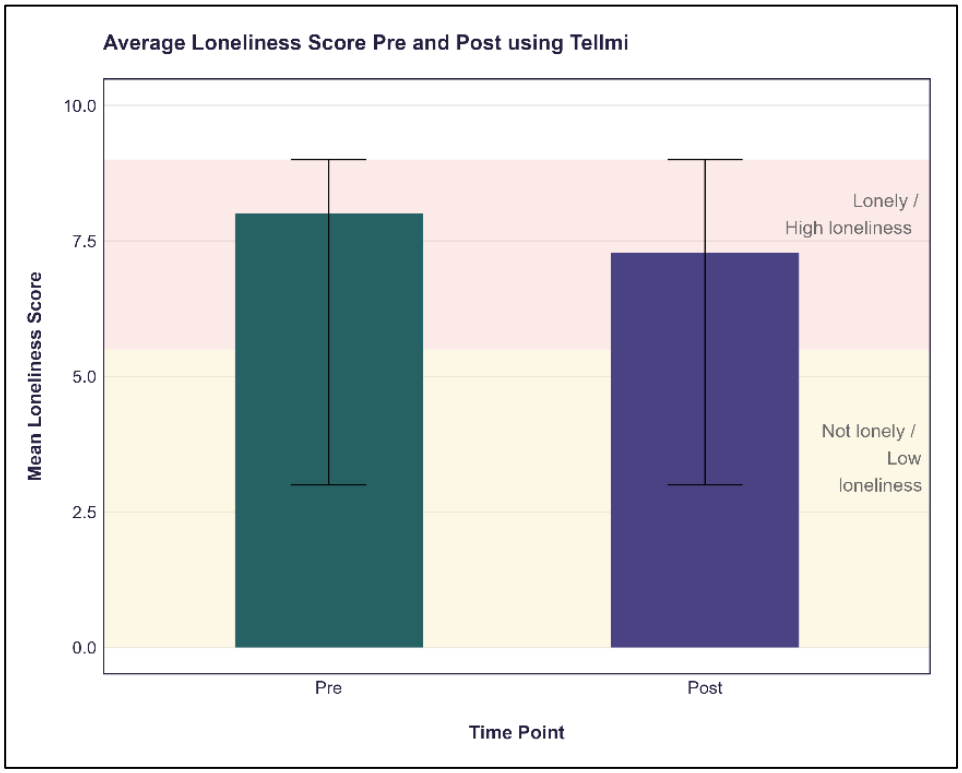
When comparing the magnitude of impact on loneliness of those using Tellmi for less than 12 months vs those using Tellmi for more than 12 months, we found that longer-term users reported a much larger change in their loneliness (score of -1.1 compared to -0.3).

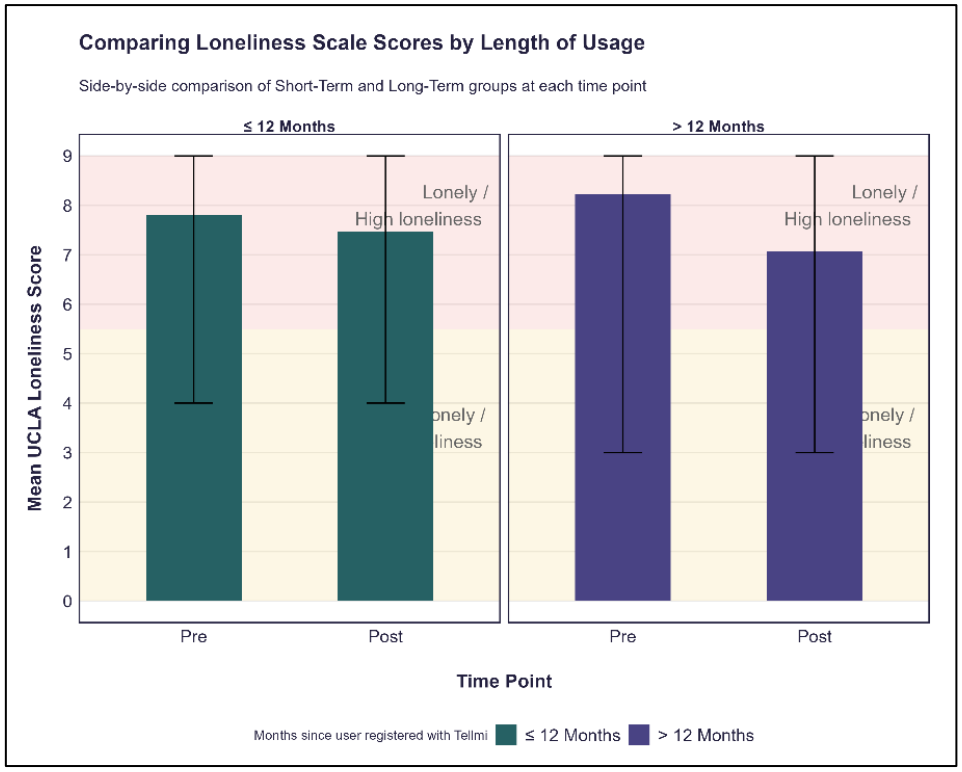
Table 9. Summary of results: impact on Loneliness

Cohort	Difference between pre and post results		Statistical significance (t-test)	Effect size
	Difference in mean score	Percentage difference in mean score		
Overall group	-0.7	-9% (Reduction in loneliness)	Statistically significant *t(27) = -2.41, p = 0.023*	Small (*d*= 0.4)

[48] Effect size (Cohen's d) indicates the magnitude of the difference between groups. As a general guide, 0.2 is considered small, 0.5 moderate, and 0.8 large. This is beyond whether a difference is statistically significant.

Figure 36. Comparison of pre- and post- Loneliness scores for the overall cohort and by duration of Tellmi use (≤12 months vs. >12 months) (total respondents n = 28)





Social Connectedness Scale

The Social Connectedness Scale is used to assess an individual's sense of belonging and interpersonal closeness. It uses a 6-point Likert scale across 8 questions which are reverse-coded because the questions are phrased negatively (e.g., "I feel disconnected"). **A higher summed score across all questions indicates that the individual has a stronger sense of social connectedness.**

We found that the average pre and post scores to be 18.7 and 22.6 respectively, suggesting an **increase in a sense of social connectedness** after using Tellmi for a period of time. The range was 8 to 45 for pre, and 8 to 44 for post scores, demonstrating that whilst the lower baseline remained stable, the increase in the lower bound suggests that the intervention effectively increased the sense of social connectedness for a subset of users.

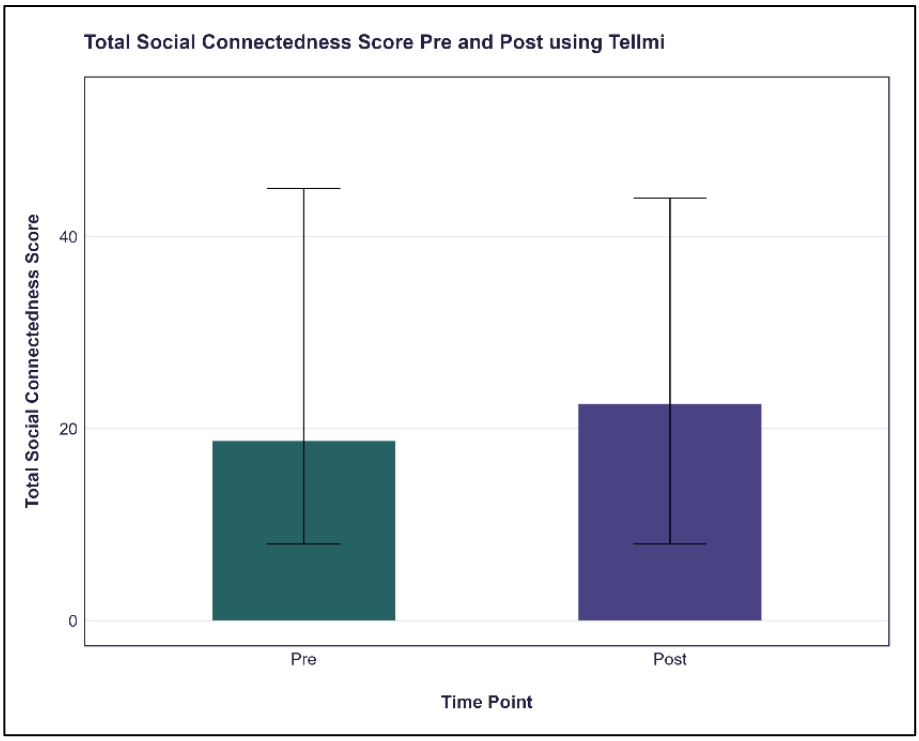
A paired-samples t-test showed a **statistically significant increase** in connection from pre- to post-survey, t(27) = 2.00, p = 0.049. A Cohen's *d* was calculated to measure the change in social connectedness scores following the use of Tellmi. The results indicated a **small effect size** (*d = 0.36*). This suggests that participants experienced a slight increase in their feelings of social connectedness during the period of app usage, though the magnitude of this change was relatively small.

