



**Research Priorities for
Children and Young People's
Mental Health:
Interventions and Services
Focus on the Questions**

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SETTING PRIORITIES FOR RESEARCH

We wanted to find out what questions about mental health children and young people, and those who support them, want researchers to answer.

Working with children and young people at every stage, we followed a priority-setting process developed by the James Lind Alliance. The result is a list of the most pressing, unanswered questions about interventions and services for children and young people's mental health.

This supplement provides information about the questions that were ranked in the Top 10. It accompanies our *Right People, Right Questions* summary report that is available at www.mcpin.org/RPRQ.

A word about wording In this report, we have kept as close as possible to the phrasing of priorities provided by people submitting the original questions. This means several terms are used interchangeably to describe mental health conditions, including "mental health issues", "problems" and "difficulties".



THE TOP 10 PRIORITIES

1

Would the screening of young people be appropriate for the early identification of mental health difficulties, and if so, what would be the best way of carrying this out?

2

How can young people be more involved in making decisions about their mental health treatment?

3

How can Child and Adolescent Mental Health Services (CAMHS), education providers and health and social care departments work together in a more effective manner in order to improve the mental health outcomes of children and young people?

4

What are the most effective early interventions or early intervention strategies for supporting children and young people to improve mental resilience?

5

What interventions are effective in supporting young people on Child and Adolescent Mental Health Services (CAMHS) waiting lists, to prevent further deterioration of their mental health?

6

What methods can parents use to identify that a child or young person's mental health is deteriorating?

7

Which interventions are effective at supporting suicidal young people?

8

How do family relationships, parental attitudes to mental health, and parenting style affect the treatment outcomes of children and young people with mental health problems (both positively and negatively)?

9

What are the most effective self-help and self-management resources, approaches or techniques available for children and young people with mental health issues?

10

What is the most effective way of training teachers and other staff in schools and colleges to detect early signs of mental health difficulties in children and young people?

NOTES

1. These questions need to be considered in light of the question ranked 11th in the list: How can the number of effective culturally appropriate approaches available in children and young people's mental health services be increased, particularly for ethnic minority groups?
2. Although there will no doubt be a digital component to the answers of some of the questions, we ruled out questions from the public specifically about digital technologies because they were the subject of another recent priority-setting exercise. Please see mindtech.org.uk/research/digitalmhq

HOW DID WE GET TO THE TOP 10?

To identify the Top 10 most pressing, unanswered questions about children and young people’s mental health, we convened a Young People’s Advisory Group and a steering group. Guided by the James Lind Alliance, together we went through an inclusive and thorough priority-setting process.

DECEMBER 2016



INVOLVING THE RIGHT PEOPLE

A group of funders and supporters was assembled to guide the project, alongside young people, parents and representatives from teaching, social work, mental health services and the charitable sector. They became the steering group for the project.

A Young People’s Advisory Group was set up and included seven people aged 14 to 23 who were passionate about mental health research. These two groups were central to all aspects of the project.



JULY TO OCTOBER 2017



GATHERING YOUR QUESTIONS

A survey was designed to gather the public’s questions about young people’s mental health. **2,566 PEOPLE** submitted over **5,500 QUESTIONS**. Respondents described themselves as:

40% Young people (under 26)

40% Parents

12% Teachers or school-based support staff

4% Psychologists or psychiatrists

9% Mental health nurses, therapists, or other support roles*



61% female



34% male



2% non-binary

3% didn't say or said they identified as a gender that wasn't listed.

48% acknowledged they had **experienced mental health difficulties** themselves.

JULY 2018



NOVEMBER 2017 TO JUNE 2018

SORTING AND REDUCING YOUR QUESTIONS



With so many questions submitted, we decided to sort them into themes and take forward the largest theme. This was **Interventions & Services**. It included 3,000 questions, many of which overlapped with the other themes.

3,000 QUESTIONS

We ruled out any that were out of scope, ambiguous or too broad.

650 QUESTIONS

We grouped similar questions together and came up with one overarching question that captured their meaning.

210 QUESTIONS

We checked the existing research to see how many had already been answered.

91 QUESTIONS

We were left with a large group of questions that had not already been adequately answered by research.

WE WHITTLED THESE QUESTIONS DOWN TO 91.



JUNE 2018

PRIORITISING YOUR QUESTIONS

A second survey asked the public to pick which of the 91 questions they felt should be prioritised. Since including all 91 would have meant an extremely long survey, we used

software to show each person a random selection of 40 questions and asked them to choose 10. The software then combined everyone's responses and we generated the top 25 questions to consider.

753 PEOPLE TOOK PART



THE FUTURE

The next step is to get answers to the research priorities and use them to shape policy and practice.

PICKING THE TOP 10

The 25 final questions were discussed and prioritised in a workshop attended by members of the Young People's Advisory Group and steering group, as well as young people, parents and professionals who were new to the project. By the end of the day we had agreed on and ranked the **10 MOST IMPORTANT QUESTIONS**, within the theme of Interventions & Services, for children and young people's mental health.



WHAT DOES "UNANSWERED BY RESEARCH" MEAN?

The priorities identified by the *Right People, Right Questions* project are questions that we have deemed unanswered or inconclusively answered by research. How did we make this judgement?

