Knowing Where to Look

How to find the evidence you need

Psychological health, emotional wellbeing and mental health in children and young people

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Know Where to Look: How to Find the Evidence You Need

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Description
This document will assist anyone planning or providing services to children and young people, to find and appraise the evidence base on which to base sound decisions about practice and commissioning.

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none

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none

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For Recipient's Use
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Children and young people’s psychological health, emotional wellbeing and mental health is increasingly seen as everybody’s business. Those trying to address the mental health needs of children and young people, whether working in health, social care, education or voluntary sector settings, are all encouraged to base their interventions on sound evidence of what works.

Finding this evidence is an important, but potentially bewildering activity, especially if you do not know where to look.

This publication aims to help identify the different types of evidence that may be needed in order to think about how best to build services that work, and to determine which interventions are the most likely to help children, young people and their families. It examines the values and limitations of evidence and sets out a framework to help service developers find evidence which will inform best practice.

Our knowledge about what works changes over time. So it is important to ensure that service developments are informed by the most up-to-date evidence, but also they need to be are sufficiently flexible to accommodate new evidence that may emerge not just from the academic literature but also from the experience of practitioners.

It is hoped that this publication will help signpost people to answering key questions in order that they may develop practice that is both evidence based but also open to new information.

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Summary

This document is aimed at those who need to find and use evidence to develop and deliver services to support the emotional, psychological and mental health needs of children and young people.

It will offer practical help on:

- How to construct a searchable question
- Describe the different types of evidence. Explain the differences between them, and point out the pros and cons
- How to find the different types of evidence using a 12-step process
- Encourage people to think about evidence, analyse and appraise it, and not blindly accept it
- Think about how to use evidence in routine work
- Think about what to do if there is little or no evidence for your situation.

The booklet uses a hypothetical question to illustrate how to go about finding evidence, and think through what the evidence means in this context. By using this exemplar you should be able to find evidence to help you with your own queries.

A comprehensive range of evidence is identified throughout the document and in the appendices. This will be useful to anyone searching for evidence, but it will be particularly useful to anyone new to children's emotional, psychological and mental health.
Introduction

This document will use the term child and adolescent mental health services (CAMHS) to refer to the comprehensive range of services required to support the emotional, psychological and mental health needs of children and young people.

“CAMHS is defined in its broadest sense to include all services that promote emotional health and well-being or which respond to and meet the mental health needs of children and young people at targeted or specialist levels. This includes universal services, such as GPs, early years settings and schools, targeted services such as social care and specialist services such as community child and family mental health clinics and hospital based services.”


Finding high quality information or evidence to support the development of CAMHS is not necessarily as straightforward as we all might like. A downside to the information age is that we are overloaded with information, so it is important to know what constitutes ‘good’ information or evidence, and know where and how to find it.

This publication is aimed at people who have some experience of finding and using evidence, but it also gives some tips to people who are beginners. It is also intended to help those who commission children’s services and specialist child and adolescent mental health services, and those clinicians and practitioners who are considering using evidence relating to the emotional, psychological and mental health of children and young people. Its intention is to encourage better informed practice in commissioning and service provision based on a consideration of what constitutes good information or evidence in relation to CAMHS service development and delivery.

The term ‘evidence base’ or ‘evidence’ is an ambiguous term and can mean different things to different people. It is often used to describe the different types of available academic research evidence, but it could also be thought of in a wider context and include performance data, user views and so on. This document will use the term evidence to refer to this much broader range of information. It does not set out to be a guide to evidence-based practice – this has been written about elsewhere – but it does offer a systematic approach to finding, reading, analysing and using information. If you want to know more about evidence-based practice have a look at the resources listed in Appendix 5.
12-Steps to finding the evidence

1) What is the question you are trying to answer?
2) How to find national guidance based on systematic reviews
3) How to find secondary research/summaries of research
4) How to find primary research – quantitative or qualitative research and so on
5) How to find professional consensus
6) How to find policy and good practice guidance from Government in this area
7) How to find information about the population of interest – demographic data, needs analysis and other relevant information
8) How to find service based information – performance data, service mapping data and other types of relevant information
9) How to find examples of practice
10) How to find out what service users think
11) How to find information about or help concerning quality improvement, audit, evaluation and outcomes
12) How to appraise evidence
An example of a typical query will be used to help demonstrate each of these 12 steps:

“I am setting up a service in a London Borough, for young people aged 12-18 who self-harm. It is being jointly commissioned by the local PCT and the local authority. The outcomes we are looking for are: preventing self-harm, increased attendance at school and educational attainment, and reducing referral to specialist services. How do I find the evidence necessary to help me develop this service?”

Using our hypothetical query above, you could use PICO in the following way:

- **P = Person or problem**
  young people who are self-harming

- **I = Issues being considered**
  what helps young people who are self-harming

- **C = Comparison**
  different forms of help available

- **O = Outcome of interest**
  1) prevent further self-harm, 2) increased attendance at school, 3) reducing referral to specialist services.

So the questions you want to search for evidence on might be:

- What helps prevent further self-harming in young people? If you cannot find anything that specifically addresses your target group, you may have to look more broadly at what helps to reduce self-harming behaviours in people generally. This will require you to extrapolate or deduce as to how this refers to your situation or context.

- Does promoting and maintaining mental health and psychological well-being aid school attendance and educational attainment?
What is the best way to engage with young people from your target group? Again, if this evidence is not available you would need to broaden your search to how you engage with young people more generally.

Once you have your question, you need to decide where you will go to find your evidence.

### 2) How to find national guidance based on systematic reviews

**Brief overview**

This section only includes national guidance that is based on systematic reviews. Such reviews use a rigorous methodology to search and evaluate academic research, and objectively interpret the findings. A statistical technique known as meta-analysis is likely to be used to pool the findings from several smaller studies to create a dataset from which you can more reliably deduce findings from.

**Tips:**

- It is quite likely that you will not find research on every topic.
- The amount of research in this area is increasing, and you may find that there has been a lot of research on some topics, but not on others.
- Another potential consideration is that a lot of research comes from the USA. For instance, services in the UK, along with societal issues may be very different in the USA.
- Even if it has been shown to work in a certain setting, this does not mean it will work in yours.
- You may need to include a range of potential sources, including education, health promotion, mental health, early intervention, public health and not just health sources.
National guidance would generally include findings from relevant systematic reviews as well as input from various stakeholders, including experts in their field, professional bodies, as well as organisations representing service users.

The strength of this type of evidence is that it is systematic and rigorous so you can generally trust it. Ironically, its weakness is that because it is so rigorous it excludes more tentative research findings, and any research that has a poor methodology.

Pros and Cons of National Guidance based on systematic review e.g. guidance from the National Institute for Health and Clinical Excellence (NICE):

Pros

- It is based on a synthesis and appraisal of available evidence e.g. secondary and primary research studies, professional consensus – so you do not have to find and read all of this evidence
- NICE guidance has an open consultation process, with input from a range of stakeholders.
- There should be a rigorous development process, which would include the finding, grading and analysis of evidence.
- In England, NICE has set up a programme to help support the implementation of their guidance.

Cons

- There will not be national guidance for all conditions or situations. In England there is a rolling programme of guideline development, so these documents are increasing all the time.
- NICE guidance has an agreed scope, which aims to make it a feasible project. This can mean that the guidance does not cover everything people wish to have included. For instance, it can focus on one condition and not cover co-morbidities.

Suggested sources

National Institute for Health and Clinical Excellence (NICE)

NICE produce different types of national guidance on a range of conditions, and interventions. For instance they produce clinical guidelines, health technology appraisals and public health guidance.

www.nice.org.uk/
Social Care Institute for Excellence (SCIE)
SCIE produces a range of documents, which collate information on particular subjects. www.scie.org.uk

National Library for Health
From this site you can search a wide range of resources, over a wide range of health related topics. www.library.nhs.uk

Mental Health Specialist Library
This website is a specialist library within the National Library for Health. It covers both adults and children and young people. It is health orientated, with a focus on high quality information. You can search across or browse through a variety of different types of information. www.library.nhs.uk/mentalhealth/

Worked example
The hypothetical question formed using PICO – What helps prevent further self-harming in young people? – will be used throughout this document to illustrate how to search for information.

National Institute for Health and Clinical Excellence (NICE) Guidelines
There is a NICE guideline on self-harm http://guidance.nice.org.uk/CG16/?c=91523

This guideline is not specific to children and young people, but it does include a section on special issues that need to be considered for this age group. Plus, it states that there is no ‘good evidence’ to suggest that the incidence of self-harm varies between different ethnic groups, with the exception of Asian women.

Social Care Institute of Excellence (SCIE)

Tip: You might want to think about what this finding actually means. Could this mean that this group of young people have not been adequately represented in relevant research studies?
3) How to find secondary research or summaries of research

Brief overview

Other forms of secondary research would include systematic reviews and meta-analysis as well as other types of studies that have synthesised or distilled evidence in some way. This latter group may include literature reviews.

