

EVIDENCE INTO POLICY WORKSHOP

Improving Adolescent Mental Health

13th March 2025
Salts Mill
Saltaire

Tackling the youth mental health crisis is one of the challenges of our times. To do this we must work together and listen to young people.

An event for senior decision makers and service providers in Yorkshire. Those who deliver care and services across the child and adolescent mental health system in our region.

An opportunity to collaborate with academics and learn from each other. Exploring service challenges across the locality and considering where there is evidence that speaks to new approaches to meet local needs.

Collaboratively identifying existing gaps in research to set future research agendas.

Event Summary

On the **13th of March 2025**, stakeholders came together in Salts Mill, Saltaire to share ideas and generate new collaborations. The workshop was expertly hosted by **Professor Simon Gilbody** (University of York & Bradford Institute for Health Research).



Salts Mill

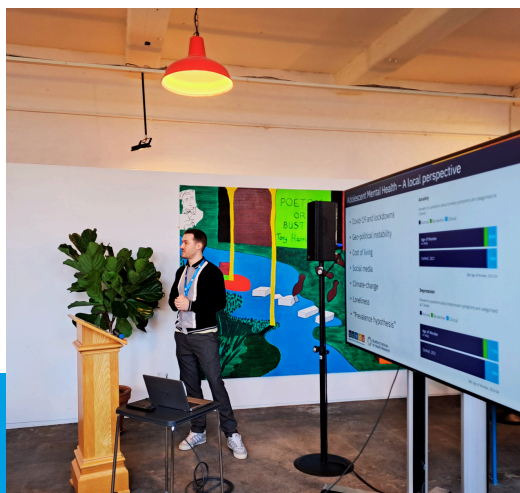
Sir Titus Salt was a man with a vision. He built the village of Saltaire because the health and wellbeing of the people who worked in his great mill bothered him. So, as Simon Gilbody pointed out in his welcoming address, Salts Mill certainly made a fitting setting for this workshop.

A workshop focused on the mental health and wellbeing of the future generations of our region. The future of young people in Bradford and beyond.

Thanks to all who attended and engaged in dynamic and open discussions. Special thanks to the organising team for making the workshop come to life, including Emma Doggett and Ruth Wadman, and to the young people who came and so expertly presented their experience.

Bradford District Care Trust

Dr David Sims, Medical Director at Bradford District Care Trust warmly welcomed all. Reminding the room of the gravity of the task at hand.



The COVID-19 pandemic has left a lasting long-term impact on young people's mental health. Locally, **Bradford District Care Trust** has seen a doubling of some mental health conditions. There has been a 70% increase in referrals to specialist mental health services.

We need to do better and improve if we are going to provide the help that is needed and make a difference. It is vital we have research based conversations to help inform our mental health services.

Welcome to Yorkshire

The challenge had been set and the morning session involved a series of captivating talks. From both local researchers and those who had travelled a bit further to attend.

The group welcomed speakers from leading universities across the UK to Yorkshire to present their latest research. As well as one visiting researcher all the way from Bermuda.

Born in Bradford

Up first was the team from **Born in Bradford**. The internationally-recognised research programme which aims to find out what keeps families healthy and happy by tracking the lives of over 60,000 Bradfordians.

What can we learn from Born in Bradford to inform practice?





Dr John Pickavance, *Principle Data Scientist* at the *Bradford Institute for Health Research* introduced the group to the latest flagship Born in Bradford (BiB) project - BiB Age of Wonder.

Born in Bradford is one of the largest and most exciting health research studies in the world; since 2007, the team have been tracking the health and wellbeing of over 13,000 Bradford children from birth. The original BiB cohort is now in their teenage years. As young people move into adolescence, and then adulthood, they experience many changes. BiB Age of Wonder is a seven-year project capturing this journey through adolescence and adulthood, for the original BiB cohort and their peers.

John explained how the programme is embedded in circa 30 secondary schools and involves an annual young people's survey. The survey features a range of mental health measures. Age of Wonder results so far show that Bradford is no different to other places, it shows increasing levels of mental ill-health in young people.

However, the study is already starting to show interesting and unanticipated results with regard to the interaction between ethnicity and deprivation. Deprivation is not proving to be as much of a predictive factor of mental ill-health for the South Asian Pakistani community compared to those of White British heritage. Future research exploring risk and resilience factors will help us to start to understand why this could be the case.

Evaluation & evidence

Age of Wonder is already providing useful epidemiological insights. It also provides a vehicle to evaluate different types of adolescent interventions for mental health. **Dr Dan Lewer**, *Consultant in Public Health, Bradford Institute of Health Research* outlined work the BiB team have been doing to evaluate some of the interventions in place in Bradford. Dan explained how the team has been able to start to investigate the impact of the introduction of Mental Health Support Teams (MHSTs) in education settings. To date the introduction of mental health support teams has not made a difference to school absence. More exploration is needed to understand how MHSTs are impacting students.

