



## What is Co-CAT?

The Co-CAT study is a multi-site randomized controlled trial funded by NIHR and UKRI. Aim: to compare the clinical and cost effectiveness of an online, parent-led intervention (OSI) with treatment as usual (TAU) in Child and Adolescent Mental Health Services (CAMHS). If successful, this work has potential to enable efficient remote treatment for child anxiety problems in CAMHS in the COVID-19 context and beyond.

### SCREENING

Child referred to CAMHS clinic for routine assessment. If eligible, therapist provides study information and links to online consent forms.

### CONSENT & BASELINE

After consents are provided online to take part in study, baseline measures collected.

**PARENT:** demographic information, anxiety symptom and impact questionnaires (RCADS-P, CAIS-P, SCAS-P-8, ORS), a measure of common co-morbidities (SDQ-P), health economics measures (EQ-5D-5L-P, CHU-9D-P, CSRI), COVID related anxiety measure (PAS).  
**CHILD:** anxiety symptoms and impact questionnaires (RCADS-C, CAIS-C).

### RANDOMISATION

Participant randomised to receive OSI + therapist support or treatment as usual (TAU). Parent completes treatment expectation questionnaire (CEI). Therapist assigned within clinic to deliver treatment.

### OSI+therapist support

Parent receives OSI. Measures collected within the online treatment: RCADS-P, CAIS-P, SCAS-P-8, ORS, GBOs, SRS. (Therapist maintains log of time spent on treatment delivery and related activities.)

### TREATMENT AS USUAL

Family receives whatever treatment as usual is during COVID-19 and beyond. (Therapist maintains log of time spent on treatment delivery and related activities.)

### 14 WEEKS AFTER RANDOMISATION (post-treatment)

Parent and child complete the same measures that are completed at baseline, with the addition of the CEI for the parent and an adverse events questionnaire for both.

### 26 WEEKS AFTER RANDOMISATION (follow up)

Parent and child complete the same measures that are completed at the 14 week point.

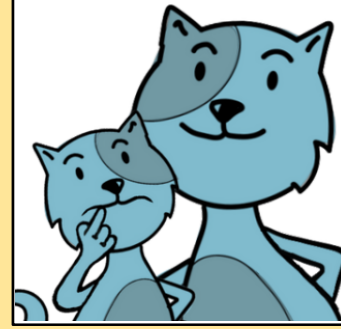
### QUALITATIVE INTERVIEWS

(Between 14 and 26 weeks after randomisation.)

Qualitative interviews with a sub-sample of parents (n=20) and therapists (n=20).

Flowchart summarising the trial procedures.

## Who is involved?

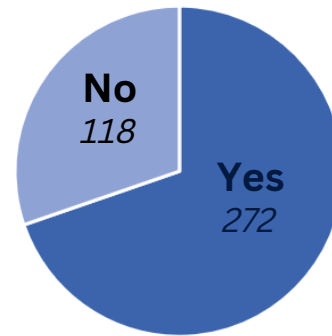


**444 families have been recruited** across England and Northern Ireland. The main eligibility criteria for participating families were that the child was aged 5-12 years old with a primary problem of anxiety.

Treatment was delivered by 60+ teams including NHS Trusts, charities & third party providers. Over 700 clinicians were involved within these teams.

