



Transformation Partners

in Health and Care

Waiting well: effective approaches for supporting CYP through mental health waiting periods

February 19, 2024

Agenda – Waiting well: effective approaches for supporting CYP through mental health waiting periods

Time	Content	Lead
15.00	Welcome, introductions and housekeeping	Louise Miller
15.05	Intro and context	Jenny Taylor
15.15	North Central London Waiting Room	Frederick Peel and Rosa Town
15.30	East of England	Robyn Bosworth
15.45	Black Country CAMHS	James Reeley
16.00	Q&A with delegates	Louise Miller and all
16.20	Resource hub	Jenny Taylor
16.25	AOB	Louise Miller
16.30	Close	Louise Miller

Welcome and Housekeeping



Please note that we have turned the mute function on and also cameras off function for all delegates in this webinar.



We want to encourage you all to please use the CHAT function to ask questions and provide comments



This event will be recorded. We will be sharing the recording on our website and with the delegates of this event.

TPHC Waiting Times

Intro and Context

Jenny Taylor

Introduction

Transformation Partners in Health and Care (TPHC) are committed to support children, young people and families to be able to access mental health support they need when they need it. Whilst we have come a long way in increasing access to community mental health services, we know that many children and young people are still having to wait too long.

In March 2023 the London Mental Health Board agreed Children and Young People's (CYP) mental health waiting times as a pan-London priority area, and TPHC have developed a programme of work to respond to this. The programme aims to:

- understand the current waiting times in London and the factors driving long waits
- explore inequalities in access for those on waiting lists
- hear from young people about their experiences and work with them on solutions
- capture and share examples of best practice through a webinar series and a resource hub
- develop once for London solutions

Evidence review, learning from 4 Week Wait Pilots and data diagnostic

The CYP mental health team at TPHC has undertaken an evidence review, stakeholder interviews with 4 Week Wait Pilot sites and a data diagnostic on waiting times in London. Learning from these activities has informed our understanding of CYP waiting times for mental health services and support the development of once for London solutions and resources.

Evidence Review

- outlined the impact of long waits
- reviewed literature and interventions for young people on waiting lists
- explores examples from sites that have cleared or reduced their waiting lists

4 Week Wait (4WW) Pilot review

- reviewed learning from stakeholder interviews with sites that undertook 4WW pilots
- this work has highlighted commonalities around what works well, key challenges and examples of best practice

Models

- The evidence review and stakeholder interviews have highlighted models, processes and interventions being used to reduce waiting times

Data Diagnostic

- TPHC undertook a data diagnostic analysing waiting times data in London between 2019-2023
- The analysis captures inequities around groups waiting the longest and which services have the longest waits

Background and Context

Our recent evidence review explored the impact of long waits on CYP mental health. We found that long waits can:

- be a barrier to help seeking
- have a knock on effect on communication skills, social development and education outcomes
- can also impact engagement and outcomes for young people

Since the pandemic we have seen a rise in acuity and referrals for young people's mental health services.

- one in five children and young people in England aged eight to 25 had a probable mental health disorder in 2023.
- rise in referral numbers and acuity was seen during and following the pandemic leading to increased pressure on services and wait times.

Supporting young people waiting for services

As part of our evidence review we also looked into what support and interventions are available for young people and families on wait lists.

- many services and areas across England have been exploring how to provide more support for young people and families including those waiting for services, for those seeking help and also for young people stepping down from care. These include access to both digital and in person support and interventions.
- we looked into the emerging evidence around delivering brief consultation approaches which can provide support for CYP facing longer waits and it has also been shown to provide some good outcomes for young people with lower level need and avoids them needing further support from CAMHS. The use and evidence around these interventions is emerging.

Through the presentations within this webinar we are keen to share learning, interventions and examples of practice within this space. We will include time for Q&A following the presentations and hope to facilitate discussions and debate.

Please feel free to share ideas, questions and comments in the chat.



NCL Waiting Room

Rosa Town and Frederick Peel



Waiting Room

Waiting Well Webinar

19th February 2024

Original + developing vision

- Starting aim of improving **the experience of waiting for CAMHS**
 - Waiting to ask for help?
 - To be assessed?
 - To be treated?
 - To Thrive?
-
- Conclusion: Support to **'wait well'** can help at all stages of a care journey



Our Goal

- Establish a single source of **safe, trusted information** and resources
- **Suitable for anyone** seeking support for themselves or others
- That **adapts to the user's** role, needs, age, location etc..
- To drive **sharing, learning, improvement** and innovation
- Grow a thriving **nationwide community** of practice



Reach and Impact

- Built relationships with **>40 CAMHS Teams + >20 VCSEs across 5 Boroughs**
- Since May we have seen **>10k User Sessions + >35k Page Views**
- Resources have attracted **dozens of comments** and **>200 'likes'**
- **Helping services to support families from the first contact**



Welcome to the Waiting Room

Explore over 300 wellbeing options for young people, families and professionals in North Central London (NCL).

