Evidence based practice:

Emerging research

CORC forum

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CORC
Child Outcomes
Research Consortium

ebpu
Evidence
Based
Practice
Unit

Part of
Anna Freud
Centre

UCL

Children's Policy Research Unit
cpru

Acknowledgements

- CORC members

- Children, young people and families

- CORC and EBPU colleagues

Overview

- Are child and adolescent mental health services working with more severe mental health difficulties than five years ago?

- Youth- and carer-reported mental health difficulties at the outset of treatment: Do they agree and is (dis)agreement associated with treatment outcome?

- Power Up: Overview of an app to support young people in CAMHS

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Challenging times for CAMHS

House of Commons
Health Committee

Children's and adolescents' mental health and CAMHS

"Currently, specialist CAMHS continue to function in an environment where demand frequently exceeds capacity" (Royal College of Psychiatrist, 2013, p.12)

Increasing prevalence of difficulties

Anxiety and depression in adolescents have increased by 70% in the past 25 years

1 in 15 experience self-harm and hospitalisations have increased

Emotional problems in school girls have increased in the past 5 years vs. behavioural difficulties in school boys

Are child and adolescent mental health services working with more severe mental health difficulties than five years ago?

To examine whether young people accessing CAMH services in 2014 had higher levels of mental health difficulties than in 2009

30 CAMHS from the CORC dataset

CAMHS mapping data 2008/09 vs. CORC dataset 2009

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CAMHS mapping data 2008/09 vs. CORC dataset 2009

	National data 2008/2009[a]	Original 2009 sample[b]
Gender (female, n)	42% (45,131)	44% (2,143)[†]
Age (10-14, n)	41% (44,211)	39% (1,904)[†]
Age $M(SD)$	–	11.50 (3.41)[†]
White	81% (87,402)[ǁ]	72% (3,476)[†]
Mixed	4% (4,568)	4% (193)[ǁ]
Asian	3% (3,323)	3% (158)
Black	4% (4,299)[ǁ]	3% (158)
Other	1% (1,604)[ǁ]	3% (162)[†]
Not stated or missing	6% (7,017)[ǁ]	14% (687)
SEN	–	11% (517)[†]
Hyperactivity	12% (18,515)[ǁ]	13% (648)
Emotional problems	33% (52,307)[ǁ]	51% (2,483)[†]

30 CAMHS from the CORC dataset

CAMHS mapping data 2008/09 vs. CORC dataset 2009

	National data 2008/2009[a]	Original 2009 sample[b]
Conduct problems	15% (23,441)	14% (678)[!]
Eating disorder	4% (6,622)	4% (193)
Psychosis	2% (3,388)[!]	1% (27)
Self-harm	6% (9,441)	6% (265)[†]
Autism	8% (12,235)	8% (374)[†]
Learning disability	10% (10,806)[!]	4% (204)[†]
Developmental difficulties	7% (10,438)[!]	3% (159)
Habit disorder	3% (5,430)	3% (145)[!]
Substance abuse	2% (3,761)[!]	1% (28)
Other problems	8% (10,438)[!]	20% (950)[!]

30 CAMHS from the CORC dataset

Matched young people seen in 2009 vs. 2014 to ensure the 2 groups were as similar as possible

- Gender
- Age
- Ethnicity
- SEN
- Presenting problems

30 CAMHS from the CORC dataset

Matched young people seen in 2009 vs. 2014 to ensure the 2 groups were as similar as possible

- Gender

- Age

- Ethnicity

- SEN: 9% vs. 4%

- Presenting problems: hyperactivity 22% vs. 15%, self-harm 15% vs. 10%

N = 1,388 young people

Strengths and Difficulties Questionnaire   P 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name ....   Male/Female

Date of Birth...

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐

More young people were above total difficulties cut off in 2014 vs. 2009

3% in 2009 vs. 5% in 2014

Odds ratio = 1.56

Girls had higher levels of emotional problems in 2014 vs. 2009

5.68/10 in 2009 vs. 6.08/10 in 2014

Effect size = 0.15

Boys and girls had lower levels of conduct problems in 2014 vs. 2009

4.17/10 in 2009 vs. 3.82/10 in 2014

Effect size = 0.13

Discussion

- Do these findings fit with your expectations and experiences?

- What are some other important characteristics we were not able to measure?

- Bearing in mind the limitations, what might be driving the changes we found?

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Overview

- Evidence (from North America) suggests low levels of young person and carer agreement on reasons for accessing specialist support

- Clinicians believe that disagreement is an important source of clinical information that may indicate a poor outcome

1. Young person vs. carer reported SDQ

2. Is disagreement associated with change over therapy using CGAS and SDQ?

Summary of findings

1. There were low levels of agreement between young people and carers on the SDQ in terms of raw scores and proportions above cut off

2. Disagreement at assessment = do the young person and their carer score the young person above vs. below cut off on the five SDQ domains?

No disagreement on any domain = 0

Disagreement on all domains = 5

2. Disagreement was not associated with change in CGAS or young person/ carer reported SDQ

2. **Disagreement was not associated with change in CGAS or young person/ carer reported SDQ**

- Does this finding fit with your clinical experience?

- Could it be that clinicians identify and address disagreement at the outset of treatment, possibly explaining the lack of evidence?

- Bearing in mind the limitations, what are some possible explanations?

Power Up
Overview of an app to support young people in CAMHS

Overarching mission statement

A feasibility trial to develop **an app to support young people's voice in CAMHS**, powering them up to effectively communicate with professionals and caregivers and engage with treatment, after having an initial assessment appointment

Power Up Project

2 ½ year project with three phases

1. App developed with input from stakeholders

2. Feedback on the app retrieved from interviews and focus groups with young people, parents and clinicians. Revisions made in response.

3. Feasibility trial with a control and intervention phase in 2-3 CAMH services

What will Power Up include?

App is held by the YP

YP can input text/ audio/ video into the app

YP can choose to share this with therapist/ others

3 main sections:

My Plan

In session: Record plans as they are discussed with therapists

Between sessions: Plan what to say in next session

My Journey

Signposting: Links to other information about CAMHS/ A video library

Storytelling: Record information about themselves: expectations, experiences, goals, reflections. Can choose to share

My Decision

Signposting: Access to information about treatment options in CAMHS/ A video library

Decision Aid: Consider treatment options, track feelings about decision, record where need more info

We need you!

Ways you could get involved:

1. Clinician PPI sessions
2. Signing your site up for the feasibility trial
3. Some feedback now?

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