



NHS Tower Hamlets

Mental Health in London

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Background & Methodology

NHS Tower Hamlets is looking to launch a self-help website targeted towards Londoners experiencing mental health issues such as stress, depression, sleep problems and anxiety.

This report will aim to discover who potential users are, where they are active online and what themes are most important to them. The insights will be used to inform marketing strategy/content for the website.

Data

- For Twitter conversation, a query was written to capture those stating they were suffering from mental health issues, and limited to the London area.
- As this approach is unavailable for all other platforms, a separate query was written which discovered authors who have stated that they live, have moved to or work in London. The query encompassed every postcode, area and borough of the city. This created a panel of ~45,000 authors. This was then combined with the initial mental health query to zoom in on Londoners who have spoken about mental health.

- All queries were then combined and attached to personal pronouns, to filter into personal conversations, and filter out news mentions.
- All data (excluding the thematic and topics analysis) excludes those who have already sought medical help.
- The data spans 24 months and was limited to English language mentions only.

Thematic analysis

- Two statistically manual samples were created from the data and manually marked up to zoom into naturally occurring themes and demographics (such as age). One sample focused on authors who have not yet sought help, and one on those who have, to see how conversations differ.

Key Findings

Recommendations

| | FINDING | IMPLICATION |
|--|---|--|
| Create designated spaces on the website to target under indexing groups | The most common author profile was professionals in their 20s who suffer from anxiety, whilst some groups, such as fathers and teenagers, were highly underrepresented. | The website could perhaps host separate sections targeted towards less vocal demographics such as teenagers, which appeared less likely to share their emotions, and may require more targeted content to feel able to participate/reach out for help/advice. Further offline research, such as surveys/focus groups could also be conducted to understand why fathers/parents in London in general feel less inclined to speak about mental health issues. |
| Use forum/comments sections to encourage peer-to-peer engagement | Peer-to-peer discussions emerged as a theme, with those who had not yet sought help especially, seeking online advice from peers rather than medical help. | The website could potentially feature a forum section, or allow comments on articles to accommodate for peer-to-peer interactions. This could create a community which authors are more likely to engage with. |
| Students emerged as a potentially receptive target group | Students emerged as a vocal group within conversation. This sub-group often focused on symptoms and talked about insomnia and stress caused by a heavy workload. Advice was also sought around suitable medication. | With students being one of the most engaged groups in mental health discussion in London, they could be considered as a target as they have been seen to look for advice and are happy to describe their symptoms. Topics such as managing work and stress, and how to deal with insomnia could resonate. |

Recommendations

| | FINDING | IMPLICATION |
|--|--|---|
| Self-assessment/triggers feature could prove impactful | 'Triggers' analysis revealed that most authors did not reveal what caused their mental health issues, highlighting a potential lack of introspection. | This information could be used when considering online content. The website could focus on content or a self-assessment tool addressing the 'why'. |
| Use awareness and education to inform those who haven't sought help about their treatment options | Those who had not yet sought help were more likely to be discussing symptoms and emotions, and those who had sought help were more aware of their conditions, treatments and medications. | This indicates a need for more education and guidance as to how patients may overcome their issues. Content/ campaigns could focus on diagnosis, and treatments and therapies available to sufferers. |
| Twitter could be a key platform to reach those who have not yet sought any help | Although forum conversation was instrumental in peer-to-peer sharing, allowing for long and detailed posts, Twitter emerged as a key channel, driving 70% of conversation. This shows that authors could be willing to overcome any taboos and discuss mental health publically. | Online Twitter campaigns such as Q&A sessions could be hosted from the website's Twitter handle, to build on the peer-to-peer trend. Twitter could also be monitored in real-time through Brandwatch or hashtag usage to find patients who spontaneously talk about mental health. These authors could be contacted directly and steered towards the website. |

Recommendations

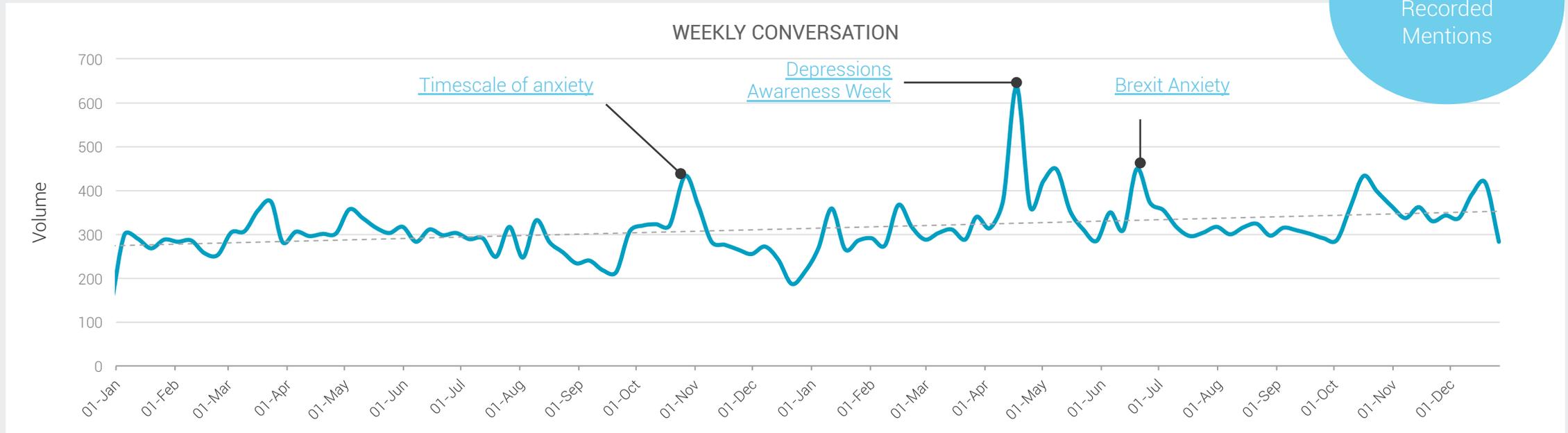
| | FINDING | IMPLICATION |
|--|--|--|
| Stress was a common problem that authors struggled to manage | Stress was often cited as a gateway to other mental health issues, with authors stating that it triggered deeper emotions such as depression and anxiety. | The word 'stress' could be focused on in messaging to target those who are at the earlier stages of developing depression and anxiety and have not yet sought help. Information and education on how this could be managed to prevent deeper issues could be focused on. |
| Authors with existing medical conditions emerged as a key subgroup | Other existing medical conditions were often cited as making medical health issues worse or creating them, with cancer and disability featuring as common conditions. | Special areas of the website or articles for those with pre existing conditions could be created, so users receive information specific to their pre-existing needs. |
| There is an opportunity to engage with those who have sought help, but not found it useful previously | Amongst those who had already sought help, there was a portion of people who stated that they has found treatment and doctors and other health care professionals unhelpful. | This highlights a potential opportunity to reach those who have already sought help, as they have proven they are open to the idea of help, but found previous methods have not worked. |



