



Research challenges for children & young people's mental health

Overview

Funded by UK Research & Innovation, the Emerging Minds network focused on children and young people's mental health research from 2018 to 2022. In this report we reflect back on the research goals that were developed at the start of the Emerging Minds network and the progress made towards them. We also offer our perspective on what remains to be done.

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Background

In a very welcome step forward, funders of mental health research from across the UK came together in 2020 to endorse a set of UK Department of Health and Social Care (DHSC) led mental health research goals. These were developed by funders, academics, clinicians, and people living with mental health problems (Whitty, 2021; Wykes et al., 2021). The goals form an ambitious, but achievable, agenda for UK mental health research over the next decade to address the historic underfunding of mental health research (MQ, 2020) and to maximise its potential to make a tangible difference to people's lives. The first goal is to conduct research that will provide the knowledge needed to halve the number of children and young people experiencing persistent mental health problems. This goal reflects the early onset of many mental health problems (Kessler et al., 2007), the high, and growing, rates of mental health problems in children and young people (NHS Digital, 2018), and the substantial impact that they have in terms of emotional, social, and educational disadvantage (Harrington et al., 1990). This goal builds on recent influential policy documents including *Future in Mind* (NHS England, 2012). The *Five Year Forward View for Mental Health* (Mental Health Taskforce, 2016) and a UK Government Green Paper (Department of Health & Social Care and Department for Education, 2017) highlight the need to prioritise the promotion of good mental health and the prevention of and early treatment for mental health problems in children and young people (0 – 25 years). These needs have only been amplified in the context of the COVID-19 pandemic; despite relatively low levels of physical health risk, children and young people have experienced extensive disruption to their social, emotional, and educational development; opportunities to access support for those who need it have diminished through school closures and

restrictions to treatment access (Holmes et al., 2020), and there is evidence of further increases in the prevalence of mental health problems in children and young people (Newlove-Delgado et al., 2021).

Given the scale and the urgency of the problem, meeting the ambitious goal set by DHSC will require making full use of what is already known from developmental psychopathology and life course research. Critically we will need to draw on knowledge and expertise from broad disciplines, to establish the best ways to benefit large numbers of children, young people, and families. For example, in terms of mental health promotion and prevention, research has identified robust predictors of the emergence and persistence of mental health problems in children and young people (Ford et al., 2016). However, considerable challenges remain in the implementation of this knowledge, including barriers associated with stigma faced by children, young people, and their families (Jorm, 2012) and a lack of sustainable and scalable methods of delivery. In terms of early intervention, child and adolescent mental health research has also had success in the development of effective interventions for the treatment of common mental health problems. A recent meta-analysis identified 447 randomised-controlled trials, including over 30,000 children and young people, and concluded that effects of treatments were moderate in magnitude and relatively durable (Weisz et al., 2017). However, only a fraction of UK children and young people with mental health conditions receive evidence-based support (Reardon et al., 2020). Even where children meet thresholds for referral to specialist mental health services, they frequently experience long delays in accessing care (Children's Commissioner for England, 2022) and delivery may not reflect fidelity to evaluated treatment models (Henggeler et al., 1997).

Aims of our priority setting work

In response to the current, profound need among children and young people we, as members of the UKRI Emerging Minds Research Network Plus (Emerging Minds, 2021), set out to work with stakeholders to set specific research challenges for the field. These challenges aim to focus efforts in order to ultimately close the gap between research

and implementation, thus maximising the benefits of research to the lives of children, young people, and families. These challenges are intended to support teams to come together from across sectors and disciplines to generate plans to tackle the DHSC's ambitious goal.

Our approach

The process of identifying the research challenges included seven stakeholder-led workshops involving young people and family members with lived experience of mental health problems, policymakers, and practitioners. Across the seven workshops, participants were asked to identify priority research questions to be answered in relation to mental health promotion, prevention, and early treatment of mental health problems in children and young people in the short to medium term.

The first set of three workshops were held in January 2019 and were facilitated by YoungMinds, a UK based charity focused on children and young people's mental health. These were designed to ensure the voices of young people and their parents and carers underpinned the full process. These workshops included young people, parents and carers with lived experience of mental health problems, and YoungMinds staff members who had participated in previous consultations with young people, parents, and carers around mental health needs and priorities. Participants were asked to consider research questions with prompts to consider the role of individuals, connections, situations, and systems, informed by previous participation and insight reports produced by YoungMinds (2021) and the reports of the McPin Foundation (2018) and

the University of Birmingham Mental Health Policy Commission (2018). These workshops generated 59 priority questions and 105 further questions for research.

