

AnDY Research Clinic (Reading)



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Overview

- How we can benefit from research-ready services.
- Overview of the AnDY Research Clinic in Reading.
- My role in managing referrals for research.
- My role as a CWP in a research-ready service.

How we can benefit from research-ready services.

Government Strategy

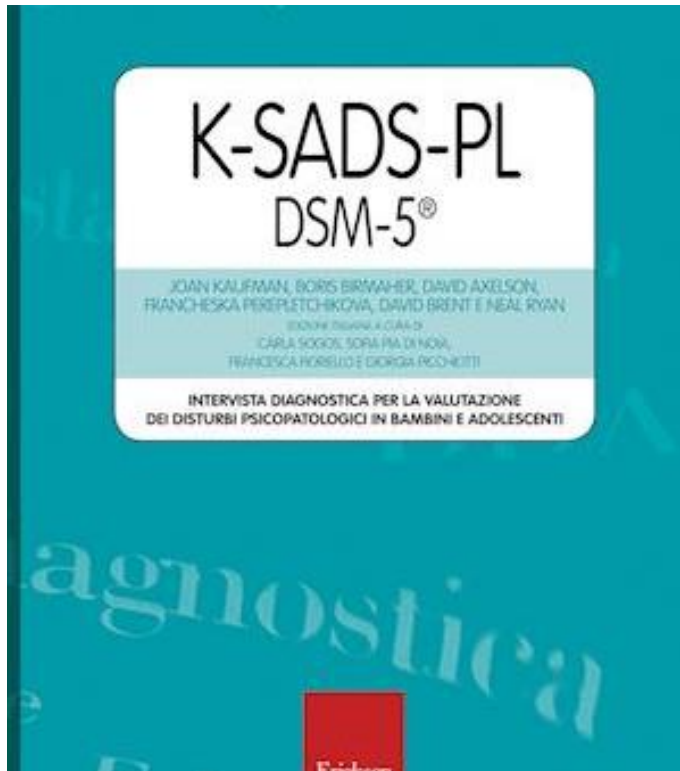
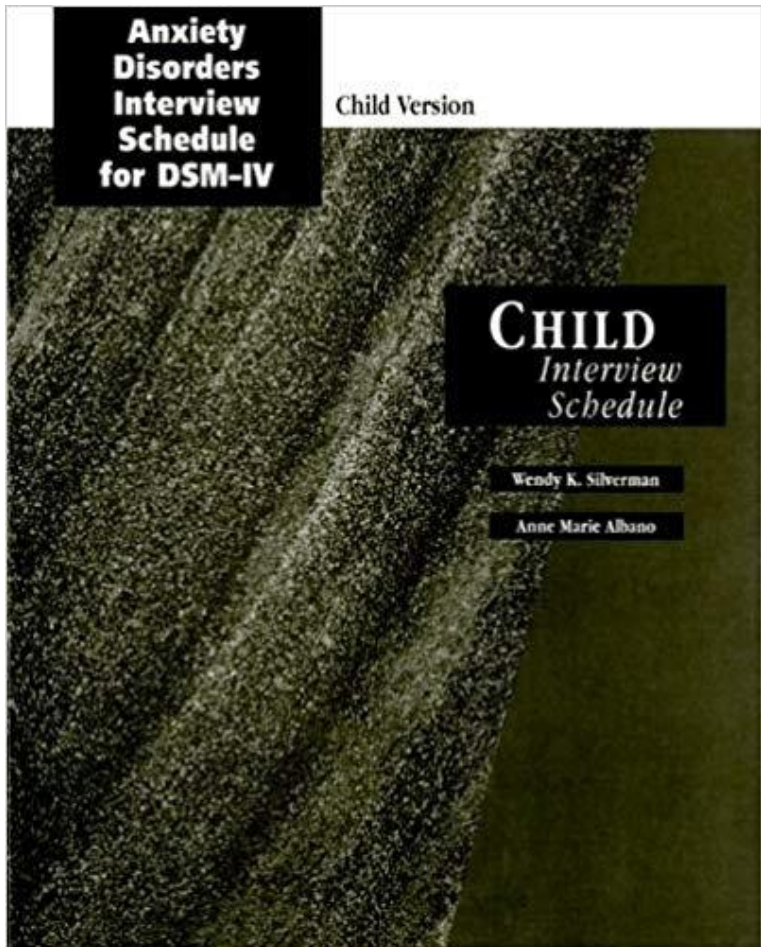
- 2015's *Future in Mind*
- 2016's *Five Year Forward View for Mental Health*
- 2017's Green Paper: *Transforming children and young people's mental health provision*
- Key commitments:
 - Recruit 1,700 more therapists (e.g., CWPs, EMHPs) and train 3,400 existing staff to deliver **evidence-based** treatments to an additional 70,000 children and young people showing early signs of distress.
 - Reduce waiting times.
 - Improve understanding of mental health **through research**.