Tip: the web addresses or URLs used in this document are generally ‘deep links’. This means that they take you to a specific section of a website or to a specific file. This helps you to find what you are looking for, but as the Internet is very dynamic it can mean that as websites get redeveloped the pages these deep links point to are no longer there and so will not work. If this happens go back to the home page or key section of the website and try to find what you are looking for.

Pros and Cons

As stated above systematic reviews should have a rigorous methodology, but there will not be a systematic review carried out on every topic. There are other types of secondary research such as literature reviews. These may not have such a rigorous methodology, but are more likely to be available on your topic.

Suggested sources

Research in Practice (RIP)
RIP produce a range of documents and products aimed at those working in local authorities and voluntary organisations.
www.rip.org.uk

Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre)
This is part of the Social Science Research Unit, Institute of Education. They have an online evidence library, where you can download the systematic reviews.
http://eppi.ioe.ac.uk

Cochrane Library – can be accessed via the National Library for Health
This database contains Cochrane and other systematic reviews. It is
very health orientated, but can be a very useful source of information. www.library.nhs.uk/

Service Delivery and Organisation Programme (SDO)
The SDO programme aims to consolidate and develop the evidence-base in relation to the organisation, management and delivery of health services. They commission research, which includes systematic reviews. www.sdo.lshtm.ac.uk/

CAMHS Evidence Based Practice Unit (EBPU)
CAMHS EBPU have produced a distillation of the research evidence for both professionals and young people and families
*Drawing on the Evidence* is aimed at professionals, and *Choosing What’s Best for You* is aimed at young people and families.
www.annafreud.org/ebpu

The following are a few examples of organisations that have produced literature reviews or distillations of evidence. This is not an exhaustive list, but is intended to illustrate the range of secondary research available. See Appendix 1 for other potential sources.

National Foundation for Educational Research (NFER) www.nfer.ac.uk/publications/

Joseph Rowntree Foundation (JRF) www.jrf.org.uk/

Health and Social Care Advisory Service (HASCAS) www.hascas.org.uk

**Worked example**
The hypothetical question formed using PICO – *What helps prevent further self-harming in young people?* – will be used throughout this document to illustrate how to search for information.

**Mental Health Specialist Library**
This resource lists self-harm under the section on child and adolescent conditions. The self-harm section includes documents listed as guidance and pathways. www.library.nhs.uk/mentalHealth/SearchResults.aspx?tabID=288&catID=8625&
Service Delivery and Organisation Programme (SDO)

SDO commissioned a systematic review of the literature on people’s attitudes and satisfaction with services. It does not focus specifically on young people, but it does include them. They found little research which examined the experiences of people from black and minority ethnic communities. www.sdo.lshtm.ac.uk/sdo1162006.html

4) How to find primary research

Brief overview

Primary research might include studies such as randomised controlled trials (RCT), cohort studies, observational studies and so on. (See the Glossary for more information about different types of research.) You can find this type of research by searching sources such as biographic and full-text databases, electronic and print journals and books, research units, and government websites.

Pros and Cons

The different types of studies covered by this category will be original studies, but will use different methodologies depending on the aim of the research. Generally the methodologies are largely either quantitative or qualitative. Quantitative is generally more objective and involves collecting numerical data from larger numbers of people, whereas qualitative is more subjective and is likely to give you richer data, but on a smaller group of people. See the Glossary for more information.

RCTs are often considered by the research community to be the gold standard: this is because as the name suggests the researchers randomly assign the study participants into groups. These groups should include a group that receives the intervention or treatment – the experimental group, and a group that does not – the control group. This enables the researchers to compare the results from the group that has received the intervention with the group that has not received it and so find out whether the intervention makes any difference. The aim of randomisation is to reduce selection bias and ensure that any difference in the findings is due to the intervention and is not down to the people in the group.
A downside is that an RCT will not have been carried out on every topic, or may not be appropriate for what you are looking for. For instance, an RCT is very useful if you want to know how well a particular intervention works, but is less useful if you want to know what young people think about that intervention. Also it is harder to control in non-clinical settings, where there may be a range of providers involved.

Again, you need to appraise your document rather than just assume that it is of high quality. The list below includes a few pointers to help you think about the quality of your document.

Where to find it?

To find primary research, you will probably need to search a database. This could include: a library catalogue, an online bibliographical database, or an electronic journal. There is a list of useful databases in Appendix 1.

If you are interested in a health perspective you could start with the National Library for Health, which provides links to various databases.

Tip: Check what library and information support your organisation provides or has access to. You may be able to get an Athens password. This is a system which enables organisations to provide their employees or library users with access to any electronic resources that the organisation subscribes to e.g. online databases or e-journals, using a single password.
If you are interested in a social care perspective, you could try Social Care Online. This resource is maintained by the Social Care Institute for Excellence (SCIE) and provides access to bibliographical information (information about the publication) and links to the document itself if it is available online.

Or if you are interested in an educational perspective, you could try searching a database called Educational Resources Information Centre (ERIC).

**Here are some things to consider when looking at primary research and RCTs in particular.**

These are generally high quality forms of information, but will vary depending on the methodology used. Here are a few things to look out for:

- **How did they assign people to the different groups?**
- **How big are the groups?**
- **How did they control for bias or confounding factors?**
- **Publication bias** – it is often thought that positive findings are more likely to be published. It can be difficult to obtain anything unpublished.

- **Research may not have been carried out on your topic.**
- **Is it in a peer-reviewed journal?**

It can be difficult to decide whether a piece of research is of high quality or not. Ultimately, it is up to you to decide based on your expertise, your understanding of the evidence, and your ability to understand the statistical and clinical significance of the document. If you are stuck, consult with colleagues or use email forums such as Focus (see Appendix 1) to discuss the research findings.

See the section on Critical Appraisal for more information about how to go about appraising a piece of research. See Glossary for more information about research methodologies.

**General hints on searching databases**

Here are some hints which would be relevant when searching any database. If you need more practical support, check whether your organisation’s library provides any database training or support.

Most databases require you to search for keywords. The problem with this approach is that it can be difficult to reduce complex issues into keywords.
It is useful to point out that much of the research on the database will be from the USA, and include papers from across the globe. You need to be aware of how different countries use different terminology or phrases, and the cultural applicability of the findings. For instance, you can see from the example below that the ERIC database uses the term ‘elementary school students’ to describe what searchers in the UK might call primary school children.

**Tip:** Use the PICO approach mentioned above to help you decide on your keywords.

Other key pointers are:

- Will the database cover what you are looking for?
- Databases often have a set of keywords or descriptors by which each item is indexed e.g. Medical Subject Headings (MESH), or the Education Resources Information Centre (ERIC) thesaurus. These can be really useful but they may not include the term that you commonly use
- Does the database offer Boolean searching? This means that by adding certain words – ‘and’, ‘or’, ‘not’ – you can combine or remove certain terms from your search
- Phrase searches – some databases require you to put quote marks around words to search for words as a phrase. This can make your search far more specific.
- Using brackets around terms usually means that the database will search for that term first, and then combine it with your other terms.
- Truncation – Usually a * symbol can be used if you want to search on a common word root e.g. ethnic* – this would search for ethic, ethnicity etc.

**Tip:** Try a few quick searches to help you identify what are the best keywords to use.
A bibliographic database may only provide information about an article or report. So you may still have to get a copy of the document from elsewhere.

**Worked example**

Using our hypothetical question formed using PICO – What helps prevent further self-harming in young people? – how do you search a database to find research evidence to help you answer the above question?

Our question poses some interesting issues when thinking about where and how to search. Databases such as ERIC, Social Care Online, Pubmed, PsycINFO and so on are generally quite subject specific. So when you are looking for information on a topic that crosses professional or agency boundaries, it will probably mean that you will have to search several different sources. This is not a problem in itself, but databases operate in different ways, so if you are good at searching PsycINFO, you may initially find searching a database such as ERIC a bit difficult.

There are too many databases to list the findings from everyone, so the following are summaries of the search results using four freely available online databases.

### Education: two examples of relevant databases

**British Education Index (BEI)**

[www.leeds.ac.uk/bei/bei.htm](http://www.leeds.ac.uk/bei/bei.htm)

The entire BEI database is not freely available online. So the results below reflect a selection of recent content added to the database. It has been included to flag up a British educational database.

**Simple search**

This means that you simply search on keywords across any text field (key sections of the database that consist of text e.g. title, abstract and so on) so it is not a very specific search. The number following the keywords refers to the number of items or hits the database has found by searching on these terms.

- Self harm = 9 items, but 2 of these are not relevant
- “Self harm” = 7 items, all relevant
- “Self injury” = 3 items

Combine the above terms using the Boolean operator ‘and’:

- "Self harm” and “Self injury” = 10 items

**Advanced search** – using BEI thesaurus headings (this is the set of terms that items on the database are indexed by. The searcher selects the terms from an online list.)

