Key Findings 2023

Evidence Based Practice Unit

A partnership of

Anna Freud

UCL

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

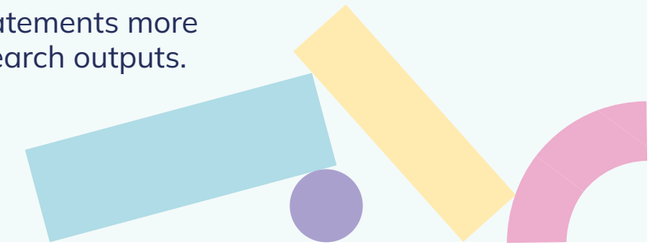
We conduct research, develop tools, provide training, evaluate interventions and disseminate evidence across four themes:

risk | resilience | change | choice

Our Equality, Diversity and Inclusion

The Evidence Based Practice Unit believes in fairness, inclusivity, equity and better representation of diversity in our research and in our team, and we take action on the basis of these principles. We have set out three key criteria across our research and work to help us achieve this:

1. Embedding equity, diversity and inclusion in all stages of each research project.
2. Including a paid peer researcher in all research and evaluation projects.
3. Including reflexivity statements more consistently in our research outputs.



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.

Reflections

Over the last year, the Evidence Based Practice Unit has continued to publish research on children and young people's mental health in peer-reviewed journals, briefings and practical resources, and we are proud to share our highlights of this work within this Key Findings report.

In 2023, we have continued to expand our research supporting children affected by youth crime and violence, with one report, mentioned later, highlighting the importance of the child and staff relationship in the youth justice sector.

After a nine-year evaluation programme this year saw the conclusion of HeadStart which has explored the role of complex area-level interventions in supporting children's mental health and wellbeing. Alongside the final report published in June the project has resulted in over 60 outputs including study reports, research papers, briefings and other lay summaries; two national conferences; three digital events; one podcast and numerous media features. Some of the key findings from this you can find within this report.

We have also continued our drive for equality, diversity and inclusion, embedding peer researchers in most of our projects this year, ensuring those with lived experiences are able to contribute to our research methods and ideas. This has proved extremely valuable and is something we will continue to do going forward.

Prevention, youth crime and violence, school-based intervention and digital have been key themes that have arisen over the course of the year, and we will continue that work as we move into 2024. Already we are in the process of working on further studies on youth crime and violence, and supporting the expansion of #BeeWell, a project which invites young people to have their say on their own wellbeing and the factors which effect it, and many more.

Thank you for taking the time to read our key findings report and we hope you find it insightful. To keep up to date with all our latest research projects and findings then please visit our website.

Risk

'Risk' involves understanding the range of contexts and circumstances that put a child or young person at elevated risk of mental 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 socio-economic background.

These contexts and circumstances include factors at different levels:

- society
- community
- school
- family
- individual

It is important to note that not everyone who has 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.

On the next page, we offer some highlights of research we have published this year that focuses on 'risk'.

Risk

We worked with colleagues at the UCL Institute of Child Health, as part of our involvement in the Children and Families Policy Research Unit, to see whether experience of parental intimate partner violence or maternal depression in childhood was associated with depression in young adulthood, using data from the Avon Longitudinal Study of Parents and Children. For young adults who had experienced both of these during childhood their risk of depression in young adulthood was 68% higher. Findings suggest both factors are important to consider when targeting preventative interventions at those at risk of developing depression. [1]

Staff working in secure settings tend to experience high levels of work stress and burnout. However, there is a lack of research on staff working in the Children and Young People Secure Estate in England, with most evidence coming from the US and adult settings. Frontline operational staff in Young Offender Institutions had significantly higher burnout levels than operational support staff, health staff, and non-disclosed staff, but their burnout profile did not significantly differ from residential, operational management, and education staff. Our findings indicate Young Offender Institution's frontline operational staff may be a particularly vulnerable group for whom workplace support is essential to reduce burnout rates, as are other frontline staff with a considerable amount of direct interaction with young people in secure settings, such as teachers and residential staff. [2]

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. In this section, we summarise recent research highlights related to ‘resilience’.

