EBPU
Evidence Based Practice Unit

A partnership of

UCL

Anna Freud
National Centre for
Children and Families

Key findings

2021

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Evidence Based Practice Unit

Bridging research and practice in child mental health

About us

Founded in 2006 as an academic group in the Faculty of Brain Sciences at UCL (within the Department of Clinical, Educational and Health Psychology) in collaboration with the Anna Freud Centre, the Evidence Based Practice Unit (EBPU) bridges cutting-edge research and innovative practice in children's mental health.

EBPU conducts research, develops tools, provides training, evaluates interventions and disseminates evidence across four themes:

risk | resilience | change | choice

EBPU 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. In addition, we aim to unpack the best ways to support the mental health of young people with multiple marginalised identities, who may experience a combination of structural and social inequalities.[b]

Our vision

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

Our mission

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

Our values

Our values are at the heart of everything we do. We are:
- children and young people centred
- committed to evidence based practice
- open to challenge
- rigorous in our work.

Our ethos

- All research is provisional and raises as many questions as it answers.
- All research is difficult to interpret and 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 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.

a. View Our commitment to equity, diversity and taking an anti-racist stance
b. Read Equity, diversity and taking an anti-racist stance: one year on from our commitment

Reflections

It is no great surprise that in 2021, research findings indicate that the impact of the coronavirus pandemic on children and young people's mental health is not waning. We might expect this impact to be seen for years to come given the challenging conditions children, young people and families have been navigating throughout pandemic. This is despite lockdowns becoming less common and the relaxation of restrictions across some parts of the world.

Our commitment as we move into this medium-term position is high-quality research that identifies the enduring challenges for children, young people and families, and explores how we can best tackle them.

As part of this commitment we continued our Emerging evidence series, a partnership with the Child Outcomes Research Consortium. In this series we carried out rapid reviews of research published around the world during the pandemic to help us understand the key mental health challenges for children and young people at this time.

Over the coming year, alongside our usual commitment to risk, resilience, change and choice, our focus will include investigating the impact of the pandemic through our own research programmes that are embedded in schools and communities. We hope this will give us a clearer understanding of the ongoing challenges children and young people are experiencing, and how to address them. Another key aim in the coming year is to explore what these large datasets can tell us about the experiences of children and young people from minoritised groups.

Risk

Risk involves understanding the range of contexts and circumstances that put a child or young person at elevated risk of mental health problems or poor outcomes in the context of experiencing mental health problems. As part of this work, we attempt to unpack many of the social determinants of poorer mental health outcomes associated with other characteristics such as ethnicity, gender identity, sexual orientation, and economic disadvantage.

These contexts and circumstances include factors at different levels:

- society
- community
- school
- family
- individual

It is important to note that not everyone who has these risk factors present will experience negative mental health outcomes. It is also important to note that it is not the presence of these factors in itself that puts someone at greater risk, it is the way in which social structures discriminate against individuals with these factors. This is through inequity: limiting resources and opportunities and not providing education, employment, training, and support tailored to needs.

Risk (continued)

- We found that a number of characteristics increase the likelihood of receiving specialist help, including having special educational needs or being from a more economically deprived neighbourhood. In addition, young people's report of both behavioural difficulties and quality of life were predictive of receiving help, suggesting that the resources and opportunities for young people to derive meaning and enjoyment from their day-to-day lives play an important role in determining whether they may need external support.[1]

- We spoke to over 50 young people aged 10-14 about the difficulties they encounter and the impact of these difficulties. Distressing mental states and feelings were the most common type of difficulty. Difficulties were described as interacting with each other, for example family difficulties and distressing mental states exacerbating each other and having a negative impact on mental wellbeing.[2]

- In an analysis of over 23,000 primary school children, colleagues examined which school characteristics were associated with children's mental health and wellbeing. Findings showed that children in schools with a lower socio-economic status had higher levels of behavioural symptoms. Schools with more positive school climates tended to have pupil populations with lower levels of emotional, behavioural, and mental health difficulties.[3]