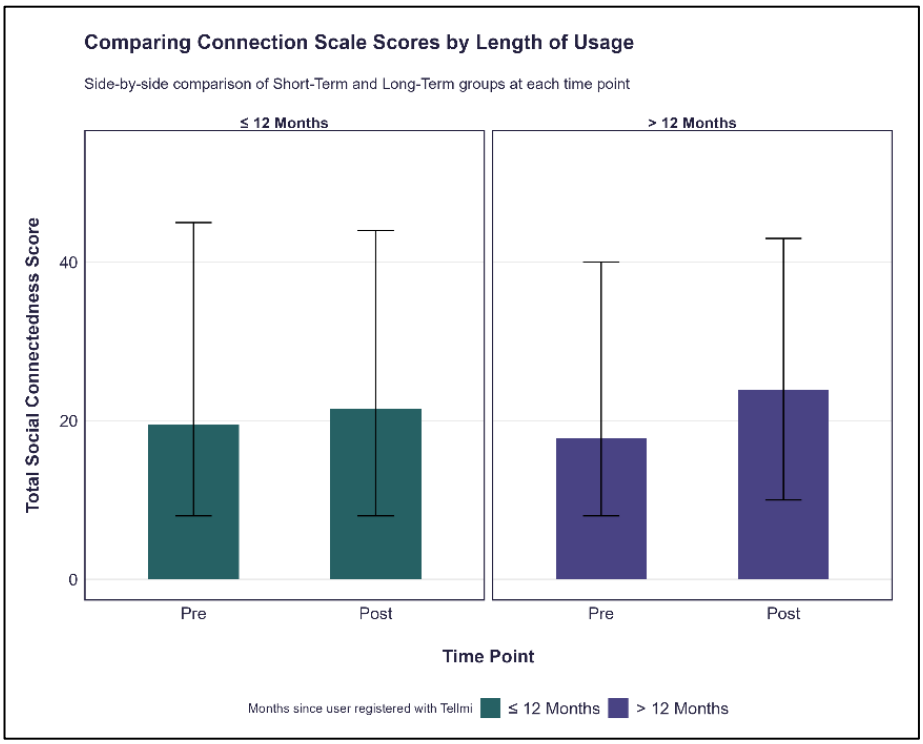
When comparing the magnitude of impact on social connectedness of those using Tellmi for less than 12 months vs those using Tellmi for more than 12 months, we found that longer-term users reported a much larger change in their social connectedness (a change in score of 6 compared to 2).

Figure 37. Summary of results: impact on Social Connectedness

Cohort	Difference between pre and post results		Statistical significance (t-test)	Effect size
	Difference in mean score	Percentage difference in mean score		
Overall group	3.9	+20% (Improved social connectedness)	Statistically significant *t(27) = 2.01, p = 0.049.*	Small (*d = 0.36)*

Figure 38. Comparison of pre- and post-Social connectedness scores for the overall cohort and by duration of Tellmi use (≤12 months vs. >12 months) (total respondents n = 28)





Children's Hope Scale

The Hope Scale is a 6-Item scale used to measure hope, which can be interpreted as a proxy for overall physical, psychological, and social wellbeing. A higher score indicates a higher level of hope and overall psychological wellbeing, with the scores being a sum of all 6-items and the range of scores being 0 to 36.

When analysing the average pre and post scores of the Children's Hope scale, it was found that the mean pre score was 12.0 (no/ low hope band) and post was 15.9 (slightly hopeful band), indicating that **hope generally increased** for users since using Tellmi. The range of scores for both pre and post is 6 to 36.

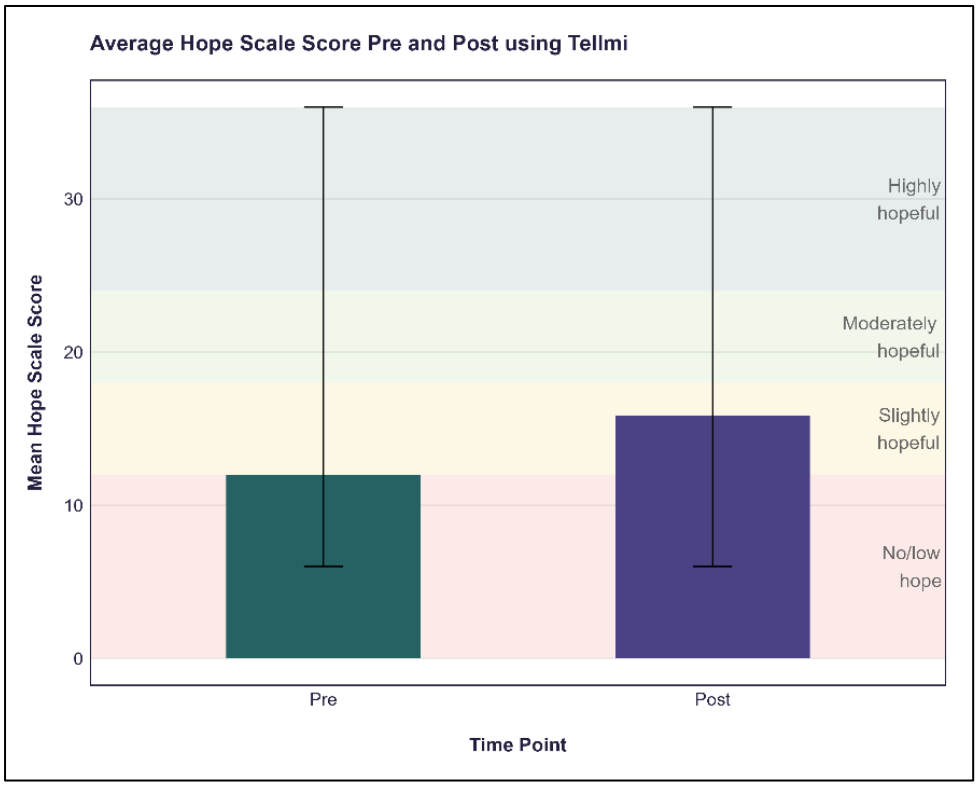
A paired-samples t-test showed that **hope scores increased significantly** from pre- to post-survey, t = 3.44, p = .002. A Cohen's *d* was calculated to evaluate the magnitude of the change in hope scores from pre to post use. The results indicated a **medium effect size** (*d* = 0.58), with the 95% confidence interval ranging from 0.21 to 0.94. This suggests that the intervention had a moderate impact on the children's levels of hope.

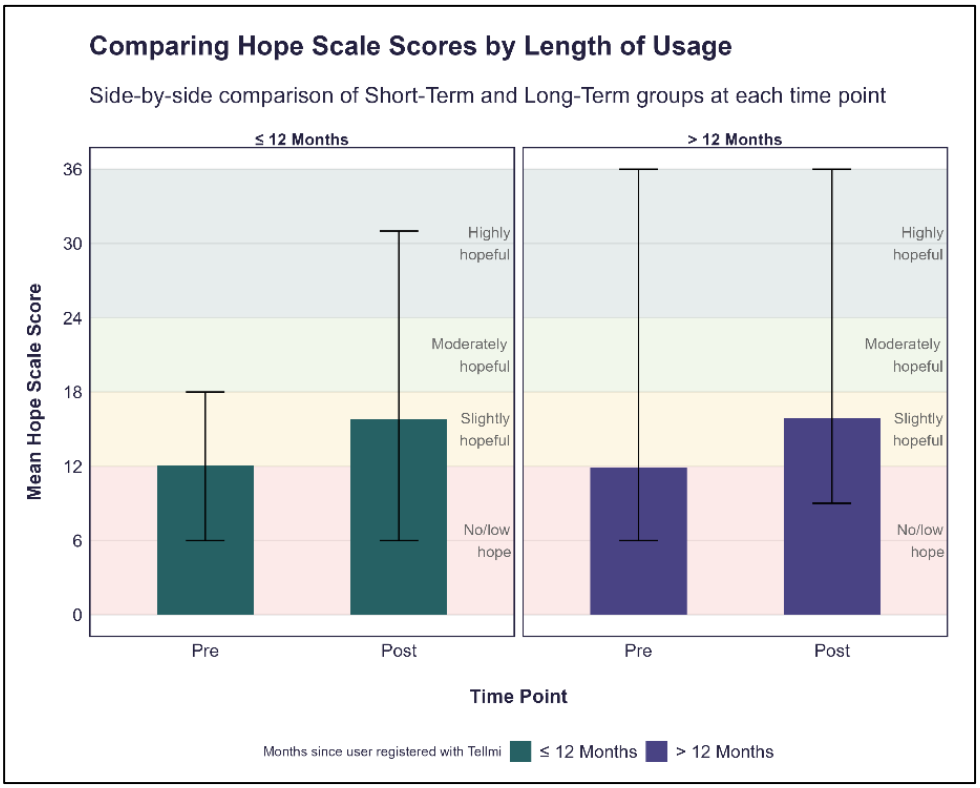
When comparing the magnitude of impact on the hope of those using Tellmi for less than 12 months vs those using Tellmi for more than 12 months, we found that the change in score was 3.7 for those using Tellmi for 12 months or less and 4.00 for those using Tellmi for more than 12 months. This indicates that all users had an increase in their hope whilst using Tellmi but this change was larger in more short-term users.

Table 10. Summary of results: impact on Hope

Cohort	Difference between pre and post results		Statistical significance (t-test)	Effect size
	Difference in mean score	Percentage difference in mean score		
Overall group	3.9	+33% (Improved hopefulness)	Statistically significant *t(27) = 3.44, p =0.002*	Medium effect (*d*= 0.58)

Figure 39. Comparison of pre- and post-Hope scores for the overall cohort and by duration of Tellmi use (≤12 months vs. >12 months) (total respondents n = 28)





Brief Resilience Scale

The brief resilience scale (BRS) evaluates an individual's ability to bounce back from stress and adversity. This is a 6-Item scale which has a total raw score ranging from 6 to 30, which is then divided by the number of questions answered (typically 6) to get the final score. A higher score indicates that the individual has more resilience and a better ability to bounce back from stress and adversity. A lower score indicates that the individual has more difficulty recovering from setbacks.