Search Support 



Services by Borough

Islington

Camden

Barnet

Enfield

Haringey

Services by Borough

Islington

Camden

Barnet

Enfield

Haringey

Top Resources & Services



The Hive Monthly Activity Timetable

A monthly list of activities at The Hive in Camden.

[Local Services / Service Info](#)



Art Against Knives

Organisation providing a community-rooted approach to empower youth through long-term engagement.

[Local Services / Service Info](#)



Op COURAGE

Service offering comprehensive NHS mental health support tailored to armed forces personnel and veterans.

[Local Services / Service Info](#)



Unitas Youth Zone

An independent charity with a purpose-built facility in Burnt Oak, providing a safe and inspiring place for young people ages 8-19, and up to 25 with additional needs.

[Local Services / Service Info](#)



Support Hub

Talk to someone.
Discover new things.
Understand your options.



Find Support

← Back

example: sleep

Search

Topic ▾

Audience ▾

Region ▾

The Autism Hub Islington and Camden

- User-led initiative by & for autistic adults.
- Offers counselling & peer support service.
- Available to Camden & Islington residents.

autism
hub

Local Services / Service Info 3 likes

Find Support

← Back

example: sleep

Search

Current filters

X NHS

Clear filters

Topic

- NHS (28)
- Abuse (2)
- Activities (1)
- ADD (2)
- Addiction (14)

See more

Audience

Borough

Accessibility

Categories

Format

Age Range

Thriving plus: resources helping families at home

- A website with support categorised by need.
- Resources can be used at home by parents or carers.
- Addresses the changing ways to access mental health support.

Wellbeing Tools / Website 0 likes

NHS
The Tavistock and Portman
NHS Foundation Trust

Young People's Consultation Service (YPCS)

- Helps young people aged 14-30 with emotional difficulties.
- Provides consultations with clinicians about emotions & thoughts.
- Helps you understand & cope with difficulties.

Local Services / Service Info 0 likes



Camden MOSAIC

- Service for young people with disabilities & their families.
- Helps children join in with school, leisure & community activities.
- Provides assessment, diagnosis & therapy.

Local Services / Service Info 1 like



Islington Youth Justice Service (YJS)

- Service preventing youth offending & reoffending in Islington.
- Offers support with court orders, reports & restorative justice.
- Supports parents/carers, victims & young people.

Local Services / Service Info 0 likes



North Camden Community CAMHS, OpenMinded

- Helps Camden young people with emotional health & wellbeing.
- Uses i-THRIVE to put young people & families' needs first.
- Works with schools to support children's mental health.



Find Support

← Back

youth club

Search

Topic



Audience



Borough



Accessibility



Categories



Format



Age Range



The Zone Youth Club

- Islington **youth club** offering after-school & evening sessions.
- Computers, recording studio, games & kitchen facilities.
- Tuition & projects in music, film, sports, arts & more.

Local Services / Service Info 1 like



Islington Youth Council

- Website containing information on Islington **Youth Council**.
- Consists of 14 elected **youth** councillors for a 2-year term.
- Advocates for **youth**, influences decisions & offers skill development.

Local Services / Website 1 like



Unitas Youth Zone

- Independent charity with purpose-built facility in Barnet.
- Safe & inspiring space for ages 8-19 (up to 25 with SEN).
- Offers diverse activities, sports, arts & support for £5/year.
- Staffed by trained **youth** workers, focused on safeguarding.

Local Services / Service Info 1 like



Copenhagen Youth Project

- A safe & caring **youth**-led space.
- Supports disadvantaged young people aged 7-25.
- Offers learning, development & a brighter future.
- Inspires the young people of King's Cross & Barnsbury.

Local Services / Service Info 0 likes



KORI Youth Charity

Find Support

← Back

example: sleep

Search

Current filters

× App

Clear filters

Topic

Audience

Borough

Accessibility

Categories

Format

- App (42)
- Audio (4)
- Blog (1)
- Book (3)
- Booklet (3)

See more

Age Range

INKS

- A pinball game with puzzles & art.
- Provides a joyful & colorful experience.
- Combines relaxation & skill.

Wellbeing Tools / App  1 like



Prune

- Game celebrating the beauty of trees & cultivation.
- Bring life to the landscape & uncover a hidden story.
- Captivating with unique gameplay & relaxing vibes.

