Key findings 2024



Evidence Based Practice Unit

A partnership of

Anna Freud

UCL

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Evidence Based Practice Unit

Bridging research and practice in children's mental health

About us

Founded in 2006, the **Evidence Based Practice Unit** is a partnership of the **Faculty of Brain Sciences at UCL** and **Anna Freud.**

The Evidence Based Practice Unit bridges cutting-edge research and innovative practice in children and young people's mental health.

We conduct research, develop tools, provide training, evaluate interventions and disseminate evidence across four themes: risk, resilience, change and choice.

Equity, diversity and inclusion

The Evidence Based Practice Unit believes in fairness, inclusivity, equity and better representation of diversity in our research and in our team, and we act on the basis of these principles. We have set three key goals across our work to help us achieve this:

1. Embedding equity, diversity and inclusion in all stages of each research project.
2. Including a paid peer researcher in all research and evaluation projects.
3. Including reflexivity statements more consistently in our research outputs.

As we have taken strides towards achieving these goals over the last year, we are now in the process of setting new equity, diversity and inclusion goals for 2025. We are thinking about how to increase representation of underserved groups in our research, and how we can improve the ways we involve experts by experience in research and evaluation. We are also considering whether we can provide more learning and development opportunities to people outside of our organisation.

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 draw clear conclusions from.
- Qualitative research can elaborate experience, suggest narratives for understanding phenomena and generate hypotheses, but we can't use it as proof.
- Quantitative research may be able to show hard findings but can rarely give clear answers to complex questions.
- Despite these challenges, it is still worth encouraging an evidence-based approach. This combines the best available evidence, clinical experience and expertise, and the views, needs and preferences of children, young people and families.



Reflections

Over the last twelve months, we have continued to publish research on children and young people's mental health in peer-reviewed journals, briefings and practical resources. In this booklet, we share some highlights of our work from the last year.

The past year has been a time of change. The new government and the forthcoming Children's Wellbeing Bill present opportunities to secure a place for young people's wellbeing high up the government's agenda. Together with our #BeeWell partners, we are embracing this window of opportunity and calling on the UK government to commit to a national young people's wellbeing measurement programme.

The thematic spread of our research has been wide-ranging. Prevention has remained a focus of our work, and we've engaged young people and professionals in schools, youth justice settings and communities on approaches to prevention – through our involvement in the Kailo programme, for example, which we touch on later in this booklet.

Earlier this year, we completed data collection for Education for Wellbeing – England's largest research trial of school-based mental health interventions, funded by the Department for Education (DfE). We would like to thank the 513 schools who participated in this research and we look forward to sharing our findings on the Anna Freud website.

As some programmes end, work on others begins. We have been appointed by DfE to deliver the third panel in a new programme called the Education and Outcomes Panel Study, in partnership with IPSOS and UCL's Centre for Longitudinal Studies. The research will focus on young people from Year 8 to Year 12, involving analysis of longitudinal data to consider a range of existing and future policy questions relevant to this age group.

We were delighted to welcome another cohort of researcher interns in summer 2024. Our researcher internship scheme aims to support individuals who may experience additional barriers in entering mental health research or who are underrepresented in the field. This year we were pleased to widen our application criteria to include care experienced young people. We are grateful to UCL and the National Institute for Health and Care Research for supporting the scheme.

Thank you for taking the time to read this booklet. To learn more about our latest research, please visit our website.

Risk

‘Risk’ involves understanding the range of contexts and circumstances that put a child or young person at elevated risk of mental ill-health or poor outcomes if they experience mental ill-health. These contexts and circumstances, known as ‘risk factors’, occur at individual, family, school, community and societal levels. We attempt to unpack many of the social determinants of poorer mental health outcomes associated with characteristics such as ethnicity, gender, sexual orientation and socio-economic background.

Not everyone who has risk factors present will experience poor mental health outcomes, and it isn’t necessarily the presence of these factors that puts someone at greater risk – it’s often 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.

In this section we offer some recent research highlights that focus on risk.



Gender, marginalised groups and young people’s mental health

We investigated mental health trajectories for young people as they move through early adolescence using survey data from over 14,000 students. Our analysis found that girls, non-binary young people and those questioning their gender consistently reported higher levels of mental health difficulties compared to boys. This was particularly true for emotional difficulties such as anxiety and depression. Young people with special educational needs, child in need status or free school meal eligibility also experienced higher levels of mental health difficulties.