This is a much more specific search, because you are searching one field
and the term has been specifically defined i.e. the database providers decide on how they describe a particular term.

There are no thesaurus headings for self-harm or self injury, but there are headings for:

Self-destructive-behaviour = 6 items
Self-mutilation = 10 items

Educational Resources Information Centre (ERIC), USA in origin
www.eric.ed.gov/

Simple search
This means that you simply search on keywords across any text field (key sections of the database that consist of text e.g. title, abstract and so on) so it is not a very specific search. The number following the keywords refers to the number of items or hits the database has found by searching on these terms.

Self harm and prevention = 29 items
“Self harm” and prevention = 13 items
“Self harm” and school = 18 items

As you can see in ERIC there is a need to put quotation marks around a phrase, otherwise it treats each word as an individual keyword.

Advanced search using the ERIC Thesaurus (this is the set of terms that items on the database are indexed by. The searcher selects the terms from an online list).

This is a much more specific search, because you are searching one field and the term has been specifically defined i.e. the database providers decide on how they describe a particular term.

Keywords: "Mental Health" and (Thesaurus Descriptors: "learning") = 44 items

Keywords: "Mental Health" and (Thesaurus Descriptors: "Elementary School Students") and Keywords: learning = 57 items

An example of a database focusing on medicine

Pubmed, USA in origin.

Simple search
This means that you simply search on keywords across any text field (key sections of the database that consist of text e.g. title, abstract and so on) so it is not a very specific search. The number following the keywords refers to the number of items or hits the database has found by searching on these terms.

Self harm and teenagers = 736 items
Advanced free-text using Boolean operators e.g. and, or, not
This is also a simple search, but the use of Boolean operators (described on page 58) and brackets allow the searcher to create a more complex search and include and exclude terms, but still search across all text fields. (self harm and teenager) not suicide = 492 items
You could refine your search by narrowing your search to a particular population ((self harm and teenager) and boys) not suicide = 23 items

Advanced search using Medical Subject Headings (MESH) and free text
This is a much more specific search, because you are searching one field and the term has been specifically defined e.g. the database providers decide on how they describe a particular term. (“Self-Injurious Behavior”[Mesh] AND “Adolescent”[Mesh]) and girls not suicide = 24 items

Author search
Authors are often experts on specific topics. So if you can identify a particular author this might be a good starting point, or supplement your wider searches. So for this particular search, we will search for papers by Keith Hawton, because we know that he is a key figure in this area.

Free-text search
Hawton, keith or hawton, K = 83 items

Advanced free-text search
(Hawton, keith or hawton, K) and self harm = 47 items

Specifically search the author field
Hawton, keith [au] or hawton, K [au] = 80 items

An example of a database focusing on social care
Social Care Online, UK in origin www.scie-socialcareonline.org.uk/
This website provides three different ways of searching – simple, intermediate, and advanced. The simple and intermediate search requires you to fill in and submit a form. The number following the keywords refers to the number of items or hits the database has found by searching on these terms.

Using the Intermediate search facility, we searched for
Free text – Self harm and children = 6 items
Search using their topic headings
This is a much more specific search, because you are searching one field and the term has been specifically defined i.e. the database providers decide on how they describe a particular term.
Self harm, and young people =
Online and print journals

Papers focusing on mental health and psychological wellbeing will be in a range of journals depending on the focus, be it medical, health promotion, public health, clinical psychology, nursing, teaching, occupational therapy, psychiatry, child development for example. You can find these papers by looking at the journal or magazine itself, or by searching databases to find information about them. See Appendix 3 for a list of useful, but not exhaustive list of journals and magazines.

Books & reports

Bibliographical databases are not the only place you will find research papers or reports. Many organisations publish research reports instead of, or as well as submitting a paper to an academic journal. These reports often fall into a category of information referred to as grey literature. This means that they are not published in the conventional manner, so can be very difficult to find.

These reports are often available on the website of the organisation that carried out the research, or who commissioned or funded the research. See Appendix 1 for a list of useful links.

Books can also be invaluable sources of information. It is relatively easy to get published, so be careful about the books you choose. Appendix 3 includes a list of current books that may be of interest.

Worked example

The following list of books and reports are relevant to our hypothetical question.

Tip: information is available from a variety of sources, and one invaluable source is the knowledge and experience of your colleagues. The following list is not from a database, but is based on the knowledge of the author and her colleagues.
### Useful books and reports

[www.nasuwt.org.uk/shared_asp_files/uploadedfiles/00b1553a-ad9a-45c7-938b-d0e833694c17_mentalhealthreport-tagged.pdf](www.nasuwt.org.uk/shared_asp_files/uploadedfiles/00b1553a-ad9a-45c7-938b-d0e833694c17_mentalhealthreport-tagged.pdf)


Self-Harm Inquiry reports  
This national inquiry into self-harm among young people produced it’s final report in 2006.  
[www.selfharmuk.org](www.selfharmuk.org)

This report was commissioned by Samaritans, and carried out by the Centre for Suicide Research, University of Oxford. It is based on research that was carried out in 41 schools in England.  


Pros and Cons

- The guidance will be on topics important to the organisation and their members
- It will focus on the professional grouping, so may not have an interagency focus
- Other professionals may not agree with the consensus.

See Appendix 1 for a list of professional organisations.

Worked example

Using our hypothetical question – What helps prevent further self-harming in young people? We will look at sources which cover professional consensus.

Royal College of Psychiatrists’ College Reports

This organisation produced ‘Managing Deliberate Self-Harm in Young People’ in 1998.

www.rcpsych.ac.uk/publications/collereports/cr/cr64.aspx
Royal College of Nursing
This organisation produced ‘Children and Young People’s Mental Health – Every Nurse’s Business’, in 2004. It is not specific to self-harm, but it does outline some of the key issues regarding children’s mental health.
www.rcn.org.uk/__data/assets/pdf_file/0004/78601/002239.pdf

Self-Harm Inquiry
This report was informed by various types of evidence, including professional opinion. With regards to prevention, the report found that:
School-based work appears to be one of the most promising areas where the prevention of self-harm can be successfully tackled.
www.selfharmuk.org/

There may be little research evidence, but some young people will still be experiencing problems and still need help and support. Therefore you would need to make use of other forms of evidence such as your own professional experience of what works, and that of colleagues. Plus, it is important to also consider what young people themselves find helpful.

An obvious problem with having no research evidence and relying on these other forms of evidence is being sure that the service being provided is effective. A possible solution is to pilot and evaluate a service, or look at outcome measures and so create your own evidence.

6) How to find policy or good practice guidance from government

Key policy documents and good practice guidance can be found on the government websites. The links below will take you to the homepage of the website, but they can be difficult to navigate. See Appendix 2 for links to current key policy and good practice guidance.

Where to find government policy and good practice guidance

Department of Health
www.dh.gov.uk

Department for Children, Schools, and Families
www.dcsf.gov.uk

Children’s Plan documents
www.dcsf.gov.uk/publications/childrensplan/

Every Child Matters
www.everychildmatters.gov.uk
7) How to find information concerning the population of interest

Listed below are some examples of the types of information you might need to help you develop services.

Demographic information

You may need to know how many young people there are in your area.

If this information is not readily available to you, try the following websites.

Tip: If you are looking for data about a specific local authority, try their website first.

Useful sources of demographic and other useful information

Office for National Statistics (ONS)
Possible sources are Census data. Reports and datasets can be downloaded from the following link: www.statistics.gov.uk/census2001/access_results.asp

Or you could try the ONS’s Neighbourhood Statistics facility neighbourhood.statistics.gov.uk/dissemination/

Or if you are looking for more up-to-date information, try the ONS’s Population Estimates: www.statistics.gov.uk/statbase/Product.asp?vlnk=601
Public Health Observatories (PHO) are a useful source of regional and local data. The Association of Public Health Observatories provides links to the regional PHOs.

www.apho.org.uk

Government Offices are another useful source of regional data. Links to the regional Government Offices can be found at:

www.gos.gov.uk/national/

The mental health needs of your population

This type of information may be available in the form of national or local data. In 1999 and 2004, the Office for National Statistics (ONS) carried out a national survey of children’s mental health. This report is a community based study rather than clinic based, which means that it does not just represent children and young people who attend services, and so gives a broader perspective.

www.statistics.gov.uk/statbase/Product.asp?vlnk=14116

You could try your local Public Health Observatory (PHO). There is a network of these organisations across the country, and there will be one in your region. They produce information, data and intelligence about people’s health and health care. Go to the Association for PHOs for more information.

www.apho.org.uk/

Statistics and surveys regarding schools

National School Surveys

This survey is carried out by the Audit Commission. The 2007 survey found that the most negatively rated area concerned the ability of local services to meet the mental health needs of children and young people.