Wellbeing Tools / Game  0 likes



Ten Percent Happier

- Website with tips for happiness, meditations & expert advice.
- Free resources, included guided meditations & a podcast.
- App & mindfulness courses also available for purchase.

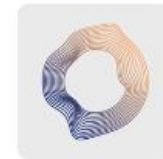
Wellbeing Tools / App  1 like



SPOKE

- App providing music and mindfulness for mental health.
- Features unique audio escapism & neuroscientist-trained artists.
- Themes include sleep, meditation, stress, relationships & more.

Wellbeing Tools / App  1 like

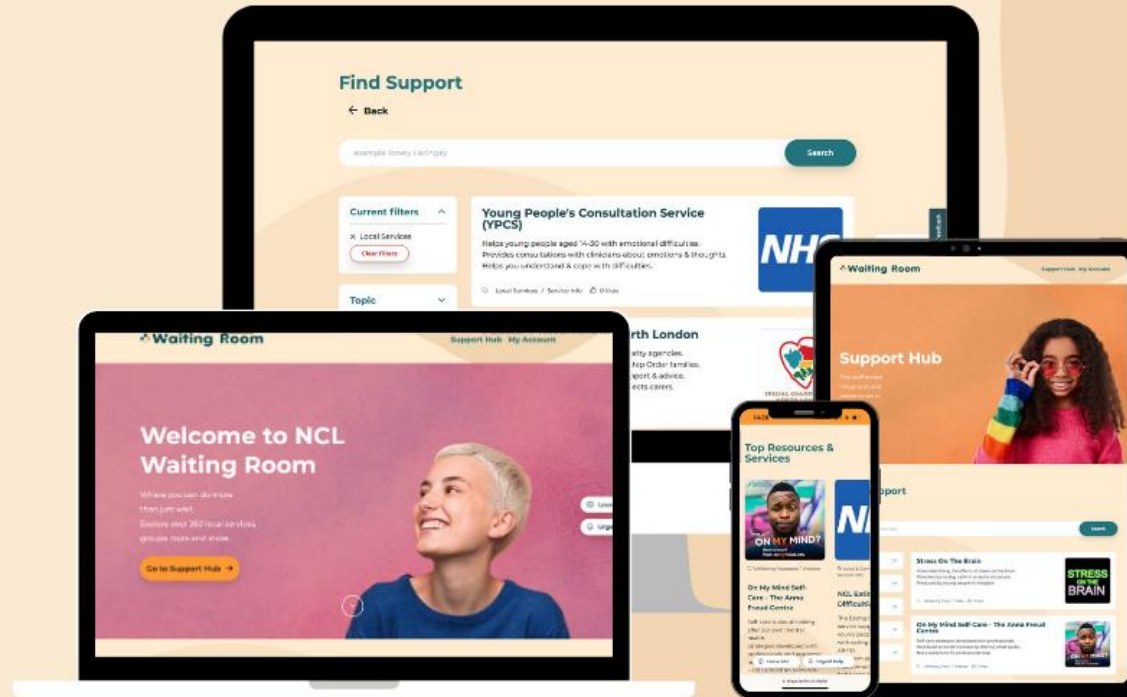


Cosmic Kids Yoga

- A children's yoga YouTube channel.
- Provides fun & engaging yoga adventures for kids.
- Story-based sessions with mindfulness & relaxation.



Putting Services Within Reach



 www.NCLwaitingroom.nhs.uk  



Showing We Are Listening



It's been incredibly useful and supportive. It's a safe space to talk about things. You don't feel so alone →

Service User



Showing Who We Are

Meet the team



Lauren Hassan

Counsellor and CBT Therapist, CWP Supervisor



Sabbir Ahmed

Educational Psychotherapist and Systemic Practitioner, CWP Supervisor



Rukshi Thevasagayam

Child Wellbeing Practitioner



Fran Fiore

Child Wellbeing Practitioner



Ellie Tidy

Child Wellbeing Practitioner



Andrew Moore

Child Wellbeing Practitioner



Sharing What We Have

Recommended by Islington School Wellbeing Service (SWS)



Sleep Hygiene for Adolescents Leaflet

A leaflet with tips for improving sleep quality designed to support the mental and physical wellbeing of adolescents.

Wellbeing Tools / Leaflet



Building Resilience Leaflet

Leaflet with tips for building resilience covering self-esteem, problem solving skills, managing stress, and developing coping strategies.

Wellbeing Tools / Leaflet



Emotional Regulation Leaflet

Leaflet with tips for managing emotions, understanding triggers, and strategies for self-regulation.

