



“We have to reach young people where they are”: Rob Morris of Koko on using digital interventions to make mental health support accessible online

Jessica Kantor
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Jessica Kantor: Can you please introduce yourself, and tell me a little bit about the work that you do and what makes that work distinctive in the field of youth mental health?

Rob Morris: My name is Rob Morris. I am the co-founder and CEO of Koko.

Our approach and our belief when it comes to addressing youth mental health is we have to reach young people where they are. They are online, they're on social platforms, they're increasingly on AI platforms. Our work is to find footholds in those platforms, find areas where young people might be struggling, where we might be able to find them. Then we want to provide one-click access to digital interventions that have a robust evidence base behind them.

Everything needs to be very seamless, very much in their digital ecosystem. We try and reduce every bit of friction possible to get them the help they need, whether it's from making sure they don't have to create accounts or surrender private information to the design of our services that appeal to young people and have great engagement rates.

Jessica Kantor: What do the services that you provide look like?

Rob Morris: How we reach young people varies tremendously depending on the platform. We have to be resourceful and creative. It could be that someone is scrolling through TikTok and they see an advertisement for Koko that was funded by TikTok, and there's a little click button that gets them to our service.

Ads are usually creator-driven, from youth creators all the way to someone on a platform like Tumblr. When they're searching for mental health content, they might get a direct message from us in a banner. Discord is another big channel where, if you're on a Discord server, the moderator admin might install Koko for their server. It helps them moderate and identify users who are struggling even at 3 a.m. when they're asleep. That user would get a direct message from us on that platform.

We're starting partnerships with LLMs and companion chatbots. That's a whole other user experience challenge for us, to figure out how people who are struggling can be routed to services off those platforms in a way that is respectful and doesn't harm the user experience.

That's the high-level overview of how we reach people. Then there's that second question of once we have their attention, which is the rarest, most wonderful thing in the world, how do we make the best use of our time with them?

We want to provide the most meaningful and measurable experience for young people, knowing we have a limited amount of time. We are very pragmatic. We aren't signing young people up for a 12-week cognitive behavioral therapy course. Even if it's digital and self-guided, we know from years of research how difficult it can be to sustain that level of engagement.

Fortunately, over the past decade, we've seen increasing evidence that you can make meaningful and measurable improvements in a very short amount of time. The concept there is called a single-session intervention. It was born from this idea, where, given the treatment gaps and demand for mental health resources, especially on college campuses, people find themselves on these long waitlists.

One approach was, what if we take some people off the waitlist and we just give them one session? What can we do in one session that might focus on a particular problem, provide a particular coping skill? It's a very small amount of time, but can we make some improvements? Lo and behold, they were quite successful, and a lot of people went off the waitlist entirely just with one session.

That research has then moved into the digital space. Is there a place where we can give someone one session in a digital environment, maybe even in a self-guided environment, where they're going through a digital program that may be 30 minutes? A lot of research was built on that. A lot of randomized controlled trials showing, obviously, it's not helping everyone. People with serious mental illness are not great candidates for that, but we are still seeing really remarkable results that endure.

We have since adapted those in collaboration with the researchers who built them and said, "You know what? Thirty minutes is still way too long. Let's see if we can get this down to 10 minutes and see if we can still see the same levels of improvement." We've seen time and time that we can do that. We can match their benchmarks.

There was recently a large randomized control trial that solicited 66 digital interventions that were designed to be done in one sitting, one session, 10 minutes or less. They

wanted to know if any of these would outperform a control on various measures like depression symptoms, hopelessness, a few things like that.

We were among 11 shortlisted and then put into this trial that had 8,000 people roughly, and found that our intervention outperformed everyone's on 10 of 12 measures, including the more important ones. For us, it's a long journey of trying to build these interventions that balance delight and engagement, validating a young person, not appearing too clinical, not being afraid to ask some direct questions, and still maintain the substance of the intervention in question.

We build these things. They're really short, they're cute, they're engaging, trying to provide delightful ways to address a variety of topics from basic mood regulations, stress management, teaching techniques like cognitive reframing, to teaching concepts like body neutrality, to teaching concepts related to self-harm, and how to manage that more healthfully, to suicide safety plans.

