



Research priorities for policy on child & adolescent mental health

Otto Wolff Lecture and Catherine Peckham Symposium - 2nd November 2022

Chaired by **Ruth Gilbert**, Professor of Epidemiology and Co-Director of CPRU, UCL Great Ormond Street, Institute of Child Health

Panel members including:

Dr Astrid Guttmann Co-Director Edwin S. H. Leong Centre for Healthy Children, University of Toronto

Professor Jessica Deighton, Anna Freud National Centre for Children and Families

Professor Chris Bonell, Public Health Sociology, London School of Hygiene and Tropical Medicine

Professor Roz Shafran, Translational Psychology, UCL GOS Institute of Child Health

Prof. Jessica Deighton - Division of Psychiatry & Language Sciences, UCL

- 1. Population measurements** of self-reported mental health and well-being in young people are lacking
 - These should be embedded into existing systems (whether health or education) rather than gathered as snapshots
 - Shifting focus towards wellbeing could give language to local governments or voluntary sector, and galvanise them to get curious about the data on need, lack of services, child outcomes
 - Data works best when it's not just working for research but those on the ground acting on it
- 2. Better identification at early stages**
 - Currently there is a narrow focus on how we conceive of who needs help based on a range of symptoms, but some people still successfully self-manage and function well.
 - We need to focus more on those who aren't functioning well, based on a broader sense of need, and developing better tools to identify them

Prof. Jessica Deighton - Division of Psychiatry & Language Sciences, UCL

3. Focus on what **works in prevention** and early intervention.

- There is already a lot of evidence.

4. What does **good implementation** look like?

- What's feasible to implement? What lasts? What gets sustained?

Prof. Chris Bonell - Public Health Sociology, London School of Hygiene and Tropical Medicine

1. Better evidence on the **effectiveness of (whole) school interventions** which address areas like:
 - Inclusion of students in terms of gender, sexuality, gender identity, ethnicity, socioeconomic status, participation, attendance, academic pressure, academic preparation, for example.
 - Benefits and harms of other school interventions on mental health (e.g., impact of pedagogy, dating and relationship violence, bullying, sexual harassment, relationships, and sex education).
2. More thought given to **parenting interventions**
 - Typically parent interventions focus on pre-schoolers or very young children. We need more evidence on parents of older children.

Prof. Chris Bonell - Public Health Sociology, London School of Hygiene and Tropical Medicine

3. Further work looking at interventions to address the **harms of social media**, perhaps focusing on regulatory or technological interventions
 - Use of trials and use of realist methods are important to build a body of theory which can act as the basis for intervention development.
4. In response to an audience question about linking administrative data to trials: there is a lot of potential depending on consent procedures to make use of these existing data sources.

Prof. Roz Shafran - Translational Psychology, UCL GOS Institute of Child Health

1. Better **understanding the use (and impact) of digital apps**

- Evidence-based interventions have largely stayed in research, so it is unclear what level of quality is being provided/accessed on apps for improving or managing mental health.
- This is a major problem and opportunity to get evidence-based treatments to people and figure out how they work (with and without guidance and support, and within or out of school-based or health-based systems).

2. How can we increase access to **evidence-based psychological therapy**?

- There is increasing recognition of the value of **validating program-led interventions** (whether book or app or other). People need to be able to tell what's validated and what's not.

3. Massive urgency to **improve interventions that are already on offer.**

- Developing better interventions, understanding mechanisms of action.

Prof. Roz Shafran - Translational Psychology, UCL GOS Institute of Child Health

4. Move towards **practice-based evidence** to show what has worked, for whom and under what conditions.
5. Consider changing **messaging about parenting** and thinking about/moving towards parent-led interventions.
 - Even parents who are dealing with their own mental health issues can support and guide children and young people through programs.
 - Everyone would benefit from medical professionals being more open to supporting parents so the impact can permeate to young people and family as whole.
6. Move towards more efficient, **better integrated support**.
7. **Join up children's and adult services** (when both see patients below and above 18 years old).
8. Consider how we can better **influence policy** with stories and personal experiences.

Dr. Astrid Guttmann - Co-Director Edwin S. H. Leong Centre for Healthy Children, University of Toronto

1. Need to understand how to get existing **interventions to people at scale**.
 - **Address silos of care** and work to bridge them and make sure it's not just families who know how to advocate. There are some existing models that could be tested with natural experiments
2. Consider **approaching age groups differently** even in service delivery models, for example, to support the transition period between adolescents and young adulthood
3. Need more **nimble and innovative approaches to survey** children rather than existing cross-sectional methods which can be expensive and only reflect one time point
 - UNICEF Canada Youth Council given as example

Prof. Mitch Blair – Imperial College London (audience)

1. What are we doing to **capture the (wide) use of apps** being used for support around mental health issues?

- Do apps give permission for anonymous data sharing? This would be an important resource to capture use and other data held within the app.
 - Prof Deighton response: Need to encourage apps to evaluate their own practice and be transparent about any routine outcome monitoring while research catches up.

Anne Hagell - Association for Young People's Health (audience)

1. There is a clear sense of **overlap between physical and mental health** among youth which is not reflected in (medical) practice.
 - Integrated clinics between paediatricians and child psychologists could be a start, for example.
2. Need to determine **what children say is a good outcome** from a mental health service.
 - This does not always match views of researchers or medical professionals; ultimately children and young people want to have a functional life.
3. It is unlikely that CAMHS (child and adolescent mental health services) will be sufficiently increased to meet the level of need so have to **address this service gap** in other ways.

For more and talks from the Otto Wolff Lecture and Catherine Peckham Symposium please click the following link or search YouTube for: [‘NIHR Children and Families’](#)

Children and Families Policy Research Unit
UCL Great Ormond Street Institute of Child Health
30 Guilford Street
London
WC1N 1EH

ucl.ac.uk/children-policy-research

This study/project is funded by the National Institute for Health and Care Research (NIHR) Policy Research Programme. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.