Wellbeing Tools / Leaflet



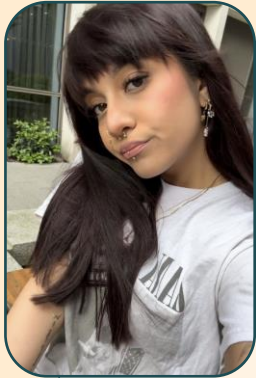
Friendships Leaflet

Leaflet with tips for building and maintaining positive friendships, encouraging healthy relationships, and building self-esteem.

Wellbeing Tools / Leaflet



Working With Our Community Consultants



Nia (19, she/her) is from London, studying Medicine and has always had an interest in making mental health accessible and understandable for young people from a range of backgrounds, especially BAME. Nia wanted to get involved in developing NCL Waiting Room because it provided her with the unique opportunity of actively being able to see her input and ideas of how to better one's mental health support progress from her own first-hand experience and relationship with therapy and counselling.



Hannah (23, she/her) is studying Clinical Mental Health Sciences at University College London and is interested in social determinants of mental health. Hannah wanted to get involved in developing NCL Waiting Room because she is excited about the potential for the service to offer a source of support during the difficult time that many young people spend waiting to access therapy.



Arshan (17, he/him) is from Camden, studying Health and Social Care and interested in systematic change that will better the holistic care for young people. Arshan wanted to get involved in developing NCL Waiting Room as his personal experience with CAMHS is much alike the countless other young people still on the waitlist for an assessment and wanted to be a part of the initial team that's shaping a potentially life-changing support 'app', so to speak, like NCL Waiting Room.



[← Back](#)

Welcome, Hannah

Today's affirmation:



I am open to the beauty and wonder of the world around me.

Tools & resources

Account details



Favourite resources



Mood check in



My plan



Manage your plan

Activities



Triggers



Identity



Interests



Formats



100% complete



Need to speak to someone now?

Crisis Support

If you're thinking of harming yourself or someone else, you can find urgent help on our crisis page.


























Kooth

Want an informal chat with someone about your wellbeing? Speak to the team at Kooth.

[← Back](#)

What can help you feel better?

Please select as many options as you like.

Animals 	Being active 	Breathing exercises 	Coding 
Cooking 	Creativity 	Drama 	Exercise 
Family 	Friends 	Games 	Learning 
Making music 	Medication 	Meditation 	Nature 
Personal growth 	Planning 	Rest 	Silence 
Sleep 	Sports 	Stimming 	Sunlight 
Therapy 			





























Your custom activities

Listening to podcasts 
--

[← Back](#)

What can make you feel worse?

Please select as many options as you like.

Abuse 	Addiction 	Alcohol 	Arguments 
Boredom 	Bullying 	Change 	Competition 
Distractions 	Drugs 	Eating Issues 	Family problems 
Friend problems 	Gambling 	Inactivity 	Loss or grief 
Medication 	Noise 	Online bullying 	Poor sleep 
Relationship issues 	Repeat behaviours 	School stress 	Social media 
Socialising 	Stress 	Trauma 	Weight 



















Your custom triggers

Feeling overwhelmed 	Overwhelm 
--	--

[← Back](#)

What is most important to you?

Please select as many options as you like.

My ambitions 	My disability 	My ethnicity 	My gender identity 
Getting more exercise 		Any other White background 	Woman / girl 
My heroes 	My hobbies 	My language 	My learning needs 
		English 	
My nationality 	My relationships 	My religion / belief 	My sexuality 
American 		Atheism 	

Share what is important to you by creating a custom button below. [Add it here](#)













































Save & Exit

















































Continue to Interests →

[← Back](#)

What topics are you interested in?

Please select as many options as you like.

Addiction 	ADHD 	Adoption 	Advice 
Anxiety 	Armed forces 	Art 	Autism 
Behaviour 	Bereavement 	Breathing 	Bullying 
CAMHS 	CBT 	Communication 	Cooking 
Coping 	Counselling 	Creativity 	Crisis 
Depression 	Divorce 	Domestic violence 	Dyslexia 
Early help 	Early years 	Eating issues 	Education 
Family 	Fear 	Fitness 	Football 
Fostering 	Friendships 	Fun 	Gangs 
Grief 	Guardianship 	Guidance 	Gym 
Happiness 	Hearing voices 	Homelessness 	Housing 

Junior school 	Kinship 	Learning 	Learning difficulties 
LGBTQ+ 	Loneliness 	Low mood 	Medication 
Meditation 	Mental health 	Mentoring 	Mindfulness 
Music 	Neuro 	NHS 	OCD 
Panic attacks 	Parenting 	Peer support 	Perinatal 
Physical health 	Psychology 	Reading 	Relationships 
Relaxation 	Research 	Resilience 	Sadness 
School 	Self-care 	Self-harm 	SEND 
Sexual health 	Sleep 	Social justice 	Sports 
Stress 	Substance misuse 	Suicide 	Therapy 
Training 	Trauma 	University 	Volunteering 
Wellbeing 	Worry 	Yoga 	Youth justice 

Looking for something else? [Help us learn what our users are interested in](#)

Save & Exit

Continue to Formats →

[← Back](#)


How are you feeling?