There is huge potential to learn more about what works and what doesn't for young people's mental health using BiB. Dan's presentation and the questions that followed explored the topical issue of screen time use. As society starts to implement more measures targeting social media and smartphone usage researchers can work with young people and practitioners to evaluate interventions and provide evidence to inform decision making.



Anxiety disorders and online interventions

Many more young people are anxious. Social anxiety is the most common form of anxiety.

Next we heard from Research Clinical Psychologist **Dr Hjördis Lorenz**. Hjördis is part of a research group based at the *University of Oxford* - the Cognitive and behavioural Approaches to Mental health in Young people (CAMY) research group.



Hjördis is especially interested in increasing access to effective therapies for young people with social anxiety. Currently Hjördis and the team are investigating an intervention involving online therapist-supported therapy. So far the results are encouraging with regard to both accessibility and effectiveness.

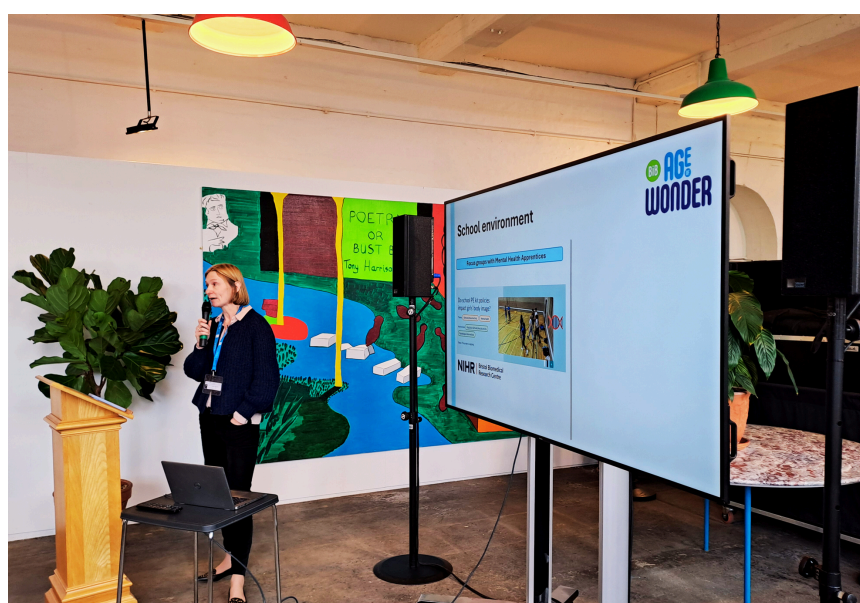


Eating disorders

The incidence of eating disorders is also on the rise. 1 in 5 girls and 1 in 20 boys aged 17-19 might have an eating disorder. But as **Professor Francesca Solmi**, *University College London*, explained there is a mismatch in the numbers of young people with eating disorders and the numbers accessing treatment. Data also points to serious inequalities in access to treatment. More data is urgently needed to understand the extent of this treatment gap.

Where treatment options are lacking, prevention becomes even more critical. **Dr Helen Bould** from the *University of Bristol* is interested in body dissatisfaction. A key symptom of most eating disorders and potentially modifiable. It was inspiring to hear from Helen about how young people's ideas have directly led to a school based research project to support the prevention of eating disorders. The project is exploring how changing school PE kit policies could have positive impacts on girls' body image and body dissatisfaction.

Other areas of interest include exploring unintended implications for body dissatisfaction of the National Child Measurement Programme and the impact of social media use on body dissatisfaction.



Severe mental ill-health

We are making inroads in terms of mental health stigma. However, there is still one area of mental ill health that people shy away from talking about and tackling. Severe mental ill-health (SMI), including conditions such as schizophrenia and psychosis.

Professor Simon Gilbody explained how the first signal for severe mental ill health often falls in adolescence. Young people who go on to develop SMIs can go on to become some of society's most vulnerable adults. We don't know as much as we'd like about what happens in that period of adolescence preceding a diagnosis of a SMI. BiB - Age of Wonder is going to help us address this gap in knowledge as the project will include survey questions that will improve our understanding. The longer term consequence of SMI can be altered, for the better, by early and comprehensive care and support. Simon explained how further research and BiB data will help us understand how and when to intervene.

Social isolation and loneliness

Loneliness is most prevalent in late adolescence and young adulthood. It is experienced across genders and can be a precursor for poor physical and mental health. **Dr Bridget Bryan, King's College London**, explained the bidirectional relationship mental health has with loneliness and social isolation. She also highlighted her research findings showing young people with ADHD are particularly at risk of becoming socially isolated. Loneliness is also associated with future social status.