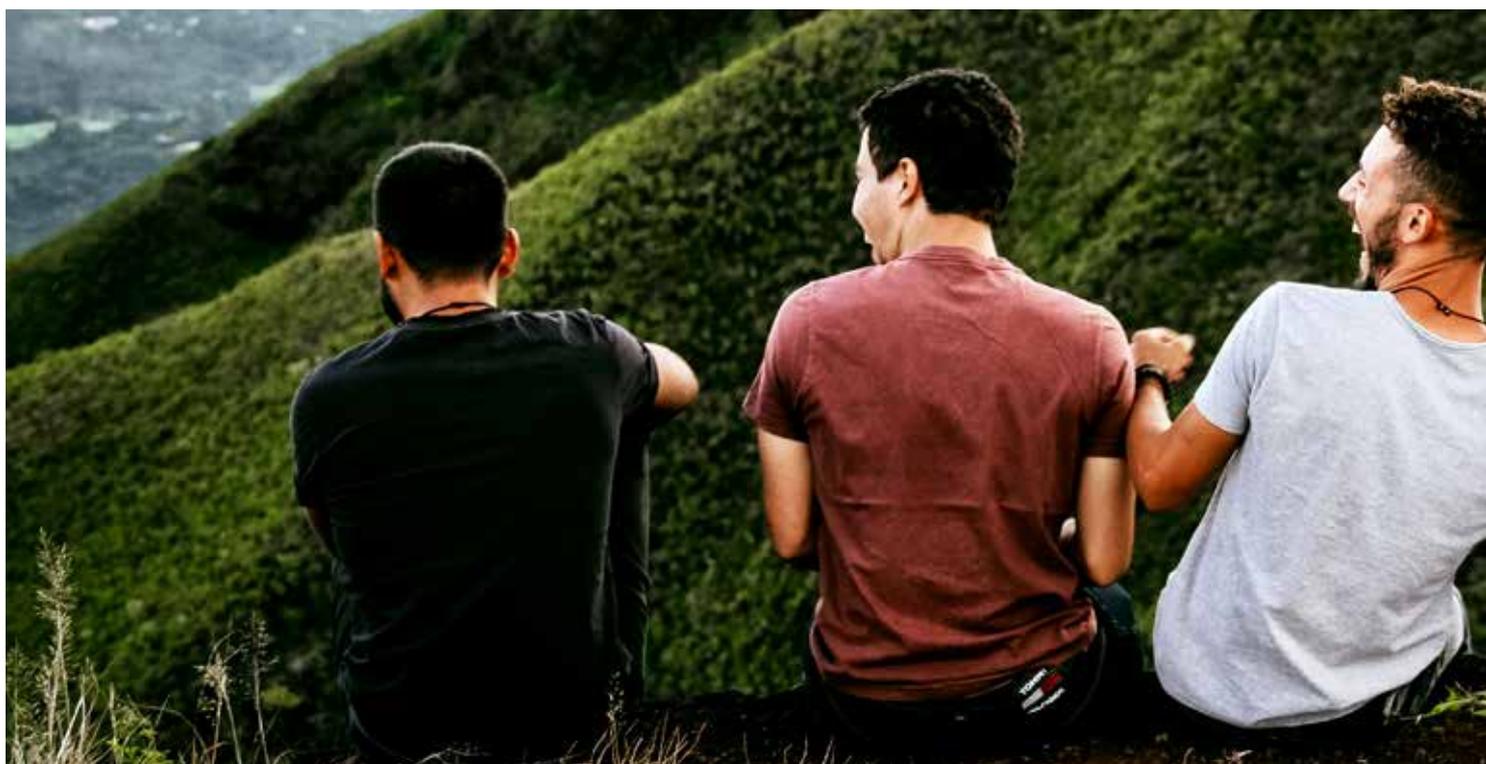
Guided by independent information specialists, between November 2017 and June 2018, we searched the scientific research to see if there was any recent, good-quality evidence that answered the questions submitted to us by the public. Where they were available, we prioritised evidence from systematic reviews and meta-analyses (see Jargon Buster, opposite). Where these hadn't been done, we considered peer-reviewed papers of relevant individual research studies, documents such as NICE guidelines and publications from professional bodies, such as the Royal Colleges. We prioritised publications that were published within the last five years but we did not exclude older papers or reports.

A paper was considered relevant if it addressed the question and, in cases where the UK context is important, if it was carried out in the UK. We

excluded non-English-language papers. We looked at government reports where there was evidence of independent input from researchers.

Some of the questions submitted by the public in the initial survey were so broad that it made checking the available evidence impractical as the volume to review was so large. These questions were therefore removed from our process. Some of the questions that remained and were included in the second survey, including some of the 25 that were prioritised in the workshop, are still broad but were judged to have sufficient focus to allow us to evidence check.

As we describe in the pages that follow, there is inevitably some evidence addressing many of them. In other words, these questions may be partially answered by research. In these cases, a degree of judgement was needed to decide if the question is conclusively answered. To do this, we considered factors such as the strength of evidence for the effectiveness of interventions and how many people took part in studies.





Overall, we believe we have taken the cautious approach of deeming a question unanswered in the absence of recent and good quality evidence. Each of the questions in this report still requires more evidence to answer it and find a way for the solutions to make their way into routine practice and the everyday lives of young people, their parents, their teachers and others.

The rest of this supplement gives an overview of each question. It includes information about why attendees at the workshop included it in the Top 10, why it is important to answer and what kinds of evidence we looked at to judge that it hadn't already been conclusively answered. We also provide a full list of all 25 priorities considered in the final stage of the process. We particularly emphasise the importance of question 11, but all of the questions are worth considering and were highlighted as important but unanswered.



JARGON BUSTER

LITERATURE

The body of published material describing research related to a specific topic.

META-ANALYSIS

The use of statistical techniques in a systematic review to integrate the results of multiple studies.

PEER REVIEW

A refereeing process for checking the quality and importance of reports of research. An article submitted for publication in a peer-reviewed journal is reviewed by other experts in the area.

RANDOMISED CONTROLLED TRIAL

Compares an experimental group who receive the new treatment or intervention and a control group, who receive the usual treatment or a placebo. The control group allows the researchers to see whether the treatment they are testing is any more or less effective than the usual or placebo treatment. In a randomised controlled trial, the decision about which group a person joins is random. This ensures that the two groups are as similar as possible, except for the treatment they receive. This is important because it means that the researcher can be confident that any differences between the groups are only due to the treatment.

SYSTEMATIC REVIEW

A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review.

Definitions adapted from Involve and Cochrane. See [invo.org.uk/resource-centre/jargon-buster/](https://www.invo.org.uk/resource-centre/jargon-buster/) and [community.cochrane.org/glossary](https://www.community.cochrane.org/glossary).

1

WOULD THE SCREENING OF YOUNG PEOPLE BE APPROPRIATE FOR THE EARLY IDENTIFICATION OF MENTAL HEALTH DIFFICULTIES, AND IF SO, WHAT WOULD BE THE BEST WAY OF CARRYING THIS OUT?

THE WORKSHOP

- Attendees thought that this question was important as early identification is key to early intervention.
- A discussion took place surrounding the appropriateness of the term “screen”, and what it meant in this context.

PRIORITISATION SURVEY

This is how the different groups ranked this question in the second survey:

- Young People: 20th
- Parents/carers: 14th
- Social work/mental healthcare staff: 4th
- Teaching staff: 11th
- Researchers & Policymakers: 1st

A question was taken to the workshop if at least one of these groups included it in their top 10 priorities in the second survey. Groups that didn't rank the question within their top 25 are not included here. The overall rankings changed as a result of the face-to-face discussions in the workshop.

EXAMPLE OF AN ORIGINAL QUESTION FROM THE PUBLIC

"What is the best way to screen children and young people to identify mental health difficulties?"



WHAT EVIDENCE DID WE LOOK AT?¹

A search of the research found nothing that was conclusive, robust and addressed the question of the best way of carrying out screening. Several research papers looked at screening tools but either didn't compare the various tools or didn't come to a conclusive result about which was more effective.