We found that each of these characteristics independently increased the likelihood of having higher levels of mental health difficulties (this is known as an ‘additive effect’). Tailored public health approaches are urgently required to address the specific needs of these groups. Future research should allow young people to self-identify their gender to foster a better understanding of mental health inequalities and inform more effective intervention strategies.[1]

Family adversity, health characteristics and intimate partner violence

This paper analysed electronic health records of around 130,000 families to explore links between family adversities, health characteristics and intimate partner violence (IPV). We found that mothers who’d experienced IPV were more likely to experience physical and mental health problems than those who hadn’t. Fathers with experience of IPV were more likely to experience mental-ill health.

Analysis showed most parents, carers and children with experience of IPV had also faced other adversities, and the likelihood of experiencing IPV increased with the number of adversities a person faced. Safely asking about IPV when parents, carers or children experiencing family adversity or health problems associated with IPV attend services may provide an opportunity for support and intervention.[2]

[1] Lereya, S. T., Norton, S., Crease, M., Deighton, J., Labno, A., Ravaccia, G. G., Bhui, K., Brooks, H., English, C., Fonagy, P., Heslin, M., & Edbrooke-Childs, J. (2024). Gender, marginalised groups, and young people’s mental health: A longitudinal analysis of trajectories. *Child and Adolescent Psychiatry and Mental Health, 18*(1). https://doi.org/10.1186/s13034-024-00720-4

[2] Syed, S., Gilbert, R., Feder, G., Howe, L. D., Powell, C., Howarth, E., Deighton, J., & Lacey, R. E. (2023). Family adversity and health characteristics associated with intimate partner violence in children and parents presenting to health care: A population-based birth cohort study in England. The Lancet Public Health, 8(7), e520–e534. https://doi.org/10.1016/s2468-2667(23)00119-6

Resilience

‘Resilience’ explores the range of contexts and circumstances that enable some children and young people to thrive despite experiencing difficulties. A 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. This section summarises recent research highlights related to resilience.

Sustaining mental health and wellbeing programmes in schools

New mental health interventions in schools often do not continue beyond initial funding periods or research studies. This study explored potential solutions to that challenge. We discussed this at an online roundtable event with school staff, policymakers and mental health intervention developers. Four main themes came out of this discussion:

- Schools should share responsibility and accountability for students’ mental health among all staff and embed it into the curriculum.
- Schools should be supported to engage with evidence and best practice to inform their wellbeing interventions.
- There is need for a supportive system around schools to help them to implement interventions.
- Settings should prioritise whole-school approaches to improving mental health, rather than single interventions.

Together, these recommendations point to the need for collaboration and planning from multiple stakeholders, both within schools and the wider system around schools. This would ensure new mental health initiatives cease to be ‘a flash in the pan’ and are successfully embedded within schools.[3]

[3] March, A., Stapley, E., Hayes, D., Moore, D., & Deighton, J. (2024). Sustaining mental health and wellbeing programmes in schools: Recommendations from an online roundtable. *Frontiers in Education, 9.* https://doi.org/10.3389/feduc.2024.1397994

Defining young people’s mental health self-care

We carried out a systematic review to explore conceptualisations of young people’s mental health self-care in the academic literature. Our review found that the literature is not consistent in how self-care for young people’s mental health is understood. We set out to co-develop a new definition of mental health self-care that both drew on and extended concepts from the academic literature and drew on input from young people with experience of mental ill-health.

Self-care was defined as “*a continuous, individual process that uses specific strategies guided by self-awareness to meet mental health needs. Self-care will be unique to each person, involving a self-compassionate approach to find emotional balance and develop positive strategies to promote mental health and wellbeing.*”

This definition aims to enable future research to draw on a conceptualisation of mental health self-care that is informed by, and relevant to, young people.[4]



[4] Truscott, A., Hayes, D., Bardsley, T., Choksi, D., & Edbrooke-Childs, J. (2023). Defining young people’s mental health self-care: A systematic review and co-development approach. *European Child & Adolescent Psychiatry*. https://doi.org/10.1007/s00787-023-02320-7

Change

‘Change’ examines how to best understand and measure change in children’s mental health and wellbeing over time, and what influences change. In recent years, we have been particularly interested in investigating the best ways 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.

Exploring the baseline data from a school-based trial

The Brief Educational Workshops in Secondary Schools Trial (BESST) assessed the effectiveness of the DISCOVER workshop. The trial was led by colleagues at Kings College London with EBPU as a key project partner. DISCOVER is a day-long workshop rooted in cognitive behavioural therapy that aims to reduce symptoms of anxiety and depression in young people aged 16–18. Young people self-refer into the workshop.

