

# Getting Research to the People

How the **Clinical Research Network West of England Mental health** and **Cochrane Collaboration** are working in partnership with service users and carers to increase accessibility of research findings.



Clinical Research Network  
West of England



**COCHRANE COLLABORATION DEPRESSION ANXIETY AND NEUROSISSGROUP (CCDAN)**

The **Clinical Research Network West of England Mental health** supports recruitment to mental health research studies. Our steering group of **services and carers promote and advise** on research which benefits people who regive NHS support.

**CCDAN** produce systematic reviews of primary health research in the areas of depression anxiety neurosis .These are internationally recognised as the highest standard in evidence based healthcare and are intended to inform health policy and decisions about healthcare provision. **Both really matter to people using health services and their carers.**

The **Clinical Research Network West of England Mental health** and **CCDAN** are working in partnership with **service users and carers** to make sure that relevant health research evidence and information about meaningful findings can reach the people who need it most.

*Having access to the best research evidence can help people make personal decisions about beneficial treatments.*

Our project is working on **raising public awareness of research** in the following ways:

Website	Plain Language Summaries	Research Priorities
Improve the accessibility of the Cochrane website by service users and carers developing a glossary of research terms	User-friendly lay Summaries of Cochrane reviews designed and written by service users and carers	Including service users and carer's perspectives when prioritising Cochrane reviews

**Service-user led design + re-writing**

**BEFORE** Clinical Research Network Mental Health

## Cognitive behavioural therapy for anxiety disorders in children and adolescents

Anxiety disorders are common and disabling conditions that often interfere with young people's lives, resulting in disturbance of relationships, family life, schooling and leisure activities. Anxiety disorders, if not treated, can have long-term mental health consequences including risk of continuing anxiety and depressive disorders in adulthood, suicide attempts and substance misuse. Treatment that is readily available, easy to deliver, and effective is essential. A variety of treatments are available, including medication, particularly antidepressants.

Cognitive behavioural therapy (CBT) is a psychological treatment that aims to help individuals overcome maladaptive anxiety-inducing ways of thinking and behaving. This treatment has been adapted for adolescents and children older than four years of age who have anxiety disorders and can be delivered in various formats, including individual, group and family /parent.

This review is an update of a previous Cochrane review. In this version we have added 23 new studies and new comparisons of active non-CBT treatments, medication and medication-CBT combinations. The review, which contains 41 studies (1038 people), shows that CBT is effective in 59% of cases. We did not find any differences between the various formats in which CBT was given (individual, group or family/parental CBT). We found no difference in effectiveness between CBT and other active non-CBT treatments. We were unable to undertake statistical analysis for comparison of CBT versus medication because data were insufficient. Limited evidence was available on the long-term effects of treatment, and the overall quality of the evidence was moderate. This review had limitations, most notably a risk of bias due to possibly poor randomisation and allocation to groups. The variety of ways in which CBT can be delivered, combined with the wide range of anxiety disorders, may account for the variability seen between studies.

Overall, the evidence derived from this review, taken in conjunction with similar findings in adults and older adults, suggests that CBT is effective in the treatment of anxiety disorders across the age span.

**AFTER**

Clinical Research Network Mental Health

## Plain language summary

Cognitive behavioural therapy for anxiety in children and young people

### Why is this review important?

Many children and young people suffer from anxiety. Children and young people with anxiety are more likely to have difficulty with friendships, family life and school. Treatments for children and young people with anxiety can help to prevent them from developing mental health problems or drug and alcohol misuse in later life. Talking therapies such as cognitive behavioural therapy (CBT) can help children and young people to deal with anxiety by using new ways of thinking. Many parents and children prefer to be talking therapies rather than medication such as antidepressants.

### Who will be interested in this review?

Parents, children and young people, people working in education, professionals working in mental health services for children and young people, and general practitioners.

### What questions does this review aim to answer?

This review is an update of a previous Cochrane review from 2005, which showed that CBT is an effective treatment for children and young people with anxiety.

This update aims to answer the following questions:

- Is CBT more effective than no therapy (waiting list)?
- Is CBT more effective than other 'active' therapies such as self-help books aimed at children and young people?
- Is CBT more effective than medication?
- Does CBT help to reduce symptoms of anxiety for children and young people in the longer term?

### Which studies were included in the review?

Search databases were used to find all high-quality studies of CBT for anxiety in children and young people published between 1970 and July 2012. To be included in the review, studies had to be randomised controlled trials and had to include children and young people with a clear diagnosis of anxiety.

Forty-one studies with a total of 1806 participants were included in the review. The review authors rated the overall quality of the studies as moderate.

### What does the evidence from the review tell us?

CBT is significantly more effective than no therapy in reducing symptoms of anxiety in children and young people.

No clear evidence indicates that one way of providing CBT is more effective than another (e.g. in a group, individually, with parents).

CBT is no more effective than other 'active therapies' such as self-help books.

The small number of studies meant the review authors could not compare CBT with medication.

Only four studies looked at longer-term outcomes after CBT. No clear evidence showed maintained improvement in symptoms of anxiety among children and young people.

### What should happen next?

The review authors recommend that future research should look in greater detail at what makes CBT work best for children and young people, how CBT can be provided in the most cost-effective way, and how CBT can be adapted for different age groups.

We hope that this work will lead to the **general public being more aware** of and likely to use Cochrane Reviews.

Involving patients in prioritising topics and shaping systematic reviews could also influence which new research is funded, creating longer- term impacts on the evidence base for policy makers, healthcare providers and most importantly patients.