Today, 15th December 2023







December 2023 > < >

MO	TU	WE	TH	FR	SA	SU
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31







- Really great 😊
- Good 😊**
- Okay 😐
- Meh 😑
- Very bad 😞

 [Get urgent help](#)








Log activities

- Animals 
- Drama 
- Exercise 
- Family 
- Friends 
- Sleep 

Log triggers









- Arguments 
- Boredom 
- Change 
- Poor sleep 
- Relationship issues 
- Stress 

Log activities

- Animals 
- Drama 
- Exercise 
- Family 
- Friends 
- Sleep 
- Listening to podcasts 

Add an activity

Log triggers

- Arguments 
- Boredom 
- Change 
- Poor sleep 
- Relationship issues 
- Stress 
- Overwhelm 
- Feeling overwhelmed 

Add a trigger

Log resources used

- Calm 
- Headspace 

Today's thoughts

Today I used calm and headspace and they helped me to feel better.

Save

Digital Community Manager: how it all works



Five aspects of the role:

1. Manage the service
2. Engage with users
3. Lead on technical aspects (content and development)
4. Communications
5. Safety (clinical safety, cyber security and accessibility)



It's all about relationships

- Knowing the people in our network
- Understanding their offer (service, charity, resource etc.)
- Thinking about how to integrate this into the platform
- My job: forming and sustaining relationships with real people to create a real network



Research and Consultation



What we've done:

- User research (card sort, design sprints, patient and public involvement / PPI, feedback events, Digital Community Consultants)
- Qualitative survey (Time 1)



What's coming:

- Continual user research
- Qualitative survey (Time 2)
- Systematic review of Waiting List Interventions (WLIs)
- Waiting Room Service Evaluation



The future potential of our data:

- Ongoing research
- Quality Improvement
- Ongoing service evaluation
- Generating and sharing learning with our network



THRIVE Framework for system change (Wolpert et al., 2019)



“The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings.”



How does Waiting Room fit?

- One of the goals of the THRIVE Framework is: “Children, young people and families being more empowered to manage their own mental health and make the best use of the resources available, including managing any ongoing mental health issues.”
- But how can young people and families do this without knowing...
 - what’s out there
 - what they can access
 - and what’s trustworthy and safe?



Where does Waiting Room fit?

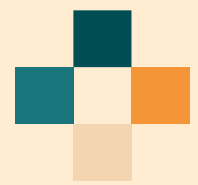
- Thriving
 - “Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies”
- Advice and signposting
 - “Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.”
- Shared decision making
 - “Children, young people and families feeling more involved in decision making about the help and support they receive.”



Stay in touch or join our network:


- waitingroom@tavi-port.nhs.uk
- www.NCLwaitingroom.nhs.uk
- Dr Rosa Town + Fred Peel





Waiting Room

Where you can do more than just wait.



East of England

Robyn Bosworth

Children and Young People's Mental Health: Waitlist Interventions

Learning from the literature



Our Rationale and Aims

Aimed to conduct a scoping review (incl. published and grey literature)
to bring together the latest evidence on:

- 1 What do children and young people want during the waitlist period?
- 2 Waitlist interventions: what works well for children and young people
- 3 Key implementation components/practical considerations for those interventions

What did we do?

05

What do young people want?

Punton et al (2022) conducted an interpretive phenomenological analysis of young adults' experiences of waitlists within mental health services in the UK. Through a series of interviews with young adults, the following support was identified as being useful during the waitlist period:

- 1 Mental health literacy
- 2 Good social support
- 3 Mindfulness-based techniques

NHSX and NHSE conducted a discovery into children and young people's mental health, with a focus on the waitlist period in 2019. As part of this discovery, they conducted interviews with parents and children/young people during their experience of the period. They reported the

- The experience of waitlists can lead to deterioration of mental health which has a negative impact on the unit
- Lack of contact with the parent and child to feel forgotten about, even losing trust in services
- Signposting to other tailored resources helpful during this period
- There is a lack of information about what will happen next, increasing anxiety and likelihood of turning up to an appointment
- Social support e.g. family has a large role during this period
- Parents/family members support during this period

“It certainly worsened the anxiety for me personally because I felt more alone and more vulnerable to my own mind... it's not knowing that there's any definitive and to it”
Punton et al (2022)

09

Bibliotherapy

(14-22)

Unguided self-help interventions have been reported to have small-moderate effects on depression and anxiety symptoms (Wolpert et al, 2019). Bibliotherapy is one of the more common types of unguided intervention. Please see below for the most recent research on these interventions.