When analysing the pre and post scores of the BRS we found that the average pre and post scores were 2.1 (low resilience band) and 2.3 (low resilience band) respectively. The range of BRS scores before (pre) Tellmi was 1 to 3.3, compared to 1 to 3.7 after (post). This indicates that the overall **average resilience of users slightly improved** once they had been using Tellmi for a period of time.

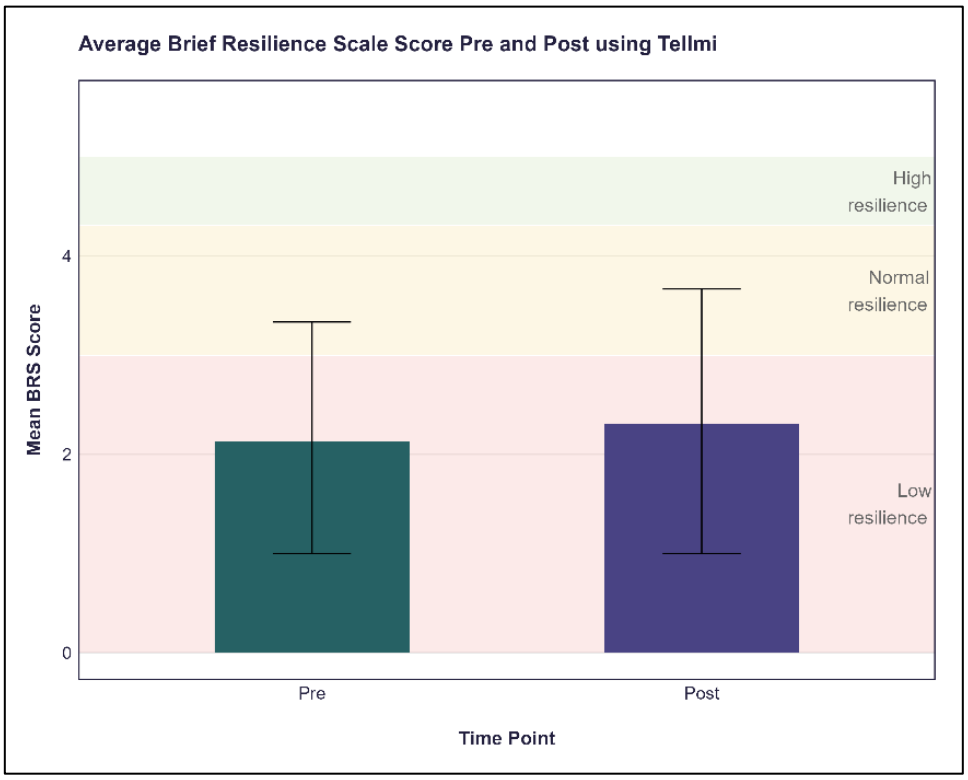
A paired-samples t-test found **no statistically significant difference in resilience** scores between pre- and post-survey responses, t(27) = 1.39, p = 0.175. A Cohen's *d* was calculated to evaluate the change in resilience scores pre and post use. The results indicated a **small effect size** (d = 0.26). This suggests that, within this sample, resilience scores slightly increased.

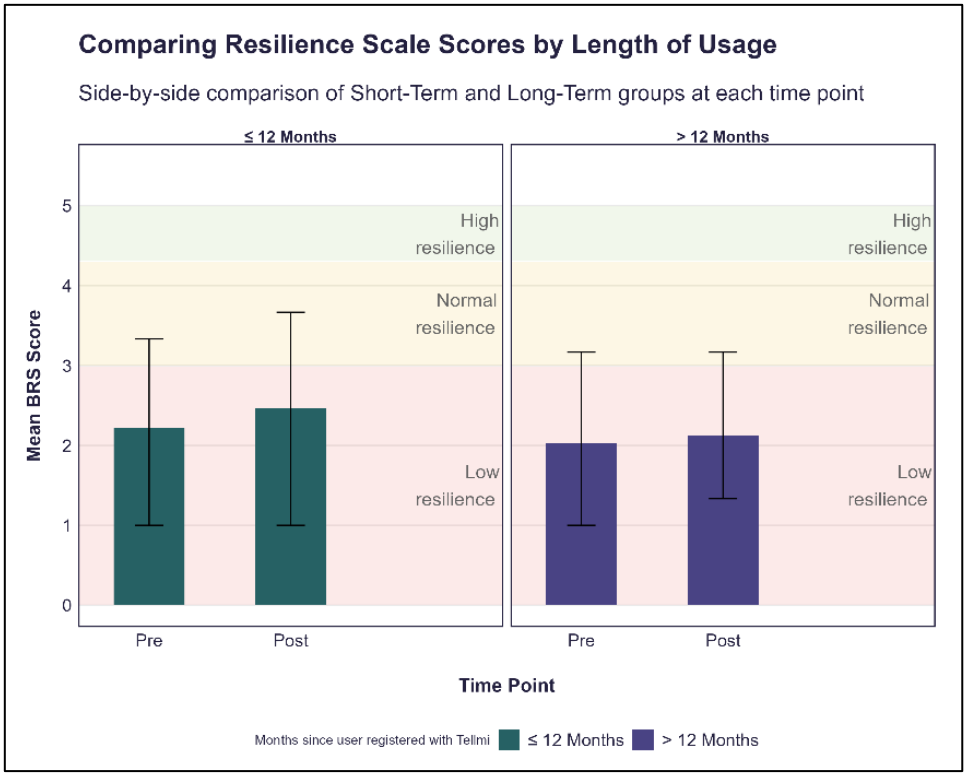
When comparing the magnitude of impact on resilience of those using Tellmi for less than 12 months vs those using Tellmi for more than 12 months, we found that shorter-term users reported a much larger improvement in resilience (a change in score of 0.1 compared to 0.05).

Table 11. Summary of results: impact on Resilience

Cohort	Difference between pre and post results		Statistical significance (t-test)	Effect size
	Difference in mean score	Percentage difference in mean score		
Overall group	0.2	+8% (Slight improvement in resilience)	Not significant *t(27) = 1.39, p = 0.175*	Small (0.26)

Figure 40. Comparison of pre- and post-Resilience scores for the overall cohort and by duration of Tellmi use (<12 months vs. ≥12 months) (total respondents n = 28)





7.6 Perceived impact on healthcare utilisation

Within our survey we asked users how often they used different healthcare services 1 year before using Tellmi (pre) and since using Tellmi (post). All respondents answered these questions, therefore the sample size for the analysis in this section is 28. We asked the survey respondents how many times they have used each of these services for their mental health. We quantify the change in utilisation across the following healthcare settings:

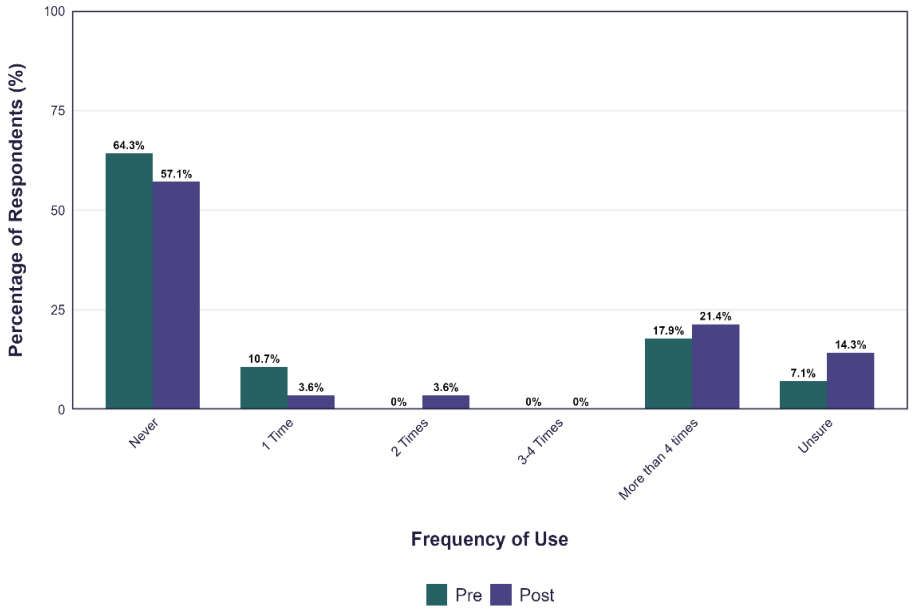
- Phone call or visit to a doctor/ GP
- Emergency hospital visit (A&E)
- Hospital visit (not A&E)
- Counselling/ therapy (through CAMHS)
- Adult MHS
- Other support (including visit to nurse or school counsellor)

Overall, a significant proportion of respondents did not engage with any healthcare services for their mental health, both before and after using Tellmi. This is particularly interesting when compared to the average perceived mental health reflected in wellbeing responses in the previous Section 7.5 showing that users are self-managing. Those who did, mainly used GP, CAMHS and other support. Although changes in pre and post healthcare utilisation since using Tellmi are marginal and not significant to draw conclusions. This should not necessarily be interpreted as lack of impact, as Tellmi is intended to complement rather than replace formal mental health support.