Reducing loneliness and isolation may be a pathway for improving adolescent mental health. More research into loneliness and social isolation in young people should be prioritised.

Implementation

The most effective interventions can fail when they are rolled out in the real world due to poor implementation. It is critical that researchers consider what will help support successful implementation when an intervention is first designed and tested. **Dr Kristian Hudson** from the *Yorkshire Humber Improvement Academy* explained what he has learnt about implementation during his career. He outlined the four stages of implementation and explained just how essential it is to get the foundations in place before delivering a change. Researchers cannot be disconnected from practice or ignore complexity. The presentation highlighted why workshops such as this are essential to ensure there is a two way conversation between researchers and practitioners supporting implementation in the future.

The **Yorkshire and Humber Applied Research Collaboration** offers support to help integrate implementation science into projects, evaluates implementation, and provides training in the use of implementation science.



Young people's voice

Involving young people in research has proven benefits for both the project outputs and the young people themselves. As **Dr Ruth Wadman**, *University of York* explained, involving young people not only increases the relevance and utility of the research it provides access to local knowledge.

Research inclusion in mental health is essential. As part of the presentation of this critical topic, it was inspiring to hear recorded responses from the **Healthy Mind Apprentices** and the **Future Starts with Us Group** on what research inclusion means to them. For example, good research inclusion involves visiting diverse community groups to gain a wider perspective and meeting young people in places where they are most comfortable.

It was hard not to feel motivated for the afternoon's group work as the final part of the morning included an eloquent in-person presentation by two young people from the Future Starts with Us Group.

The group learnt about what young people want from mental health services directly and what the barriers are to engagement:

- **Stigma**
- **Finance**
- **Trust**
- **Representation**

There is a lack of culturally appropriate mental health support and support available is often one-size fits all. Young people want people who are like them to talk to, they also find it difficult to trust adults. How we approach young people needs to change.

'If you can't relate to my story, you can't hear my story.'



The relationship between evidence, policy, and practice

During the afternoon delegates came together to explore the relationship between evidence, policy and practice, particularly within resource-limited settings. The questions considered are outlined below.

Workshop 1: How can evidence shape policy & practice (and why doesn't it?)

- How to make routinely collected clinical data, and linked data, available for research in a way that is secure and acceptable to patients and public?
- How do you increase communication between researchers, clinicians, commissioners and policy makers?
- How can projects become sustainable in the long term when research funding is often short term?
- How can we support busy clinicians, teachers and researchers to have time to work together and support research?

Workshop 2: How do we better address gaps in practice, policy, and research?

- What barriers prevent the adoption/uptake of existing research evidence?
- How can we facilitate and support researchers to understand system needs for research?
- What is a more difficult challenge to work on in the longer term?
- How can you reconcile the slow pace of producing new evidence for an emerging issue such in Adolescent Mental Health (e.g. loneliness/sleep/social media usage) with the fast pace of implementing policy interventions to address public health concerns?
- How can the government set up an evaluation strategy for new policies when addressing adolescent mental health?

Key challenges and barriers

The discussions were wide ranging but identified a range of key challenges and barriers to effective translation of research evidence into policy and practice.

Communication gaps

- Lack of communication between researchers, clinicians, policymakers, and service users (especially young people).
- Absence of policymakers in discussions.
- Clinicians have limited time for research engagement.

Relevance and implementation

- Research findings may not be relevant, clear, or implementable due to funding or capacity constraints.
- Research may not address the most pressing real-world questions.
- Research may not always reflect diverse community needs (e.g. conducted in homogenous populations).
- Time lag between research and implementation.
- Research takes too long to produce actionable insights.
- Policymakers may be unaware of the latest research.

Data interpretation and bias

- Over-reliance on numerical data, neglecting qualitative experiences.
- Potential for data to misrepresent real-world practice.
- Influence of factors outside of evidence, such as politics, personal beliefs, and social media.



Resource constraints

- Limited time, training, and staffing.
- Funding gaps between research and implementation.
- Time constraints prevent clinicians from engaging with new evidence.



Strategies for improvement

The group took a positive approach to how to tackle some of the barriers and make local improvements to help improve the translation of research evidence into policy and practice.

The workshops underscored the need for stronger integration of evidence into policy through collaboration, inclusivity, and practical research design.



Enhanced collaboration and communication

- Establish regular dialogue between all stakeholders (researchers, clinicians, policymakers, service users).
- Create forums for shared learning and problem-solving.
- Workshops and structured discussions can help balance research with practical clinical needs.
- "Three-legged stool" approach: integrate patient, clinician, and researcher perspectives.