We also have a mental health first aid course, which our users really love because they're often first responders for each other. When we pitched this to our users, they really gravitated towards it. We've gotten some funding to explore that further.

We like to follow the evidence, not just in the research field, but with what we're seeing. Things fluctuate as we scale and reach new people. Some things that worked previously don't work as well. It's always evolving. The main concept is how can we draw from evidence-based research and package it in a way that actually gets uptake in usage and still maintains those outcomes we care about.

Jessica Kantor: The Co-Lab has three focus areas: building young people's resilience, giving young people agency, and helping young people build a sense of community and belonging. Your work touches all three, but what is the one area that you think your work most focuses on?

Rob Morris: Across the board, the thing that I am looking at is resilience. Our primary outcome measure is hopefulness. Every touchpoint we have with a user, we might be directing them to different types of resources. If someone is struggling with self-harm, they'll go to a self-harm course, they'll be given crisis resources, helplines. They'll be given guidance on how to use helplines.

There's a set of different pathways depending on what you're presenting to the young person who's nervous about upcoming exams and is showing no obvious clinical challenges. The best diagnostic outcome measure we consider is hopefulness or hopelessness, depending on how we look at it. I think if you have hope about your life and the future, you will have resilience.

Jessica Kantor: Do you collaborate with other organizations who are working on youth mental health?

Rob Morris: We collaborate very closely with universities who study youth mental health and build new interventions for youth, particularly in the digital space. We also

have collaborated with other funders who have interest in this space, funders who are interested in innovation for youth mental health and working in partnership with them to do projects around different areas.

Our work in mental health first aid was first developed with a grant from Morgan Stanley's Child Innovation Fund. We also work with a group called Hopelab, who is also a Co-Lab recipient. We had a long, close relationship with them. They've funded one really important research project with us. There's quite a bit of cross-pollination informally between our teams.

We route users to helplines globally. There's 300 helplines that we vet and maintain for users showing imminent risk on our platform. We have had a partnership with a group called Peers.net. That was an interesting example where everything was subsidized for our users, and we were able to give them free one-hour sessions with trained peer support helpers through that platform.

We are always looking at ways that we can work with partners, provided the incentives are aligned and they don't have a business model that we're concerned about. It's almost always nonprofits unless there's some subsidy. We see that as a huge area of growth for us, to the extent that people come in from anywhere, they're coming in from any platform. We don't know what they're struggling with by the time they get to us.

We can't help everyone by any means. We try our best to help as many people as possible, but there are a lot of users who might need deeper levels of support than we can provide.

It's like an urgent care metaphor to an extent, where anyone can come through our doors. We will understand, as best as we can, what they're struggling with. If we can provide support there on-premises with our services, which we're able to do for the vast majority, we will do it, but if we're seeing someone at high risk, we need to usher them elsewhere as well as we can.

Jessica Kantor: Is this just US-based?

Rob Morris: No. Global. We're in 199 countries.

Jessica Kantor: How many languages are you in?

Rob Morris: English first, primarily. We have translated material and interventions into Spanish, Mandarin, Hindi, and Hinglish. We have quite a few languages on the horizon that we're committed to doing over the next year.

Jessica Kantor: Where do you see the majority of people coming from?

Rob Morris: It varies, depending on our growth strategy and our funding. Generally, we see a lot of users in the US, Europe, and Africa. Sub-Saharan Africa, in particular.

Jessica Kantor: What, if any, emerging work in this field are you excited about, whether it's your own work or that of a collaborator or someone you don't have any ties to?

Rob Morris: I don't know if excited is the right word, because I see both promise and risk in this area. We're always trying to understand where young people are going online and how they're spending their time. They're often the first adopters of new technology, new communication technology. Their preferences and areas of occupation or residence change really fast.

We're seeing signals that more and more young people are using AI and LLMs, obviously for schoolwork, but increasingly for other things as well, even emotional support. That area is probably our biggest area of interest. We've anticipated this for quite some time. We're starting to see big opportunities to ensure users who are struggling on those platforms get the help they need that is evidence-based, versus entirely relying on platforms and LLMs that were never designed specifically to provide mental health support.

