EBPU
Evidence Based Practice Unit

A partnership of

UCL

Anna Freud
National Centre for
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Key findings

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Evidence Based Practice Unit

Bridging research and practice in child mental health

About us

Founded in 2006 as an academic group in the Faculty of Brain Sciences at UCL (within the Department of Clinical, Educational and Health Psychology) in collaboration with the Anna Freud Centre, the Evidence Based Practice Unit bridges cutting-edge research and innovative practice in children's mental health.

We conduct research, develop tools, provide training, evaluate interventions and disseminate evidence across four themes:

risk | resilience | change | choice

The Evidence Based Practice Unit believes in fairness, equity and better representation of the diversity of our stakeholders in our research and in our team, and we take action on the basis of these principles. We proactively take an anti-racist stance, recognising that systemic racism undermines our vision for every child to thrive.[a] We have updated our research strategy to prioritise equity, diversity and inclusivity, including a commitment to carrying out research that highlights and better represents the mental health challenges people of colour may face as a result of structural inequalities, and a commitment to improving the accessibility of research from recruitment through to dissemination. In addition, we aim to unpack the best ways to support the mental health of young people with multiple marginalised identities, who may experience a combination of structural and social inequalities.

a. View Our commitment to equity, diversity and taking an anti-racist stance

Our vision

Our vision is for all children and young people's wellbeing support to be informed by real-world evidence so that every child thrives.

Our mission

Our mission is to bridge the worlds of research and practice to ensure that training, tools and support are informed by the latest evidence.

Our values

Our values are at the heart of everything we do. We are:

- children and young people centred
- committed to evidence based practice
- open to challenge
- rigorous in our work.

Our ethos

- All research is provisional and raises as many questions as it answers.
- All research is difficult to interpret and to draw clear conclusions from.
- Qualitative research may be vital to elaborate experience, suggest narratives for understanding phenomena and generate hypotheses, but it can't be taken to prove anything.
- Quantitative research may be able to show hard findings but can rarely (or never) give clear answers to complex questions.
- Despite the challenges, it is still worth attempting to encourage an evidence-based approach, using the best available research evidence alongside clinical experience and expertise, and the views, needs and preferences of young people and families.

Reflections

Over the last year, the Evidence Based Practice Unit has continued to publish a high volume of research on children and young people's mental health in peer-reviewed journals, briefings and practical resources. In this booklet, we share some of our key research findings from the last 12 months or so. These findings span our four priority research themes: risk, resilience, change and choice.

While many children and young people have now returned to pre-pandemic routines, there are multiple aspects of young people's wider contexts that may have a significant impact on their mental health and wellbeing. The cost of living crisis, climate change and global conflicts are just a few examples. Understanding how best to support children and young people – in education, in community settings, in specialist services and through digital means – remains vital.

Equity, diversity and inclusion (EDI) remain priorities for the Evidence Based Practice Unit. We have set ourselves new EDI goals for 2023, which include embedding EDI in all stages of each research project and including a paid peer researcher in all new research and evaluation projects.

Collaboration with our academic, voluntary sector and local authority partners is crucial to the delivery of our research programmes, and we thank all our partners for the role they played in the research we present in this booklet. We are also grateful to the many children, young people and families who have taken part in our research this year – without them, our work would not be possible.



Risk

'Risk' involves understanding the range of contexts and circumstances that put a child or young person at elevated risk of mental health problems or poor outcomes in the context of experiencing mental health problems. As part of this work, we attempt to unpack many of the social determinants of poorer mental health outcomes associated with other characteristics such as ethnicity, gender identity, sexual orientation, and socio-economic background.

These contexts and circumstances include factors at different levels:

- society
- community
- school
- family
- individual

It is important to note that not everyone who has risk factors present will experience negative mental health outcomes. It is also important to note that it is not the presence of these factors in itself that puts someone at greater risk – it is the way in which social structures discriminate against individuals with these factors. This is through inequity: limiting resources and opportunities and not providing education, employment, training and support tailored to needs.

On the next page, we offer some highlights of research we have published this year that focuses on 'risk'.



