

EBPU

Evidence Based
Practice Unit

A partnership of



Anna Freud
National Centre for
Children and Families

Key Findings

2020

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Evidence Based Practice Unit

Bridging research and practice in child mental health

About us

The Evidence Based Practice Unit is a child and youth mental health research and innovation unit based at UCL Faculty of Brain Sciences and the Anna Freud National Centre for Children and Families.

Founded in 2006, the Evidence Based Practice Unit bridges cutting-edge research and innovative practice in children's mental health.

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

Risk | Resilience | Change | Choice

The Evidence Based Practice Unit believes in fairness, equity and better representation of the diversity of our stakeholders in our research and in our team, and we take action on the basis of these principles. We proactively take an anti-racist stance, recognising that systemic racism undermines our vision for every child to thrive.^a We have updated our research strategy to prioritise equity, diversity and inclusivity, including a commitment to carrying out research that highlights and better represents the mental health challenges people of colour may face as a result of structural inequalities, and a commitment to improving the accessibility of research from recruitment through to dissemination. We look forward to updating you on the progress of this work in future editions of our Key Findings.

a. Download our commitment to equity, diversity and taking an anti-racist stance from: <https://www.ucl.ac.uk/evidence-based-practice-unit/about-ebpu>



Our Vision

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

Our Mission

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

Our Values

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

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



Our Ethos

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

Reflections

2020 has been a particularly challenging year for many children and young people, their families, and the professionals who work with them. There are serious concerns globally about the potential impact of the coronavirus pandemic on children's mental health. Researchers are carrying out studies and trying to use existing evidence to understand what this potential impact is, and how best to support young people at this time.

Our research response to the coronavirus pandemic includes the publication of two new series. Our Research Bites provide concise and timely insights on topical issues related to children and young people's mental health in the current context, including self-management strategies for anxiety, talking to children and young people about the pandemic, and sleep hygiene.

The Emerging Evidence series is produced in partnership with the Child Outcomes Research Consortium (CORC). In this series we search for evidence published during the coronavirus pandemic from around the world to help us understand the key mental health challenges for children and young people at this time, and what might help them to manage these challenges. A key finding from the Emerging Evidence series is that some children and young people may be disproportionately affected by the mental health impacts of the pandemic. This includes children and young people with pre-existing mental or physical health conditions, LGBTQI+ young people and children and young people of colour.



Risk

What is the range of contexts and conditions that put a child or young person at risk of mental health issues?

- **There are differences in the mental health trajectories of girls and boys between early and mid adolescence. While boys on the whole maintain fairly steady levels of mental health difficulties and wellbeing from the first to third year of secondary school, girls on the whole show an incremental deterioration across most domains.¹**
- Young people with chronic illness in childhood show a higher rate of psychiatric illnesses in late childhood and well into adolescence. Peer victimisation and absenteeism from school appear to play a role in this.²
- Unplanned treatment ending from child mental health services can be a risk factor for poor outcomes, and rates of unplanned treatment ending can vary relatively highly across services and practitioners.³



Resilience

What enables some children to cope better than others in difficult circumstances?

- **There are different experiences of protective factors in the context of risk with some young people having multiple sources of support, some having quite uncertain sources of support, and some who tend to rely on their internal capacity to manage. Over time, young people who describe more uncertain sources of support also describe experiencing more mental health difficulties, and those who describe multiple sources of support tend to describe fewer difficulties.⁴**
- Even when mental health difficulties are taken into account, mental health competence is still directly associated with better physical health and cognitive development.⁵
- Mental health competence in late childhood is associated with health risk behaviours in mid-adolescence. Compared to those with high mental health competence, children with lower mental health competence at age 11 are more likely to have taken part in health risk behaviours (e.g. smoking and substance use).⁶

Change

What influences change in children's mental health and wellbeing over time?

- Psychological interventions can improve emotion regulation in children and young people. These improvements are associated with improvements in mental health difficulties.⁷
- Internet-based psychodynamic therapy interventions have the potential to improve depression, anxiety, emotion regulation and self-compassion for young people experiencing depression.⁸
- A majority of young people accessing routine care for anxiety and/or depression may leave treatment without experiencing reliable improvement, according to self-report measures. Improved reporting on outcomes of routine care for mental health difficulties in young people is needed in order to better understand treatment effectiveness.⁹



Choice

How can children and families be supported to be an active part of decision making?



- Young people and parents and carers describe a range of benefits of shared decision making, including the young person feeling empowered and receiving a personalized treatment plan, with capabilities, opportunities, and motivations being important features that can help or hinder shared decision making.¹⁰
- Some app-based mental health interventions are acceptable and usable in school and specialist service settings, and it is important to involve young people throughout the development process to incorporate important learning from their experience of what helps and hinders use and what are some of the potential benefits.¹¹
- A range of intervention-specific (e.g., accessibility, convenience) and person-specific (e.g., trust, anonymity) characteristics are important for engaging young people in digital mental health interventions, with opportunities for connectedness being a key consideration.¹²

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