Conversation volume & channel

Trend over time

22,854
Recorded
Mentions

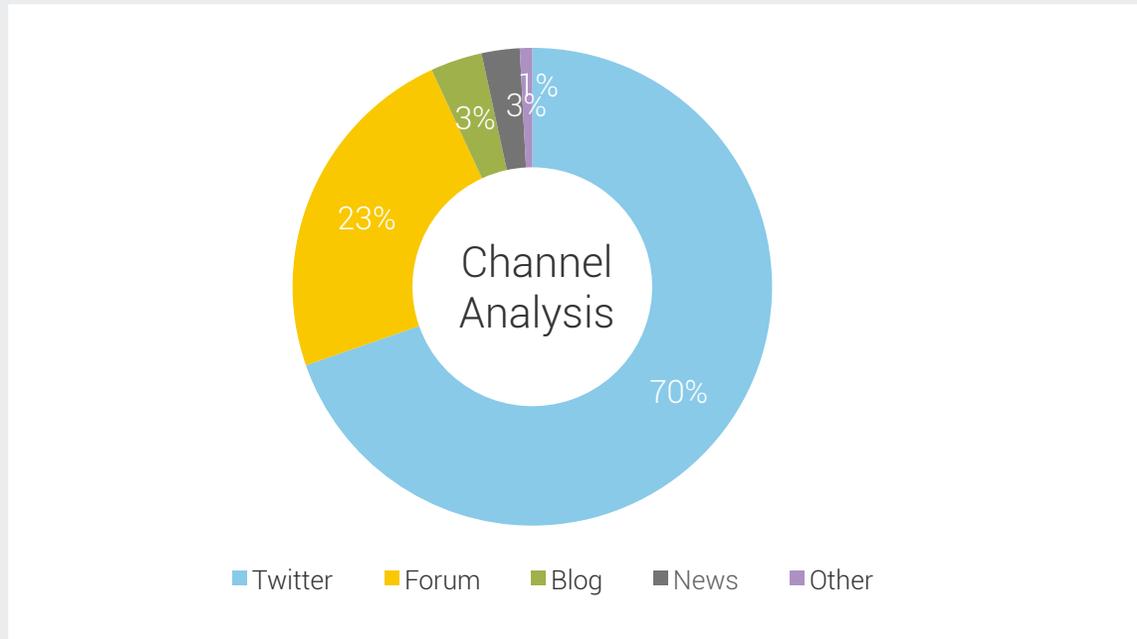


The above chart shows mention volume over time for overall depression/anxiety-related discussion. The trend showed a steady upturn throughout the two year period, suggesting that sufferers are becoming increasingly vocal about their issues in London. On the 17th April 2016, topics such as 'Tim Lott' and 'Depression Awareness Week' contributed to a peak in discussion; Tim Lott featured due to authors [sharing](#) an [article](#) from *The Guardian* which involved a

quote from the journalist/author around not wanting others to experience what depression feels like. The article itself was popularly shared through the newspaper's website (142K times).

Two smaller spikes in activity were also observed on the 26th October 2015 and 19th June 2016. The first upturn featured topics such as 'constantly' and 'stressed'; authors discussed the frequency of stress-inducing events such as constantly being on the [verge](#) of a panic attack, suggesting that timeframe and persistence of anxiety are salient issues for sufferers.

Channel Breakdown



The above chart shows page type breakdown for anxiety-related conversation in London. Twitter hosted the highest level of activity (70%), while forums were the second most active channel-type, accounting for 23% of conversation. Twitter conversation was dominated by people stating, often in real-time, how they are feeling, with [anxiety](#) and depression emerging as most stated conditions. This highlights how authors are willing to engage publically regarding mental health issues via Twitter.