Counselling/ therapy (through CAMHS)

We found that post Tellmi, there was a small decrease in the number of respondents that responded as 'Never' (64.3% in pre vs 57.1% in post) to attending Counselling/therapy through CAMHS. On the higher end of the scale, we found that slightly more (17.9% vs. 21.4%) respondents utilised this service more than 4 times after using Tellmi compared to before.

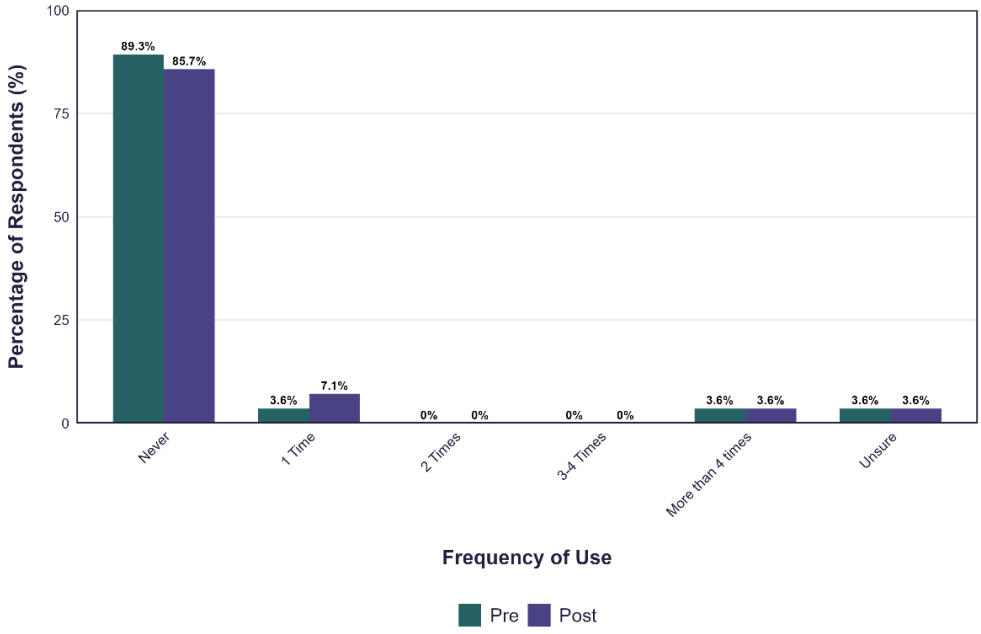
Figure 41. Comparison of utilisation of Counselling/therapy (CAMHS) (total respondents n =28)



Adult MHS

When looking at Adult MHS, we found that most users had no engagement with this healthcare service across both the pre (89.3%) and post (85.7%) periods. 3.6% of users (this represents 1 individual) engaged with Adult MHS more than 4 times both before and after using Tellmi.

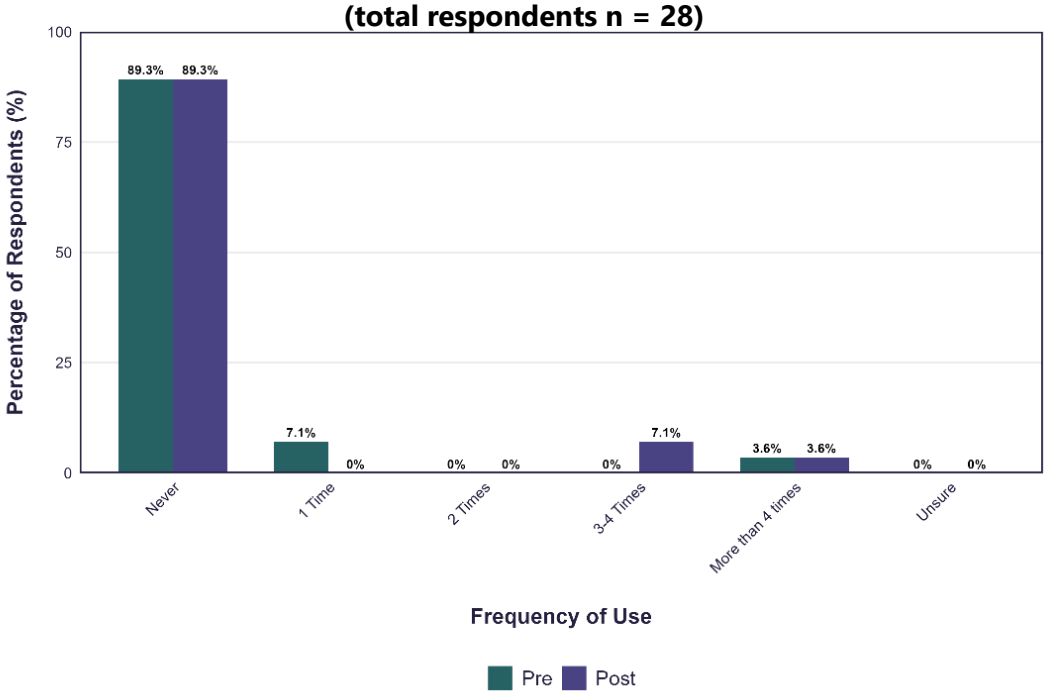
Figure 42. Comparison of utilisation: Adult MHS (total respondents n = 28)



Emergency hospital visit (A&E)

Similarly to Adult MHS, we found that the number of users who attended A&E is the same for both pre and post (89.3%) using Tellmi. 7.1% (n=2) of users did report that they attended A&E once before using Tellmi. When looking at responses relating to the post period, we found that 7.1% attended A&E 3-4 times. When looking at the bucket that represents the highest A&E utilisation, we found that 3.6% of users (this represents 1 individual) attended A&E more than 4 times both before and after using Tellmi.

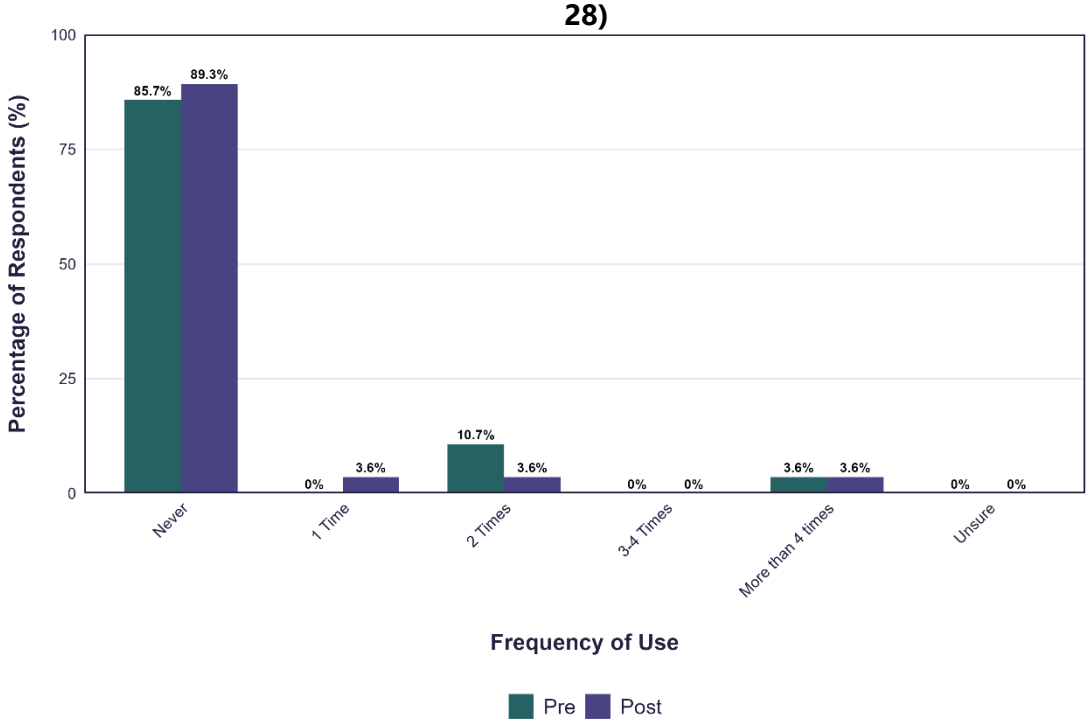
Figure 43. Comparison of utilisation: Emergency Hospital Visit (A&E) (total respondents n = 28)



Hospital visit (not A&E)

Most users reported never attending hospital for their mental health both before (85.7%) and after (89.3%) using Tellmi. There was a reduction in users attending hospital twice, with 10.7% reporting this frequency of utilisation before using Tellmi, and only 3.6% reporting this frequency after using Tellmi, a decrease of two individuals. When looking at the bucket that represents the highest hospital visit utilisation, we found that 3.6% of users (this represents 1 individual) attended hospital more than 4 times both before and after using Tellmi.