Statistics regarding issues related to schools

The Department of Children, Schools and Families issue a range of statistical information.

www.dcsf.gov.uk/rsgateway/index.shtml
Schools and Pupils in England 2007

In Your Area Website
Website from the DCSF, which provides a summary of education and skills statistical information in local areas. The website enables the user to drill down to ward level.
www.dcsf.gov.uk/inyourarea/

Children's Services Statistical Neighbour Benchmarking Tool
This tool enables local authorities to benchmark themselves against other local authorities with similar characteristics.
www.dcsf.gov.uk/rsgateway/DB/STA/t000712/index.shtml

Child Health and CAMHS Mapping data
Mapping data includes useful information about your population. It is covered in more detail in the next section, but the following link will take you to this site.
www.childhealthmapping.org.uk

**Worked example**

Using our hypothetical question – what helps prevent further self-harming in young people? We will look at what relevant sources of information tell us about the population we are interested in.

If, for instance you are trying to find data about young people in a particular area, try the Local Authority’s website first. For instance, the following report is on the London Borough of Barnet’s website:

Profile of Children and Young People in Barnet, 2006

The London Health Observatory has a very useful spreadsheet on the prevalence rates of mental health problems of young people and how they differ within London, and how they compare to the rest of the UK.
www.lho.org.uk/viewResource.aspx?id=9338

Community Health Profiles
The Communities Health Profiles website provides the searcher with a snap-shot of health in a given area.
8) How to find service based information

This section will cover a range of different types of information that are produced by the service itself or are produced about the service by various external agencies. Some of this information may already be available within your organisation, but if it is not, here are some hints on how to get hold of it.

Performance data

All public services are assessed or their performance measured, and services that support children’s emotional, psychological and mental health are no exception. Currently this data can be obtained by various organisations such as Ofsted, and the Healthcare Commission.

Useful sources of performance data

Ofsted

Joint Area Reviews (JAR), Annual Performance Assessment (APA) and other reports can be downloaded for all relevant local authorities from this section of the Ofsted website.

www.ofsted.gov.uk/portal/site/Intern

CAMHS Mapping Data

Mapping data can be used to find out various types of information about services, including how they are working towards meeting the proxy measures. There are various tools to help the searcher find what they are looking for.

The data is available in preset reports that can be viewed or downloaded from:

www.childhealthmapping.org.uk/reports/live.php

From these preset reports, you can drill down to find information about specific services.
An annual collation of data and key findings is available as a report:
www.childhealthmapping.org.uk/reports/CH_CAMHS_MS_Atlas_200607.pdf

A directory allows the searcher to find data about a specific service:
www.childhealthmapping.org.uk/reports/directory.php

There are now online maps, which enable the searcher to find services within a given PCT or Local Authority area, and view their reports.
www.childhealthmapping.org.uk/ymap.php

Workforce

Having well trained staff in sufficient quantity is crucial to delivering high quality services. You will need to consider issues such as estimating how many staff you need to run the service, what type of staff you need, and what competencies they should have. You may also need to consider issues such as developing leadership, ensuring that your staff are adequately trained, have supervision or are supported to undertake their work. Follow the links below for more information.

New Ways of Working
www.newwaysofworking.org.uk/

Mental Health and Psychological Wellbeing section of the CSIP Children Young People and Families Programme website
www.cypf.csip.org.uk/camhs/workforce.html

More general section on workforce
This site includes links to other organisations such as the Children's Workforce Development Council.
www.cypf.csip.org.uk/cross-cutting-work/cross-cutting-work/workforce.html

If you want to know how your local workforce compares to other areas you can find relevant information from the following sources:

Child Health, CAMHS and Maternity Mapping
www.childhealthmapping.org.uk/index.php

The Information Centre
This organisation collects and analyses data relevant to the NHS and Social Services. For instance, they collate information on the number of staff working in the NHS.
www.ic.nhs.uk/
Department for Children, Schools and Families

If you were looking for information regarding the number of teachers working in England, you could try the Research and Statistics section of the DCSF website.

www.dcsf.gov.uk/rsgateway/

Other sources of information

CAMHS Outcomes Research Consortium (CORC)

This is a collaborative, membership organisation, which aims to develop and pilot a model of routine evaluation of outcomes. Members gather data using agreed measures, which is then analysed by the CORC central team. The resulting report details differences in outcomes across a service, and compared to other members of CORC.

These reports are sent to the member service, and are not generally freely available.

www.corc.uk.net/index.php

CAMHS Needs Assessment Tool

This online tool has been designed to enable CAMHS Partnerships, PCTs and local authorities to prepare a needs assessment, which reflects the mental health needs of the children and families in their area.

The user needs to register to use this tool, so any information added to the tool is not freely available.

www.childhealthmapping.org.uk/needs.assessment/index.php

Quality Network for Inpatient CAMHS (QNIC)

This network, which is run by the Royal College of Psychiatrists Research and Training Unit (CRTU), aims to demonstrate and improve the quality of in-patient child and adolescent psychiatric in-patient care through a system of review against the QNIC service standards.

The QNIC service standards can be downloaded from the link below, but information about individual services is not freely available.

www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qnicqnic.aspx
Quality Improvement Network for Multi-Agency CAMHS (QINMAC)

This network, which is also run by the CRTU, aims to improve the quality of specialist provision of tier 2 and 3 services. This network uses a method that combines the clinical audit cycle with peer reviews. The QINMAC service standards can be downloaded from the link below, and like QNIC information about individual services is not free available.

www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qinmac camhs.aspx

CAMHS Partnership Self Assessment

This tool was developed by the National CAMHS Support Service in collaboration with the Health and Social Care Advisory Service to help CAMHS Partnerships review and plan their priorities. It is now available as an online tool, but with limited access. To find out more about this information contact the Chair of your local CAMHS Partnership or your CAMHS Regional Development Worker (RDW).

www.childhealthmapping.org.uk/selfassessment/index.php
www.cypf.csip.org.uk/camhs/how-to-contact-the-ncss.html

Worked example

Using our hypothetical question – what helps prevent further self-harming in young people? We will look at relevant sources of information to find out about what service based information is available for our area, which in this case is Barnet.

Joint Area Review (JAR) reports

If you were looking for the JAR reports from all of the local authority children’s services within Greater London, you could find them by looking up each local authority area on the Ofsted website.

www.ofsted.gov.uk/portal/site/Intern et/menuitem.4ee124d1333d1e23b2 18d71008c08a0c/?vgnextoid=15df7 64e0f32b010VgnVCM100000960f4 30aRCRD

Mapping data

The CAMHS Mapping provides a range of data collected from services, and can include information about the commissioning of services, and about the service provided. It can be viewed from a regional perspective down to an individual provider.

www.childhealthmapping.org.uk
9) How to find examples of practice

Examples of how others have approached the commissioning or provision of services can help by illustrating how services could be configured and operate. Examples of practice – also referred to as good practice, positive practice, emerging practice – can be found in a variety of different sources.

These sources can include many of those mentioned in different sections of this document, and could include research papers and reports, policy documents, and sources that collate different types of information. Examples can also be found on more informal sources such as email forums or networks.

Tip: This type of information can be difficult to assess. Try and find out whether it is based on a well researched model, or has been evaluated in some way.

Useful Sources of Emerging Practice

CSIP Knowledge Community
kc.csip.org.uk

Mental Health and Emotional Well-Being/NCSS website
www.cypf.csip.org.uk/camhs.html

Department of Health
www.childrensnsfcasestudies.dh.gov.uk/children/nsfcasestudies.nsf

NCSS Conference handbooks
These handbooks are from national conferences on priority areas. Each includes examples of practice.
www.cypf.csip.org.uk/camhs/ncss-conference-handbooks.html

Every Child Matters
www.everychildmatters.gov.uk/resources-and-practice/

Sure Start
www.surestart.gov.uk/improvingquality/promisingpractice/promisingpracticelinks/

Email Forums
Focus
www.mailtalk.ac.uk/focus
Government initiatives and pilot projects

These projects are generally innovative in their approach, and often have evaluation built in. Findings from these evaluations add to the evidence base, but as well as identifying what works from a therapeutic perspective, another crucial element is the learning acquired whilst setting-up and running the project. This form of evidence is extremely important, but is not necessarily easy to obtain. Some evaluation reports may be written-up as a research paper, but can fall into the category of grey literature and are therefore difficult to locate. Recent examples are the CAMHS Innovation Projects, NSF Development Initiative Projects, Targeted Mental Health in Schools, New Ways of Working in CAMHS and The Family Nurse Partnership programmes. More information about these projects can be found in Appendix 4.

Children and Young People’s Plan, but it may also be found in some of the other sources mentioned elsewhere in this document e.g. research reports.

Voluntary sector organisations such as YoungMinds, and the Mental Health Foundation have carried out a lot of work in this area.

Service user participation in the development and review of services is an important theme in all key government documents regarding services for children and young people. The Children’s Plan states that: “Services need to be shaped by and responsive to children, young people and families, not designed around professional boundaries.”

Worked example

Using our hypothetical question – What helps prevent further self-harming in young people? We will look at relevant sources of information.