Meaningful engagement and co-production

- Involve service users (especially young people) in all stages of research and policy development.
- Prioritize qualitative data and lived experiences.
- Empower young people to lead discussions and set agendas.
- Co-produce research with staff and young people, guided by researchers.

Building trust and relationships

- Focus on relational work and trust-building.
- Create a convivial atmosphere for sharing perspectives.
- Ensure connectivity and detailed understanding of operationalisation of policy and research recommendations, within socio-political context.

Improving research relevance and implementation

- Align research with service and user priorities.
- Ensure research is inclusive of diverse communities.
- Bring policymakers and practitioners into research teams early.
- Focus on practical, implementable solutions.
- Evidence should address real-world needs and be practice-oriented with input from practitioners.
- Provide clear guidance and examples of effectiveness.
- Address barriers and facilitators to implementation.
- Introduce policies in ways that allow for research evaluation (e.g. staged rollout).

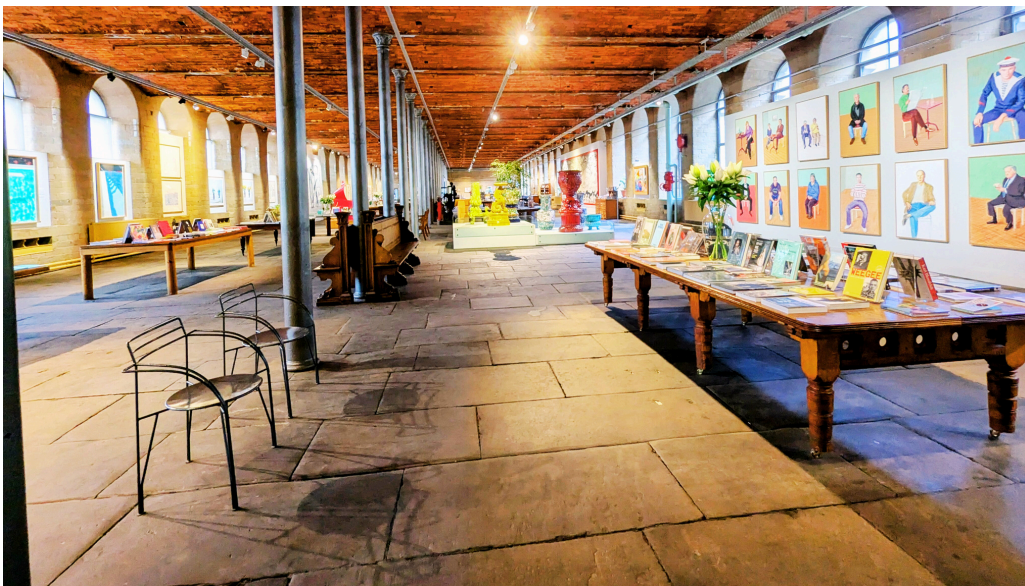
Knowledge translation and capacity building

- Promote research literacy among policymakers and practitioners.
- Dedicate resources to implementation and knowledge translation.
- Support clinicians in understanding and utilizing research.
- Bring policymakers and practitioners into research teams from the outset.

- Ensuring research is accessible and useful can enhance its influence on policy.
- Encourage shared understanding of policy goals.

Funding and resource allocation

- Prioritize evidence and research in policy decisions.
- Align funding with system needs.
- Address resource constraints that hinder implementation.
- Ensure that funding calls encourage pre-grant collaborations beyond well-established networks.
- Funding should be informed by lived experience, clinicians, and literature reviews but tailored to local/national system requirements.



Next Steps

Taking the energy and learnings from the workshop forward to make incremental changes to how we work was the take away challenge for all. To remain humbled by the authenticity of the voice of the young experts by experience and use that to motivate action.

Dr Gregor Russell, *Director of Research and Development* at *Bradford District Care NHS Foundation Trust*, encouraged colleagues working in service delivery to be co opted onto research steering groups and join as co-applicants on funding applications. Reiterating the strong message that research teams need to be grounded in clinical services.

Professor Simon Gilbody wrapped up with three actions for the group between now and the next event:

- To help answer some of the questions explored, collaborate and work hard to embed more mental health in the BiB Age of Wonder cohort study.
- Keep in contact with reality and maintain space to connect academia with service delivery. Attending events such as this and making time in busy diaries to connect.
- BiB Age of Wonder is starting to produce data, use this data to inform next steps and keep up the momentum.

Look out for future events, including those aimed at developing new grant applications, and **join the conversation**.

Contact us

To find out more about mental health research in the Bradford region, including the Born in Bradford - Age of Wonder study, please get in touch.

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