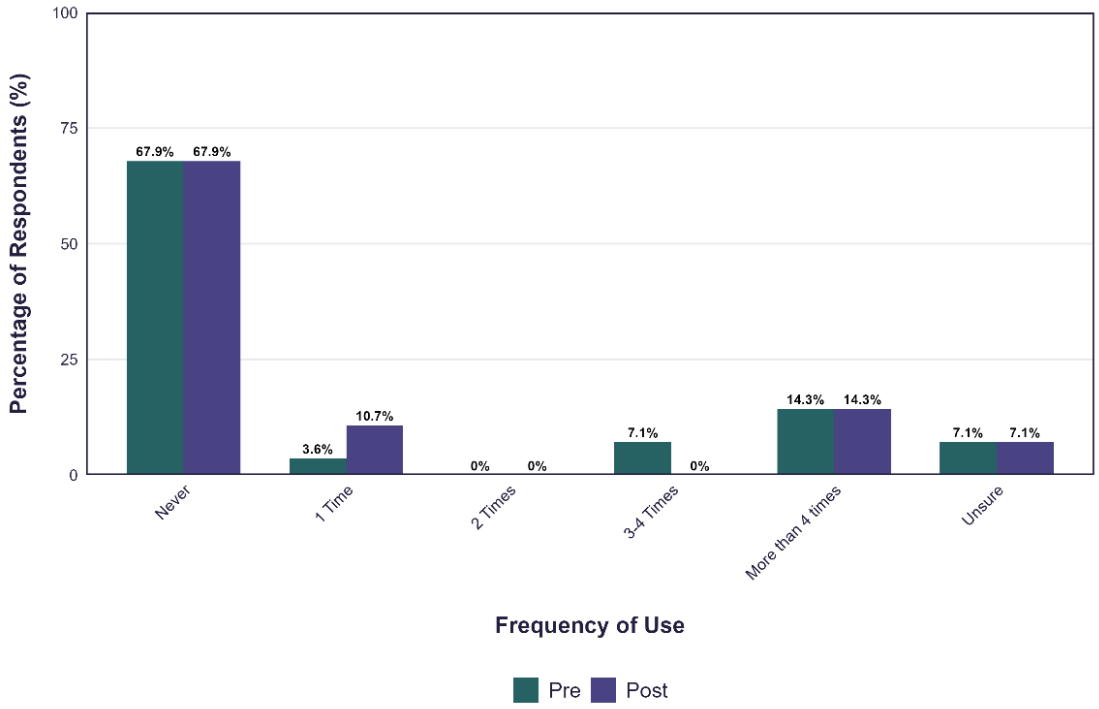
Figure 44. Comparison of hospital visits (non-emergency) (total respondents n = 28)



Phone call or visit to a doctor/ GP

We asked users how often they had a phone call or visited the doctor/GP for their mental health. Compared to other healthcare services, we found there to be a higher frequency of use of a phone call or visit to a doctor or GP. For both the before and after time periods, 67.9% of users responded as never using this healthcare service. There was no change in the proportion of users responding as using this service more than 4 times (14.3% across both the pre and post time periods). Interestingly, there was an increase in the number of users using this healthcare service one time since using Tellmi, with 3.6% reporting this frequency of usage before, and 10.7% reporting this frequency after, representing an increase of 2 individuals.

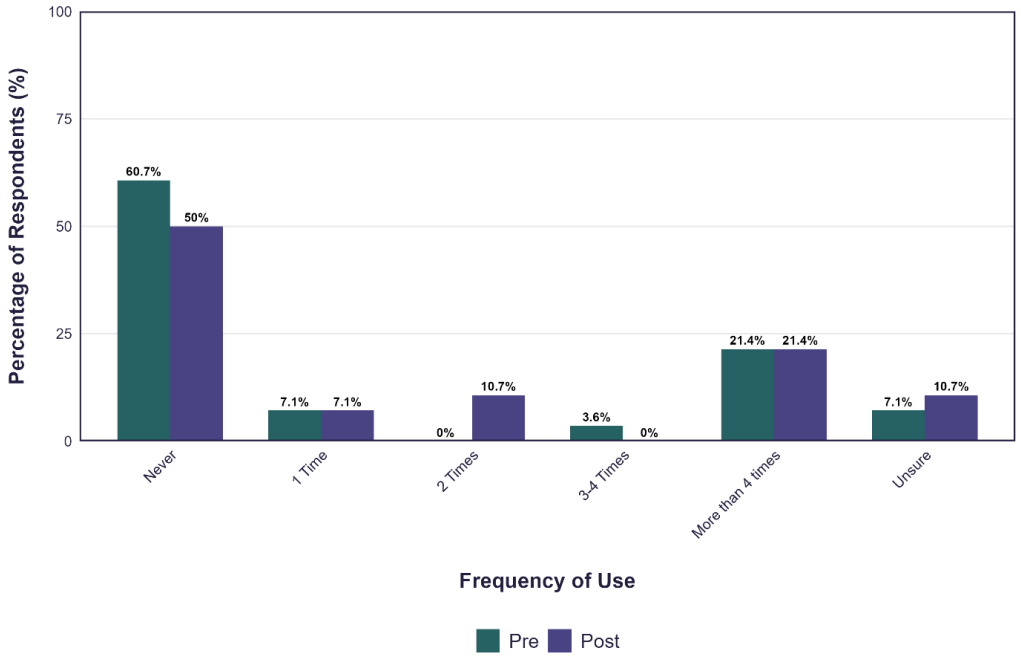
Figure 45. Comparison of utilisation of GP (through phone call or visit) (total respondents n = 28)



Other support (including visit to nurse or school counsellor)

Before using Tellmi, 60.7% of users reported that they never used other healthcare support, compared to 50% after using Tellmi. Across the before and after time periods, there was no change in the proportion of users using other support one time (7.1%), or more than 4 times (21.4%). Across all healthcare service types we included in our survey, other support was the service type where we saw the least proportion of users having zero engagement, and the highest proportion of users reporting frequent engagement (more than 4 times).

Figure 46. Comparison of utilisation of other avenues of mental health support (including visits to nurse or school counsellor) (total respondents n = 28)



7.7 Overall experience of Tellmi

The general sentiment from survey respondents and interviewees was that they've had a positive experience of using Tellmi.

Most respondents frequently highlighted feelings of safety, comfort, and strong support. A key theme was also the benefit of peer connection and reduced isolation. One respondent explained, "*It helps me to know that there is people who are struggling with the same thing as me and that I'm not alone,"* while another appreciated the anonymity of the platform, stating, "*I'm grateful that I can speak about my problems freely knowing people don't know who I am it makes me feel more secure.*"

Users also expressed appreciation for the platform and its staff, with one commenting, "*Thank you for creating this app… you are good people,"* and another describing it as "*a generally good app with a lot of supportive individuals and fantastic admins*."

Some constructive feedback was provided, particularly around content moderation, with one user suggesting "*improve… the filtration of certain topics*". Another feedback was the need for a night mode to be able to use Tellmi in darker settings.

When asked, "Have you ever experienced anything on Tellmi that had a negative impact on you?", the majority of respondents (86%) reported that they had not. With the small proportion of users that indicated that they had experienced something negative, they attributed this to a few different reasons. One respondent described observing other users being rude to each other in the comments on a post. Another reported feeling that their own struggles were less important in comparison to others, stating: "*I saw other people's struggles and felt that that meant mine were not important*."

Finally, one respondent noted that turning 18 limited their ability to interact with their community due to age banding: "*Mostly the fact that when I turned 18… I couldn't speak to a member of the community. However, I understand that as part of the rules it has to happen*."

Case Study 1: “It [Tellmi] makes me feel like I’m not alone”

At the time of the interview, this Tellmi user was in her late teens and a high schooler. She was introduced to the app in 2025 through her NHS therapist, who provided a list of mental health resources. Tellmi stood out as the only app-based option, prompting her to explore it further. Prior to this, her support was largely limited to formal therapy, and she found school counselling unhelpful. As a young teenager, she experienced significant social challenges and later recognised that she is neurodivergent (autistic), contributing to feelings of isolation and a lack of relatable support.

Tellmi has played an important role in filling this gap by providing accessible, ongoing peer support outside of scheduled therapy sessions. She uses the app a few times a week, particularly when she feels overwhelmed or low, as a space to ‘gets her thoughts out’.

A key impact of Tellmi for her is the reduction in feelings of isolation. The ability to connect with peers of a similar age, particularly those who may share neurodivergent experiences, has helped her feel ‘not alone and listened to’. She also values the anonymity and supportive environment of the platform, which she sees as a safer and more positive alternative to mainstream social media, avoiding negative content and ‘doom scrolling’. She also reflected that Tellmi would have been even more beneficial during early adolescence, when she was struggling most socially.

She plans to continue using the app even as her mental health improves and has recommended it to her friends.

Case Study 2: "Tellmi Is like a network where other people can help you deal with things"

At the time of interview, this Tellmi user was a young adult who was attending university. He discovered the platform independently during the COVID-19 lockdown. What initially drew him to Tellmi was its anonymity and the opportunity to connect with others in a meaningful way, something he felt was lacking in other mental health apps. In particular, the ability to engage without needing a profile picture made the platform more accessible for someone experiencing social anxiety. He described Tellmi to be like a network where people helped each other.

Prior to using Tellmi, his experience with formal mental health support was inconsistent and characterised by long waiting times. He faced a six-month wait for counselling and over a year waiting for CAMHS support, ultimately receiving minimal engagement . During these periods, Tellmi provided a crucial source of immediate and accessible support. He particularly valued being able to connect with others at any time, specifically highlighting how helpful having someone to talk to at night has been rather than waiting for scheduled appointments or callbacks.

He regularly posts about his own experiences and responds to others, finding value not only in receiving support but also in helping others. He reflects on this by saying "at least I can make other lives better by speaking with other people".

When asked about how Tellmi could be improved, he suggested it to have a low brightness, dark-mode feature for night time use. He also reported to have stopped using Tellmi since he moved to university as his university counselling support is sufficient support for his mental health.