BRANDWATCH.COM

| # | SITE* | VOLUME |
|----|---|--------|
| 1 | forums.digitalspy.co.uk | 1,754 |
| 2 | nomorepanic.co.uk | 1,005 |
| 3 | thestudentroom.co.uk | 886 |
| 4 | forums.moneysavingexpert.com | 658 |
| 5 | forums.overclockers.co.uk | 335 |
| 6 | thedibb.co.uk | 277 |
| 7 | fertilityfriends.co.uk | 161 |
| 8 | Recoveryourlife.com | 90 |
| 9 | Forum.alzheimers.org.uk | 119 |
| 10 | www.cpf.org | 82 |

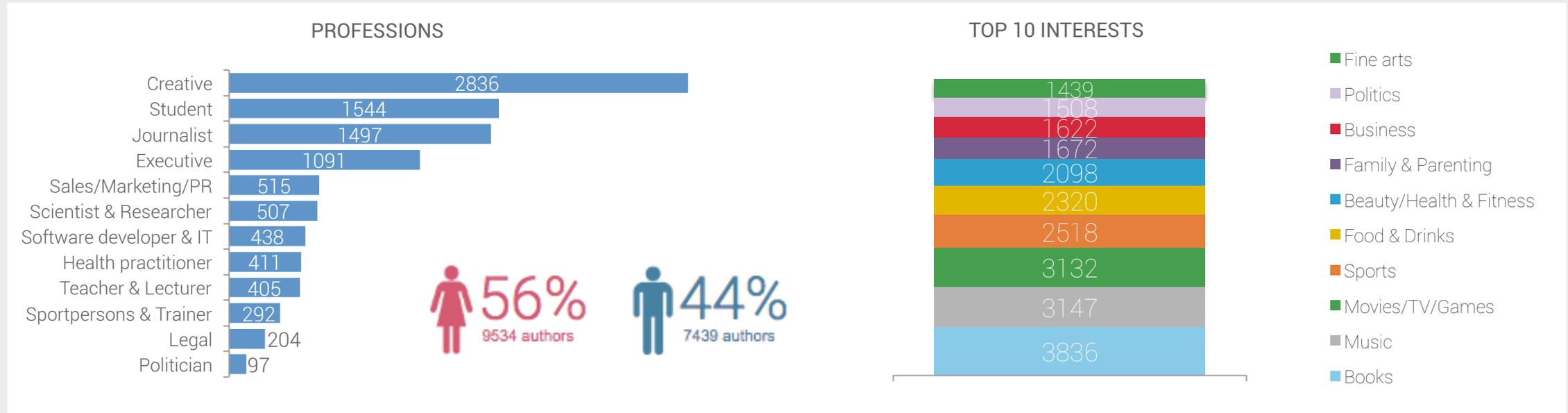
The top sites list (right) shows that [forums](#) such as 'nomorepanic' and student network 'thestudentroom' led conversations. Forum posts were often long and detailed, giving intimate [insights](#) into the authors' mental health. Peer-to-peer discussions also emerged as a key theme on such channels, suggesting that when sufferers were looking for advice/support they turned to these anonymous patient-led networks. The presence of fertilityfriends and moneysavingexpert in the list also suggests that fertility and financial troubles led to mental health issues.

*Due to its channel dominance, Twitter has been removed from the site list .



Key Topics & Demographics

Demographic Analysis*



The above demographic profile shows that those working in the creative industries were most likely to discuss their experienced issues online. Students were also highly vocal (noted previously with the student room forum ranking highly within the top sites), with many professing that both work and uni made them feel 'stressed' and caused them insomnia. This group frequently also discussed their symptoms, indicating a certain level of peer-to-peer experience [sharing](#).

Although women were the most vocal sex (56% vs. 44%), men also contributed significant volumes, suggesting that both genders could be receptive to a self-help website.

Top interests revealed that mental health audiences enjoyed reading books and listening to music. This could indicate the type of activities they may turn to when feeling depressed or down. NHS could consider how for example e-reading could be incorporated, or whether relevant literature could be offered through the self-help website.

Geographical Analysis

Geo Map Analysis*

The previous slide shows the geographical breakdown of mental health related mentions in London.

The most mentions were recorded in the central parts of the city, with authors in the Knightsbridge, Clerkenwell/Spitalfields and Camberwell/Peckham areas driving discussion.

Other relatively vocal areas included south London residential locations such as East Dulwich, Herne Hill and Ladywell, and northern areas such as Holloway and Chalk Farm.

Notting Hill was the west London area most likely to see mentions posted in relation to mental health issues, contributing 75 geo-tagged mentions on Twitter since January 2015.

This relatively scattered distribution perhaps suggests that there was no specific London borough experiencing particularly high levels of mental health related issues.

WALWORTH/
CAMBERWELL

@ChloDetta



Like when I start getting real bad anxiety and need to fidget/a distraction I always carry one with me and they don't draw attention