The question itself is broad, covering all mental health difficulties rather than a specific condition. Although there were papers focusing on specific scenarios (such as screening for mental health difficulties in young people who offend² or self-harm), the evidence was not sufficient to answer the broader question.

1. The references provided are merely for illustrative purposes and are not meant to be an exhaustive list.

2. Richardson, R., Trépel, D., Perry, A., Ali, S., Duffy, S., Gabe, R., Gilbody, S., Glanville, J., Hewitt, C., Manea, L., Palmer, S., Wright, B. and McMillan, D. (2015). Screening for psychological and mental health difficulties in young people who offend: a systematic review and decision model. *Health Technology Assessment*, 19(1), pp.1-128. doi: [10.3310/hta19010](https://doi.org/10.3310/hta19010)

WHY DO WE NEED AN ANSWER?

“ Results from existing studies have been mixed and reviews in this area have highlighted the need to take into account potential negative effects of screening. These include if children or young people are misidentified, if children or young people risk being labelled in an unhelpful way or if screening occurs without appropriate support.

These potential problems highlight the importance of having measures that are able to identify which children and young people may benefit from support with a high level of accuracy – many of the measures that are currently in use have not been tested sufficiently so we do not know if this is the case.

Despite these concerns, screening is increasingly being advocated and implemented so research is urgently needed to establish whether this is the right approach, and if so, what the best way to go about it is. ”

Professor Cathy Creswell, University of Reading

“ If screening was available, I believe that many of the young people I work with in a secure setting would not have to endure lengthy hospital stays. Early detection of mental health issues is essential so that treatment can start as soon as possible and young people can learn how to manage their distress before things escalate. I truly believe that screening would result in better outcomes for all concerned. ”

Lisa, parent and support worker invited to the workshop

“ As a social worker, I am really pleased to see this question in the Top 10. Early identification can be critical in preventing children and young people from falling into serious crisis later on in their lives. Yet our system is often reactionary rather than proactive, which is costly in both human terms and financial terms. Mental health is an important public health issue and while it may be less visible than physical health, it needs to be given equal weighting. ”

Nushra Mansuri, Senior Lecturer in Social Work and steering group member



2

HOW CAN YOUNG PEOPLE BE MORE INVOLVED IN MAKING DECISIONS ABOUT THEIR MENTAL HEALTH TREATMENT?

THE WORKSHOP

- The young people were passionate about the importance of their involvement alongside mental health professionals to decide the best treatment for them.
- They stated that such involvement would greatly increase the likelihood of young people engaging positively with their treatment.

PRIORITISATION SURVEY

- Young People: 8th
- Parents/carers: 16th
- Social work/mental healthcare staff: 5th
- Researchers & Policymakers: 24th

EXAMPLES OF ORIGINAL QUESTIONS FROM THE PUBLIC

"How can young people be more involved in making decisions about mental health treatment? By this I mean both for themselves personally but also more globally in terms of shaping what treatments are available and how they are delivered for all young people."

"How do we best involve young people in their CAMHS [Child and Adolescent Mental Health Services] journey?"



WHAT EVIDENCE DID WE LOOK AT?

There is literature exploring how to involve young people in the research process and in service improvement but there is little on involving them in decisions about care and treatment. Organisations that have published guides about involving people in their own care, such as NHS England,³ focus on adults.

The publications that focus on children's care, such as that produced by the Royal College of Paediatrics and Child Health,⁴ highlight the importance of involving young people but don't offer any evidence-based suggestions for how to do so.

3. NHS England (n.d.). *Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England*. NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf> [Accessed 31 Oct. 2018].
4. Royal College of Paediatrics and Child Health (2011). *Involving children and young people in health services*. London: The NHS Confederation. Available at: <https://www.rcpch.ac.uk/sites/default/files/RCPCH-involving-cyp-in-health-services-2012.pdf> [Accessed 31 Oct. 2018].

WHY DO WE NEED AN ANSWER?

“ In my view, all individuals who have mental health problems need to be included in decisions about their own treatment and care, especially for their mental health. Young people are no exception. We already know that involvement in treatment decisions affects whether someone engages with the service.

Not being involved affects whether they take prescribed medication or turn up to a session of psychological treatment. The process needs careful consideration of the age of the person and their ability to have control when their mental health problem may be life-threatening. But we still don't know how we can do this effectively. ”

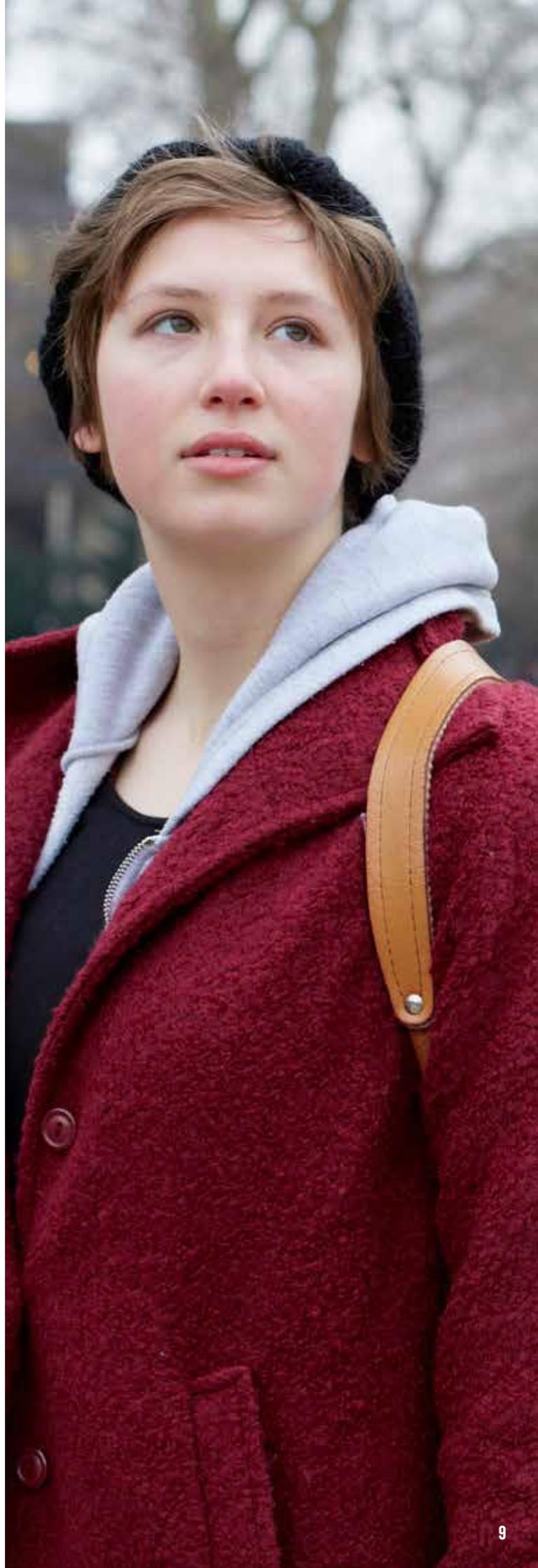
Professor Dame Til Wykes, University College London