Bibliotherapy is an unguided self-help, brief, non-pharmacological intervention, that applies either cognitive therapy or behavioural therapy techniques (Mains & Scogin, 2003; McNaughton, 2009). The main aim of cognitive or behavioural bibliotherapy is to teach, through the reading of a standard manual, a number of strategies designed to control negative emotions and it also explains how to practice them in daily life (Jorm et al, 2002).

Bibliotherapy interventions offer a range of both advantages and disadvantages (Gualano et al, 2017) which should be considered:

- ✓ Cost effective
- ✓ Efficient, structured intervention
- ✓ Extends access to young people
- ✗ Reliance on a certain level of reading and retention ability
- ✗ Could lead to loss of motivation if reader is not able to understand materials

Recent research has found bibliotherapy to be somewhat effective, especially at reducing depressive symptoms. Effect sizes have been found to be greatest for those with mild to moderate depressive symptoms (Gualano et al, 2017; Yuan et al, 2022). Additionally, a recent RCT (Smith et al, 2017) compared 2 types of bibliotherapy to an iCBT intervention and found that all 3 interventions significantly reduced depressive symptoms in patients with mild, moderate and severe depression.

Bibliotherapy has also been found to be effective at reducing symptoms of health anxiety. Hedman et al (2016) compared bibliotherapy to a guided and unguided iCBT intervention and found that all 3 interventions significantly reduced health anxiety symptoms at post-intervention.

When compared to iCBT interventions, similar findings were also found for the use of bibliotherapy in the treatment of OCD and social phobia (Wootton et al, 2013; Furrack et al, 2009)



Intervention	Brief summary	Target population/ service	Effectiveness	Number of sessions	Who can deliver it	Country(s) of origin	Cost	Additional implementation factors
8 Shared care model	Shared care model placed within primary care locations. In this model, the common collaborative features are as follows: 1. Sharing common file system with primary care physicians 2. Direct and indirect consultations 3. Greater access between physical and mental health physicians 7. Clinical team typically consist of a team of primary care physicians, as well as a psychiatrist and 2 other mental health professionals. This allows for internal referrals and treatment within the primary care clinic.	Primary care services	Hazartv et al (2012) conducted a 3-year pilot of this approach and found that mental health services were offered more than 40 days sooner by the end of the pilot. Additionally, they studied surrounding services in the trial as well and found that the pre-existing, nonshared care services had wait times of about 13 days shorter during the 3 subsequent years. Overall, across all sites, wait times were reported to have decreased by 30% by the end of the pilot.	N/A	N/A	Canada	No cost information available	
9 Patient-led appointment scheduling	Patients schedule their own appointments on an ad hoc basis when they feel they need them. They will typically book these by calling reception and booking an appointment as you would at a GP surgery. 6. At the first session it is explained to patients that they can book appointments as often as they wanted for as long as they wanted within the constraints of sessions available at the practice.	Adult services (may be applicable to CAMHS)	Carey et al (2013) evaluated this approach within an adult community team in Australia. They found that a seven-month waitlist was reduced to no waitlist, six months after patient-led scheduling began.	N/A	N/A	Australia	The cost associated with this approach seems very likely to be offset by the savings in professional time associated with the reduction in missed or cancelled appointments	• Patients could make appointments online for ease
10 Opt-in approaches	An approach where patients are asked to make their own appointments or respond to correspondence indicating they wish to remain on the waiting list for an appointment.	All services	Tatham et al (2012) evaluated this approach with 116 eating disorder patients awaiting outpatient treatment. They found that just over two-thirds of the patients opted to stay on the waiting list which allowed those likely to be reported as DNA's to be identified earlier on and provide others with a more timely and efficient service.	N/A	N/A	UK	No cost information available	• Some key traits that were found to be associated with opt-out were: psychoticism, depressive features, and borderline personality disorder cognitions

What do young people want?

