Key findings 2025



Evidence Based Practice Unit

A partnership of

Anna Freud

UCL

Contents

4 About us

5 Equity, diversity and inclusion

7 Reflections

8 Risk

10 Resilience

12 Change

14 Choice



About us

Founded in 2006, the **Evidence Based Practice Unit (EPBU)** 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 the mental health of children and young people.

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

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.

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.

Over the past year, we have made good progress towards our equity, diversity and inclusion (EDI) goals. This included finalising three guidance resources, which our teams are beginning to use:

1. Considering EDI through a research project.
2. Embedding peer researchers and involvement of experts by experience in research.
3. Principles for reflexivity in qualitative and quantitative research.

For the next 12 months, our goals focus on consolidating our guidance materials and sharing our learning across the organisation. This will enable us to learn from colleagues and further improve our materials. We'll also be starting a quarterly meeting on participation for staff to learn from each other and to help make our practice more consistent. An important goal for us this year is to take time to reflect on how we give back to the people with whom we work. We are developing a consolidated set of packages for different ways we can give back to young people, our partner organisations, and the education and service settings in which we work. Examples include remuneration, access to training, and career development sessions.

With thanks to the NIHR Undergraduate Internship Programme funding, we have had another successful year of our paid researcher internships scheme, which aims to increase opportunities for groups underrepresented in the field.



Reflections

Our first reflection this year is our sincere gratitude to our staff; our partners; and the schools, services, and families that make our research possible. It has been a challenging year, and the geo-political and economic climate has affected us all. So we would like to thank you for making what we've achieved this year possible.

We have concluded some of our larger projects this year and been setting up new ones. Across these, prominent have continued to be our work on prevention, spanning topics of the emergence of mental health problems through to youth crime and violence. Our work in schools continues at scale with evaluations ongoing examining a range of school-based interventions to improve mental health and wellbeing, reduce bullying, improve safety and prevent youth crime and violence.

We successfully wrapped up our DfE-commissioned Education for Wellbeing programme – a large scale research programme encompassing a suite of trials testing a range of universal mental health interventions in schools. Findings, reported across national news and media outlets, point to some promising practices that can be rolled out in schools but also highlight the need to focus on evidence-based and age-appropriate interventions as well as the role of implementation in ensuring good outcomes for pupils. You can read the full report on our website here.

In collaboration with DfE, UCL, and Ipsos, we launched Growing Up in the 2020s – a secondary school cohort study that will run over the next five years. By hearing from nearly 8,000 young people and their families across England, this study aims to better understand how a young person's environment and experiences during adolescence (the secondary school years) impact their short-and long-term education and wellbeing outcomes.

In collaboration with University of Hertfordshire, South West (North) Community Forensic CAMHS, and funding from the Youth Endowment Fund, we are starting a trial in Forensic CAMHS. We will be examining a new type of mentalization-based therapy specifically designed to support young people experiencing difficulties with violence and aggression. We look forward to telling you more about these projects in our future Key Findings.

Through our #BeeWell collaboration, we have also been supporting the 'Our Wellbeing, Our Voice' campaign, which calls on the government to implement a national wellbeing measurement programme to address the needs of children and young people across England.

Looking to the year ahead, the effects of the geo-political and economic climate will continue to be something each of us must navigate. But it does highlight how now – more than ever – we must redouble our effects to find the best ways to support children, young people, and families. We stand strong in our mission to ensure all children and young people's wellbeing support is informed by real-world evidence so that every child thrives.

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.

Absence and return in school for students with chronic Illness

This study, led by our colleagues at the UCL Institute of Child Health, examined how chronic health conditions (CHCs) affect school attendance and engagement among children and young people in England. Using administrative health and education records for over 1.4 million children born between 2000 and 2003, we found that nearly one in five had a chronic health condition by age 16. These children were significantly more likely to miss school, be excluded, or not be enrolled compared with their peers. Approximately 26% of children and young people with a CHC had persistent absences, versus 15% of those without, with the highest rates seen among those with mental health conditions (32%). The study also found that schools often recorded less of these absences as health-related when children’s conditions involved behavioural problems. Findings indicated that policies to reduce school absence should better accommodate the complex needs of children with chronic health conditions and ensure they receive appropriate support.



Age-at-migration, ethnicity and psychosis risk

Research has shown that people who migrate from one country to another, and people from minority ethnic groups, have an increased risk of experiencing psychosis. We were interested in whether moving country during childhood and adolescence, which are key stages of development, might be important in understanding this increased risk. We analysed data from five European countries that had collected information from 937 people with experience of psychosis and 1,195 people without experience of psychosis. Migration at all ages was associated with an increased risk of experiencing psychosis compared to those who had not moved countries. We then also looked at ethnoracial identity, and here only migration during adolescence remained associated with increased risk of experiencing psychosis. When looking at individual ethnoracial groups, the effect of migration during adolescence was observed for Black and North African groups. This study highlights how risk for mental ill-health is shaped not only by individual experiences but also by broader social contexts, such as racism, cultural stress, and socio-economic inequalities.