What are research-ready services & How can they help?

- Research is a priority.
- Not just about being ‘evidence-based’.
 - Organisation and staffing structure is research-driven.
 - Current and anticipated research plays a key role in shaping how the service is run and delivered.
 - Research feeds directly into clinical practice and vice versa.
 - Not under the same pressures as conventional services (e.g., around access and waiting times), which provides freedom and helps with avoiding challenges that make early intervention research difficult elsewhere.
- Research objectives can be achieved at the same time as making a valuable contribution to the wider system.

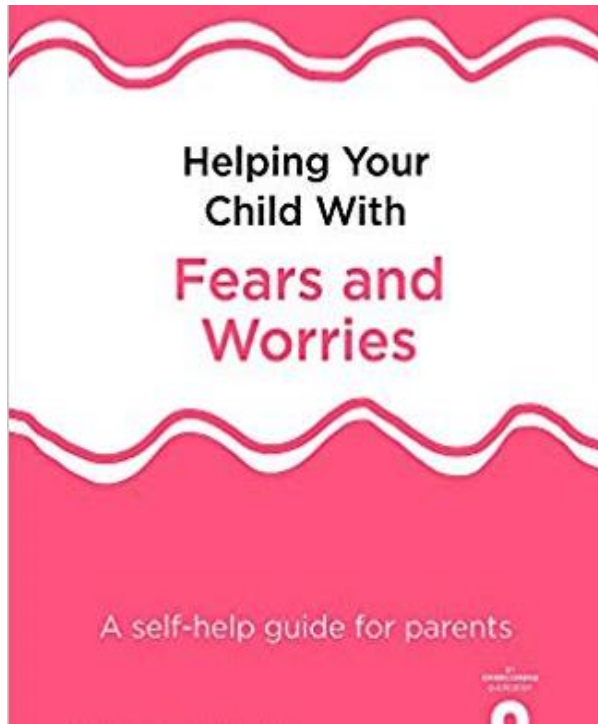
AnDY's Aims

- Increase access to evidence-based psychological treatment for children and young people with mental health difficulties through our NHS-funded clinic.
- Improve understanding of childhood mental health problems through **clinically relevant research** in order to:
- Prevent the development of common mental health problems.
 - Identify problems early.
 - Treat problems promptly and effectively.
- Provide training and development opportunities for students (e.g., Trainee CWPs), clinicians, and researchers.



Assessment

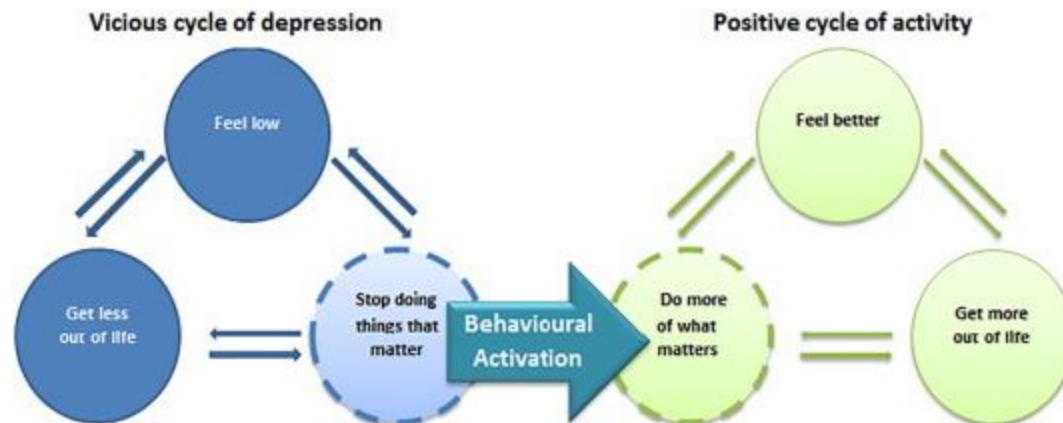
- Gold-standard diagnostic assessment
 - ADIS-IV-C/P
 - K-SADS-PL
- ROMs
 - RCADS
 - ORS
 - SRS
 - Process measures



ACTA

Treatment

- Parent-led CBT for 7-11 year olds with primary anxiety disorder.
- Brief Behavioural Activation for 11-17 year olds with primary depression.
- Adolescent Cognitive Therapy for Anxiety (ACTA) for 12-17 year olds with primary anxiety disorder.