“ Young people should be much more involved in decisions about treatment. They have a good understanding of what decisions they want to make around their mental health and what is best for them. ”

Kymani, Young Person's Advisory Group member

“ We still sadly have a long way to go when it comes to genuine participation by young people in decision-making processes with regards to their mental wellbeing and treatment. This culture really needs to change to a more progressive approach i.e. working in partnership with young people. This culture really needs to change to a more progressive approach, to working in partnership with young people, as this as this can be a protective factor for them in terms of them feeling more empowered and in control of what is happening to them. ”

Nushra Mansuri, Senior Lecturer in Social Work and steering group member



3

HOW CAN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS), EDUCATION PROVIDERS AND HEALTH AND SOCIAL CARE DEPARTMENTS WORK TOGETHER IN A MORE EFFECTIVE MANNER IN ORDER TO IMPROVE THE MENTAL HEALTH OUTCOMES OF CHILDREN AND YOUNG PEOPLE?

THE WORKSHOP

- Attendees highlighted the importance of cross-agency working and the need for effective communication when supporting young people who are experiencing mental health difficulties.
- They discussed the difficulties around information sharing that can arise between care-providers. It was felt that if these could be lessened, young people would be more likely to receive treatment in a timely manner.

PRIORITISATION SURVEY

- Young People: 11th
- Parents/carers: 1st
- Social work/mental healthcare staff: 1st
- Teaching staff: 8th
- Researchers & Policymakers: 3rd

EXAMPLES OF ORIGINAL QUESTIONS FROM THE PUBLIC

"What can IAPT [Improving Access to Psychological Therapy] do right now to liaise better with schools? For example, when young people 16-18 are turned away?"

"How can it be made easier for young people to access mental health services/advice/guidance from their places of education?"

"How to ensure that CAMHS works more effectively with other public services such as education, health and social care?"

WHAT DO WE KNOW SO FAR?

A search identified a number of government reports,⁵ as well as a research paper that addressed this specific question⁶ but in the context of the US education system. UK parliamentary papers such as the recent green paper, 'Transforming children and young people's mental health provision', were not considered as a source of evidence.

There is clearly activity in this area though the evidence found does not meet the bar for the question to be deemed conclusively answered.

5. Department of Health (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. London: Department of Health. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf [Accessed 31 Oct. 2018].
6. Kazak, A., Hoagwood, K., Weisz, J., Hood, K., Kratochwill, T., Vargas, L. and Banez, G. (2010). A meta-systems approach to evidence-based practice for children and adolescents. *American Psychologist*, 65(2), pp.85-97. doi:10.1037/a001778.



WHY DO WE NEED AN ANSWER?

“ This question is important to answer because we know there is a major unmet need among the adolescent population. Rates of depression and anxiety are going up. The majority of children attending school don't have access to any other kind of institution that cares for them outside of their family. Over 60% of children who need mental health services can't access them.

It is understandable that we see schools as a place to educate children, but against this backdrop we have little option but to consider how the broader needs of children can be met and the role that schools can potentially play. It is important not to see children in isolation but as embedded in part of their community, which includes their school. As this question illustrates, the task we have is to think what we can do to enhance the role of schools to support children and families vulnerable to mental health problems, how they can work in a joined up way with other agencies and where the responsibilities lie. This is something that people seem to want: my own research into vulnerable populations shows that families often prefer to access mental health services via schools rather than from the outside. ”

Professor Mina Fazel, University of Oxford

“ If these departments had a shared database, experience and knowledge could be exchanged between them. This could greatly improve services overall. ”

Syinat, Young Person's Advisory Group member

“ Without doubt, this is one of the most important challenges facing all agencies that support young people. Unpicking how all of these vital organisations work together effectively and in a timely way is key to securing the support our young people are crying out for. ”

Nick Heard, teacher and steering group member

“ CAMHS, education and health and social care organisations could work better together through improved dialogue, agreeing a national framework and providing guidelines for frontline practitioners. ”

Wayne Reid, British Association of Social Workers and steering group member

4

WHAT ARE THE MOST EFFECTIVE EARLY INTERVENTIONS OR EARLY INTERVENTION STRATEGIES FOR SUPPORTING CHILDREN AND YOUNG PEOPLE TO IMPROVE MENTAL RESILIENCE?

THE WORKSHOP

- Attendees agreed that mental resilience should be a key part of early interventions designed to improve long-term mental health outcomes.
- The young people commented that it would be beneficial to have some easily accessible information about strategies that they could draw on to bolster their mental health, if they felt that it was at risk of deteriorating.

PRIORITISATION SURVEY

- Parents/carers: 6th
- Social work/mental healthcare staff: 8th
- Teaching staff: 1st
- Researchers & Policymakers: 7th

EXAMPLES OF ORIGINAL QUESTIONS FROM THE PUBLIC

“What are the early prevention techniques used for the target group?”

“What early interventions will help to promote mental health resilience?”

WHAT DO WE KNOW SO FAR?

A search failed to identify any recent systematic reviews or meta-analyses with a focus on resilience that are relevant to the UK context. The systematic reviews related to early interventions in general highlighted a need for further research, including additional randomised controlled trials to provide a robust evidence base for effective early interventions.

WHY DO WE NEED AN ANSWER?

“As a young girl, I wasn’t given the opportunity to develop mental resilience. I believe that if those around me, including my GP, had recognised the deterioration of my mental health earlier on, I would have made a faster and more stable recovery.”

Katy, Young Person’s Advisory Group member

“Most mental health problems begin in adolescence. This is a critical period, during which effective intervention could have profound long-term positive effects. We therefore urgently need to know more about how to support young people experiencing difficulties and how to build resilience during this time. This is at all levels – from how we can build communities and schools that promote good mental health among young people to the strategies young people can draw on to maintain good mental health.”

Professor Craig Morgan, Kings College London

“There is nothing more important than developing a generation of young people who understand all about the importance of good mental health, have the skills to keep well and the confidence to ask for help when required. This research is a vital step forward towards achieving this aim, so that we understand more about prevention and early intervention to reduce risk and improve outcomes for all our children and young people.”