Using data from the HeadStart programme – an area-level programme to support the mental health and wellbeing of young people – we explored a dual factor approach to mental health in collaboration with Dalhousie University, Canada. The dual factor approach suggests that both wellbeing and psychological distress are important dimensions to understand in taking a more holistic approach to mental health. This research showed many similarities between groups of young people with few protective factors supporting their mental health for whom low wellbeing and high mental health problems were present and for whom low wellbeing was present but mental health problems were lower. The research recommends a more holistic approach to identifying those in need of preventative support, which include consideration of children and young people with lower wellbeing and lower levels of the protective factors, even if they are not currently showing significant signs of mental health problems. [3]

As part of the HeadStart evaluation, we carried out 78 semi-structured interviews with young people (aged 10 to 13). We analysed these interviews to group different kinds of experiences of young people in terms of support for their mental health and wellbeing. Five groups were identified, including those who described positive or helpful experiences of HeadStart support, those who wanted more support, those who described more mixed or unhelpful experiences of support, and those who did not report receiving much or any support. The findings indicate that those providing interventions may need to tailor their support provision according to different profiles of young people who may experience a range of formats, structures, and content of support in different ways. [4]

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. This section outlines some of our key research findings on ‘change’ from the last year.

We drew on administrative education data to see whether the HeadStart programme was effective in reducing low academic achievement, poor attendance and exclusions within schools in participating areas. The study used a technique known as the ‘synthetic control method’, to match HeadStart areas to a non-participating comparison group. Findings indicated little impact of the programme on academic achievement or attendance but it was associated with a reduction in exclusions in the early years of the programme. [5]

Idiographic patient-reported outcome measures (I-PROMs) are tools with free-text items generated by the individual. They are often scored on rating scales dependent on the intensity of the problem or progress towards the goal over time. Research suggests that they are particularly useful because they may explore outcomes not tracked by validated, closed-ended outcome measures that have pre-determined, fixed items usually focused on symptoms or functioning. We argued that there are important considerations about whether data from I-PROMs can be meaningfully explored at a team/service level, and alongside number-based outcomes. We provided worked examples on real data around goals based outcomes to show that defining four quadrants of analysis is important to explore the breadth of information: (a) individual progress on single items, (b) individual progress by aggregated scores, (c) team/service-level progress by theme and (d) team/service-level progress by aggregated scores. [6]

We spoke to children and young people in secure youth justice accommodation and in secure residential accommodation to discuss their experiences of relationships with staff, which were described as being varied. Positive relationships were characterised by good communication, understanding of the child or young person, reciprocal trust and respect, and a sense of fairness in the relationship. Children and young person-staff relationships are critically important in secure accommodation settings and in building positive self-perceptions, as described by one young person: “*I’m not just some criminal, I’m actually a person to them now*”. [7]

Change

Previous research has shown structural inequalities in mental health support for young people from minoritised ethnic groups. We examined whether such inequalities persist in outcomes of receiving support. We examined a large dataset from child and adolescent mental health services. Young people from Asian and Mixed-race backgrounds were less likely to experience improvement over the course of support compared to young people from White British backgrounds. Interviews with young people from minoritised ethnic groups showed the importance stigma and inequalities have in impacting experiences of support, with personalised support and working with a practitioner that is right for the individual being important to achieve positive outcomes. [8]

Goal groupings can be understood as the organisation of themes of goals for work in therapy. Analysing the types of goals set at the outset of therapy is considered helpful for service planning to focus work, identify gaps in the service and provide training. A number of goal groupings have been developed based on the goal-based outcome tool, which is a widely used tool in mental health settings. In order to build on the knowledge about what young people choose as goals, and to best support good practice, we wanted to explore the links and differences between the existing goal groupings. Overall, we developed four core goal concepts: “Goals targeting specific issues, symptoms, emotions, and behaviours,” “Return and engage in activities,” “Personal growth goals” and “Interpersonal goals.” The development of these core concepts based on a range of goals set by young people supports the practical use of goal-oriented work, so that the development of a new goal groupings is not needed for each new evaluation or research study. [9]

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. Here, we summarise some of our recent research highlights related to ‘choice’.

Peer researchers are experts by lived experience who work as a part of a research team. Peer researchers from different countries reflected on their experiences of working on a multi-country study. Clearer roles for peer researchers would be helpful in future studies, as a lack of clarity led to some confusion. Differences in conceptualizations of and attitudes towards mental heatlh between countries was at times challenging. Still, the peer researchers described being actively involved in the study, as a rewarding and enriching experience. [10]

We scoped literature describing the concepts of self-management, self-care, and self-help to identify strategies related to these terms that young people might use to manage their emotional difficulties. The review highlights the sometimes confusing use of these terms and associated strategies as distinct in some instances and interchangeable in others. The most common terms referred to in the literature identified was ‘self-help’. We proposed that a more helpful approach may be to group these strategies under a single term, such as ‘self or community approaches’. [11]

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