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.

A qualitative study of two brief, universal classroom wellbeing interventions with children

This study looked at how and whether short daily sessions of mindfulness and relaxation in schools could support children’s wellbeing. We spoke with 65 children aged 8-12 across seven schools in England, who had taken part in one of two programmes: Mindfulness-Based Exercises or Relaxation Techniques, each delivered for about five minutes a day over four months. Children described many benefits, including feeling calmer, managing difficult emotions better, getting along with others, and even finding it easier to focus on schoolwork. They explained that mindfulness helped them “let go” of tough feelings, while relaxation helped those feelings “go away.” However, some children also found certain activities boring, stressful, or physically uncomfortable. The study highlights how small, everyday practices can potentially strengthen resilience in some children by giving children tools to cope with challenges, build confidence, and foster positive relationships – but also shows the importance of variety and a supportive environment to maximise benefits. However, findings suggest that such interventions are not perceived as beneficial by all who participate, and the wider trial findings reported elsewhere indicate a very mixed picture for these interventions across primary and secondary schools and across varying levels of implementation.





My Story and Me: a narrative study of young women and girls’ stories of their mental health

We spoke to 29 young women and girls 14-24 years from different ethnic groups, who are neurodivergent, and/or who identify with the LGBTIQA+ community about their experience of mental health and support. We used narrative interviews, which means we asked a small number of broad questions, like ‘Please could you tell us your mental health story?’. This meant we could focus on hearing what mattered most to the young women and girls. Mental health stories were characterised by traumatic and impactful experiences; the interaction between body, mind, and society; and prolonged experiences of distress and disruptions. Stories about how they would like to be supported with their mental health were characterised by the importance of experiencing empathy, understanding, and connection with the person providing support. Young women and girls talked about how support should be appropriate for and tailored to mental health needs in the context of multiple aspects of identity. Finally, a space to be heard, seen, and accepted with someone they could trust was crucial to have feeling or experiences recognised, validated, and taken seriously and in turn being empowered.

Change

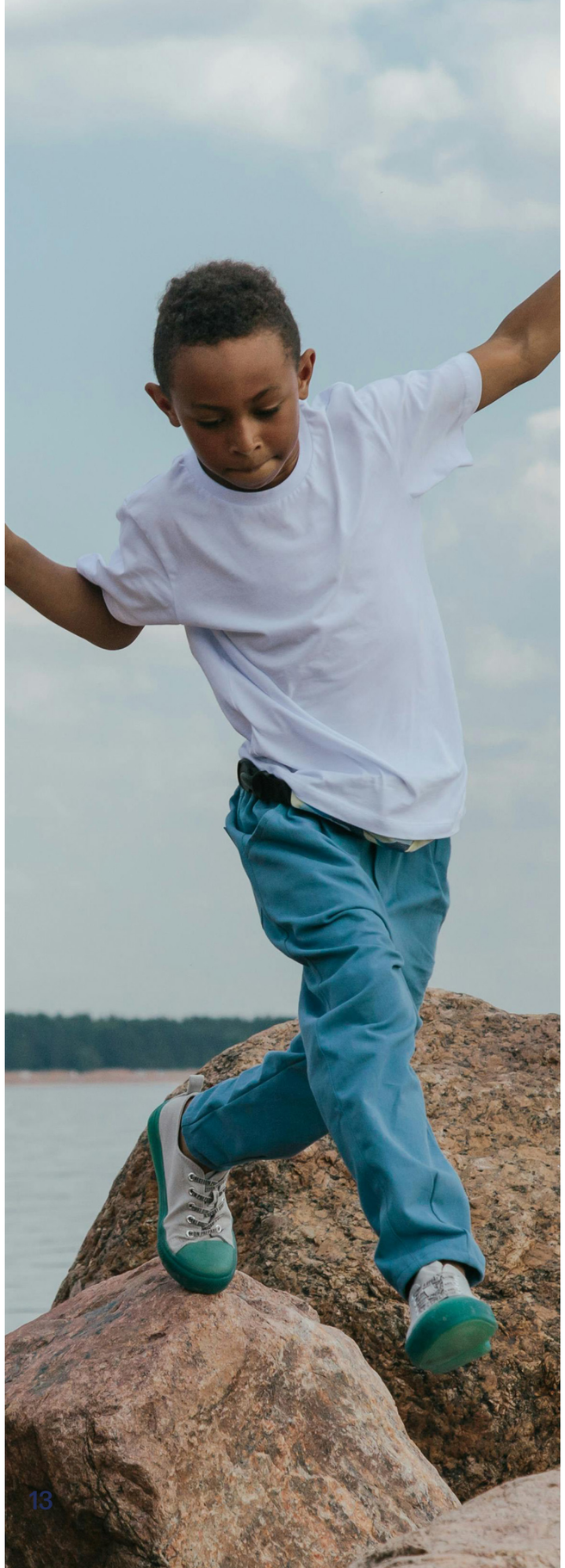
‘Change’ examines how to best understand and measure change in children’s mental health and wellbeing over time, and what influences change. In recent years, we have been particularly interested in investigating the best ways to assess a positive change, or a good outcome, from accessing specialist mental health support. This section outlines some of our key research findings on change from the last year.