YoungMinds work on Participation
www.youngminds.org.uk/young-people/voice-your-opinion

Minority Voices
www.youngminds.org.uk/publications/all-publications/minority-voices/file

10) How to find out what service users think

This is another area where information can be found in a range of different sources. It may be found in local documents, such as the
Putting Participation into Practice
www.youngminds.org.uk/publications/all-publications/putting-participation-into-practice-1/?searchterm=putting%20participation

Listen Up
www.mentalhealth.org.uk/our-work/service-development/cyp/listen-up/

TellUs2 Survey Data
This Ofsted survey provides some information about young people and what they are concerned about. This is subjective data, but it does come from children and young people.
www.ofsted.gov.uk/reports/pdf/?inspectionNumber=2904&providerCategoryID=0&fileName=TELLUS\tellus_2007_302.pdf

Guide to Local Authority Surveys of Children and Young People's Well-Being
This online resource from NFER, provides information about approaches local authorities have taken to gather information about aspects of the life of children and young people that contribute to their wellbeing.
www.nfer.ac.uk/ECI/home.cfm

11) How to find information about or get help concerning quality improvement, audit, evaluation and outcomes

Routine evaluations, audits or outcome studies often form the basis of a research paper. Try some of the sources listed in the primary research section to search for these.

Services, which are funded by government funds, are often evaluated. These reports can often be found on relevant departments’ website, or on other online knowledge or information services. See Appendix 4 for more information about recent national initiatives that were set up to pilot innovative practice.

Useful sources

Department of Children, Schools and Families' research section
www.dcsf.gov.uk/research/

Department of Health publications
www.dh.gov.uk/en/Publicationsandstatistics/Publications/index.htm

Every Child Matters website
www.everychildmatters.gov.uk/publications-and-resources/

NCSS
www.cypf.csip.org.uk/camhs/nation
CAMHS Outcomes Research Consortium (CORC)
This is a consortium of organisations, who are working to research outcomes in CAMHS. Members collect data using agreed measures, and the central team analyse the data and produce a report for the service.
www.corc.uk.net/

Royal College of Psychiatrists’ Training and Research Unit
www.rcpsych.ac.uk/crtu.aspx

College Centre for Quality Improvement
www.rcpsych.ac.uk/crtu/centreforqualityimprovement.aspx

Quality Improvement Network for Multi-Agency CAMHS (QINMAC)
www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qinmaccamhs.aspx

Quality Network for Inpatient CAMHS (QNIC)
www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qnicqnic.aspx

Self-Harm Project
This is a national quality improvement programme from the Royal College of Psychiatrists.
www.rcpsych.ac.uk/researchandtrainingunit/centreforqualityimprovement/self-harmproject.aspx

12) How to appraise evidence

"Using evidence does not mean putting your brain in neutral and accepting the evidence without considering appropriateness”
(Bandolier website)
www.jr2.ox.ac.uk/bandolier/band151/b151-4.html

The prospect of appraising a research paper may be a bit daunting. It is very likely that organisations such as the Critical Appraisal Skills programme (CASP) will have a tool to help you assess the paper’s quality. The word ‘tool’ might sound a bit off-putting, but they are generally a list of questions to help you pick out the information you need to help you make a decision about the papers quality.

CASP tools
www.phru.nhs.uk/Pages/PHD/resources.htm

If a tool is not available for your piece of information or you cannot download a tool, there are some questions you can ask yourself about your piece of information to help you assess the quality of it. This is not to suggest that this should be done instead of properly appraising, but it will at least get you thinking about the quality of the document you are reading.
• Try and read more than just the abstract. These help you get an overview of the paper and make an initial selection, but they have been known to be inaccurate (Pitkin, Branagan, & Burmeister, 1999).

• If it was published in a journal, was it peer-reviewed? This does not guarantee quality, but it does build in some quality control. This is because the paper has been checked by another expert before it was approved for publication.

• Who was included in the study and who was excluded? This will give you an idea about whether the study covers the people you would expect it to cover.

• How many people were included in the study, or piece of work? If it is quantitative research you might expect to see large sample sizes. It is difficult to say what the size should be as this will vary depending on what is being studied, but generally the larger the better. If it were a piece of qualitative research you would not necessarily expect such a large sample size. For instance if it involved in-depth interviews it would not be practical.

• If it is a quantitative study, what were they measuring? Do you think that the measure is suitable for the study in question?

• If it is a qualitative study, have they used a combination of techniques? Using more than one technique or using more than one researcher can help reinforce the findings. This process is known as triangulation.

• Who commissioned or sponsored the research? For instance, if a pharmaceutical company sponsored a study that compared their drug with another intervention, they would have a vested interest in seeing a favourable outcome to the study. Or the study may only get published if it is favourable.

• Do any of the authors have any potential conflicts of interest? For instance, if one of the authors worked for a particular pharmaceutical company, or is instrumental in a particular therapeutic model, they may have a vested interest in favourable results.
What do you do if you cannot find any evidence?

After conducting a thorough search for evidence and appraising it, you may find that there is little or no evidence for the service you are developing. So you will have to extrapolate or deduce from more general evidence how an intervention or a service might meet the needs of your group of young people.

This would require you to think about whether the service model or intervention you have in mind will help the children and young people in your area. You may need to try out a service model as a pilot and evaluate it, and so generate your own evidence regarding how effective it is.

Carrying out your own research or piloting a service is no easy undertaking. How you would carry out your own research is outside of the scope of this document, but one option is to carry out this work in partnership with other organisations or stakeholders. For instance working in conjunction with an academic unit will bring valuable knowledge about research methodology to the work you want to undertake. More information about organisations that can help are included in Appendix 1.

Search engines

If you are really stuck, or cannot find something that you know should be on a website, you can always fall back on search engines like Google. Generic search engines can be a mixed blessing. They can enable you to access information sources you did not know existed, but there may be little in the way of quality control. Advances in technology mean that they are much better than they used to be, and they can have some useful tools or sections which can be quite helpful.

Search engines

Google

www.google.co.uk

This search engine probably does not need any introduction. It is easy to use, but for various reasons, such
as lack of quality control, needs to be treated with caution.
The following services from Google are freely available on the Internet, and operate in much the same way as the search engine.

**Google Scholar**
This service allows you to search ‘scholarly’ literature, and they claim to sort articles in the same way that researchers do.

It is very easy to use, and a search on ‘evidence CAMHS’, returned lots of potentially interesting articles.

You get some quality assurance with Google Scholar, but you still have to be quite careful.

[scholar.google.com/](http://scholar.google.com/)

**Google Books**
This section enables you to search for a particular book, and search within some or all of the text. It is very useful if you want to inspect the book online, and includes links to where you can buy it online.

[books.google.com/](http://books.google.com/)

**Clusty**
Clusty is interesting because as well as giving you a page of results it also clusters the results into themes. You can then click on the theme and just see the results for that keyword.

[clusty.com/](http://clusty.com/)

**Tip:** if you want to search on a phrase, put it in quotes e.g. “children’s mental health” (otherwise it will search on the individual words), or use the advanced search facility.
Commissioners looking into commissioning a service for young people who self-harm will need to find out such things as:

- How many young people in their area need this service
- How much might different models of provision cost
- Does it address key policy areas
- Is the service acceptable and appropriate for the population it is aimed at, does it meet expected outcomes, and
- Does it improve the outcomes for the children, young people and families it is aimed at.

Service providers or practitioners may also need to find the same types of information as commissioners, but might use it in a different way. They will need to know what is the best way to deliver the service, how will they engage with these young people and will it improve the outcomes for the children, young people and families it is aimed at.

Service users/carers will need access to some of this evidence or information, but they will need it in a format that is accessible to them. They may want to know about how effective treatments are, what services are available in their area, what their rights are, how they make a complaint, how well a given service is performing and so on.
How you would start thinking about using academic research evidence will depend to some extent on the methodology used. Both of the methodologies described below will require the practitioner to use their professional experience to think about the research and apply some deductive or inductive reasoning to help them apply the findings to their context.

- Quantitative studies will involve measurements or numerical data of some description. This methodology looks at the mean (the average) measurement or score. This is useful data to generalise from, but you may need to deduce how this data relates to your population or context.

- Qualitative studies focus on understanding the individual and their experiences and so on. This data is more difficult to generalise from because it is subjective data that probably focuses on a small sample of people. So there is a need to carry out some inductive reasoning, or think about how the findings from a specific population or context can inform a more general population or context.

Evidence needs to feed in to service planning, delivery and routine evaluation. You may wish to consider how you will use your information with a group of colleagues or your line manager.

A journal club is a useful way of keeping yourself up to date and sharing research findings with your colleagues. It involves a small group reading an agreed research paper, and discussing the findings. The advantages are that it encourages people to read papers, share the findings, and think as a group about how you would implement some of the findings.
You may want to use information such as research findings, performance data, and routine outcome data to see how well your service is performing against other services. The results of any benchmarking activities may need to be carefully interpreted in light of the local context. For instance there may be a very good reason why your service is doing better or worse than a similar service.