The trial was conducted in 57 schools in four hubs across England. Exploration of the baseline data from the study showed 35% of those involved experienced symptoms of depression and 80% reported low wellbeing. Analysis found that 45% of participants were from minoritised ethnic groups and 71% were female. Findings show that the study successfully recruited its sample goal of 900 students. Although most participants were female, this sample was reasonably representative of school populations within the recruiting areas, especially in terms of ethnic diversity.[5]



[5] James, K., Lisk, S., Payne-Cook, C., Farishta, Z., Farrelly, M., Sheikh, A., Slusarczyk, M., Byford, S., Day, C., Deighton, J., Evans, C., Fonagy, P., Saunders, D., Sclare, I., Shearer, J., Stallard, P., Weaver, T., Yarrum, J., Carter, B., & Brown, J. S. L. (2024). Brief Educational Workshops in Secondary Schools Trial (BESST trial), a school-based cluster randomised controlled trial of the DISCOVER workshop for 16–18-year-olds: Recruitment and baseline characteristics. *Trials, 25*(1). https://doi.org/10.1186/s13063-024-08116-7



Impact and cost-effectiveness of the DISCOVER workshops

This study explored the impact findings for BESST. Specifically, it investigated the impact of the DISCOVER workshops on young people’s self-reported depression and anxiety six months post-intervention. The findings show that the group who attended the DISCOVER workshop experienced a greater reduction in symptoms of depression and anxiety compared to the control group and a greater improvement in wellbeing and resilience. Economic analysis indicated that the intervention was likely to be cost-effective and implementation analysis showed that workshops were well attended. On the whole, findings suggest that DISCOVER workshops are a feasible and effective means of reducing emotional difficulties among young people aged 16–18.[6]

[6] Brown, J., James, K., Lisk, S., Shearer, J., Byford, S., Stallard, P., Deighton, J., Saunders, D., Yarrum, J., Fonagy, P., Weaver, T., Sclare, I., Day, C., Evans, C., & Carter, B. (2024). Clinical effectiveness and cost-effectiveness of a brief accessible cognitive behavioural therapy programme for stress in school-aged adolescents (BESST): A cluster randomised controlled trial in the UK. *The Lancet Psychiatry, 11*(7), 504–515. https://doi.org/10.1016/s2215-0366(24)00101-9

Choice

‘Choice’ encapsulates two areas. First, how we can empower children, young people, parents and carers to be actively involved in young people’s mental health and mental health care. And second, how we can involve children young people, parents and carers in defining what we mean by evidence and, therefore, include them in the creation of knowledge. In this section we summarise some of our recent research related to choice.

Personalised mental health support: an international study

This study sought to understand what helps people when they experience anxiety and depression, and what supports prevention. We also wanted to see if needs differed between countries and cultures. Young people and mental health professionals in eight countries joined focus groups to share their views on proposed aspects of personalised support for anxiety and depression.

Overall, individual preferences played a bigger role than country-specific cultural differences in determining what kinds of support young people found most important. This reinforces the idea that support should be personalised to the needs of the individual young person, no matter where they live. Young people should have the freedom to choose how they wish to be supported, with families and mental health professionals providing guidance where appropriate rather than making decisions for them. These considerations can ensure good quality care for all.[7]



[7] Sheikh, A., Jacob, J., Vostanis, P., Ruby, F., Spuerck, I., Stankovic, M., Morgan, N., Mota, C. P., Ferreira, R., Eruyar, Ş., Yılmaz, E. A., Fatima, S. Z., & Edbrooke-Childs, J. (2024). What should personalised mental health support involve? Views of young people with lived experience and professionals from eight countries. *Administration and Policy in Mental Health and Mental Health Services Research*. https://doi.org/10.1007/s10488-024-01382-2



A community-based approach to mental health and wellbeing

The Kailo programme develops and tests community-based approaches to improve young people’s mental wellbeing. The programme is led by UCL and Dartington. EBPU is a key collaborator, particularly around evidence synthesis, participation and co-production.

In one part of the work, Kailo engaged over 290 young people and professionals in Northern Devon. The team discussed what mental health and wellbeing means to young people locally. They then spoke to community members about the drivers that contribute to young people’s mental wellbeing and why these drivers are important to young people in Northern Devon.

Using insights from these discussions, the programme worked with community members to co-produce a list of priority areas to target for change: identity and belonging, mental health literacy and awareness, and diverse opportunities for education, employment and leisure. These priorities have informed the next steps of Kailo’s work in the region.[8]

[8] De Lima, E. S., Preece, C., Potter, K., Goddard, E., Edbrooke-Childs, J., Hobbs, T., & Fonagy, P. (2023). A community-based approach to identifying and prioritising young people’s mental health needs in their local communities. *Research Involvement and Engagement, 9(1)*. https://doi.org/10.1186/s40900-023-00510-w

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