Hamish Elvidge, The Matthew Elvidge Trust and steering group member

“Developing mental resilience as a young person will have a lifelong impact on mental health and wellbeing.”

Clair Chilvers, Mental Health Research UK and steering group member

5

WHAT INTERVENTIONS ARE EFFECTIVE IN SUPPORTING YOUNG PEOPLE ON CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) WAITING LISTS TO PREVENT FURTHER DETERIORATION OF THEIR MENTAL HEALTH?

THE WORKSHOP

- Attendees discussed the ever-increasing number of young people on waiting lists.
- They emphasised the need for an immediate intervention for young people likely to deteriorate while waiting, to manage the period before full assessment is provided.

PRIORITISATION SURVEY

- Young People: 7th
- Parents/carers: 5th
- Social work/mental healthcare staff: 12th
- Teaching staff: 6th
- Researchers & Policymakers: 5th

EXAMPLES OF ORIGINAL QUESTIONS FROM THE PUBLIC

"I'm stuck on waiting lists for services but just seem to be being passed around. Where can I turn to for support while I wait?"

"How to support children/young people in acute distress while awaiting full mental health input?"

"What is being done to support young people while they are on waiting lists for services?"

WHAT DO WE KNOW SO FAR?

A search failed to identify any recent systematic reviews or meta-analyses that are relevant to the UK context on this topic. There is information about waiting times^{7,8} for child and adolescent services around the UK but the focus is on reducing the period between presentation and assessment, rather than supporting people while they await treatment.



7. Care Quality Commission (2017). *Review of children and young people's mental health services*. Newcastle upon Tyne: Care Quality Commission, pp.15-16. Available at: https://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf [Accessed 1 Nov. 2018].

8. Education Policy Institute (2018). *Access to children and young people's mental health services 2018*. Education Policy Institute. Available at: https://epi.org.uk/wp-content/uploads/2018/10/EPI_Access-to-CAMHS-2018.pdf [Accessed 1 Nov. 2018].

WHY DO WE NEED AN ANSWER?

“ While young people are on the CAMHS waiting list, they should be able to prevent their mental health from deteriorating through the use of interventions. Therefore we need to find out which interventions are the most effective. ”

Mary, Young Person’s Advisory Group member

“ Understanding how to support young people who are waiting for CAMHS is a huge challenge. The mental health of a young person doesn’t stop being a problem when they are on a waiting list and I would argue it increases their vulnerability. Sharing interventions to triage the young person while they await assessment would be a really valuable piece of work. ”

Nick Heard, teacher and steering group member

“ The combination of staff shortages and increasing referrals have led to long waits before young people with mental health difficulties can be assessed or treated by specialist CAMHS in many parts of the UK. While strategies are being sought to reduce waiting times, it is important to find alternative ways to support young people who are waiting so that they could improve in the meantime or, at least, not deteriorate. ”

Dr Cornelius Ani, psychiatrist and steering group member



6

WHAT METHODS CAN PARENTS USE TO IDENTIFY THAT A CHILD OR YOUNG PERSON'S MENTAL HEALTH IS DETERIORATING?

THE WORKSHOP

- Some of the parents reflected that they felt they "did not know" their children. This feeling became more apparent after hearing what some of the young people had to say during the workshop.
- Attendees thought we need to help parents better identify when their children are experiencing mental health difficulties and how best to respond.

PRIORITISATION SURVEY

- Young People: 18th
- Parents/carers: 9th
- Social work/mental healthcare staff: 23rd
- Teaching staff: 21st
- Researchers & Policymakers: 21st

EXAMPLES OF ORIGINAL QUESTIONS FROM THE PUBLIC

"What guidance can be given to parents that may alert them to potential mental illness in their children?"

"How as a parent do we spot potential mental health concerns with our children?"

WHAT DO WE KNOW SO FAR?

A search failed to identify any recent, relevant systematic reviews or meta-analyses on this topic. No directly relevant, peer-reviewed standalone papers

were found either. Literature exists on the impact that a parent with mental health difficulties has on their wider family and there are sources of general advice for parents, but there is nothing that could be considered evidence for the purposes of this project.

WHY DO WE NEED AN ANSWER?

“Improving attitudes to addressing mental health have opened more opportunities for parents to use different methods to identify if a young person’s mental health is deteriorating. It would be great to investigate which of these are effective and realistic for parents.”

Amelia, Young Person’s Advisory Group member

“Parents see their children every day. If they have access to methods of identifying mental health problems, early intervention will be possible for millions more young people.”

Syinat, Young Person’s Advisory Group member

“Parents of adolescents can often feel unsupported, and those who have teenagers with a mental health problem can be particularly isolated. In our work with schools and families we increasingly find parents and carers who are desperate to help their child but are at a loss as to how. This research is vital for parents in working out what might be normal adolescent behaviour and what might be the signs of a mental health problem. Crucially, the research needs to result in clear, practical advice for parents and carers on how best to support their child.”

Clare Stafford, Charlie Waller Memorial Trust and steering group member

7

WHICH INTERVENTIONS ARE EFFECTIVE AT SUPPORTING SUICIDAL YOUNG PEOPLE?

THE WORKSHOP

- Some of the young people felt that this question was especially important and argued for it to be higher up the list.
- Other attendees felt it was more important to prioritise early intervention questions in order to prevent young people from becoming suicidal in the first place.

PRIORITISATION SURVEY

- Young People: 1st
- Parents/carers: 2nd
- Social work/mental healthcare staff: 7th
- Teaching staff: 18th
- Researchers & Policymakers: 2nd

EXAMPLE OF AN ORIGINAL QUESTION FROM THE PUBLIC

“What kind of support is proven to work with suicidal young people?”

WHAT DO WE KNOW SO FAR?

A search focusing on recent, relevant research identified a number of high quality systematic reviews.^{9,10,11} Some of the studies reviewed were limited in scope. For example, they focused on young people with psychosis or depression, and so did not necessarily generalise to young people as a whole.

The reviews reported several interventions with varying degrees of efficacy, all relatively low. They conclude that there is a need for further research, in particular additional randomised controlled trials, to provide a robust answer to this question.



9. Hawton K, Witt KG, Taylor Salisbury TL, Arensman E, Gunnell D, Townsend E, van Heeringen K, Hazell P. Interventions for self-harm in children and adolescents. (2015). Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD012013. Available at: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012013/epdf/full> [Accessed 1 Nov. 2018].
10. Labelle, R., Pouliot, L. and Janelle, A. (2015). A systematic review and meta-analysis of cognitive behavioural treatments for suicidal and self-harm behaviours in adolescents. *Canadian Psychology*, 56(4), pp.368-378. doi: 10.1037/a0039159.
11. Ougrin, D., Tranah, T., Stahl, D., Moran, P. and Asarnow, J. (2015). Therapeutic Interventions for Suicide Attempts and Self-Harm in Adolescents: Systematic Review and Meta-Analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(2), pp.97-107.e2. doi: 10.1016/j.jaac.2014.10.009.