Case Study 3: "Peer support is the best functionality"

This Tellmi user was in their teens and in school when the interview was conducted. They discovered the platform through TikTok. Prior to using Tellmi, they had accessed support through services such as Childline and CAMHS but found these to be limited in effectiveness or duration. They reported to have been in CAMHS since age of 6 but were discharged recently due to disengagement. Since then they had been referred to Adult MHS but it had been a year since they received any engagement from them.

They found Tellmi provided a more responsive and relatable alternative. The user described an incident where after making a high-risk post, Tellmi alerted the local hospital about the user's location and a counsellor offered support through the Tellmi app.

They now engage regularly with peer support through posting and replying, highlighting that "your peers talking with you" was a particularly valuable feature compared to other services.

The platform also supported the user through additional features such as distraction tools and games, which provided coping mechanisms during difficult moments. They reflected that compared to other services they had used, Tellmi offered a more continuous and engaging form of support, which they accessed more than once a week.

7.8 Limitation and assumptions

The findings from the user survey should be interpreted with caution due to several limitations. Firstly, the survey achieved a small sample size (n=28), which limits the statistical power of the analysis and the extent to which findings can be generalised to the wider Tellmi user population in LLR. Some demographic groups were also over- or under-represented[49] meaning subgroup analyses and stratification across multiple demographic variables were not considered robust or appropriate. This led to some limitations to the full assessment of the evaluation question 'Is Tellmi acceptable to users of all ages?'.

The survey also relied on retrospective self-reporting, including retrospective pre-post questions relating to mental wellbeing and healthcare utilisation. As a result, responses may be subject to recall and recency bias, particularly where users were asked to reflect on experiences prior to using Tellmi. Reported impacts therefore represent perceived changes rather than objectively verified clinical outcomes. Analysis on effect size was performed on responses to wellbeing scales to inform interpretation of impact. The survey data had several limitations, primarily due to the low response rate and the fact that respondents reported very low use of healthcare services for mental health support both before and after using Tellmi. As a result, a health economic analysis based on the survey data was not considered sufficiently robust or reliable. Therefore, wider system-level impacts and cost-effectiveness could not be robustly quantified within the scope of this evaluation. In addition, due to lack of engagement from mental health staff working in LLR which were also aimed to understand more about Tellmi's adoption and impact on the wider system, this evaluation could not fully assess the evaluation question 'What was the impact of Tellmi on the wider system?'.

Another limitation was the limited granularity of the data that could be obtained. Tellmi was unable to share user-level data due to its commitment to users not to share their data with other organisations (shared data was aggregated). This limited the extent to which subgroup breakdowns could be reported for the data metrics presented in Section 6.

[49] Differences: 6% higher representation of respondents with 'Non-binary' gender identity compared to registered users on Tellmi, 11% higher representation of respondents within age-range of 11-19 years old compared to registered users, 12% lower representation of respondents over age 22 compared to registered users, 8% lower representation of respondents of Asians or Asian British ethnicity compared to LLR's population and 11% higher representation of respondents of Mixed or multiple ethnicity group compared to LLR's population.

8 Findings and recommendations

8.1 Key findings

8.1.1 Reach and Engagement

The evaluation finds that Tellmi has demonstrated steady uptake of users across LLR ICB since its implementation in April 2024, with ~2,700 active users and an average of 200 new users joining each month (based on data from 1 April 2024 to 2 March 2026). User uptake has shown a steady upward trend over time, suggesting increasing awareness of the app across the region. Tellmi is being used across all age groups, with most users (77%) aged 11–25. Engagement is highest among those aged 12–13 while almost one-third (32%) of users fall within the key transition age group of 14–19 years.

Stakeholders highlighted Tellmi was commissioned to address a gap in accessible, all-age digital mental health support across the LLR geography, particularly for those waiting for services or unable to access support through traditional pathways. Analysis of platform activity suggests that Tellmi is functioning primarily as an accessible peer-support platform. Users frequently engaged with posting about their own thoughts and feelings, reading other users' posts, and replying to peers. Survey findings also indicate high levels of ongoing engagement, with 86% of respondents reporting that they use Tellmi more than once a week. The most common post topics related to emotions and moods, friendships, communication, anxiety, and school-related issues, with concerns shifting across age groups as users got older. Directory usage was also substantial suggesting demand not only for peer support but also for signposting and wider mental health resources.

The platform also showed to deliver timely support to most users where most posts were moderated within 30 minutes during moderation operating in-hours (8.30am -11pm). In addition, around one-third of posts received a peer reply within one hour of moderation from suggesting proactive engagement with posts from peers. Qualitative findings suggest that users particularly valued the ability to access support outside traditional service hours, especially during evenings and periods of distress.

8.1.2 Implementation and Adoption

Interviews with stakeholders and Tellmi staff highlighted that schools and colleges appear to have been the most effective implementation route within LLR. This was also reflected in survey findings, where 43% of respondents reported hearing about Tellmi through school settings. This reflects the Tellmi team's efforts to make the Tellmi app available by promoting it in schools, colleges, and universities, by listing on their website, training education teams, putting up posters on campus and hosting workshops. Although, implementation through universities may

be less successful based on none of the survey respondents reporting to have found out about Tellmi through their university. Similarly, implementation through healthcare routes like primary care, NHS mental health services, and community settings also appear to be limited. Stakeholders identified this as a potential area for future implementation focus, particularly for older young adults and transition-age users.

Tellmi also appears to be aligned with the wider strategic direction of LLR's mental health transformation agenda, particularly in relation to prevention, early intervention, digital innovation, and supporting unmet need outside traditional clinical pathways. Stakeholders view this platform as complementing existing mental health services by providing accessible support during waiting periods and outside standard service hours.

8.1.3 User Experience and Perceived Value

Overall satisfaction with the service was high, with 82% of respondents reporting that they were satisfied or very satisfied with Tellmi, and 76% stating that they would feel they had lost a valuable support resource if the platform were no longer available. A small number of users reported negative experiences, primarily relating to moderation decisions, temporary account restrictions, or the impact of age-banding after turning 18.

8.1.4 Impact on Wellbeing and Mental Health

Survey responses showed that users of Tellmi on average had poor mental health before joining Tellmi. Since using Tellmi, improvements were seen across all mental health scales however, the magnitude of improvement varied. The largest improvements were observed in hope (statistically significant improvement by 33% overall, with medium effect size) and self-esteem (statistically significant improved by 64%, with medium effect size), while loneliness and social connectedness showed smaller but also statistically significant improvements. In contrast, a change in resilience was not statistically significant.

Qualitative findings from surveys and interviews strongly suggest that the platform helped users feel less isolated and more understood through shared experiences with peers. Some users described Tellmi as filling gaps while waiting for formal NHS mental health support. Across surveys and interviews, users consistently described Tellmi as accessible, anonymous, supportive, and safer than mainstream social media platforms.

8.1.5 Healthcare Utilisation and Transition-Age (14-19 years) Findings

The evaluation found marginal evidence of impact on healthcare utilisation across GP appointments, CAMHS engagement, Adult MHS, A&E attendance, hospital visits, or other support services. The majority of respondents reported to have never used one or more mental

health services, indicating that respondents are self-managed and likely to use Tellmi as an easy method to support this. Those who did report using services, mostly used GP, CAMHS and other support services like visits to a nurse or school counsellor. Comparison of healthcare utilisation changes of these respondents before and after using Tellmi showed no significant differences. These findings should be interpreted cautiously due to the small survey sample size and reliance on retrospective self-reporting. It is also important to recognise that Tellmi is intended as a mental health support platform rather than an intervention or as a replacement for clinical care, meaning reductions in healthcare utilisation may not necessarily be expected.

Findings relating specifically to the transition age group (14–19 years) provide some evidence that Tellmi may offer value during periods of transition between children's and Adult MHS. Around 23% of all Tellmi Therapy sessions delivered through Tellmi were undertaken by users aged 14–19. Although only a small proportion of survey respondents reported having directly experienced transition from CAMHS to Adult MHS.

8.2 Recommendations

Based on the findings detailed above, we have outlined a key recommendation to support commissioning decisions for Tellmi in LLR. In addition, we have developed two further recommendations for consideration as part of Tellmi's future development.

8.2.1 Future commissioning considerations for LLR

This evaluation suggests that Tellmi has established itself as a meaningful component of the mental health support offered within LLR, particularly for people aged 11–25 based on level of engagement with the app. Given the challenges with mental health support in LLR, the platform appears to be providing accessible, anonymous, and moderated peer support for individuals who may be self-managing their mental health, awaiting support from services, or who do not meet thresholds for specialist intervention.

The findings indicate that users value Tellmi as a safe and supportive environment that enables them to discuss mental health concerns openly, feel less isolated, and access support outside of traditional service hours. Improvements were observed across several wellbeing measures, particularly self-esteem and hopefulness, suggesting that Tellmi may contribute positively to emotional wellbeing. Review of LLR's long term mental health strategy and stakeholder perspectives further suggest that the platform aligns with the strategic direction of LLR's mental health transformation agenda, including priorities around prevention, early intervention, digital innovation, and supporting transitions between CAMHS and Adult MHS.

However, while the evaluation provides encouraging evidence of user engagement and perceived wellbeing benefits, much of the evidence around outcomes and healthcare utilisation is based a on self-reported survey of a small sample size (n =28). To improve confidence in

impact, further data collection is required. This is especially important to identify the evidence of wider system impact. Although it should be noted that Tellmi is intended to complement rather than replace clinical services.