- We analysed data on over 21,000 young people who had accessed specialist mental health support, and found that there was a lot of variation in waiting times. Young people with more severe problems, self-harm, psychosis, or eating disorders had shorter waiting times. Provision of information and resources, before young people's difficulties get worse and while they wait for specialist support, should be encouraged.[4]

Resilience

Resilience explores the range of contexts and circumstances that enable some children and young people to thrive despite experiencing difficult circumstances. A central focus of this theme is enhancing community, school, family, and individual resources and opportunities that build on the many strengths of children, young people, and families.

- We explored lesbian, gay, bisexual, trans, non-binary, and queer (LGBTQ+) young people's experiences and perceptions of self-managing their mental health. Findings indicated that LGBTQ+ young people most frequently mentioned connecting with friends and partners as a key self-management strategy. Social support through youth groups and other community social groups enabled these connections.[5]

- We carried out a rapid review of the literature about protective factors to support positive mental health or wellbeing among children and young people of colour. Studies have found particular protective factors that may lead to positive mental health outcomes in the context of adversity, while recognising the critical need to address the very real risks that people of colour and other minoritised groups face due to social inequalities, discrimination, and systemic racism.[6]

- Enduring mental health is about not experiencing mental health problems across extended periods of the life course. We sought to find out how many young people have enduring mental health through early childhood to adolescence. Findings indicated fewer than half of young people did not experience a significant mental health problem before the age of 15. Findings also suggested that some protective factors are associated with enduring mental health, including high levels of emotion regulation and positive perceptions of school.[7]

Change

Change examines how to best understand and measure change in children's mental health and wellbeing over time, and what influences change. A main area of interest in recent years has been what the best way is to assess a positive change, or a good outcome, from accessing specialist mental health support.

- There are lots of ways of measuring mental health outcomes. In one study, colleagues looked at the literature and consulted with international experts to produce recommendations for measures that track symptoms, suicidal thoughts and behaviour, and functioning. People across 45 countries checked and agreed these recommendations. This is an important step toward making sure people understand and measure outcomes in a consistent way.[8]

- We looked at data collected from specialist mental health services to explore the question of how to best understand whether a young person has had a good outcome from help. Young people who showed meaningful improvement on questionnaires were also more likely to mutually agree to end treatment, which seems to suggest that improvement in self-report measures is a possible indicator of a good outcome from accessing services.[9]

- More and more young people are being supported for their mental health online. In this study of an online counselling service, we looked at how much improvement was made on goals young people set at the start of counselling. Over half of young people showed meaningful improvement in their goals, and those who did spent more time engaged with support.[10]

Choice

Choice encapsulates two areas. First, how we can empower children, young people and parents and carers to be actively involved in young people's mental health and mental health care. Second, involving children, young people and parents and carers in choosing what we mean by evidence by involving them in the creation of knowledge.

- In this qualitative study, we explored how young people understand and think about anxiety and depression. Young people with experience of anxiety, depression, or both described these conditions as being lifelong, with different patterns of feeling better and feeling worse. Young people also described a silver lining through becoming more open-minded and empathetic and being better able to cope and manage through their experience of these conditions.[11]

- Shared decision-making is a widely established concept and practice, and through a systematic review we aimed to better understand what it means and how to do it. Our review found that helping service users to understand different treatment options and their pros and cons was a key component of shared decision-making practices. Staff training, the use of decision aids, and goal setting were some of the ways previous studies tried to improve this understanding.[12]

- Shared decision-making is often described as being about thought processes of different treatment options, such as weighing up the various pros and cons. Interviews with clinicians and parents and carers highlighted the importance of emotional states in shared decision-making: emotions and thought processes interact to shape shared decision-making. Making decisions about mental health is emotional and stressful for us all, and it is important to support parents' and carers' emotions during this process.[13]

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