HOLLOWAY

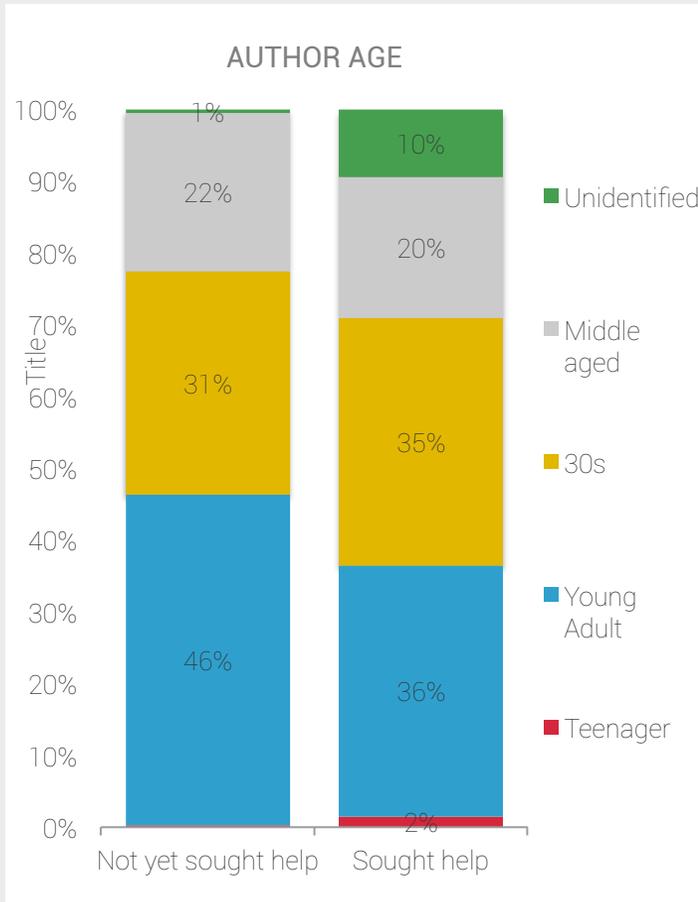
@CallumBolt



Christmas is a horrible time for my anxiety. Last year, in the week leading to it, I could barely sleep and was on edge constantly.

Thematic analysis

Young adults emerged as the most engaged author



TWITTER
@nikoleecruz



Depression isn't always feeling sad. To me it's always feeling that weight on your chest that doesn't let you go forward, be happy & relaxed



FORUM
@ipsumare



The pregabalin actually did work wonders for my anxiety, but the trazodone I was always sceptical of because I never felt like my depression has ever got better on medication.



FACEBOOK
@sitdolor

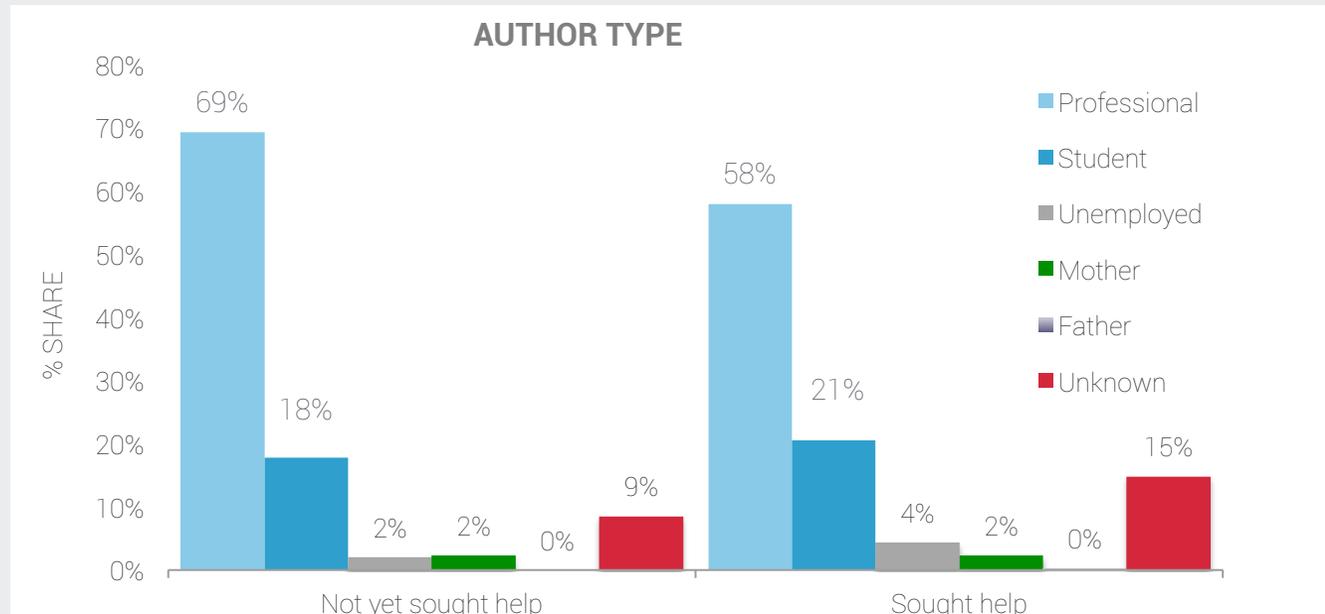


Hi, I went to see my GP the other day and he said that my pain is linked to my constant anxiety [...] I am 14 - do you think my age has something to do with this ?

The authors who have sought help for their mental health issues experienced a more varied split between ages, with young adult and authors in their 30s gaining 36% and 35% share of voice respectively. Young adults also drove conversation within the not yet sought help (46%) group, again highlighting the presence of many vocal students within activity. 'Stressed' and 'depressed' emerged as key talking points for this younger segment, with authors sharing their frustration with the way they are feeling, as shown by one author [saying](#) 'I'm never going to be normal', whilst another [stated](#) he was stuck in a 'never ending cycle'.

Authors in their 30s emerged as the second most visible, and were slightly more likely to seek help than to not. Additionally, they were more likely to discuss specific [medications](#) they had been prescribed. In comparison to this, teenagers emerged as the most under represented age, gaining just 2% traction in those who had sought help. It should perhaps be considered how more teenagers can be encouraged to get help, perhaps through a more specialised site targeted specifically at this segment.

Professionals lead mental health conversations



The above chart shows the types of authors that were discussing mental health issues, split into those who have and those who have not sought help. Professionals accounted for the majority of conversations for both categories 69% of those who have not sought help were professionals, with 'stress' and 'worry' emerging as key talking points. Students were also vocal, with a higher percentage of those who has sought help identifying as still in education. This suggests that students may be more receptive to seeking/getting help to tackle

*There may be some overlap across author groups. For example, the author could be a mother and a professional.