WHY DO WE NEED AN ANSWER?

“ This question is very important to me as people close to me have been suicidal. One person in 15 has made a suicide attempt at some point in their life. Intervention is generally left up to their loved ones. I believe that finding effective interventions for suicidal young people is something that must be done urgently. ”

Syinat, Young Person’s Advisory Group member

“ As a parent, I have experienced the feeling of hopelessness when your child expresses or shows signs of suicide. Due to the increased pressure on the services and the long waiting times, the unfortunate reality is that you are left to support your child or young person with suicidal thoughts until appropriate professional help becomes available. How do you do this without the right resources? As a parent, I believe identifying effective interventions for supporting suicidal young people is imperative. ”

Charity Gondwe, parent and steering group member

“ Suicide and self-harm are rising in young people and it's unlikely there is a single cause or a single solution. If we can turn what we know about the stresses young people face and the reasons they increasingly turn to suicide and self-harm in response, we can also understand how to reverse this trend – through better services, safer communities and the actions of young people themselves. The benefits would be major: fewer lives needlessly lost, fewer families devastated and a safer long-term future for many others. ”

Professor Louis Appleby, University of Manchester

“ Having experienced first-hand the challenges when education, social services, ambulance and police combine to support a suicidal young person and the unwillingness for any one agency to take responsibility, the protocols around this need addressing urgently. With a struggling parent/carer, schools often get left to sort it out, which is a huge responsibility for a teacher. ”

Nick Heard, teacher and steering group member

8

HOW DO FAMILY RELATIONSHIPS, PARENTAL ATTITUDES TO MENTAL HEALTH, AND PARENTING STYLE AFFECT THE TREATMENT OUTCOMES OF CHILDREN AND YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS (BOTH POSITIVELY AND NEGATIVELY)?

THE WORKSHOP

- Attendees discussed how outcomes for young people accessing services and receiving treatment could depend on the attitudes of their parents to mental health, family relationships and parenting style.
- The young people felt that family relationships had the potential to significantly influence the extent to which mental health difficulties deteriorated for young people, as well as impact when and how they access services.

PRIORITISATION SURVEY

- Young People: 5th
- Parents/carers: 13th
- Social work/mental healthcare staff: 2nd
- Teaching staff: 4th
- Researchers & Policymakers: 6th

EXAMPLES OF ORIGINAL QUESTIONS FROM THE PUBLIC

"How does the relationship between parent and child influence the prevention and treatment of mental health illnesses?"

"How does parenting impact on the mental health of children and young people and what can we do to prevent the negatives?"

"What are the generic parental attitudes towards the mental health of their children which may restrict or restrain the effective and timely diagnosis and treatment of their children's mental health challenges or illnesses?"

WHAT DO WE KNOW SO FAR?

A search failed to identify any recent, relevant systematic reviews or meta-analyses on this topic. There were some standalone papers on some aspects of this question, in particular on the effect of parenting styles, but these are in specific populations.¹²

There is evidence relating to the impact on the wider family of a parent with a mental health difficulty, a review of interventions designed to support parents to promote good mental health,¹³ and some literature more generally about the family and mental health but nothing that answers the entirety of the question.

12. Jahan, A. and Suri, S. (2016). *Parenting Style in Relation to Mental Health among Female Adolescents*. *Abnormal and Behavioural Psychology*, 02(03). doi: [10.4172/2472-0496.1000125](https://doi.org/10.4172/2472-0496.1000125).

13. Stewart-Brown, S. and Schrader-Mcmillan, A. (2011). Parenting for mental health: what does the evidence say we need to do? Report of Workpackage 2 of the DataPrev project. *Health Promotion International*, 26, Issue suppl_1, 1, pp.i10-i28. doi: [10.1093/heapro/dar056](https://doi.org/10.1093/heapro/dar056).

WHY DO WE NEED AN ANSWER?

“ From my own experiences, this is a really relevant but under-researched area. Parents are a vital influence in the wellbeing and recovery of young people, and it is important that their contribution is explored. ”

Lucy, Young Person's Advisory Group member

“ Recognising the impact of the young person's whole life and family unit is key to identifying joined-up support for that young person. ”

Nick Heard, teacher and steering group member

“ Parental attitudes towards mental health and mental health stigma seem to me to be critical to young people's help-seeking, engagement with and outcomes from services. Most young people tell us that parents are critical in the help-seeking process. Different parents often have different views on mental health and treatments. How parents interact and cope while supporting their child can be a further critical factor. However, we need to know more about the impact of a young person's whole social network on their mental health outcomes. Family relationships include the role of siblings, and other extended family, who often hold privileged information and whose views and impacts are often neglected. ”

Professor Kathryn Greenwood, University of Sussex



9

WHAT ARE THE MOST EFFECTIVE SELF-HELP AND SELF-MANAGEMENT RESOURCES, APPROACHES OR TECHNIQUES AVAILABLE FOR CHILDREN AND YOUNG PEOPLE WITH MENTAL HEALTH ISSUES?

THE WORKSHOP

- Attendees acknowledged the squeeze on mental health services and the lack of support available. They argued that efficient self-help and self-management resources would ease the strain on services, as well as provide valuable resources to young people, enabling them to identify and manage their mental health difficulties.
- The young people stated that knowing which self-help and self-management resources were most effective would be beneficial for young people who prefer a more self-directed approach to management.
- Parents argued that this question reduces the responsibility on services to support children and young people, and puts too much responsibility on the young people themselves.

PRIORITISATION SURVEY

- Young People: 12th
- Social work/mental healthcare staff: 18th
- Teaching staff: 25th
- Researchers & Policymakers: 8th

EXAMPLES OF ORIGINAL QUESTIONS FROM THE PUBLIC

“Which self-help resources are most effective for those young people who do not qualify for CAMHS support?”

“What are the most effective methods for children to learn how to self-manage difficult emotions/mental health?”

“What are the best strategies for young people to help themselves when they are feeling low?”

WHAT DO WE KNOW SO FAR?

A literature search found that the majority of the research on this topic focused either on specific conditions (such as self-help for anxiety¹⁴ and depression) or on physical health. One high-quality review relevant to the UK context does exist.¹⁵ It found that self-care support interventions for children and young people are “modestly effective in the short to medium term”.