Overall, the evaluation supports the continued commissioning of Tellmi within LLR's broader mental health offer. Continued implementation alongside strengthened data collection would help build a more robust understanding of long-term outcomes and cost-effectiveness.

8.2.2 Implementation: Tellmi should continue to strengthen implementation within education settings and expand to referral pathways across the NHS and community services

Tellmi should consider deepening its integration within education settings while diversifying referral pathways beyond schools. There is also an opportunity to improve engagement with universities and further education providers, where uptake currently appears more limited.

In contrast, awareness of Tellmi through NHS services, primary care, and community organisations appeared relatively low. LLR and Tellmi should explore stronger integration with CAMHS, Adult MHS, GPs, social prescribing teams, and voluntary sector organisations to improve signposting and referral into the platform, particularly for individuals on waiting lists or transitioning between services.

8.2.3 Data collection: Tellmi should expand its existing impact survey and improve data integration with NHS and community services

While the evaluation identified positive perceived impacts on wellbeing and connectedness, there remains a need for stronger longitudinal evidence. Two key methods of collecting robust data:

- **Expand Tellmi's internal impact survey to include validated wellbeing measures and longitudinal follow-up** – Tellmi has already undertaken internal impact surveys across LLR; however, these surveys currently have limited ability to measure changes in mental wellbeing over time using validated outcome measures. Tellmi should consider incorporating validated wellbeing scales, such as those used within this evaluation, into future surveys to strengthen the evidence base on user outcomes. Collecting follow-up responses at longer time intervals (e.g. 6- or 12-month, 24-month timepoints) may also help reduce the impact of recency bias and enable more robust assessment of sustained outcomes and changes over time.

- **Improving data integration and service utilisation monitoring** – Currently, there is no robust method for collecting true healthcare utilisation data on how Tellmi's users engage other mental health services, such as GPs, hospitals, and community mental health services alongside the use of the platform. So far, any data collected rely solely on user self-reporting, which may be affected by recency bias. Tellmi should consider improving its integration with NHS and community mental health service pathways and data systems. This would enable future evaluations to better understand referral pathways, patterns of engagement, and outcomes for individuals signposted to Tellmi through CAMHS, Adult MHS, and other support services to conduct robust cost benefit analysis.

9 Appendix

Figure 47. Breakdown of top 10 topics viewed in the Directory ranked by proportion of total views by age band.

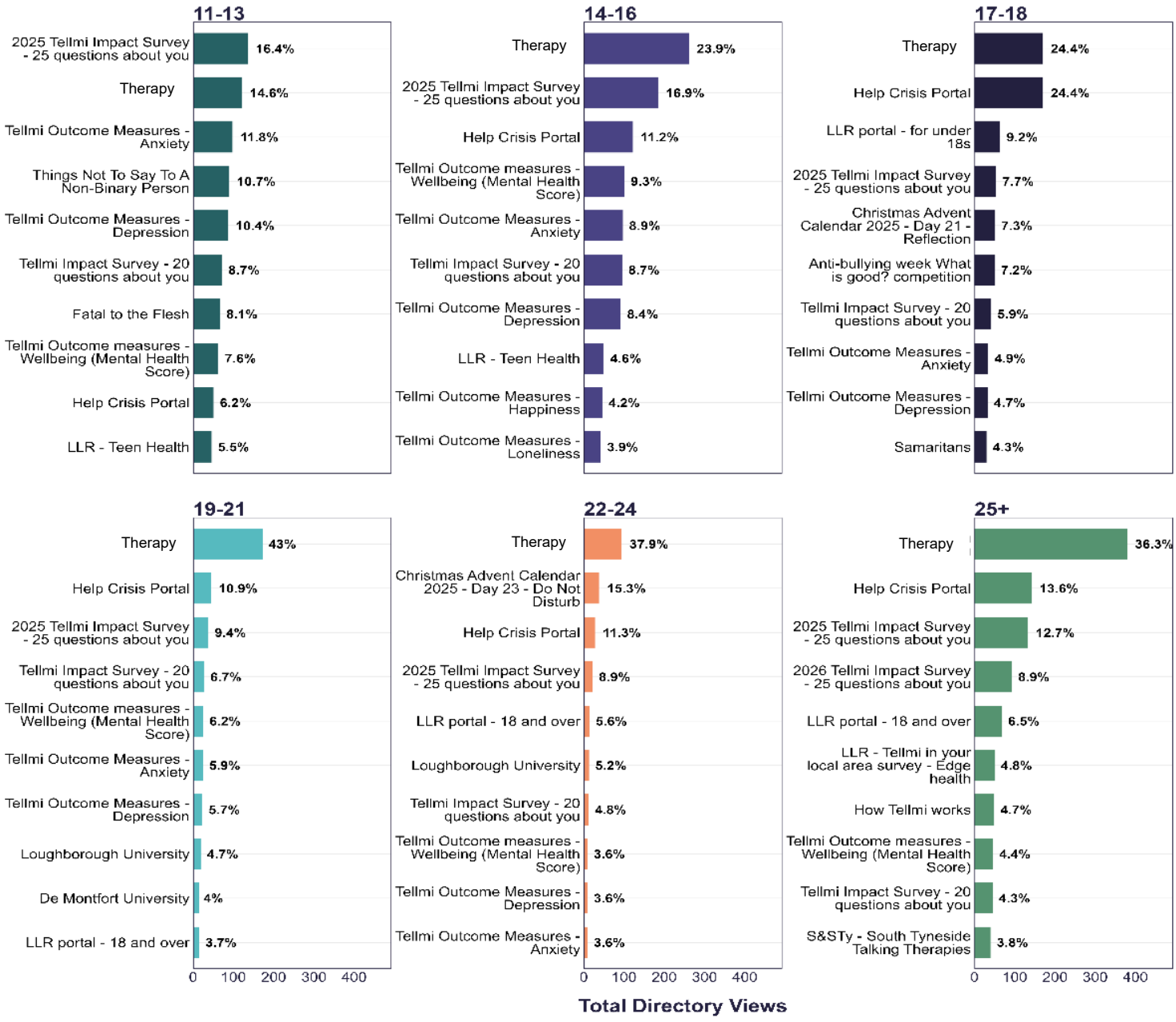


Table 12. Details on wellbeing scales used in user survey

Scale	Impact Area	Items	Scoring/Analysis	Questions
Brief Resilience Scale[50, 51, 52]	Ability to bounce back from stress and adversity.	6-Items	• 5-point Likert scale. • Items 2, 4, and 6 are reverse-coded. • The score is calculated by averaging the 6 items (e.g. divide the total score by 6). • A higher mean indicating higher resilience.	• I tend to bounce back quickly after hard times. • I have a hard time making it through stressful events. • It does not take me long to recover from a stressful event. • It is hard for me to snap back when something bad happens. • I usually come through difficult times with little trouble. • I tend to take a long time to get over setbacks in my life. *Response based on scale: Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree*
UCLA Loneliness[53, 54, 55]	Subjective feelings of loneliness and social isolation	3-Items	• Scored 1 (Hardly ever) to 3 (Often). • The scores are summed to create a total loneliness score ranging from 3 to 9. • Higher scores indicate greater loneliness.	• How often do you feel that you have no one to talk to? • How often do you feel left out? • How often do you feel alone? *Response based on scale: Hardly ever, Some of the time, Often*

[50] https://link.springer.com/article/10.1080/10705500802222972

[51] https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2025.1467174/full

[52] https://www.researchgate.net/publication/382053228_A_-_45_Rasch_Analysis_of_the_Brief_Resilience_Scale_in_Adolescents_with_Sports-Related_Concussion

[53] https://backend.fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Love_and_Compassion_Research_LONELINESS_AND_INTERPERSONAL_PROBLEMS.pdf
https://pmc.ncbi.nlm.nih.gov/articles/PMC2394670/

[54] https://www.mdpi.com/1660-4601/19/3/1641

[55] https://www.researchgate.net/publication/229638458_'I_Get_by_with_a_Little_Help_from_my_Friends'_Adults_with_Intellectual_Disability_Discuss_Loneliness1

Brief Rosenberg Self-Esteem[56], [57]	Overall self-worth and self-acceptance	5-Items	• Uses a 5-point scale (Strongly Agree to Strongly Disagree). • Half the items are reverse-coded. • The total score is the sum of the items. • Higher scores indicating higher self-esteem.	• At times I think I am no good at all. • All in all, I am inclined to feel that I am a failure. • I feel I do not have much to be proud of. • On the whole, I am satisfied with myself. • I take a positive attitude toward myself. *Response based on scale: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree*
Social Connectedness Scale[58, 59]	Sense of belonging and interpersonal closeness	8-Items	• Typically uses a 6-point scale. • Items are often reverse-coded because the questions are phrased negatively (e.g., "I feel disconnected"). • Higher summed scores reflect a stronger sense of social connectedness.	• I feel disconnected from the world around me. • Even around people I know, I don't feel that I really belong. • I feel so distant from people. • I have no sense of togetherness with my peers. • I don't feel related to anyone. • I catch myself losing all sense of connectedness with society. • Even among my friends, there is no sense of brother/sisterhood. • I don't feel that I participate with anyone or any group. *Response based on scale : Strongly Disagree, Disagree, Slightly Disagree, Slightly Agree, Agree, Strongly Agree*