NOT SOUGHT HELP

[@carlespuyol54g](#)



Feel like I'm trapped atm. I've shown depression/low self-esteem at work & staff members have noticed it.. Hard to work positively now..

SOUGHT HELP

[@imbeingerica](#)

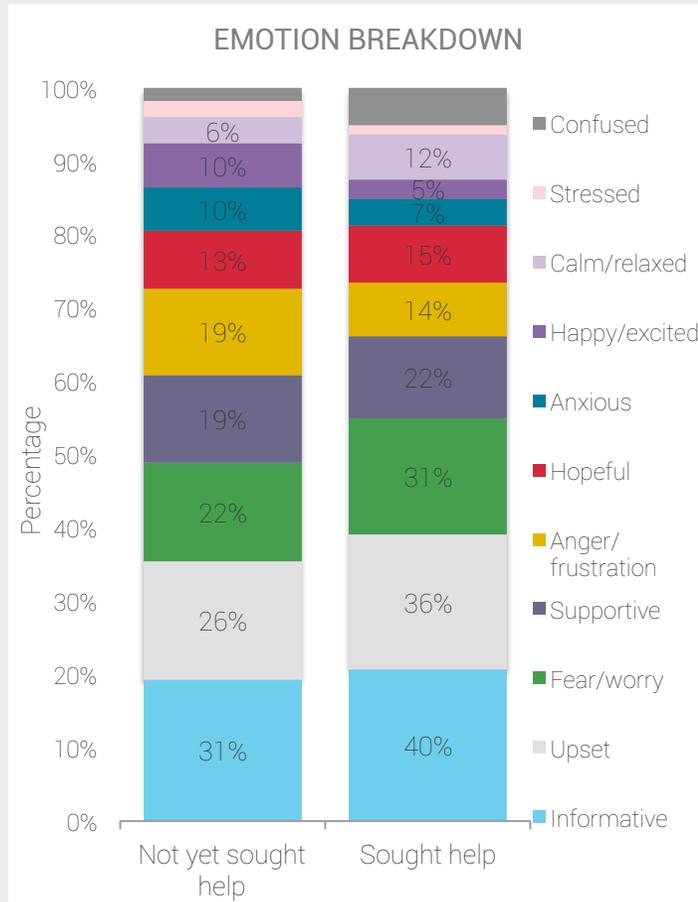


I got a good mid-year review & feedback that "I'm nicer to be around lately". The happy pills work. My anxiety has relaxed...

their issues. 'Anxiety' was the key talking point for students, with one author [stating](#) 'anxiety is so shit, I live in constant fear'.

Those who self identified as mothers contributed 2% of discussion within both author groups. Additionally, fathers did not speak at all, either suggesting that parents did not experience much depression/anxiety, or that they did not feel comfortable sharing such feelings online. Further offline research, such as surveys/focus groups could reveal reasons why parents do not speak about such issues online.

Those who had sought help expressed more positive emotions





TWITTER
[@liikdm](#)

@Stephanie_Jost its my anxiety thats making me feel like this, but yeah i saw a doctor about it a couple years ago&they didn't help one bit



TWITTER
[@emmalemabemma](#)

Even though my anxiety medication is there to help me, I almost feel like a failure for having a panic attack so bad that I have to take it.



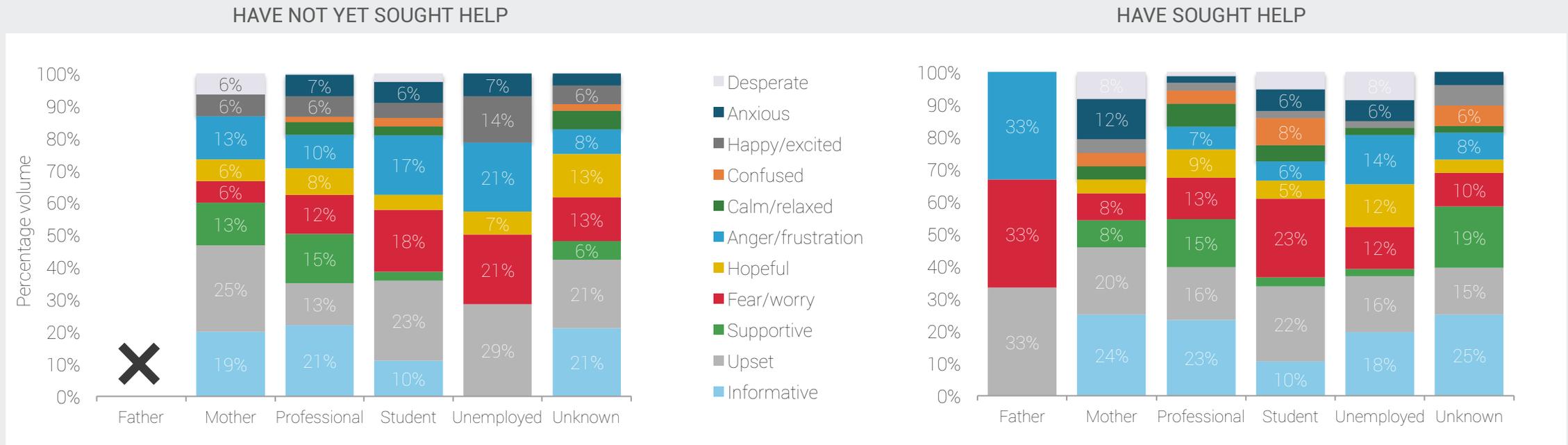
FORUM
[Crystalhiggs](#)

My anxiety was through the roof and I really couldn't see an end in sight...But now here I am, stronger than ever before because of what I've been through!