The set of questions from the initial workshops were then introduced to participants in four further workshops convened in London and Newcastle between January and May 2019 by the Centre for Mental Health (a charity with over 35 years' experience in providing research, economic analysis and policy recommendations in mental health). These workshops included over 50 practitioners and policymakers from a range of sectors, who are involved in youth mental health and wellbeing related work. Using a world café format of small rotating focus groups, participants were asked to map current activities, gaps, barriers, and enablers in the areas of mental health promotion, prevention, and early treatment, and particularly to consider young people whose needs are poorly met. In the second part of the workshops, they were asked to identify priority research questions they would like to see addressed. This provided an opportunity for the integration of the perspectives of different types of participants on possible priority research questions (young people, parents/carers, practitioners, and policymakers) (Moran-Ellis et al., 2006).

Agreeing on our research challenges

Firstly, all the questions and suggestions collected were reviewed by Andy Bell and Juliet Snell from the Centre for Mental Health, who produced initial priority areas following completion of the workshops and grouped them into possible wider themes and sub-themes (Snell & Bell, 2019). These were reviewed by Prof Cathy Creswell and Emily Lloyd from the University of Oxford, who developed a second iteration of themes which were reviewed against the initial priority areas and all questions and feedback received, with inclusion of priorities identified by previous relevant reports included as priority areas (Department of Health and Social Care, 2017; Hollis

et al., 2018; McPin Foundation, 2018; NHS Digital, 2018; University of Birmingham Mental Health Policy Commission, 2018; YoungMinds, 2021). This offered a further opportunity for reviewing the data and analysis taking in to account findings from similar work. The themes were then reviewed a third and fourth time, bringing in the perspectives of members of the (cross-sector and cross-disciplinary) Emerging Minds leadership group and our wider advisory group including academics from across disciplines (arts, humanities, and sciences), clinicians, policymakers, and industry representatives.

The research challenges



Research Challenge 1

The Big Question

This overarching research challenge focuses on identifying **how to implement promotion of good mental health, prevention, and early treatment for mental health problems at scale among children and young people**. Participants highlighted that in order to address this challenge it will be vital to consider how we target known, protective risk, and maintenance factors for mental health problems. For example, one practitioner/ policymaker noted that:

“We know a lot but it is not translating into impact – are we maintaining truth to underlying theory and evidence in intervention?”

Crucially, to meet this challenge, research will also need to focus on how we deliver effective models and interventions at scale and in ways that are both accessible and adaptable to specific populations and places, while ensuring that they continue to be effective. For example, one young person asked:

“What is the most effective place to intervene early (e.g. schools, youth clubs, health services, community settings etc)?”

and a practitioner/ policymaker asked:

“What factors make services fail to engage or makes them inaccessible to some children & young people?”



Research Challenge 2

Embracing Complexity

Across our workshops, there was considerable discussion of how to best meet the needs of children and young people who have intersecting needs and face complex situations. This might include, for example, children and young people at risk of school exclusion or outside mainstream education, with Special Educational Needs, communication challenges, physical health conditions, comorbid mental health problems, and/or behavioural difficulties. The vital need to make effective support (promotion, prevention, and intervention) available at scale while taking account of intersecting needs was highlighted. For example, one practitioner/policymaker raised the question of:

“How should we intervene when mental health problems intersect with other behavioural and social problems?” and a parent/carer asked *“How can we best support children and young people with autism and a mental health condition?”*

The need to establish how multi-agency systems can best work together to support children and young people was also emphasised. For example, one practitioner/policymaker asked:

“How do we make co-operative, multi-agency systems work better for young people and children? What do these systems look and feel like to children, young people, and families?”



Research Challenge 3

Voices, Power, and Attitudes

Our focus on mental health promotion and prevention stimulated a particular emphasis on how societal values, attitudes, and behaviours can be changed in ways that will have a positive impact on children and young people's mental health. Stakeholders emphasised the need to address broader societal attitudes and structures that may be a driver for mental health problems. For example, one practitioner/policymaker asked:

“What is the additional impact of racism, sexism, homophobia, and transphobia on children & young people's experiences of emotional distress and mental ill health, and what interventions positively tackle both prejudice and mental health problems?”