Information is crucial when writing any proposals, reports, strategies and so on. These facts and figures provide evidence to support your argument. There is a need to ensure that you are using the information appropriately and not overstating what it means.

In order to avoid plagiarism and to ensure that readers can follow-up the information, you will need to ensure that any reports, papers and so on are properly referenced. There are two main referencing styles Harvard (name, date) and Vancouver (numbered system). Different publishers or organisations will use a specific style or modified versions of these styles.

Adding references to a document can be a painstaking task and often left to the last minute, so it is worth thinking ahead and collating your references as you develop your document. There are some very useful referencing software packages available, for instance EndNote or Reference Manager, but you still need to input the data in the first place.

Also see Appendix 5 for useful resources on evidence-based practice, and implementation.

At a more strategic level, you may wish to develop a knowledge management strategy to give you a more co-ordinated approach to managing your organisation's knowledge. Or if you want to consider sharing your evidence more widely, you could work in partnership with other organisations to set up a knowledge transfer partnership. Knowledge management and knowledge transfer are outside the scope of this document, but see Appendix 1 for links to organisations working in this area.
Conclusion

There is a wide range of different types of evidence available to practitioners to help them develop services. It is important to have an understanding of these different sources, to appreciate their strengths and limitations and to and know where to find them.

You will not find research evidence for every query you search on. This could be because it has not been carried out at all or it has not been carried out in relation to children and young people. This is where the practitioner’s expertise comes to the fore. There is a need to use this expertise to extrapolate or deduce from the research literature as to how this research translates to your context.

Research and other forms of evidence can tell us a lot, but it is people who implement or use it, or lead and inspire others to make a difference for children, young people and their families.
Appendix 1
Sources of information

Following is a list of sources of information. It is not a definitive list, but covers a range of sources. They are organised in relation to the type of information they provide. Some websites provide a range of sources, but will generally only be listed once.

National Guidance

- National Institute for Health & Clinical Excellence (NICE)  
  www.nice.org.uk/
- Implementing NICE guidance  
  www.nice.org.uk/usingguidance/using_guidance.jsp
- Social Care Institute for Excellence (SCIE)  
  www.scie.org.uk

Secondary Research/Reviews

- Evidence for Policy & Practice Information Co-ordinating Centre (EPPI-Centre)  
  eppi.ioe.ac.uk

Primary research databases

- Cochrane (via National Library for Health)  
  www.library.nhs.uk
- Mental Health Specialist Library  
  www.library.nhs.uk/mentalhealth/
- Research in Practice (RIP)  
  www.rip.org.uk
- Service Delivery & Organisation Programme  
  www.sdo.lshtm.ac.uk/
- British Education Index  
  www.leeds.ac.uk/bei/
- CERUK (Educational Research)  
  www.ceruk.ac.uk/
- ERIC (US Education database)  
  www.eric.ed.gov/
- Google Scholar  
  scholar.google.com/
- Knowledge Community  
  kc.csip.org.uk/
- National Institute for Health Research Portal  
  portal.nihr.ac.uk/Pages/default.aspx
- Research Findings  
  www.refer.nhs.uk
Organisations

- Association for Young People's Health
  www.youngpeopleshealth.org.uk/

- Barnardos
  www.barnardos.org.uk/

- CAMHS Evidence Based Practice Unit
  www.annafreud.org/ebpu

- Centre for Research on the Wider Benefits of Learning
  www.learningbenefits.net

- Centre for Longitudinal Studies
  www.cls.ioe.ac.uk/

- DCSF Research
  www.dcsf.gov.uk/research/

- Dartington Social Research Unit
  www.dartington.org.uk/index.shtml

- Economic & Social Research Council
  www.esrc.ac.uk/ESRCInfoCentre/index.aspx

- Joseph Rowntree Foundation
  www.jrf.org.uk/

- King's Fund
  www.kingsfund.org.uk/

- Mental Health Foundation
  www.mhf.org.uk

- National Children's Bureau
  www.ncb.org.uk/

- National Federation of Educational Research (NFER)
  www.nfer.org.uk/

- National Institute for Health Research
  www.nihr.ac.uk/

- NSPCC
  www.nspcc.org.uk

- Royal College of Psychiatrist Research and Training Unit
  www.rcpsych.ac.uk/rtu.aspx

- Service Delivery & Organisation Programme
  www.sdo.lshtm.ac.uk/index.html

- Social Policy Research Unit
  www.york.ac.uk/inst/spru/

- Thomas Coram Research Unit
  iowebserver.ioe.ac.uk/ioe/cms/get.asp?cid=470

- Trust for the Study of Adolescence
  www.studyofadolescence.org.uk/index.php

- What Works for Children
  www.whatworksforchildren.org.uk/
Organisational information (includes quality improvement networks)

- Audit Commission
  www.audit-commission.gov.uk/
- CAMHS Mapping
  www.camhsmapping.org.uk/
  www.childhealthmapping.org.uk/
- ChiMat
  www.chimat.org.uk
- CORC
  www.corc.uk.net/
- Healthcare Commission
  www.healthcarecommission.org.uk/homepage.cfm
- Community Health Profiles
  www.communityhealthprofiles.info/
- Information Centre
  www.ic.nhs.uk/
- New Ways of Working
  www.newwaysofworking.org.uk/
- Ofsted
  www.ofsted.gov.uk/
- Public Social Services Research Unit (PSSRU)
  www.pssru.ac.uk/

Quality Improvement Networks

- QNIC
  www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qnic.aspx
- QINMAC
  www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qinmaccamhs.aspx

This type of information can also be found via other sources listed here.

Policy and good practice guidance

Government Departments

- Department of Health
  www.dh.gov.uk
- Children’s Health & Maternity Services E-Bulletin
  www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/ChildrenServices/Childrenservicesinformation/DH_4105512
- Department of Children, Schools and Families
  www.dcsf.gov.uk
- Teachernet
  www.teachernet.gov.uk
- Every Child Matters
  www.everychildmatters.gov.uk/
• Home Office  
  www.homeoffice.gov.uk

• Social Exclusion Task Force  
  www.cabinetoffice.gov.uk/social_exclusion_task_force/

Arms Length bodies

• Care Services Improvement Programme (CSIP)  
  www.csip.org.uk

• CSIP Regional Development Centres  
  www.csip.org.uk/regional-development-centres.html

• National CAMHS Support Service (NCSS)  
  www.cypf.csip.org.uk/camhs/national-camhs-support-service-ncss.html

Legislation

• Office for Public Sector Information (OPSI)  
  www.opsi.gov.uk

• Parliament website – Bills and Legislation  
  www.parliament.uk/business/bills_and_legislation.cfm

Expert consensus – professional bodies and associations

• Assoc for Child and Adolescent Mental Health (ACAMH)  
  www.acamh.org.uk

• Assoc of Child Psychotherapists (ACP)  
  www.acp.uk.net/

• Assoc for Educational Psychologists  
  www.aep.org.uk/

• Assoc for Family Therapy  
  www.aft.org.uk/

• Assoc for Infant Mental Health UK  
  www.aimh.org.uk/

• Assoc for Professionals in Services for Adolescents  
  www.apsa-web.info/index2.htm

• British Assoc for Behavioural & Cognitive Psychotherapists (BABCP)  
  www.babcp.com/

• British Assoc of Psychotherapists  
  www.bap-psychotherapy.org/

• British Assoc of Social Workers  
  www.basw.co.uk

• British Psychological Society  
  www.bps.org.uk/

• Royal College of Nursing  
  www.rcn.org.uk

• Royal College of Paediatrics & Child Health  
  www.rcpch.ac.uk/

• Royal College of Psychiatrists  
  www.rcpsych.ac.uk

• Social, Emotional and Behavioural Difficulties Assoc  
  www.sebda.org/

• Youth Access  
  www.youthaccess.org.uk/
Emerging practice (no evaluation)

- I&DEA Partnership and Places Library  www.idea.gov.uk
  www.idea.gov.uk/idk/laa/home.do
- Knowledge Community  kc.csip.org.uk
- NCSS/CSIP Mental Health & Psychological Wellbeing  www.cypf.csip.org.uk/camhs.html
- Sure Start  www.surestart.gov.uk/improvingquality/promisingpractice/promisingpracticelinks/

Individual views

Professionals

- Focus email forum  www.mailtalk.ac.uk/lists/focus.html
- Knowledge Community  kc.csip.org.uk

Children & Young People

- Barnardo’s  www.barnardos.org.uk/
- Foundation for People with Learning Disabilities  www.fpld.org.uk/
- Involve  www.invo.org.uk/
- Mental Health Foundation  www.mhf.org.uk
- Save the Children  www.savethechildren.org.uk
- YoungMinds  www.youngminds.org.uk

This type of information will also be found via other sources listed here.