The left chart represents the different emotions expressed by authors who have sought help compared to those who have not. Authors who have sought help were more likely to express feelings of hopefulness, happiness and relaxation, indicating the impact that the given help has had. In addition to this, those who have not yet sought help expressed more anger/frustration. This was sourced from authors who felt that they were not getting [better](#). Considering the impact of peer-to-peer sharing, perhaps encouraging influential authors who have sought help to share their positive experience with authors who have not yet, could encourage more patients to seek a solution.

Those who have sought medical help were however more likely to express upset/worry. This was mostly due to some authors stating that their prescribed medication was not [working](#), and they still felt in emotional turmoil. In addition to this, some authors felt like the medical attention they had received was not satisfactory or stated that the sought out services 'didn't do [anything](#)'. This may present an opportunity to also market a self-help website to those who have already sought medical help and felt that this solution was not working for them. 20

Unemployed and students were most angry/frustrated

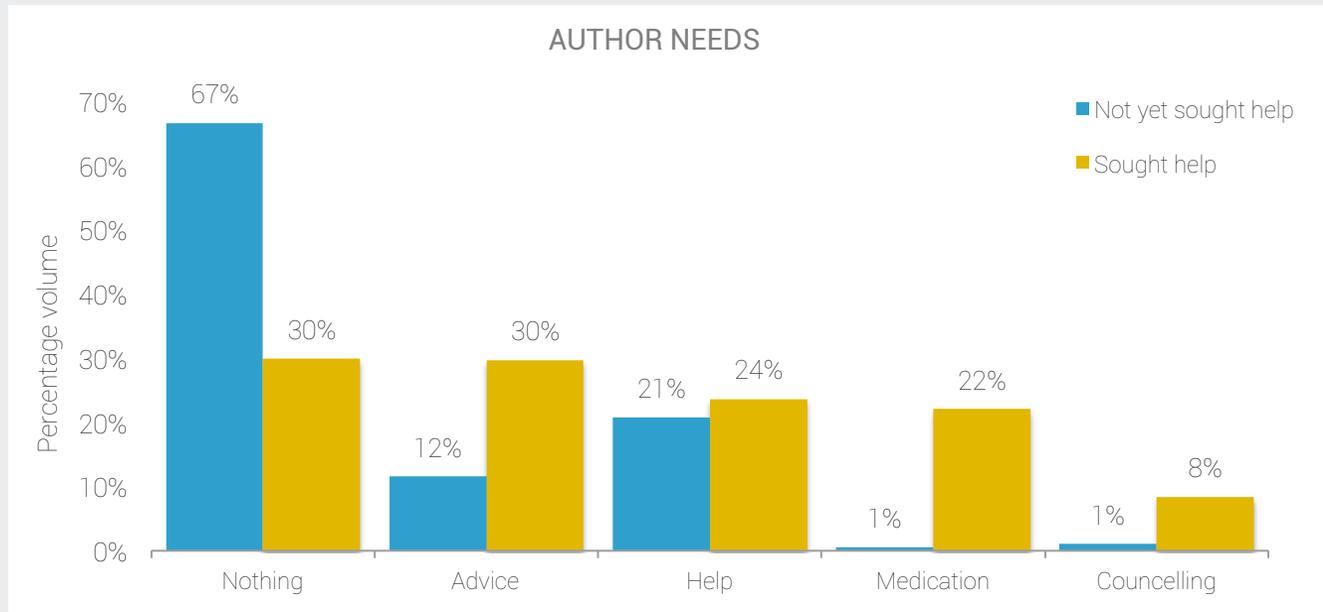


The above charts represent the crossover between author type and emotions. Amongst those who had sought help, students emerged as one of the most likely to experience fear/worry, as well as confusion. Student authors were often confused by the treatment on offer, and often sought advice on what medications do and [do not work](#). Comparatively, mothers and professionals who had sought help featured amongst the most informative, often passing on advice and information to their [peers](#).

However, unemployed authors who had not sought medical help were the most likely to be upset, with one author stating how losing her job has escalated her [depression](#). This group was alongside students, also the most likely to feel angry/frustrated within the not yet sought help group, suggesting an opportunity to offer help to those who had had enough.

Professionals experienced a greater/more even range of emotions, perhaps indicating that a 'tailored to the individual' self-help approach may be most effective.

Author often mentioned their problems with no resolution



The above charts show what authors feel that they need in terms of support/help. The most dominant theme for the latter was 'nothing', driven by authors posting about their mental health issues and struggles without highlighting solution or method to move forward. This theme often manifested itself by authors stating how they were feeling in real time, often expressing [frustration](#) and [despair](#), and stating they just 'deal' or 'put up' with it. This indicates a need for education and guidance as to how patients may overcome their issues.