[Punton et al \(2022\)](#) conducted an interpretive phenomenological analysis of young adults' experiences of waitlists within mental health services in the UK. The following support was identified as being useful during the waitlist period:

- 1 Mental health literacy
- 2 Good social support
- 3 Mindfulness-based techniques

NHSX and NHSE conducted a discovery into children and young people's mental health, with a focus on the waitlist period in 2019:

- The experience of waiting can lead to deterioration of child's mental health which can have a negative impact on the family unit
- Lack of contact with the service during this period can cause parent and child to feel "in limbo" and forgotten about, sometimes even losing trust in service
- Signposting to other more tailored resources would be helpful during this period
- There is a lack of information about what will happen, with patients not knowing what to expect next, increasing their anxiety and likelihood of not turning up to an appointment
- Social support e.g. family play a large role during this period
- Parents/family members need support during this period too

WAIT study - what is currently being offered?

WAIT (Waiting for Access Into Treatment) trial was recently conducted looking at the current help offered to children and young people on CAMHS waitlists.

- 1 Blue ICE
- 2 Kooth
- 3 SilverCloud
- 4 TogetherAll
- 5 THRIVE

Recommendations

- Most waitlist interventions are locally funded but are rarely sustained due to a lack of supporting data - future interventions should be evaluated locally to encourage future commissioning
- Services should be listening to families about what they actually want from WLI's
- Don't underestimate the value of psychoeducation
- Digital interventions should be considered

Barriers/Facilitators

Barriers to implementation were reported to be managing family/children and young people's expectations, funding, engagement, and location.

Feedback from staff was that the following was needed:

- National guidance on waitlists
- Training and development for staff particularly on digital platforms
- Funding for preventative services to stop escalation of mental health difficulties

Service Innovation

Triage processes

Triage strategies reported as being used by 97% of participating CAMHS agencies, with the most common strategies being: standardising intake process (84.1%) and centralising intake processes (76.1%).

Phone triage processes have been found to be effective in both university and CAMH services, reducing wait times for first appointment.

Same-day triage appointments have been found to be effective at reducing wait times ([Shaffer et al, 2017](#)).

Multi-disciplinary services/collaborations

Multi-disciplinary approaches were the most frequently endorsed strategy, being used by the majority of CAMHS services when surveyed (97%). The most common approaches used were: collaborating with other agencies for treatment and follow-up (91.2%) and referring families to other agencies (70.8%).

Brief models of care which place mental health practitioners in primary care practises were found to be effective at reducing wait times ([Thomas et al, 2021](#)).

Collaborative learning systems across services were found to be effective at reducing wait times ([Shah et al, 2018](#), [Stafford et al, 2020](#)).

Patient-led approaches

Patient-led appointment scheduling has been found to be effective in general practice clinics, where patients book sessions when they feel they need them ([Carey & Spratt, 2009](#); [Carey et al, 2013](#)).

Opt-in approaches have been found to be effective at reducing both wait times ([Tatham et al, 2012](#)) and DNA rates ([Jenkins et al, 2017](#)).

Psychologists have reported this approach to be the most useful practise for managing waitlists ([McDonnell et al, 2022](#)).

Changes to service delivery

Models such as the CAPA (Choice and Partnership Approach) have been found to lead to significant reductions in wait time for first appointment ([Clark et al, 2018](#)).

Walk in clinics have been reported to be used in 50% of CAMHS ([Vallerand & McLennan, 2013](#)), and have been effective at reducing or eliminating wait times ([Barwick et al, 2013](#)).

Stepped care models have been found to be effective at managing waitlists in both CAMH ([Vallerand et al, 2013](#)) and university services ([Cornish et al, 2017](#)).

Additional strategies that were found to be effective in CAMHS were offering services at non-traditional sites (81.4%), at non-traditional times (75.2%) and group interventions for CFYP (72.6%) ([Vallerand & McLennan, 2013](#)).

Self-help interventions

Guided interventions

- Guided self-help interventions involve varying degrees of input from a mental health professional ([Bekker et al, 2016](#)).
- UK National Institute for Health and Care Excellence (NICE) guidance recommends guided self-help as a first step for intervention in some child mental health disorders ([NICE, 2005](#)).
- They have been found to be slightly more effective than unguided self help interventions ([Bennett et al, 2019](#)).
- Some examples include **Triple P, SPRING, OSI** and **Coping Cat**

Research suggests that both guided and unguided self-help interventions are associated with significant moderate to large effects on symptoms of anxiety, depression and disruptive behaviour (Bennett et al, 2019)

Unguided interventions

- There is mixed findings about the effectiveness of unguided self help interventions. There is some evidence to suggest that although they have moderate effects on depressive symptoms, the same effects cannot be applied to anxiety ([Wolpert et al, 2019](#)).
- Some examples include **SPARX, MoodGym** and **StressBusters**



Bibliotherapy

Bibliotherapy is an unguided self-help, brief, non-pharmacological intervention, that applies either cognitive therapy or behavioural therapy techniques ([Mains & Scogin, 2003](#); [McNaughton, 2009](#)).