There was also reflection on what can create barriers to accessing support, in particular racism, as well as negative attitudes related to mental health problems themselves. For example, one parent/carer asked:

“What are the best ways to reduce the stigma surrounding mental ill health? How can we instil these from an early age?”

A related focus was on how young people's voices and power can be amplified in ways that have a positive impact on their own and others mental health. This could include understanding the mental health impacts of young people being central to decision making about their own treatment, being meaningfully

involved in the wider design, delivery, and evaluation of mental health interventions, and the potential benefits to mental health that come from being heard and exerting power in other spheres of their lives and on issues that concern them (for example through social action such as campaigning or volunteering). E.g. a practitioner/policymaker asked:

“How can we help children and young people become active in the face of overwhelming wider determinants of emotional difficulty (e.g. through activism, journalism, performance)?” and a parent/carer asked: *“How do we ensure young people have access to ‘safe spaces’ where they can express themselves and ‘have a voice’ that is heard by decision makers?”*

Stakeholders wanted to see further exploration of the value for young people (particularly those from marginalised groups) of recognising that their voices can create positive change and a positive sense of identity and belonging. For example, one practitioner/policymaker asked:

“In what ways do children & young people from marginalised groups create positive sense of identity and belonging and how does this affect mental health?” and another asked:

“How to make those whose needs are unmet or poorly met recognise that their voice can create positive change?”



Research Challenge 4

Supporting the Supporters

Finally, our workshop participants highlighted the need to identify how best to empower people who regularly interact with children and young people. How can we develop their capacity to promote good mental health and to contribute to prevention and/or early intervention efforts? In order to achieve this it is critical to identify and support adults that young people trust. For example, one young person asked:

“Who are the adults young people ‘trust’ and what it is about them and the relationship that builds and maintains that trust?”

The workshops identified three key groups of supporters:

1) **Young people as peer supporters.** E.g. a parent/carer asked:

“Do young people talk to their friends about their mental health concerns, and how can young

people effectively communicate how they are feeling to their friends?”

2) **Family members such as parents and carers.**

E.g. a parent/carer asked:

“What support is given to family members when young people begin to show signs of mental ill health, and can this be used to help to promote positive mental health?”

3) **People working in settings or delivering activities with young people (such as schools, sports clubs, youth clubs, GP surgeries).** E.g. a practitioner/policymaker asked:

“How could more informal networks become more available and accessible to more vulnerable children & young people... if families are more dispersed or communities broken down?”



Cross-cutting themes

Across the workshops, the needs of under-served groups were highlighted, in particular children and young people who: identify as LGBTQ+, are from Black, Asian, and minority ethnic backgrounds, are living in poverty, whose parents have mental health problems, who have had potentially traumatic adverse experiences, or who have experience of the care system. Potentially differing needs and experiences according to rural/urban settings, gender, and culture were also identified. In order to meet the ambitious goal set in relation to halving persistent mental health problems among children and young people, participants highlighted that researchers will need to: focus on impact, include meaningful involvement of

people with lived experience and other stakeholders, make the most of existing data and research, achieve rapid sharing of good practice, and communicate findings to broad audiences in accessible ways. For example, practitioners and policy makers noted that they would:

“Value proposals that have a clear narrative about how learning will be actioned and used in the near future” and “valued research that was done in conjunction with service providers.”

In addition, a parent/carer asked:

“How can we communicate findings and evidence about effective mental health prevention practices to young people?”

Where are we now?

We have been encouraged by the increasing recognition of the need for significant research investment to reduce the prevalence of mental health problems in children and young people in the lifetime of our research network. This is evidenced not only by the focus on children and young people within the DHSC mental health research goals and in four of the eight UKRI-funded mental health research networks (Mental Health Research Matters, 2021), but also by priority areas set by the Wellcome Trust (Wellcome Trust, 2021) and the Medical Research Council (MRC/AHRC/ESRC Adolescence Mental Health and the Developing Mind, 2020), and a focus on children and young people in three of the six UKRI/NIHR funded COVID-19 mental health projects (UK Research and Innovation, 2020). These initiatives, and others, increase the likelihood that we can achieve the step change in mental health care for children and young people that is critically needed.