NOT SOUGHT HELP

[@Tim_A_Roberts](#)



My chronic depression used to hit me hard at Xmas - I have a birthday to figure in as well - now I just deal with it like any other day

SOUGHT HELP

[MyNameIsTerry](#)

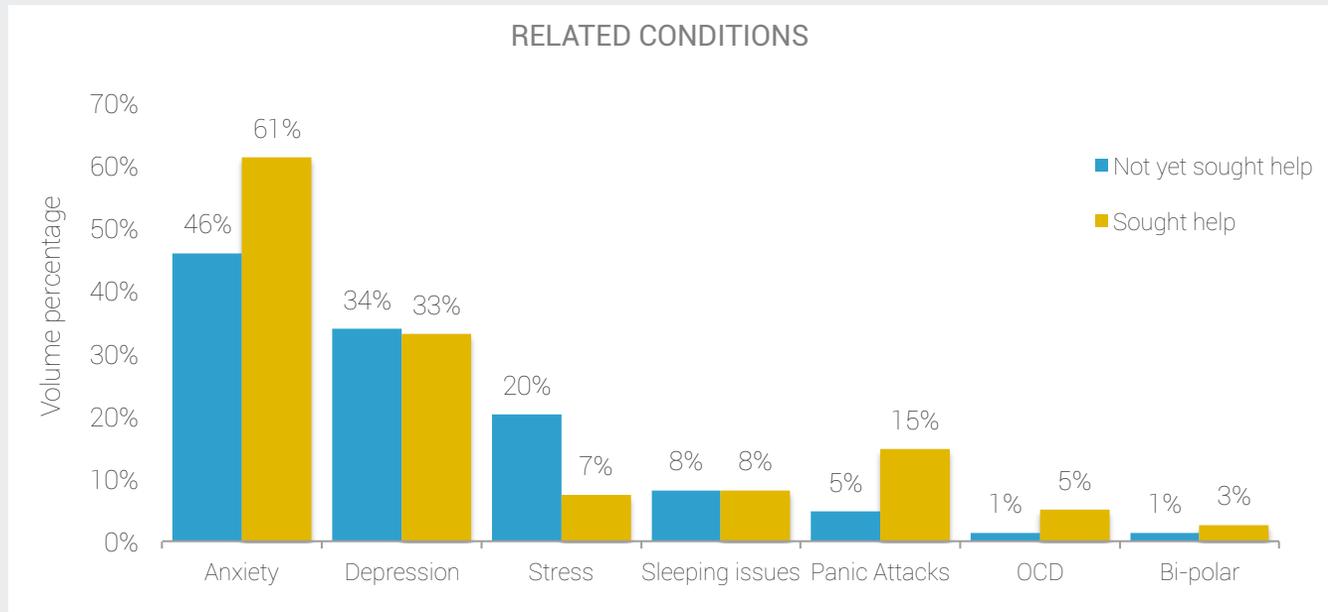


Please don't feel embarrassed or ashamed, we all have our anxiety issues on here. At my worst I didn't shower for weeks or shave. I wouldn't change my clothes for months.

Further, there were indications that this could be beneficial also to the audience which has already sought help, with 'nothing' present in 30% of discussion.

Those who had sought help did however share a greater mix of needs than those who had not, ('nothing', 'advice', 'help' and 'medication' all present in >22%). Advice emerged as the joint first most common theme, with authors actively seeking advice from their peers. Peer-to-peer [discussion](#) mostly evolved around advice on medication, treatments and how to manage symptoms of mental health, and were often sympathetic in tone.

Anxiety emerged as the most common condition



The above topic clouds shows the specific conditions authors are stating they suffer from, split by those who have and have not sought help. Anxiety was the most described issue across both groups, suggesting that this might be a word which can be incorporated into messaging to appeal to the most sufferers. Conversations between those who had not yet sought help revolved around [managing](#) or suppressing the anxiety, rather than seeking help from medical professionals.

NOT SOUGHT HELP

[Carrie8484](#)



What an evil beast this [anxiety] is. Well done you for recognising and working on your anxiety and finding ways to manage it

SOUGHT HELP

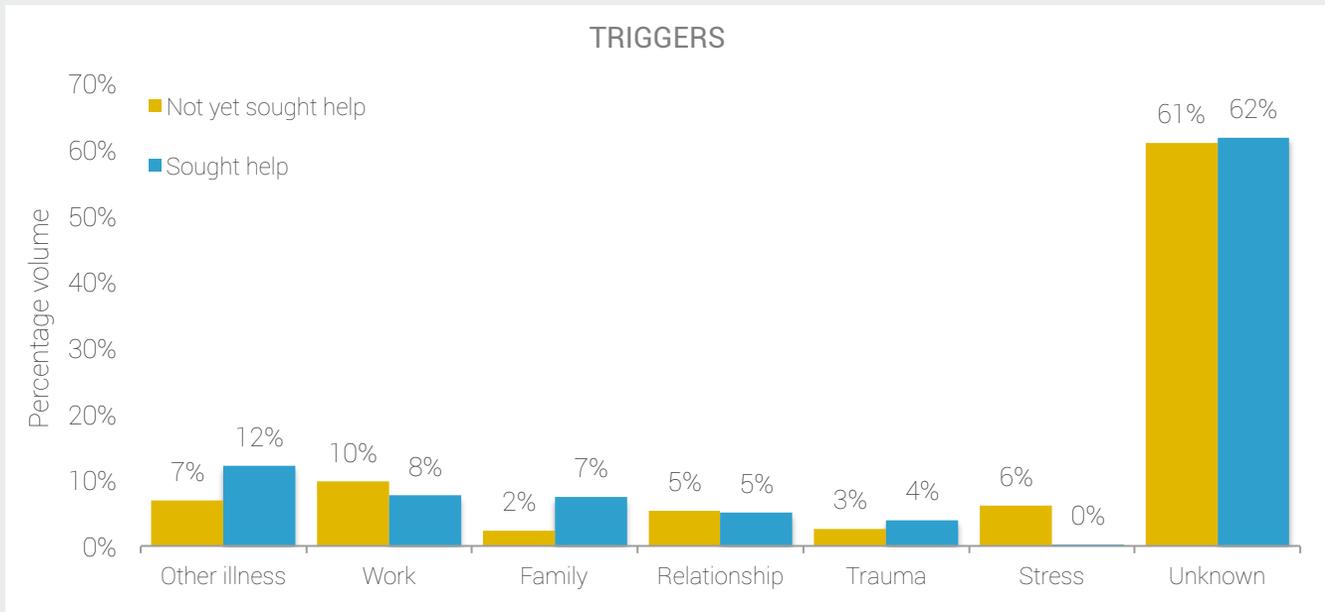
[Jaqueline](#)



I don't know if I can bear a life so filled with these powerful emotions and the fear of panic attacks. I really don't know.