Jessica Kantor: Can you share an example that illustrates the impact of your work?

Rob Morris: We're so blessed to have feedback from users, often unsolicited, that'll come to us. We've had users say, "I was going on this platform to write my suicide note. I posted it, and your bot came up and messaged me and saved my life."

We had some person in Lebanon who got support and was really struggling, given the climate there. He wrote to us and asked how he could spread our work throughout all of his country for other young people like himself.

Jessica Kantor: Are you tracking any outcomes specifically?

Rob Morris: As I alluded to before, hopelessness and hopefulness is a big one. For all of our single-session interventions, we have pre- and post-questions. That can range from a four-item hopelessness scale, to things related to body image perception, to frequency and motivation to self-harm, to suicidal ideation, intensity.

We'll collect lots of different measures at baseline, when they onboard to a service, and then after they complete the service, and then, to the extent we can, four weeks later. Often, the longer-term follow-ups are best done with research partners because our platform isn't built for long-term retention, but if you're enrolled in a research program, it's a little easier to do the follow-ups.

Jessica Kantor: Do you receive funding that provides free engagement to anybody that comes through the platform, or is there any type of payment model upfront for the users?

Rob Morris: All our services are free. They're all self-guided. They all scale. Our budget is split through different forms of philanthropy, foundations, high-net-worth individuals,

and then partnership service fees. Platforms may provide revenue to us for content moderation or even just being available for their users.

Jessica Kantor: Is there anything that you tried that didn't work but that you learned from?

Rob Morris: We've had challenges where a platform that seems really exciting, where we're getting a lot of traction, a lot of user growth, just saturates, and we're not able to see further growth, or the platform itself undergoes changes. An example might be we had a lot of traction with a platform where we were able to reach people through their direct message channel, then things changed, bots exploded all over, and no one used their direct message channel anymore.

One thing we've learned is the parallel of platform dependency, which is something so many consumer businesses have to face. Even an influencer, they're on YouTube, and then for some reason, YouTube flags them, and their entire business evaporates. We've learned to diversify that and try to hedge risk around that kind of platform dependency. We never want to be fully dependent on one platform when it comes to reaching users.

The other piece of learning is there's been unexpected success and then some struggles. We've generally found that translating our interventions into other languages, even other cultural contexts, still shows very similar results, but there've been some areas in India, in particular, where it was hard to match the outcomes we expected. What we learned from that is we need to invest a lot more time to better understand that region.

We have to be better at forecasting how much investment is needed for different regions of expansion. It's not exactly been obvious to us that we would have a ton of success in Taiwan right out the gates, and then other areas are really difficult.

Jessica Kantor: Aside from funding, are there any challenges that you faced that you haven't been able to solve yet?

Rob Morris: We'd love to be instantly embedded in all the major platforms that young people use, and some have been really hard to crack. There's resistance at the highest level to do proactive work in youth mental health, and that can be really, really hard. Trying to find the right champion internally who has power, ambition, and a true dedication to this problem is usually our best bet, but some platforms have just been really difficult to work with.

Jessica Kantor: What advice would you give to others who are trying to do similar work in the digital youth mental health space?

Rob Morris: Usually, the first conversation topics I have are around business models, and that's ultimately one of the most important considerations: Do you need a lot of capital for what you're doing?

If you're digital but hybrid and you need to staff up thousands of therapists, you probably have to go the venture capital route. Otherwise, I often implore people to consider nonprofit models because I've seen digital mental health has always held this promise of breaking down barriers to access. Technically, most self-guided digital interventions can scale at near-zero marginal cost.

That young person in rural Idaho who has a very fraught dynamic with their family is not going to find help through the big marquee digital mental health service players because that's not where their business model is. There's a huge market failure. I love seeing other entrepreneurs understand that and explore nonprofit models where, yes, you do need to have revenue, but you can diversify your funding, which makes all the difference.

It's not the most exciting thing that people want to hear when they talk to me. They want to hear how to build machine learning models and stuff like that, but that's probably one of the most important. People overlook certain segments of mental health. That can be an area where for-profit models could be really helpful. Serious mental illness is often underexplored in the startup space for a host of reasons I can speculate on, but it's the largest cost burden.