Recent research has found bibliotherapy to be somewhat effective, especially at reducing depressive symptoms. Effect sizes have been found to be greatest for those with mild to moderate depressive symptoms ([Gualano et al, 2017](#); [Yuan et al, 2022](#)).

It has also been found to be effective at reducing symptoms of health anxiety ([Hedman et al \(2016\)](#)), OCD ([Wooton et al, 2013](#)) and social phobia ([Furmack et al, 2009](#))

Examples include **Face your fears, TogetherAll** and **Helping your child with fears and worries**

Offer a range of both advantages and disadvantages ([Gualano et al, 2017](#)) which should be considered:



Cost effective



Efficient, structured intervention



Extends access to young people



Reliance on a certain level of reading and retention ability



Could lead to loss of motivation if reader is not able to understand materials



Digital Interventions

Technological interventions could offer an effective way of increasing timely access to evidence-based interventions. They mostly require minimal therapist support and could readily be provided for those on long waiting lists ([Grist et al, 2018](#)).

Effective at reducing depressive symptoms ([Noh et al, 2022](#)) as well as self-harm and suicidal ideation ([Forte et al, 2021](#)). Mixed evidence regarding whether these interventions are effective at reducing anxiety or stress-related symptoms.

A more detailed review of digital interventions for CYP mental health is also available on our NHS futures page.

A systematic review looking at the effectiveness of iCBT for CYP up to the age of 18, found iCBT to be associated with moderate effect sizes comparable to effects of face-to-face CBT ([Vigerland et al, 2016](#)).

Other types of digital interventions found to be effective are ([Grist et al, 2018](#); [Bandelow et al, 2022](#)):

- Attention Bias Modification (ABM),
- Internet-delivered psychodynamic therapy (iPDTh)
- Internet-delivered applied relaxation (iAR)

- Certain populations such as refugee or low income households have been found to be less able to access these types of interventions (Bear et al, 2022).
- Limited evidence to support the use of digital interventions with children under the age of 12, so utilisation to that age group should be considered carefully (Grist et al, 2018).

Single-session Interventions (SSI's) and other clinical interventions

SSIs are structured programs that intentionally involve only one visit or encounter (consisting of more than one session) with a clinic, provider, or program; they may serve as stand-alone or adjunctive clinical services ([Schleider et al, 2020](#)).

There is emerging evidence for the effectiveness of brief interventions such as SSI's in reducing both anxiety and conduct problems, as well as limited evidence for their effectiveness at treating depressive and eating disorder symptoms ([Schleider et al, 2017](#)).

More information [here](#) or access our regional learning from the literature event on SSI's in CYP MH [here](#).

Some examples include DISCOVER, Single session consultation and Project Save.

Physical health interventions

Emerging evidence for the utility of physical exercise based interventions during the wait list period for children and young people ([Wolpert et al, 2019](#)).

These are predominantly community-based interventions that combine physical activity with psychoeducation.

One example includes Safety Nets.

Implementing waitlist interventions

1

All patients should also be provided with a 24-hour emergency number in case of severe mental problems or a need for crisis support ([Bandelow et al, 2022](#))

2

The need for additional support staff such as Assistant Psychologists to aid with implementation ([McDonnell et al, 2022](#))

3

Multi-disciplinary discussions and learning should be implemented with regards to the management of waitlists ([Evans et al, 2014](#))

Self-help interventions

- Therapist contact has been found to lead to greater outcomes. This can be in the form of "guidance" or "non-guidance" contact, such as emails to encourage treatment adherence ([Talbot et al, 2012](#))
- Parental involvement has been linked to greater outcomes, especially for younger children ([Manassis et al, 2014](#)) and therefore should be strongly encouraged.

Digital interventions:

- Training and on-going support for programme moderators may be required for successful implementation of digital CBT-based interventions ([Kuosmanen et al, 2019](#))
- Some evidence that participant face-to-face and or web-based support is an important feature in terms of programme completion and outcomes ([Lehtimaki et al, 2021](#); [Grist et al, 2019](#)). [Bandelow et al \(2022\)](#) recommends 15 minutes contact per week
- Patients with a diagnosed disorder have been found to yield greater effects ([Grist et al, 2018](#))

Any Questions?



Children and Young People's Mental Health: Waitlist Interventions

Learning from the literature



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Q & A



**Transformation
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in Health and Care

Evaluation form and AOB