Risk (continued)



- We examined factors that differentially predicted young people's mental health problems and their subjective wellbeing. Some of the predictors (e.g., gender, ethnicity, problem solving and emotion regulation) in Year 7 predicted both mental health difficulties and subjective wellbeing in Year 8. However, some of the predictors in Year 7 (e.g., special education needs and empathy) only predicted mental health difficulties in Year 8 and some (e.g., prosocial behaviour and peer support) only predicted subjective wellbeing in Year 8. This study highlights the importance of not only focusing on preventing or treating symptoms of mental illness but also focusing on improving children's wellbeing.[1]
- We explored special educational needs (SEN) as a potential risk factor for absenteeism in school. Based on analysis of large-scale administrative data from schools, we found that adolescents with SEN were more likely to be absent than their peers without SEN. Within the SEN group, adolescents with highest levels of absence were those with physical disabilities, followed by those with behavioural, emotional and social difficulties. Absence rates increased as adolescents got older. The results suggest that support around attendence for those with SEN might mitigate loss of schooling due to absence.[2]

Risk (continued)

- How to tailor support to young people's levels of need is an important question. Part of this question is the number of therapeutic sessions they should have. We carried out a study that aimed to better understand how many sessions of support young people receive from mental health services. We analysed data from 39 child and adolescent mental health services that included 27,362 treatment periods of at least two sessions. We found a lot of variation in number of sessions in these treatment periods, ranging from 2 to 1,529 with an average of 11. Young people experiencing difficulties with drugs and alcohol, food and eating, carrying out daily activities, or bipolar disorder or symptoms of psychosis had higher numbers of sessions than young people without these difficulties. Our findings suggest that young people experiencing these difficulties should have a greater number of sessions. More research is needed to examine the treatment outcomes for young people with these difficulties.[3]





Resilience

'Resilience' explores the range of contexts and circumstances that enable some children and young people to thrive despite experiencing difficult circumstances. A central focus of this theme is enhancing community, school, family, and individual resources and opportunities that build on the many strengths of children, young people, and families. In this section, we summarise recent research highlights related to 'resilience'.

- We analysed interviews with young people involved in the HeadStart programme and focused particularly on their experiences of support for their mental health and wellbeing. This included their views on the impact of HeadStart on their lives, what was helpful about HeadStart and the aspects of HeadStart that were less helpful or could be improved. Young people described experiencing improvements in their emotions, behaviours, social relationships and capacity to support others.[4]
- We analysed interviews with young people involved in HeadStart. We developed themes to capture the different types of coping strategies and sources of support that young people described drawing on. We shared the themes with the HeadStart National Young People's Group and we asked for the group's help to give names and descriptions to each of the themes. The group also helped us to decide how best to present the themes to other young people. This led to the creation of a guide for young people called: *How I cope: a young person's guide.*[5]

Resilience (continued)

- Resources and activities offered by voluntary, community and social enterprise (VCSE) organisations could play a key role in supporting communities with their mental health. We carried out a systematic review exploring the factors that affect the sustainability of community mental health assets. The review yielded studies that included a broad range of community interventions. Thirty factors affecting sustainability were identified across three sustainability levels: micro (individual), meso (organisational) and macro (local/national/global). A key barrier across all sustainability levels was funding (cost to individual participants, lack of available funding for VCSEs and economic uncertainty). A key facilitator was connectedness (social connections, partnering with other organisations and linking with national public health systems).[6]
- We analysed 93 interviews conducted with young people over three years, as part of the national evaluation of HeadStart. We explored the coping strategies and sources of support that young people identified as protective (or not) in the face of difficulty. We found that the types, quality, and consistency of young people's coping strategies and support varied in line with whether they were experiencing higher or lower levels of adversity in their lives over time, and according to the resources that they had available within their physical and social contexts. Our findings suggest that:
  1. school staff and practitioners implementing regular reviews with young people regarding their support needs and preferences could help to ensure that young people receive timely support that is best suited to their needs
  2. preventive interventions could benefit from being multi-component, incorporating (for example) family, school and individual elements to boost the resources available within young people's wider contexts, as well as within young people. themselves.[7]



Change

'Change' examines how to best understand and measure change in children's mental health and wellbeing over time, and what influences change. A main area of interest in recent years has been what the best way is to assess a positive change, or a good outcome, from accessing specialist mental health support. This section outlines some of our key research findings on 'change' from the last year.