If you can find ways through scalable technology to intervene really well in those moments when a young person has their first episode of psychosis, you can dramatically change that person's trajectory. That area is often overlooked.

Then the last thing I often say is, if you're building a service and you want young people to use it, you have to optimize for engagement because no matter how effective your service is, if no one uses it, it doesn't matter.

Jessica Kantor: How would you define current attitudes towards youth mental health? Do people have a good recognition of what's needed to address youth mental health issues?

Rob Morris: The general consensus from everyone — the public, funders, platforms, parents — is that there is a big problem, and what we have isn't working. We're not solving it. We may be seeing some improvements in yearly survey research data, which is exciting, but everyone will agree, the rates of mental health challenges among young people is far too high.

There's then the question of what to do about it. I see a lot of very heated debates on things related to access to phones and social media, to AI. The nature of the conversation isn't always as productive as it could be or as evidence-based as it could be. The reality is there's a lot of nuance there.

How you use social media is a really strong determinant of how it might affect your mental health. It's hard to say social media is causing mental health crises when there's so many different types of people and so many different types of ways to use social media, yet the public discourse is dichotomous in a way where it's either an unequivocal

toxin that we need to eradicate wholesale, or you all are experiencing the same moral panic that we had for comic books in the 1950s.

The truth is somewhere in between. The most rigorous data shows that there are far more important determinants of mental health than social media, things that aren't discussed enough, such as relationship stress, family, social, peer groups, and real-world stress. Then, on the other side, people making comic books in the 1950s, you didn't see whistleblowers from DC Comics saying, "I agree, this is a huge problem."

We sit in the middle. I see very clearly the worst and most toxic content on the internet. I see it's still there despite our best efforts to get platforms to suppress it. I also see a huge opportunity. The message I try to tell people is, "Yes, we can work as hard as we can to minimize risk on social media and online platforms, but the reality is they're not disappearing."

The other reality is this is where young people are. If we want to address youth mental health at scale, we have to reach young people where they are. You can see this as a huge opportunity. Digital interventions can fit really nicely into these platforms.

Jessica Kantor: What barriers do you think exist to not necessarily changing minds about youth mental health, but getting people on the same page to increase access to the treatment that is needed for youths with mental health issues?

Rob Morris: There are so many factors. Our health system is a big one. I think there's supposed to be parity so that mental health services are reimbursed at the same level as others. A lot of people say that's just not happening.

Jessica Kantor: Are there any particular resources, guides, or tools that have been especially helpful to you in advancing your work?

Rob Morris: I read as much as I can. I love hearing perspectives, particularly from researchers who've dedicated their lives to the field and have no particular bias one way or the other. My first go-to is the academic community, but in tandem and maybe less intentional, we get through osmosis as part of the work is what we see young people expressing online themselves.

We get data when we ask people what they're struggling with. We have a million-plus answers to that question from young people. Then I do a lot of audits of social media platforms myself, looking at gaps in coverage. What do eating disorder communities look like on some of these social platforms? What are the new slang terms and kinds of patterns we're seeing?

Communities will come up really fast around terminology that would be surprising to many people, but not to us. For Ed Sheeran, the musician, his name is often co-opted for eating disorder communities because ED is a good code word for eating disorder and they know platforms can't unilaterally suppress content related to him. They'll do Ed Sheeran Recovery or Ed Sheeran Tips.

Jessica Kantor: How do you hear from and incorporate youth voices in shaping your work? How do you incorporate youth voices in your work?

Rob Morris: There are a lot of different ways to learn from young people, ranging from what we see directly on our platform to really focused user research, where we ask people questions as they use our services, to general community feedback.

Jessica Kantor: Thank you so much for your time.

Jessica Kantor is an independent journalist specializing in health, human rights, and social impact. Her work can be found in Fast Company, Healthcare Quarterly, Innately Science, and others, and she has been a Solutions Insights Lab interviewer since 2023. Additionally, she provides communications strategy to nonprofits and INGOs who are working on the Sustainable Development Goals. She is a living kidney donor based in Los Angeles.

** This interview has been edited and condensed.*