

Implementation of digital interventions in child and adolescent mental health services (CAMHS)

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There are huge pressures on child and adolescent mental health services and many families face extensive barriers to accessing effective support in a timely manner. For example, in a survey of parents of primary school aged children in England we found that [only 2% of families of children with an anxiety disorder had accessed an evidence based treatment](#).

In order to address barriers and increase access to evidence based treatment for child anxiety disorders ([CBT](#)) we developed a brief, parent led form of treatment which we have since shown to be [clinically](#) and [cost](#)-effective. In order to further increase access we worked with families and clinicians to co-design an online version of this intervention and this is [currently being evaluated in over 50 clinical teams across England](#).

Clinical teams are keen to continue to implement the intervention beyond the current research trial and have highlighted particular groups that they are keen to offer it to (but who are excluded from the current trial). It will be really critical to understand:

- Who services deliver the treatment with outside of a clinical trial
- How treatment engagement and outcomes compare when the intervention is delivered outside of a clinical trial
- What family/ therapy factors might account for any differences in outcomes when the intervention is implemented in routine care (outside of a research trial)
- What are the barriers/facilitators to implementing this digital intervention for clinical teams and what can we learn for wider implementation of evidence-based interventions in child and adolescent mental health settings.

There is the potential to apply mixed-methods to address these questions.

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