Other organisation that can help

- CAMHS Consulting  www.camhsconsultants.co.uk/
- CAMHS and Learning Disabilities Network  www.jan-net.co.uk/
- CAMHS Network  www.camhsnetwork.co.uk/
- ChiMat  www.chimat.org.uk/
- CORC  www.corc.uk.net/index.php
- HASCAS  www.hascas.org.uk/camhs_home.shtml
- Perinatal and Infant Mental Health Network  www.cypf.csip.org.uk/camhs/perinatal-and-infant-mental-health.html
- YoungMinds’ Training and Consultancy Service  www.youngminds.org.uk/professionals/
Knowledge management and knowledge transfer

- ChiMat  www.chimat.org.uk
- I&DEA – Knowledge Management www.idea.gov.uk/idk/core/page.do?pageId=8152457
- Knowledge Transfer Partnerships www.ktponline.org.uk/default.aspx
- Canadian Health Service Research Foundation – Knowledge Transfer/Exchange www.chsrf.ca/knowledge_transfer/index_e.php

Libraries, portals and search engines

- BUBL bubl.ac.uk/
- Educational Evidence Portal www.eep.ac.uk/Main/Default.aspx
- Health Libraries and Information Services Network www.hlisd.org
- Higher Education and Research Organisations (HERO) www.hero.ac.uk/uk/home/index.cfm
- Intute – covers Health & Life Sciences, and Social Sciences www.intute.ac.uk/
- What Works Clearing House ies.ed.gov/ncee/www/
- UK Higher Education and Research Libraries www.library.ex.ac.uk/internet/uklibs.html

Useful organisations or resources in Scotland, Wales and Northern Ireland

- Children in Scotland www.childreninscotland.org.uk/
- Hands On Scotland www.handsonscotland.co.uk/
- Headsup Scotland www.headsupscotland.co.uk/
- Scottish Development Centre for Mental Health www.sdcmh.org.uk/
- WellScotland www.wellscotland.info/index.html
- Children in Wales www.childreninwales.org.uk/index.html
- Children in Northern Ireland www.ci-ni.org.uk/
Appendix 2
Key government policy and good practice guidance

The following is information about key government policy drivers, which outline what is expected of services. The reference and exact link to the report has been given to help locate the document. It should be noted that these deep links are more likely to change than the home page. These links were correct at time of publication, but if they do not work, go to the homepage and search for the document.

The Children’s Plan

This document builds on the Every Child Matters agenda, and sets out a ten-year strategic plan for how local authorities and their partners will develop all children’s services, including psychological health, emotional wellbeing and child and adolescent mental health services (CAMHS) (Department for Children, Schools & Families, 2007). Amongst other things the Children’s Plan sets out the government’s intention to:

• Review existing CAMHS provision, in particular access to early intervention and prevention services in universal and mainstream settings as well as specialist CAMH services
• Improve collaboration between the NHS and schools and other agencies around children and young people’s mental and emotional health
• Increase the number of specialist CAMHS beds for those with greatest need, and end the inappropriate use of adult psychiatric wards for children and young people aged under 16 (as required by the Mental Health Act 2007)
• Issue statutory guidance for health services and local authorities on how they should improve the health of children in care, including their mental health.

www.dcsf.gov.uk/publications/childrensplan/

Public Service Agreements and National Indicators

The current Public Service Agreement (PSA) 12 includes child and adolescent mental health and wellbeing as a key priority area (HM Government, 2007).
www.hm-treasury.gov.uk/media/6/8/pbr_csr07_psa12.pdf

This is further reflected in the national indicator (NI) set, which includes the following:

- NI 50 Emotional Health of Children
- NI 51 Effectiveness of CAMHS
- NI 58 Emotional and Behavioural Health of Looked After Children.


The NHS Operating Framework

This document sets out the priorities for the NHS. The current framework, which covers 2008-2009, includes amongst its four priority areas:

- improving children’s and young people’s physical and mental health and wellbeing

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PolicyAndGuidance/DH_063267

Every Child Matters

Another key driver for developing and improving children’s services is the Every Child Matters agenda. (Department for Education & Skills, 2004). This government initiative aims to:

“make a step-change in the quality, accessibility and coherence of services so that every child and young person is able to fulfil their full potential and those facing particular obstacles are supported to overcome them.”

www.everychildmatters.gov.uk/_files/EBE7EEAC90382663E0D5BBF24C99A7AC.pdf

National Service Framework for Children, Young People and Maternity Services

A key driver to improve children and young people’s mental health services is Standard 9 of The National Service Framework (NSF) for Children, Young People and Maternity Services (Department of Health, 2004). The report on the Implementation of Standard 9 of the NSF for Children, Young People and Maternity Services (Department of Health, 2006), contains 12 markers of Good Practice, one of which states that:

“Services ensure that children and young people receive treatment interventions which are guided by the best available evidence and
which take account of their individual needs and circumstances.”

www.dh.gov.uk/assetRoot/04/09/05/60/04090560.pdf


This report provides an overview of the work of the NSF.


Promoting Mental Health for Children Held in secure settings: A framework for commissioning services.

This document is intended to help commissioners and their commissioning partners ensure that children held in custodial and other secure settings have fair access to a comprehensive CAMHS.


All of these key government documents may use slightly different terminology, but they all indicate that psychological health and emotional wellbeing underpin the development of resilience, healthy development and so enables children to cope with all that life brings them. This enables children and young people to make the most of learning opportunities, have a healthy and safe life through both their childhood and teenage years. In addition, it is important for making a successful transition to adulthood and for their long-term health and wellbeing, and for any future family they might have.
Appendix 3
Useful journals, magazines, books and reports

This is not an exhaustive list, but is intended to illustrate the range of journals and other materials available at the time of publication.

Journals, which have a focus on children’s psychological and emotional wellbeing.

Archives of Disease in Childhood
This peer reviewed journal is published by BMJ Journals, and is the official journal of the Royal College of Paediatrics and Child Health Journal. It aims to keep paediatricians and others up to date with advances in the diagnosis and treatment of childhood diseases as well as advocacy issues such as child protection.
adc.bmj.com

British Journal of Psychiatry
Published by the Royal College of Psychiatry. This journal does not solely focus on children’s psychological health and emotional wellbeing, but it does include these articles relating to these areas.
www.rcpsych.ac.uk/publications/journals.aspx

Child: Care, Health and Development
Published by Blackwell, it is the official journal of the British Association of Community Child Health, European Society of Social Paediatrics, and the Swiss Paediatric Society. This peer-reviewed journal focuses on all aspects of the health and development of children and young people.
www.blackwellpublishing.com/journal.asp?ref=0305-1862&site=1

Child and Adolescent Mental Health
Published by Blackwell, it is also part of the Association of Child and Adolescent Mental Health (ACAMH) membership package.

Tip: your local NHS or academic library might already subscribe to them. If they do not, ask them if they will. Budgets aside, librarians often welcome a steer.
Child and Family Social Work
Published by Blackwell and focuses on research, theory, policy and practice in the field of social work with children and their families.
www.blackwell-synergy.com/loi/CFS

ChildRight
Published by the Children’s Legal Centre and focuses on all aspects of law and policy affecting children and young people in England and Wales.
www.childrenslegalcentre.com/Publications+Consultancy+and+Training/Publications/childright/

Children and Society
Published by Blackwell, it is also part of the National Children’s Bureau’s (NCB) membership package. This journal covers all aspects of childhood.
www.blackwellpublishing.com/journal.asp?ref=0951-0605&site=1

Clinical Child Psychology and Psychiatry
Published by Sage, and focuses on clinical and therapeutic aspects of child and adolescent psychology and psychiatry
www.sagepub.com/journalsProdDesc.nav?prodId=Journal200869

Education and Health
Published by the School Health Education Unit and is aimed at those involved with education and health who are concerned with the healthy development of young people.
www.sheu.org.uk/publications/educationandhealth.htm

Emotional and Behavioural Difficulties
Journal published by Routledge on behalf of the Social Emotional and Behavioural Difficulties Association’s (SEBDA)
www.sebda.org/resources/journal.asp

Journal of Adolescence
Published by Elsevier on behalf of the Association for Professionals in Services for Adolescents (APSA). It addresses issues concerning development between puberty and the attainment of adult status within society.
www.apsa-web.info/
Journal of Child Psychology and Psychiatry
Published by Blackwell, but is also part of the Association of Child and Adolescent Mental Health (ACAMH) membership package. Its coverage includes studies on epidemiology, diagnosis, psychotherapeutic and psychopharmacological treatments, behaviour, cognition, neuroscience, neurobiology and genetic aspects of childhood disorders.
www.acamh.org.uk/
www.blackwellpublishing.com/jnl_default.asp

Journal of Children’s Services
This peer reviewed journal is published by Pavilion in association with the Dartington Social Research Unit. It is designed to encourage the development of research-based, outcome-focused services to better safeguard and promote the wellbeing of vulnerable children and their families.
www.pavpub.com/pavpub/journals/JCS/index.asp

Psychiatric Bulletin
Journal published by the Royal College of Psychiatrists. This journal does not specifically focus on children’s psychological health and emotional wellbeing, but it does include relevant articles
www.rcpsych.ac.uk/publications/journals.aspx

Magazines
These are useful to help keep you up-to-date with CAMHS and the wider children’s agenda. Plus, some content is freely available on the Internet.