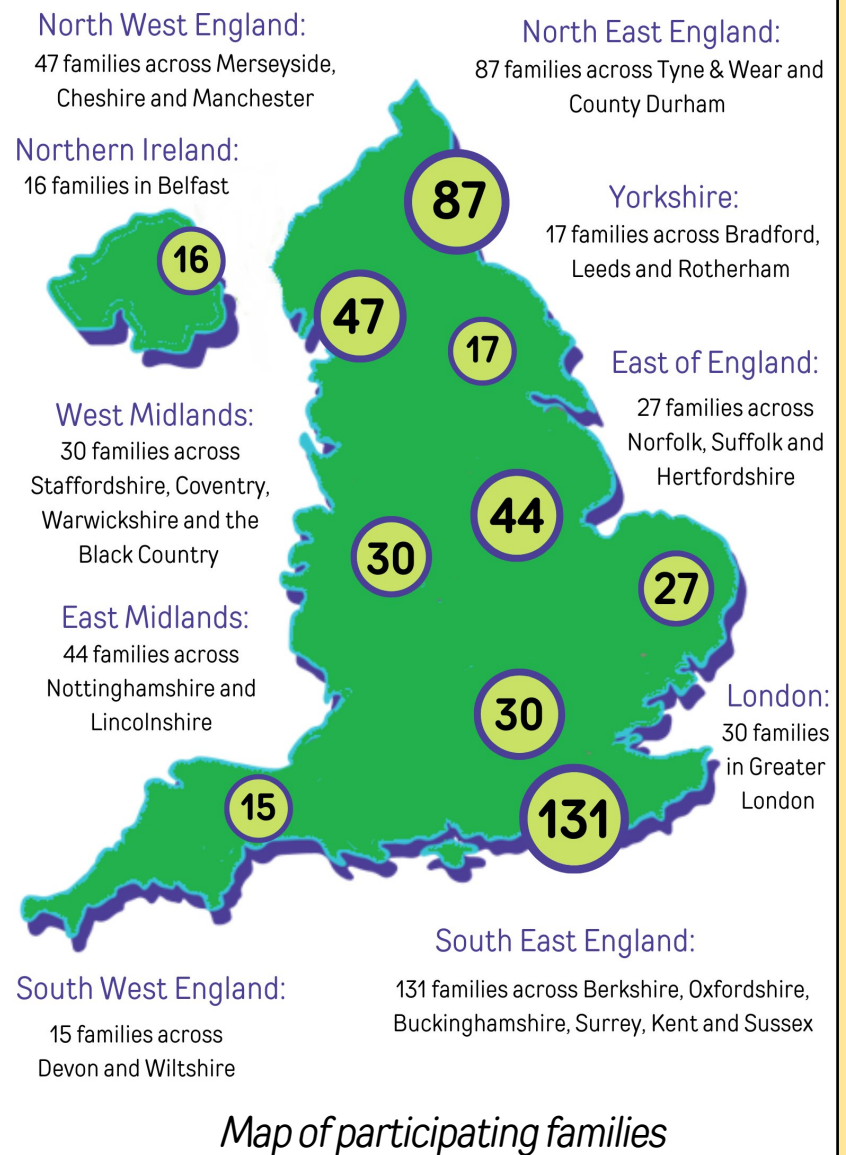
### Participating Clinicians

Delivered parent-led treatment previously?



### Professions

Assistant Psychologist  
Counsellor  
Psychotherapist  
No Core Profession  
**CWP** PWP  
**EMHP**  
Psychiatric Nurse  
Social Worker  
Clinical Psychologist  
Occupational Therapist  
Other Trainee



## What is OSI?

**OSI** Online Support and Intervention for Child Anxiety

Online Support and Intervention for Child Anxiety (OSI) is an online, therapist-supported platform to support the delivery of parent-led CBT for child anxiety problems. In the Co-CAT study, we are comparing whether OSI + therapist support is as effective as TAU in CAMHS.

OSI is made up of 7 core modules, plus a follow up module. The modules are released weekly following a telephone call with a clinician.

## Reflections on conducting research in CAMHS

### Themes

### Our actions & reflections

#### High staff turnover

#### Change in nature of referrals

#### Lack of capacity for clinical teams to dedicate time to the study

#### Supporting and communicating with teams

#### Systems & processes

We offered training sessions for new staff throughout the study and offered teams refresher sessions. Our training for OSI worked well as it was a short online video, making it easy to get busy clinical staff involved.

We observed change in the nature of referrals to CAMHS throughout the study. We ensured teams understood the eligibility criteria for the study and encouraged staff to contact us if they were unsure.

We reduced the admin burden for teams as much as possible. We asked R&D and Clinical Research Networks to support, such as by contacting families and helping them to complete consent forms.

We had a large number of teams involved and we worked hard to understand the way each service operates. Consider having a member of the research team assigned to work with specific teams and putting in place support that might be tailored to a team e.g. supporting a team to complete study logs or use systems and platforms. We also shared regular updates with teams, including through weekly newsletters and on the NHS Future Collaboration platform.

Our study had multiple systems and logs to be completed. Piloting the systems and processes, with feedback from clinical teams, would be beneficial to make sure they are as streamlined as possible.

Find out more about OSI and the Co-CAT study on our website: [osiresearch.org.uk/co-cat](https://osiresearch.org.uk/co-cat)

The research team can be contacted at [cocat@oxfordhealth.nhs.uk](mailto:cocat@oxfordhealth.nhs.uk). You can also follow us on Twitter @CoCAT\_Study.

