"*Click 4 Help*" – The impact of an online intervention to support young people with anxiety

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Background

What is anxiety and why is it important?
Anxiety is characterised by excessive worrying which causes related difficulties such as poor concentration, restlessness and tiredness (APA, 2013). Anxiety is a pervasive issue in the UK, and is one of the most common mental health conditions, affecting up to 10% of young people (Costello et al, 2003; Green, McGinnity, Ford & Meltzer, 2005)

Keeping things up to date…
99.2% of young people (aged 16-24) in the UK used the internet in the last three months (Prescott, 2016). Nearly a fifth of adolescents already seek help online for mental health problems (Gould et al, 2002), and young people prefer to access help online due to less 'stigmatisation' (Shaw & Gant, 2002).

What is already out there to support young people with anxiety?
Cognitive Behavioural Therapy (CBT) is the most commonly used psychological intervention, recommended by NICE (2014). CBT interventions have been adapted to computerised and self-help formats (e.g. Brave Online; Spence et al, 2008).

What is missing?
Research has not yet investigated the combined impact of self-help websites with online chat rooms. The present research aimed to do so giving participants access to an existing CBT-based self-help website and moderated weekly online chat-room.

Research Questions

RQ1: Does access to a self-help website and chat room intervention lead to reductions in self report ratings of anxiety?
RQ2: Does access to a self-help website and chat room intervention lead to an increase in resilience?
RQ3: What are the perceived enhancing factors or benefits of the intervention following participation?
RQ4: What are the perceived barriers or suggestions for change following participation in the intervention?

Measures

RQ1: impact of intervention on anxiety
Spence Children's Anxiety Scale (SCAS) questionnaire (Spence, 1998)
- Conducted pre- and post- intervention
- Analysed using reliable change index

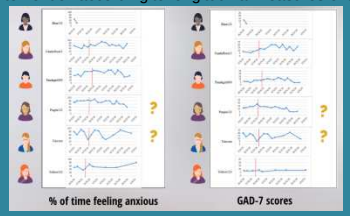
Generalised Anxiety Disorder (GAD-7) questionnaire (Spitzer et al, 2012)
- Conducted at twice weekly intervals via email
- Analysed using PEM and TAU-U statistics

RQ2: impact of intervention on resilience
The Resiliency Scales (RSCA) questionnaire – (Prince-Embury, 2005)
- Conducted pre- and post- intervention
- Analysed using reliable change index

RQ3 & RQ4: perceptions of benefits / barriers to the intervention
Semi-structured interviews
- Conducted post-intervention
- Analysed using Content Analysis (Hsieh & Shannon, 2005)

Results and Conclusions

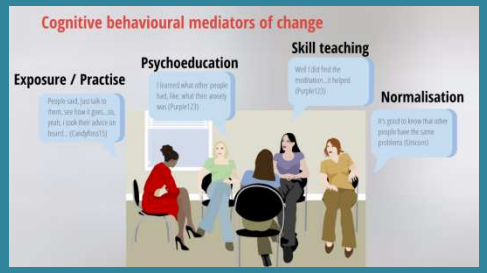
RQ1: impact of intervention on anxiety
- 2/6 participants demonstrated ***a 'questionable' effect*** of intervention according to longitudinal measures of anxiety



- 2/6 participants demonstrated a ***statistically significant decrease in anxiety*** according to the pre- and post-measures of anxiety (SCAS).

RQ2: impact of intervention on resilience
- 2/6 participants showed a trend towards an increase in resilience (not statistically significant) according to the pre- and post- measures of resilience (RSCA) and 2/6 participants showed a ***significant decrease in resilience***.

RQ3: Perceived enhancing factors / benefits of participation

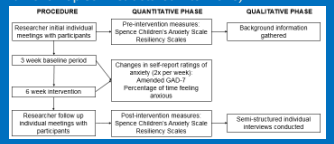


- Participants reported preferring the chat room to the website
- Benefits unique to the website included: ease of accessibility, honest / reliable source of information and some specific techniques learned (relaxation / meditation)
- Benefits of the chat room included: anonymity, receiving / giving advice, feeling listened to and understood and a safe / relaxed space.
- Participants reported enjoying the intervention, feeling more confident and less lonely

RQ4: Perceived barriers / suggestions for change
- Some perceived barriers for engagement included having an existing support network (e.g. friends, family, counsellor at school)
- Some participants reported they could find similar information elsewhere online
- One participant reported finding the anonymity to be a barrier
- Participants suggested possible future changes such as more control over turn-taking to ensure everyone had an opportunity to share, possible face-to-face element and increased focus on solutions.

Method and Procedure

Design and Procedure: Concurrent mixed methods design (single case series A-B design with follow up semi-structured interviews)



Participants:
- 8 participants recruited from 3 secondary schools: all female,12-15 years old, experiencing high levels of self-report anxiety. 2 drop-outs meant 6 participants were included in the analysis
- Participants created their own unique usernames for use during the intervention to ensure anonymity.

Intervention:
- 6 week intervention based on modules of a pre-existing CBT-based self-help website: http://www.stressandanxietyforteenagers.co.uk (Young, Richards & Gunning, 2012)
- Participants also joined a weekly 'real time' chat room (1 hour) where they discussed the website module and any issues individuals brought for conversation (session format below).

Implications for EPs

The current research demonstrates that Educational Psychologists (EPs) have relevant skills in supporting schools to identify relevant participants, deliver and modify CBT based interventions based on the needs of young people. It also demonstrates a role for EPs in:
- Delivering online interventions (including moderating online chat rooms)
- Signposting to safe, reliable and trustworthy sources of information about anxiety online
- Representing the 'voice' of young people about what works and is motivating for them in terms of interventions for anxiety

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