Panic attacks featured as a more dominant topic among those who have sought help, with many authors posting long and detailed blog [posts](#) about the crippling effect panic attacks have on their lives. Comparatively, those who have not yet sought help were more likely to describe feeling stressed. Authors often cited stress alongside other issues such as anxiety and depression, or in some cases stated that stress was [exacerbating](#) their existing mental health problems.

Existing illnesses triggered mental health problems



The above chart depicts what authors were identifying as a cause or a trigger of their mental health problem. Other illnesses emerged as a more common trigger for those who had sought help, with a wide variety of illnesses discussed in juxtaposition with mental health. Cancer, [disability](#) and [diabetes](#) emerged as some of the more common conditions, with authors stating that pre existing illnesses were not only causing mental health issues, but making them worse.

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One of the most discussed triggers for those who have not sought help was work. This was led by students saying how their work load was affecting their mental health, with [assignments](#) and exams also featured as a common trigger. Relationships was not a key driver, but did feature in 5% of mentions for both groups. Romantic relationship breakdowns led mentions, with authors stating that a break up with their significant other had left them '[depressed](#)'. The 'unknown' category was driven by authors not stating what was triggering their symptoms, perhaps highlighting a lack of introspection around the cause of the issues.

NOT SOUGHT
HELP

[@elliphanttt](#)



This whole college/work situation is stressing me out big time. Feel like I'm on the verge of a mental breakdown.

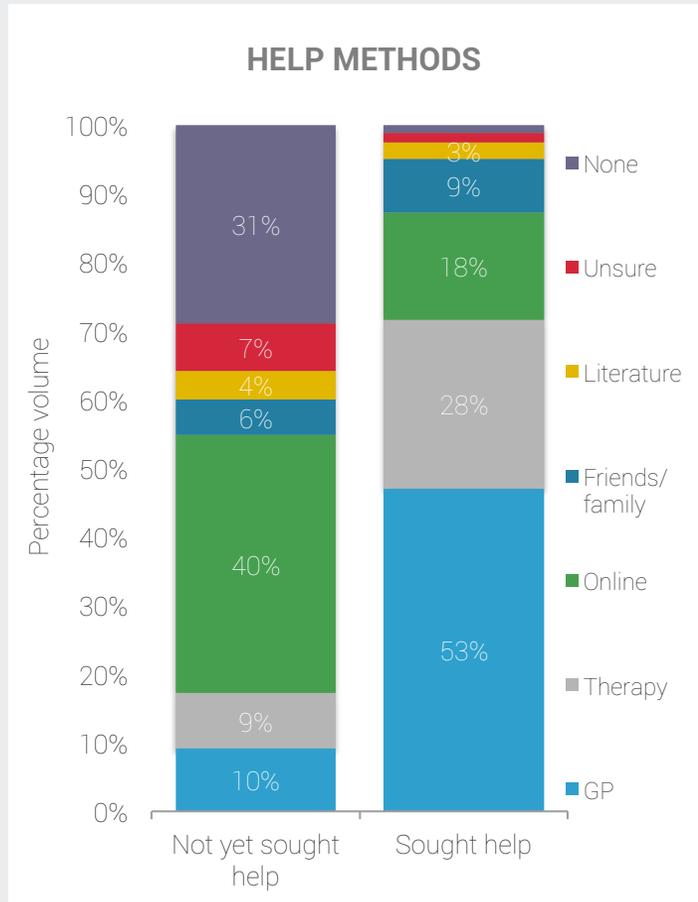
SOUGHT
HELP

[Damien Green](#)



My mobility is very restricted [...] I can't cook, clean, go to the shop. My emotional and mental health is suffering terribly and I am on anti depressant medication.

Peer to peer discussions drove online help methods



TWITTER
@Timbone_returns

My chronic anxiety was never cured but medication and counselling made me able to cope without meds [#Gpsbehindcloseddoors](#)

FORUM
Anonymous

I don't want to be a victim of this mood for the next 6 months... I won't be able to handle that. [...] I've been to the doctors. In this period of time off I've been talking to friends about my issues.

FORUM
pulisa

Raising yourself above the symptoms is absolutely crucial in order to manage anxiety but this must seem just too much to attempt at the moment?

The chart to the left shows what methods of help authors are currently discussing. The most commonly mentioned method for the 'not yet sought help' group emerged as 'online' as this group is much more likely to look for help online through peer-to-peer [discussions](#).

For those who had sought help, this was most likely to be through a GP (53%) or therapy (28%). Sentiment for both methods was mixed, with some authors stating how [useful](#) these methods had been and some claiming they [did not help](#). For those who had not yet sought help, these categories were driven by an expression of desire to book an appointment with a GP or [therapist](#).

Friends and family emerged as another source of help for both categories, with authors often saying that they had been attempting to help their situation by talking to loved ones.



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