As a research network, we have tried to respond to the challenges that we have identified in a number of ways. First, we held a series of network events across the UK in which we structured discussions around the four research challenges. Attendees spanned broad disciplines and sectors, and included young people, parents, and carers with lived experience of mental health difficulties. Second, building on these events we have run a number of funding calls for research proposals to address each of the research challenges between 2020 and 2022. Third, we have offered training and opportunities for Early Career Researchers (ECRS) to build their capacity to contribute to success in meeting the DHSC's goal.

These comprised of cross-sector placements with voluntary sector organisations, research internships, and proposal development workshops. In 2022 we also launched the Grow Researcher Development programme. Finally, we have also supported a number of activities to foster collaboration across a range of expertise, experiences, and disciplinary backgrounds, in particular supporting new Special Interest Research Groups.

We have identified the following next steps as being critical to success:

1. Further investment in infrastructure will be critical to support the ongoing development of meaningful partnerships across sectors and disciplines. The UKRI mental health research networks have been a great example of joined up activities across priority areas (through mechanisms such as special interest groups, cross-sector placements, and events). Despite our success in supporting cross-disciplinary research projects through our Emerging Minds funding calls (Emerging Minds, 2023) and related activities, we recognise that we have yet to draw fully on the range of relevant disciplinary expertise. The inclusion of design, for example, brings opportunities to disrupt convention through participatory and inclusive methods, and innovation. Historical approaches can likewise provide important context to help better understand the present-day challenges that we face, and highlight the significant ongoing legacies of earlier social and cultural attitudes towards mental health. In addition, working with computer scientists has the potential to significantly extend the reach of mental health

research, in terms of understanding the relationship between young people and technology, and using the resulting knowledge to develop research methods and interventions.

2. To ensure rapid progress, in keeping with the DHSC's ambitious goals, we will also need to work smarter and make the most of existing collaborative initiatives and data sets. Recent examples that promote more efficient research include the Adolescent Mental Health Data Platform (Adolescent Mental Health, 2021), which is an innovative development in children and young people's mental health research capacity. The research platform and infrastructure provide a safe and secure environment to conduct research to improve children and young people's mental health by pooling data from multiple sources and curating individual datasets. Linking routinely collected data such as health, deprivation, and social care data with clinical interviews, psychological, biological, and genetic data can offer new insights into the field of child and adolescent mental health research. Another example is the Catalogue of Mental Health Measures (2021), which is an interactive catalogue of mental health and wellbeing measures in British cohort and longitudinal studies.
3. Early Career Researchers have told us they need support in maximising the potential for their research to have an impact on children and young people's mental health, particularly through facilitating collaboration with young people, families, and wider stakeholders. We welcome

wider responses, but as a research network we responded to this need by dedicating ring-fenced funding for Early Career Researchers to: a) undertake placements across sectors, b) access training and opportunities to form cross-sector partnerships through seed funding for special interest research groups, c) engage and nurture talent e.g. through internships and our Grow professional development programme to ensure the diversity of experience in our mental health research workforce is as wide as possible.

4. Young people, parents, and carers have also been keen to expand their knowledge and confidence in how to shape the research agenda, again to maximise the opportunity to bring about lasting change. In our research network we have been struck by the number of applications for our Special Interest Research Groups that have been led by young people and parents/carers, highlighting the enthusiasm to drive forward research in areas that are most meaningful to people with lived experience. Going forwards it will be critical that we create opportunities (in terms of space, support and training, networks, and funding) for people with lived experience to drive the research agenda, not just get involved with already established projects. We need to support those with lived experience expertise to form effective academic and cross-sector partnerships, with mechanisms for fluctuating levels of engagement to best suit individual circumstances.

Final words

The need for the mental health research community to come together behind shared goals and priorities has never been greater. We would welcome debate and dialogue around the overarching goal set by the DHSC and the research challenges we lay out here. How will we, as a research community, conduct research that will provide the knowledge needed to halve the number of children and young people

experiencing persistent mental health problems? How can these research challenges, identified by children, young people, their families, practitioners, and policymakers help focus our work? And how can we best come together to build the motivation, relationships, and capacities needed to achieve this ambitious goal, and fast?

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