Most of the interventions identified focused on mood and behaviour disorders so the authors recommend future work should focus on under-represented conditions such as psychosis, eating disorders and self-harm. Among other things, it found more work is needed to test interventions in real-life situations as opposed to laboratory or clinical environments.

14. Parslow, R., Morgan, A., Allen, N., Jorm, A., O'Donnell, C. and Purcell, R. (2008). Effectiveness of complementary and self-help treatments for anxiety in children and adolescents. *The Medical Journal of Australia*, 188(6), pp.355-359. Available at:

<https://www.mja.com.au/journal/2008/188/6/effectiveness-complementary-and-self-help-treatments-anxiety-children-and>

15. Pryjmachuk, S., Elvey, R., Kirk, S., Kendal, S., Bower, P. and Catchpole, R. (2014). Developing a model of mental health self-care support for children and young people through an integrated evaluation of available types of provision involving systematic review, meta-analysis and case study. *Health Services and Delivery Research*. No. 2.18, pp.1-212. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK262974/>

WHY DO WE NEED AN ANSWER?

“ Having effective, sustainable ways of managing mental health could empower young people to support themselves and find resources that work for them. ”

Amelia, Young Person’s Advisory Group member

“ Self-care, also known as self-help and self-management, is an established approach to helping children and young people with long-term physical health conditions like diabetes and asthma. Children and their families like it because it puts them, not professionals, in control. Research suggests that self-care can improve self-confidence, quality of life, patient-professional relationships and satisfaction with, and better use of, healthcare services.

This might also be the case for children and young people with mental health problems but as yet the research has not been explored as much as it has in physical health. Answering this question should help change and enhance mental health services for this group, particularly at a time when demand is rising and resources are limited. ”

Professor Steven Prymachuk, University of Manchester

“ Many young people show resilience and resourcefulness in facing life’s challenges. Research to identify effective self-care and self-help strategies could further strengthen young people’s resilience and protect them from becoming mentally ill and needing specialist mental health interventions. ”

Dr Cornelius Ani, psychiatrist and steering group member



10

WHAT IS THE MOST EFFECTIVE WAY OF TRAINING TEACHERS AND OTHER STAFF IN SCHOOLS AND COLLEGES TO DETECT EARLY SIGNS OF MENTAL HEALTH DIFFICULTIES IN CHILDREN AND YOUNG PEOPLE?

THE WORKSHOP

- During the final stage of the workshop when everyone was together, there was a large debate over this question. It related to balancing the pressures on teachers against their responsibility and duty of care for their students.
- Parents said that they trust the school to care for their children, given that they spend the majority of their day there. They suggested that schools could pay a vital role identifying when children are first experiencing mental health difficulties.

PRIORITISATION SURVEY

- Young People: 10th
- Parents/carers: 8th
- Social work/mental healthcare staff: 16th
- Teaching staff: 3rd
- Researchers & Policymakers: 25th

EXAMPLES OF ORIGINAL QUESTIONS FROM THE PUBLIC

“How can teachers spot signs that young people are suffering in silence? What is required by parents, teachers, and others involved with children to help identify mental health problems at an early stage?”

“How can teachers and healthcare workers be better trained to pick up problems early?”

“How can teachers and healthcare workers be better trained to spot family problems and situations that might trigger mental illness developing in the children?”

WHAT DO WE KNOW SO FAR?

A search revealed a lack of evidence on the best way to train teachers to identify mental health difficulties in the UK context. The reviews that were found^{16,17} focused on the effectiveness of interventions on student wellbeing rather than on the methods of training teachers to identify mental health difficulties.

16. Kutcher, S. and Wei, Y. (2012). Mental health and the school environment: secondary schools, promotion and pathways to care. *Current Opinion in Psychiatry*, 25(4), pp.311-316. doi: [10.1097/YCO.0b013e3283543976](https://doi.org/10.1097/YCO.0b013e3283543976).

17. Langford, R., Bonell, C., Jones, H., Poulou, T., Murphy, S., Waters, E., Komro, K., Gibbs, L., Magnus, D. and Campbell, R. (2014). The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. *Cochrane Database of Systematic Reviews*. Issue 4. Art. No.: CD008958. Available at: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008958.pub2/epdf/full>.

WHY DO WE NEED AN ANSWER?

“ I believe that recognising mental health problems in young people is important as it allows them to get support earlier. Teachers spend a lot of time with young people and therefore should play a role in detecting mental health issues. ”

Mary, Young Person’s Advisory Group member

“ Staff in schools, colleges and universities who want to do the best for the young people that they teach or otherwise support will welcome advice on how to be aware of early signs of mental health issues in their students. ”

Clair Chilvers, Mental Health Research UK and steering group member

“ Teachers play a key role in children’s lives. If a child has a good relationship with a teacher, and if that child needs access to mental health services, the teacher could be in a good place to facilitate that. Improving what teachers know about mental health and giving them the tools to identify at-risk children is going to be helpful and allow them to feel more confident playing such a role. However, this needs to be part of a bigger system of support.

We shouldn’t assume that teachers are the only people that can offer this support. More importantly, we know from research that it is only helpful to put more resources into detecting the early signs if sufficient services and interventions exist to support people once they have been identified. ”

Professor Mina Fazel, University of Oxford





11

HOW CAN THE NUMBER OF EFFECTIVE CULTURALLY APPROPRIATE APPROACHES AVAILABLE IN CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES BE INCREASED, PARTICULARLY FOR ETHNIC MINORITY GROUPS?

This question was understood to be really important. It was decided that it would send a stronger message for it to be included as a consideration in every one of the Top 10 priorities as well as including it as a stand-alone question. Here's what happened in the workshop...

Question 11 was the subject of a lengthy discussion. Attendees talked about how people from ethnic minority groups are statistically overrepresented in services but underrepresented in research, and how, as a group, they have considerably worse mental health outcomes than the rest of the population.

With an increasingly diverse population in the UK, it was agreed that all research should evaluate how effective services are for ethnic minority groups and how services can be developed to address the needs of people from diverse cultural backgrounds such as cultural issues, language and stigma.

Additionally, attendees, especially the young people, emphasised that "culture" is more than just ethnicity and background. They argued that while those are certainly important, additional factors such as socio-economic status, parental education, family income and geographical location also contribute to an individual's experience and affect how young people might first enter mental health services, as well as their engagement with services, treatment and long-term outcome.

Since these factors influence every part of an individual's mental health journey – from crisis to recovery to maintenance of wellbeing – it is paramount that research does its part to ensure that mental health services for children and young people reflect the entire spectrum of the UK population.