[56] https://link.springer.com/article/10.1007/s11482-021-09936-4
[57] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0312161
[58] https://psycnet.apa.org/doiLanding?doi=10.1037%2F0022-0167.42.2.232
[59] https://psycnet.apa.org/doiLanding?doi=10.1037%2F0022-0167.48.3.310

Children's Hope Scale[60,61, 62]	Measure hope as a proxy for overall physical,psychological, and social wellbeing	6-Items	• Scored on a 6-point scale (1 = None of the time to 6 = All of the time). • The score is the sum of all 6 items. • Higher scores indicate higher levels of hope and overall psychological wellbeing.	• I think I am doing pretty well. • I am doing just as well as other kids my age. • I think the things I have done in the past will help me in the future. • I can think of many ways to get the things in life that are most important to me. • When I have a problem, I can come up with lots of ways to solve them. • Even when others want to quit, I know that I can find ways to solve the problem. *Responses based on scale: None of the time, A little of the time, Some of the time, A lot of the time, Most of the time, All of time*

[60] https://blogs.shu.ac.uk/growplus/files/2020/02/Hope-Synder-paper.pdf

[61] https://academic.oup.com/jpepsy/article-abstract/22/3/399/917485?redirectedFrom=fulltext&login=false

[62] https://clinicaltrials.gov/study/NCT03543865

Interview (or focus group) Guides

Tellmi Users interview guide

[add a bit of intro that is age appropriate, also adding some words on anonymity, making them feel comfortable to make us repeat a question and choosing to skip questions if they feel uncomfortable at any point]

- How long have you been using Tellmi?
- How did you hear about Tellmi?
- What made you start using the app?/what do you mainly use the app for?
    - Has the app been helpful for you? Can you share how it has supported you?
    - Is there anything about the app that makes managing your health or wellbeing easier? How has the Tellmi app helped you learn about ways to self-manage your mental health?
    - Do you feel that Tellmi has shown or guided you to the right services when you needed them?
    - Think back to when you were younger – around 13 years old, would you have found the Tellmi app useful?
- Have you used Tellmi specifically when you are waiting for NHS mental health support? (If applicable)
- Have you experienced transitioning from child to adult's mental health services? If yes:
    - Can you describe your experience moving from child to adult services?
    - Did you use Tellmi during this transition period? If yes, do you feel that Tellmi helps with this transition?
- Do you see yourself continuing to use Tellmi in the future?
- Is there anything about Tellmi that you found confusing or difficult to use?
    - If you could change or improve one thing about Tellmi, what would it be?
    - Is there any features, topics or resources that you wish was present on Tellmi?
- What would make a platform like Tellmi useful or appealing to you or your peers? *Imagine a friend of yours is on a waiting list for mental health support. What would you tell them about this app? Would you recommend it?*
    - Is there anything about the app that might put people off from using it?
    - Are there any other mental health support apps you know of and use?

Tellmi Youth Advisory Board interview guide

[add a bit of intro that is age appropriate, also adding some words on anonymity, making them feel comfortable to make us repeat a question and choosing to skip questions if they feel uncomfortable at any point]

- How did you hear about Tellmi? And what motivated you to become a part of the Youth Advisory Board?

- From your experience, was there a gap in mental health support for children and/or young people prior to Tellmi?
- How has Tellmi been able to provide support in this area and fill the gap?
- Are there any remaining gaps in support?
- Do you use Tellmi? What do you mainly use the app for?
    - Has the app been helpful for you? Can you share how it has supported you?
    - Think back to when you were younger – around 13 years old, would you have found the Tellmi app useful?
- Have you used Tellmi specifically when you are waiting for NHS mental health support? (If applicable)
- Have you experienced transitioning from child to adult's mental health services? If yes:
    - Can you describe your experience moving from child to adult services?
    - Did you use Tellmi during this transition period? If yes, do you feel that Tellmi helps with this transition?
- Do you see yourself continuing to use Tellmi in the future?
- If you could change or improve one thing about Tellmi, what would it be?
    - Is there any features, topics or resources that you wish was present on Tellmi?
- What would make a platform like Tellmi useful or appealing to you or your peers? *Imagine a friend of yours is on a waiting list for mental health support. What would you tell them about this app? Would you recommend it?*
    - Is there anything about the app that might put people off from using it?
- Are there any other mental health support apps you know of and use?

Tellmi Platform Staff interview guide

Your Role and Tellmi's Mission

- Can you describe your specific role and responsibilities at Tellmi?
- How is the Tellmi app designed to support the mental health needs of young people,
    - and how do those needs differ from those of adults?
- What are the biggest barriers you've observed that prevent young people from accessing appropriate mental health support, and how does Tellmi address these challenges? Specifically within LLR

User Experience, Engagement and Adoption

- Based on your experience, have you noticed any common themes or trends in how young people of different age groups use the Tellmi app?
- How does Tellmi ensure that users receive an appropriate level of support
    - are there any limitations or barriers to the support the app can provide?
    - How might these impact user satisfaction?
- What are the common trends you've seen in user feedback, and what opportunities do these trends present for future development of the app?

- You are also a part of the marketing team, have you observed any barriers to adoption of Tellmi by mental health services?
    - What steps are you taking to improve outreach and engagement. Anything LLR specific?

Impact and Future Outlook

- Do you believe Tellmi's features effectively provide appropriate care to young people and, as a result, help reduce the demand on NHS services?
- Beyond mental health support, what other areas, such as education or employment, do you see Tellmi having a potential impact on?

Tellmi Leadership interview guide

Adoption and implementation in LLR

- What is your goal with offering Tellmi and do these goals differ between young people and adults?
- Has implementation and adoption been successful in LLR?
    - What are the current methods of signposting to the platform? Do you think current methods of signposting work well?
    - Have you worked with school and universities to promote the app?
    - How do partnerships like LLR and HEIM currently support platform growth or user adoption?
    - Are there gaps or opportunities in the current partnership model?
    - Why was having a Youth advisory board important to you?
    - How does the design of the app ensure that the app is accessible for a wide range of users with consideration to demographics of LLR? Have you considered making the app accessible to children and adults with special needs?
    - Do you see any barriers and challenges with adoption and implementation in LLR?
- How do you ensure that the LLR context is considered? Is there anything specifically different in LLR compared to their work in other ICBs?
    - In the past 1.5 years since adoption of Tellmi in LLR, have you made any changes to service or features of the app based on feedback received by LLR users?

Platform success and long-term goals

- What are the key performance indicators you currently use to measure platform success?
    - How do KPIs inform continuous improvement, strategic decisions or feature prioritisation?
- What is your long-term vision for Tellmi in the next 3-5 years?
- What factors do you think might influence wider adoption of Tellmi in other ICBs?

LLR Representative interview guide

Decision and Implementation

- What led to the decision to commission a mental health platform for LLR, and how did the team decide on Tellmi specifically?
    - Have technologies like Tellmi been tested in LLR before- were there any gaps or learning from that?
- Were there any specific patterns or data points related to mental health service use particularly among young people that informed this decision?
- What are the current gaps or challenges in NHS mental health services in LLR
- How does the Tellmi platform address any unmet needs or gaps in mental health services that were identified?

Integration and Impact

- Do you think Tellmi has the potential to help young people with their transition from child to adult mental health services?
- Are there other areas within the mental health care pathway for either children or adults—where you see Tellmi being a valuable tool?
- In your opinion, are the current methods for directing people to Tellmi effective? If not, what changes could make this process better?

Future and Data

- What kind of data or reporting from Tellmi would be most useful for LLR's service planning and commissioning?
- Looking ahead, do you see Tellmi as a sustainable, long-term part of the mental health service landscape in LLR? Why or why not?

HIEM Representative interview guide

- Could you describe Health Innovation's involvement in the getting Tellmi commissioned in LLR?
    - Were there any specific priorities for mental health from LLR that led HIEM to proposing Tellmi?
    - Is there specific features about Tellmi that makes it well suited for the LLR context?
    - Do you think there may be any specific barriers to integration to Tellmi in LLR?
- What data/real-world evidence would be needed to have confidence in the impact/effectiveness of Tellmi in LLR?
    - Do you foresee wider adoption of Tellmi in other ICBs within the East-Midlands region?

CAMHS/CYPMHS Staff interview guide

- Could you briefly introduce us to your role.
- Are there any pattern of utilisation you have observed in mental health services in LLR – eg. long waiting list, etc.
    - Does this differ by age group?
    - Are there any specific pressures on the system?
- How did you come to learn about the Tellmi app?
- Do you think there is enough signposting to use the Tellmi app in LLR, specifically for children
    - Have you personally referred young patients to the Tellmi app.
    - Are there other mental health apps available in LLR? Has it existed in the past
        - Why or why not have they been successful?
    - Are there points in mental health pathways that Tellmi can be a beneficial tool for children or adults?
        - Do you think support offered by Tellmi has the potential to reduce mental health care utilization in LLR through appropriate care offered through the app?
        - Is this specific for cohort of people? *Prompt: Transitional services from children to adult care*
        - What challenges do you typically encounter during this transition period?
- How would you describe your current understanding of the app's purpose?
    - Do you think it has a role within the clinical pathway?
- How easy is it for Tellmi to be integrated into this pathway? Are there any specific barriers to integration?
- Have you observed any changes in service usage that may be linked to the use of the Tellmi? / Are you aware of any reductions in GP appointments, A&E use, or other services that could be attributed to the app
- Do you see Tellmi fitting into long-term service planning? If not, why?



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