

EBPU

**Evidence Based
Practice Unit**

A partnership of



Anna Freud
National Centre for
Children and Families

Key Findings

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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, this collaboration 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 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.
- Yet, despite all the challenges, it is still worth attempting to encourage an evidence-based approach, since the alternative is to continue to develop practice based only on assumption or belief.

Risk

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

- **Gender, deprivation, child in need status, ethnicity and age are all associated with increased odds of experiencing mental health difficulties.¹**
- There is a distinct association between educational attainment, absence from school and mental health difficulties.²
- There are ethnic differences in referral route to youth mental health services in the United Kingdom, and young people from minority ethnic backgrounds are more likely to be referred through routes that are less likely to be voluntary.³

Resilience

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

- **There are many ways that young people cope with difficult feelings and situations, including engaging in positive thinking and activities that make them feel better, ignoring or distracting themselves from problems, and accepting and getting used to difficult situations.⁴**
- Peer-delivery may be an effective vehicle for public mental health messages.⁶

Young people also draw upon various sources of support, with parents, friends, and school staff all being important individuals for this.⁵

Change

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

- **Variables such as age, gender, time in contact with services and severity of symptoms at the start of treatment can impact on how symptoms change once young people are in routine care.⁷**
- There is a need to discuss realistic expectations of therapy with young people and the wider public in relation to the likely immediate measurable outcome.⁸
- When developing transformation plans for child and adolescent mental health services, local leaders should be transparent about reasoning and processes, enable practitioners to tailor implementation to need and provide ongoing support.⁹



Choice

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

- **Thoroughly planned co-production approaches, with sufficient commitment and resources have the transformative capacity to empower vulnerable young people to influence the services, institutions and decisions which affect their lives.**¹⁰
- Greater clarity over what shared decision-making is – and guidelines about how to implement it – may help clinicians to support children and families to have a choice in therapeutic decisions.¹¹
- There is a lack of inclusion of young people's experiences in mental health research, and a need for an expanded research agenda that takes into account a range of self and community approaches.¹²
- In the context of significant policy shifts toward patient-centered and evidence-based care, measuring what matters most to patients has become a priority, but this is not yet widely reflected in clinical research.¹³
- When drawing on evidence to inform decision-making, it is crucial to be transparent about the Flawed, Uncertain, Proximate and Sparse (FUPS) nature of datasets.¹⁴



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