- Online therapy programmes for young people with low mood have been shown to work. They typically focus on changing thoughts, feelings and behaviour (cognitive behavioural therapy [CBT]). Young people do not have many options when choosing an online therapy programme. We worked with Child Attachment and Psychological Therapies Research and colleagues in Sweden who led a study aiming to test out a different online therapy programme. This therapy programme focuses on trying to understand why we feel the way we do and not avoiding negative feelings (psychodynamic therapy). Overall, 272 young people experiencing low mood received either the CBT or psychodynamic online therapy programme for 10 weeks, supported by a practitioner. Both programmes were effective and young people did just as well when they received the online psychodynamic therapy programme as they did when they received the CBT programme. We hope this study leads to young people having more treatment options when receiving online therapy for low mood.[8]

Change (continued)

- We conducted a systematic review, collating evidence from existing research literature about how well school-based mental health interventions are sustained after initial delivery. Our review also highlights the barriers and facilitators to interventions continuing in the longer term. Research shows significant decline in implmentation of interventions to support mental health in schools after initial delivery is complete. The review highlighted four school-level sustainability factors (school leadership, staff engagement, intervention characteristics and resources) and one wider system-level factor (external support) and also noted that few studies clearly outline their definition of sustainability.[9]
- We investigated emerging developmental trends of gender differences in mental health problems and subjective wellbeing for young people from early- to mid-adolescence in England. Young people, particularly girls, are at increased risk of mental health problems between the ages of 11 and 14. The overall difficulty levels reported by girls were significantly higher than boys across a range of mental health problems and subjective wellbeing. These developmental trends persisted after controlling for a broad range of potential confounders. Findings also showed that mental health problems tended to escalate with age – especially for girls.[10]





Choice

'Choice' encapsulates two areas. First, how we can empower children, young people and parents and carers to be actively involved in young people's mental health and mental health care. Second, involving children, young people and parents and carers in choosing what we mean by evidence, by involving them in the creation of knowledge. Here, we summarise some of our recent research highlights related to 'choice'.

- Working with colleagues from several countries, we explored views and experiences of mental health support by speaking to young people with lived experience and professionals. We spoke to 121 young people and 62 professionals from eight countries, mainly in the Global South. Young people from all eight countries valued support from family, friends and the community. They also valued the process of engaging with therapy. Young people from Global South countries had less access to formal mental health support. Professionals focused more on the provision of mental health services and on achieving positive outcomes from formal support. Young people and professionals described the importance of support that meets both basic needs and mental health needs. It is important to involve young people with lived experience when designing structures for formal and informal support. [11]

Choice (continued)

- We reviewed five models of youth participation, which help to illustrate the numerous ways young people can be involved in programmes in school and community settings. The models we reviewed demonstrate that participation can take many different forms and can be implemented in various ways. Each model of participation has strengths and drawbacks. The most appropriate model will depend on the context and the setting, the programme aims and the needs and identities of the young people within the group should be taken into account when choosing a model.[12]
- We collaborated with the Child Outcomes Research Consortium to explore parent and carer experiences of Community Forensic Child and Adolescent Mental Health Services (F:CAMHS). We conducted thematic analysis of interviews with parents and carers. Themes generated focused on facilitators and barriers to support. Subthemes related primarily to facilitators, particularly parents and carers feeling empowered through the co-production of strategies to help, and Community F:CAMHS 'holding' cases (taking ownership) and acting on behalf of, and supporting, parents and carers. Managing clear, joined-up communication across multiple agencies is also important. Barriers to effective support are a lack of joined-up communication between agencies at the beginning of the implementation of the services, lack of awareness of Community F:CAMHS and limited contact with Community F:CAMHS.[13]



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