Calum McDonald

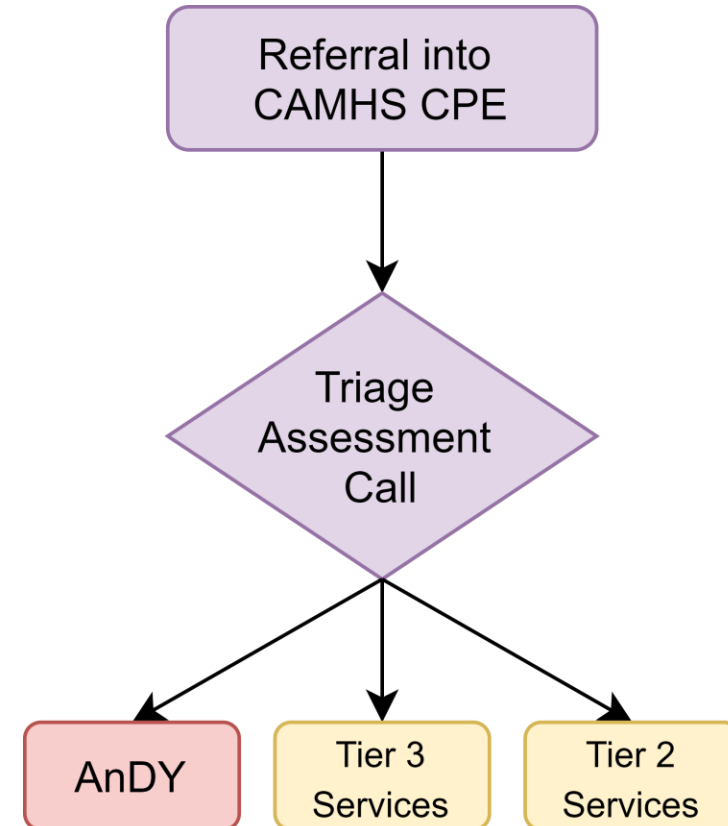
**(Clinical Research Technician
/ Children's Wellbeing Practitioner)**

My Role

- Children's Wellbeing Practitioner
 - Treatments
 - Assessments
 - Supervising Risk
- Referral Management Team
 - Oversee referrals to the clinic
 - Complete triage assessments
 - Liaise with other services

RMT Setup

- Referrals enter CAMHS CPE from GP, school, family...
- We screen referral forms for suitability
- We complete a triage assessment call as part of CAMHS CPE
- Process referral to relevant service



Benefits of this

- For families:
 - One single point of referrals
 - Seamless referral process
- For service:
 - 95%+ referrals are suitable for treatment after diagnostic assessment
 - Resources are not utilised managing referrals
- For research:
 - Identify suitable research participants
 - STADIA – research at point of referral

Joint Referrals Meeting

- A meeting between the main youth mental health services covering all of Berkshire to discuss and formulate a plan for young people's care.
 - 'Step-up' referrals to tier 3
 - 'Step-down' referrals to tier 2
- Every week on a Thursday
- Attended by:
 - AnDY Clinic
 - Tier 3 Anxiety & Depression Pathways
 - Tier 2 services and MHST's from each locality

Benefits of this

- For families:
 - Prevents 'ping ponging' referrals
- For service:
 - Reduces admin
- For research:
 - Additional avenue to identify suitable participants

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Children's Wellbeing Practitioner in a research-ready service

Research Informed Treatment Interventions

- CWP course interventions, e.g. Brief Behavioural Activation, Worry Management
- Interventions developed from in-clinic research
 - ACTA for Social Anxiety
 - Panic/Agoraphobia

Immunisation Service Liaison

- A new inter-agency collaboration
 - Coordinated through my role in RMT
- Barriers in supporting CYP:
 - AnDY Clinic: unable to handle sharps/deliver immunisations
 - Immunisation Team: lack of psychological input

Case Study

- EB is 17 years old
- Referred through the Specialist Immunisation Team
- Reports a longstanding fear of needles
- Has not been able to receive recent immunisations
- Has stopped her travelling out of the country

The 'Sharp Bit'

- Nurse from the team was able to come in for Session 5
- Completed a range of exposure tasks:
 - Seeing all the injection equipment laid out in front of her
 - Hold and handle the needle with the cover on and off
 - Drawing up water and releasing
 - Pretending to administer the needle
- Outcomes:
 - EB has successfully has her meningitis vaccination
 - Is booked for another in the coming weeks



Questions?