“It will be interesting to see whether the number of effective culturally appropriate approaches available in children and young people's mental health services (particularly for ethnic minority groups) can be increased through meaningful service-user involvement. In practice, this may mean working creatively with leaders of schools, places of worship, community centres and other community resources. Fundamentally, culturally appropriate approaches value diversity and promote inclusivity.”

Wayne Reid, British Association of Social Workers and steering group member

“Breaking down the cultural barriers associated with the stigma of mental health, particularly in some of our ethnic minority groups, is a vital and necessary piece of work. Without addressing the associated stigma and misconceptions, we won't be able to effectively support the young person or their family effectively.”

Nick Heard, teacher and steering group member

“There is no one-size-fits-all in mental health interventions for children and young people. I am excited to see the creative ways in which mental health work can adapt to fit the needs of young people and children from all cultural backgrounds to work with people on their terms in ways which work for them.”

Eva, Young Person's Advisory Group member

YOUR OTHER PRIORITIES

11

How can the number of effective culturally appropriate approaches available in children and young people's mental health services be increased, particularly for ethnic minority groups?

12

What role does having a healthy lifestyle (e.g. sleep, diet, and exercise) play in the prevention of mental health problems in children and young people?

13

What are the most effective interventions for managing and reducing harmful stress in children?

14

Do young people who receive a prompt psychiatric diagnosis experience better mental health outcomes than those who wait longer to receive a diagnosis?

15

What methods are effective at supporting young men to recognise the signs of mental ill health and access appropriate support? (E.g. stigma reduction)

16

At what ages would it be most effective to start to educate children and young people about mental health?

17

In what way do children and young people (11-25 years) feel that their mental health condition could have been prevented?

18

Which school-based interventions are most effective at promoting and developing emotional wellbeing in children and young people?

19

Which school-based interventions are most effective in building mental health resilience in children and young people?

20

Are children from low income households waiting longer to access mental health services than children from financially better off households?

21

What impact does a longer waiting time for mental health services have on the treatment and mental health outcomes of children and young people with mental health difficulties?

22

How can early intervention prevent the development of mental health problems in children and young people with an autistic spectrum disorder or learning difficulty?

23

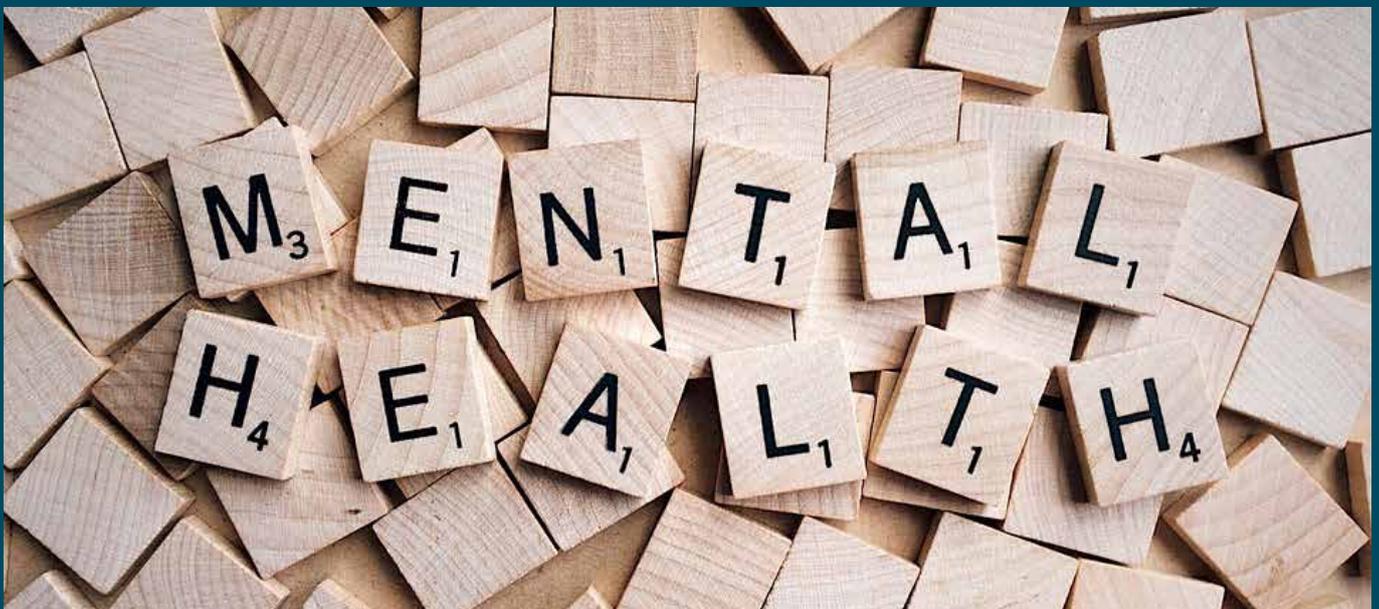
How can homeless young people be supported with their mental health needs?

24

Which interventions or methods are effective for young people to cope with panic attacks?

25

How can parents identify and support children who are at risk of suicide without increasing the child's level of distress?



OUR TEAM

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The James Lind Alliance is an independent, non-profit-making initiative. It brings patients, carers and clinicians together in Priority Setting Partnerships to identify and prioritise the Top 10 uncertainties, or unanswered questions, about health conditions and the effects of treatments. For more information, visit jla.nihr.ac.uk.



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Matthew
Elvidge
Trust

MentalHealth
ResearchUK



The Charlie Waller Memorial Trust
Depression – let's get talking

MQ
Transforming
mental health
through research

STAY IN TOUCH, GET INVOLVED

IF YOU ARE A RESEARCHER...

Please keep us informed of any research inspired by the Top 10 questions by emailing contact@mcpin.org. Let us know if you would like the Young People's Network to consult on and help shape your research proposal.

IF YOU ARE A YOUNG PERSON...

Join the Young Person's Network and receive emails about research involvement opportunities. Sign up by going to mcpin.org/young-people/

IF YOU ARE LOOKING FOR PARTNERS...

Connect with us using contact@mcpin.org to see how we could work together.



ABOUT THE MCPIN FOUNDATION

We are a mental health research charity. We champion experts by experience in research so that people's mental health is improved in communities everywhere.

- We deliver high-quality, user-focused mental health research and evaluations
- We support and help to shape the research of others, often advising on patient and public involvement strategies
- We work to ensure research achieves positive change

Research matters because we need to know a lot more about what works to improve the lives of people with mental health difficulties, their families and communities. We believe better mental health research is done by involving experts by experience. We work collaboratively with others sharing our values.

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