AskACE
Magazine from the Advisory Centre for Education (ACE)
www.ace-ed.org.uk/bulletin/index.html

Children & Young People Now
www.cypnow.co.uk/

Commissioning News
www.commissioningnews.com/

Community Care
www.communitycare.co.uk

Health Service Journal
www.hsj.co.uk

Mental Health Today
www.pavpub.com/pavpub/mentalhealthtoday/index.asp

YoungMinds Magazine
www.youngminds.org.uk/join-us/youngminds-magazine
E-Bulletins

Following are a few free e-bulletins.

Children, Families and Maternity e-Bulletin from the Department of Health

Children’s Mental Health and Psychological Wellbeing e-bulletin, from NCSS
www.cypf.csip.org.uk/camhs/childrens-mental-health--psychological-wellbeing-ebulletin.html

ChiMat & CSIP Children, Young People and Families e-Bulletin
kc.csip.org.uk/viewresource.php?action=viewdocument&pid=101448&grp=1

Some key books and reports for your bookcase

Barnardo’s What Works in Practice Series.
www.barnardos.org.uk/resources/research_and_publications/books_and_tools_what_works_in_practice.htm

Children’s Services Network (2007), Fundamental Health: Children’s Mental Health a Guide. London: Children’s Services Network. This publication is not freely available online. See link for more information.

www.csn.info/csn/publication-detail.jsp?id=166&md=0


Mental Health Foundation. (1999). Bright futures: promoting children and young people’s mental health. London: Mental Health Foundation. www.mhf.org.uk/publications/?EntryId=38563&q=640392%c2%acbright%20future%c2%ac


Also see Appendix 2: Key government policy and good practice guidance.
Appendix 4
Government initiatives and pilot projects

Following are some examples of Government initiatives that were set up to pilot and evaluate innovative models of practice. Services have to bid to become a pilot and successful projects receive funding that has been made available for them.

CAMHS Innovation Projects

This Department of Health initiative saw 24 projects receive funding to set-up pilots that were innovative in approach, had a multi-agency focus, and were match funded. Each project was evaluated individually by an external evaluator, but there was also an overarching evaluation. This latter evaluation includes information about what was learnt, and what were the key elements in a service that ‘works’.


NSF Development Initiatives Programme

This joint initiative between the Department of Health and the then Department for Education and Skills, made funding available for the development of initiatives that focus on priorities in the Children, Young People and Maternity Services NSF.

These priority areas were:

- Culturally competent services for black and minority ethnic (BME) families and asylum seekers
- Services for young people with complex needs (including conduct disorder)
- Early intervention and mental health promotion
- Services for children and young people with learning disabilities
- Services for 16 and 17 year-olds.

Follow the link below for more information about the projects and to download a report that outlines how these initiatives have progressed, what has been shown to work well, and what has been learnt.

www.cypf.csip.org.uk/camhs/childrens-nsf-initiatives--development-projects.html
Other current government initiatives are:

Targeted Mental Health Support in Schools Pathfinder Pilots
www.dfes.gov.uk/pns/DisplayPN.cgi?pn_id=2008_0016
www.annafreudcentre.org/ebpu/#TMHSE

New Ways of Working in CAMHS
www.newwaysofworking.org.uk/camhs.aspx

National Health Schools Programme
www.healthyschools.gov.uk/

Family Nurse Partnership Programme
www.everychildmatters.gov.uk/parents/healthiedsupport/

Appendix 5
Further information about evidence based practice and select reading

Resources

The following links are to online resources about evidence based practice.

Bandolier
www.jr2.ox.ac.uk/bandolier/index.html

Centre for Evidence Based Medicine
www.cebm.net/

Overview of different types of studies
www.cebm.net/study_designs.asp

Centre for Evidence Based Mental Health
cebmh.warne.ox.ac.uk/cebmh/cebmh.htm

Centre for Evidence Based Medicine – What is . . . ? Series
www.evidence-based-medicine.co.uk/what_is_series.html

Netting the Evidence
www.shef.ac.uk/scharr/ir/netting/
NICE – How NICE guidance is developed
www.nice.org.uk/aboutnice/howwework/how_we_work.jsp

Research in Practice Handbooks
www.rip.org.uk/publications/handbooks.asp

Papers & Books

www.acamh.org.uk/pooled/articles/ BF_PSART/view.asp?Q=BF_PSART_133609

www.cabinetoffice.gov.uk/social_exclusion_task_force/think_research.aspx


www.acamh.org.uk/pooled/articles/ BF_PSART/view.asp?Q=BF_PSART_296455
Glossary

The Bandolier website has a good glossary, if you want more in-depth definition of some the terms listed below, and other relevant terms
www.jr2.ox.ac.uk/bandolier/glossary.html

Centre for Evidence-Based Medicine’s overview of pros and cons of different types of studies
www.cebm.net/study_designs.asp

Bibliographical databases – This refers to databases that hold information about books, papers and so on. Some only provide information such as the citation and abstract, but others also provide access to the full-text of documents such as research papers.

Boolean operators – Words such as ‘and’, ‘or’, ‘not’, which can be used when searching a database to specify the relationship between the words or phrases you are searching on i.e. child and mental will search for both of these terms together. Child or mental will search for either of these terms. Child not mental will search for child, but not mental.

CAMHS – Child and Adolescent Mental Health Services – This term can refer to the range of services that make up the comprehensive CAMHS, but it is also used to refer to services provided by mental health specialists. See the appendix of the NSF for more information about what constitutes CAMHS:

CASP – Critical Appraisal Skills Programme

CORC – CAMHS Outcomes Research Consortium

CSIP – Care Services Improvement Partnership

DCSF – Department for Children, Schools and Families

DH – Department of Health

Face validity – This refers to whether a test or procedure looks like it will reliably measure what it is supposed to measure. This is as opposed to be sure it is a reliable measure.
Grey literature – Information that is not published in the conventional manner so can be difficult to find. This might include leaflets, reports and so on.

Keywords and subject headings – Databases index keywords in different ways. These generally would include indexing the keywords as they appear in the text e.g. free text indexing, but the database may also include controlled indexing. The latter is the opposite of free text, and refers to where a list of agreed subject headings is used to describe a particular term.

Knowledge management – This refers to how important knowledge within an organisation is collated and managed.

Knowledge transfer/exchange – This refers to how knowledge, especially findings from research are exchanged between the researcher and the user.

MESH – Medical Subject Headings. This is an examples of a controlled indexing system.

Meta-analysis – This is a methodology that pools the findings from similar, high quality studies to produce a larger pool of data, from which you theoretically should be able to draw conclusions from.

National guidance – In England, the National Institute for Health and Clinical Excellence (NICE) produces a range of different types of national guidance: clinical guidelines, health technology appraisals, and public health guidance. NICE’s work often has a health focus, but they have worked in partnership with the Social Care Institute for Excellence (SCIE) and they now produce public health guidance.

NCSS – National CAMHS Support Service

NFER – National Foundation for Educational Research

NICE – National Institute for Health and Clinical Excellence

NSF – National Service Framework

ONS – Office for National Statistics

PCT – Primary Care Trust

Peer review – This refers to a quality assurance process used by some academic journals. They require submitted papers to be critically read by another person who would be an expert in the subject.

PHO – Public Health Organisation

PSA – Public Service Agreement
QINMAC – Quality Improvement Network for Multi-Agency CAMHS

QNIC – Quality Network for In-patient CAMHS

Quantitative data – This methodology aims to be objective (not influenced by personal bias) and usually involves analysing numerical data. The aim is usually to understand what is happening on average to groups of people.

Qualitative data – This methodology is more subjective (more likely to be influenced by personal bias) than quantitative methodology and is more about understanding the individual and their experiences.

RCTs – Randomised Controlled Trials. This type of study randomly assigns participants into groups. This might mean that half of the participants are randomly assigned to an experiment group (they receive the intervention being studying), and the other half to a control group (they do not receive the intervention). As the groups have been randomly selected, it avoids selection bias on the part of the researchers. This means that if those in the experiment group show a reaction to the intervention being tested, it is more likely to be as a result of the intervention rather than other factors associated with the group.

RDW – Regional Development Worker

RIP – Research in Practice

SCIE – Social Care Institute for Excellence

Selection bias – This refers to how people involved in a piece of research are assigned to different groups. If the researcher selects who goes in what group, then they may consciously or unconsciously affect the characteristics of those in the group. If people are randomly assigned then it is down to chance rather than any bias on the part of the researcher.

Systematic reviews – This refers to a rigorous methodology that is used to search and evaluate academic research, and to objectively interpret the findings on a particular subject.

Statistically significant – This refers to the probability that the findings of a research study are valid and has not come about by chance. This is usually referred to as the p value.
References


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