School-based intervention study examining universal approaches for well-being and mental health literacy of pupils in Year 9

This study looked at how schools can support young people’s mental health and wellbeing, particularly focusing on two existing interventions developed and trialled outside England: Youth Aware of Mental Health (YAM), which aims to reduce emotional difficulties, and The Guide, which encourages young people to seek help when needed. Researchers trialled these two school-based programmes in over 100 secondary schools in England. Over 12,000 Year 9 pupils (aged 13–14) took part. The findings showed that YAM did not reduce emotional difficulties in the short term, while The Guide did lead to a positive short-term change in help-seeking intentions. However, both programmes were linked to small but significant increases in emotional difficulties at longer follow-up, raising questions about how these changes unfold over time. The research highlights that measuring change in mental health is complex, and that “positive outcomes” may look different depending on what is measured and over what time period.

Universal, school-based, interventions to improve emotional outcomes in children and young people

Schools are an important setting for supporting children’s mental health, since they reach nearly all young people and can help create positive change early on. We reviewed 71 studies involving more than 63,000 children aged 8–18 to see how well universal school-based programmes – those offered to all pupils – improve emotional wellbeing. We found that, on the whole, these programmes bring about small but meaningful improvements in anxiety and depression. While the effects are modest for each child, across a whole school population they can add up to significant change. However, we did not find clear evidence of improvements for broader emotional difficulties such as withdrawal or general distress. Importantly, the type of programme matters: those based on cognitive behavioural therapy (CBT) were more effective for anxiety than mindfulness or mixed approaches. Overall, universal school-based programmes can play a valuable role in prevention, but careful design is crucial to maximise positive change.



Why do young men not seek help for mental health issues?

We reviewed existing research studies that had looked at mental health help-seeking for boys and young men, a group less likely to be enabled to seek support. Twelve studies were included that looked at what makes it harder, or easier, for boys and young men to seek help. Social norms and the pressure to confirm to masculine heteronormative roles were important barriers. This barrier was lessened for boys and young men who experienced higher levels of self-compassion, although this was less often researched. A lack of information about mental health was another barrier, and boys and young men asked for more ‘male-friendly’ mental health literacy campaigns. An example from one study was changing language from ‘mental health’ to ‘mental fitness’. It is essential to involve boys and young men in developing new approaches that will better enable them to seek and receive support.

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

The lived experience of co-production from the InCLUDE project

The co-produced InCLUDE project examined what helps and hinders inclusivity within foster care services and research. This study examined researchers’ experience of co-production within this project. Four researchers (two experts by lived experience, two experts by professional experience) completed diaries throughout the project to record reflections, questions, and learning. Key points from these diaries were motivations for starting the project, settling into the roles, challenges (e.g., managing work and other roles, making research more accessible), personal development, and new knowledge. Key learning from this project was the importance of creating safe spaces in which people could talk about feeling vulnerable and be listened to, the importance of working on individual strengths, setting up a strong work routine, and making sure that everyone has an equal voice and role. Keeping diaries throughout the project was beneficial to capture learning, experience, and progress and it should be encouraged in future co-produced projects.





Public participation in youth mental health programming

Involving young people in designing, developing, and evaluating mental health programmes is intended to increase implementation and impact. We examined how young people were involved across 76 different school- and community-based programmes across six local authorities. Information was gathered from participation leads from each of the six local authorities, consultation meetings, and analysis of outputs of participation activities. Young people were involved in very different ways across these programmes. One-off surveys, events, and consultations enabled a large number of views to be gathered on existing initiatives and preferences for future priorities. Time-limited specific activities, such as social action projects or developing a wellbeing strategy for a whole-school approach, tended to be more youth-initiated and youth-directed than other types of participation. Other types of participation included co-designing an online resilience tool, co-produced training for professionals, and involvement in different advisory groups and networks. Given that participation work is inevitably going to be varied, it is important to intentionally and transparently select participation approaches that align with a programme’s goals.

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