

Priorities for Research in Child and Adolescent Anxiety and Depression: A Priority Setting Partnership with Youth and Professionals

<https://doi.org/10.12688/f1000research.74205.1>

For which topic were research priorities identified?

child and adolescent anxiety and depression

In which location was the research priority setting conducted?

Europe - Norway

Why was it conducted at all?

A starting point for evaluating the effectiveness of treatments should be to identify evidence gaps. Furthermore, such evaluations should consider the perspectives of patients, clinicians and carers to ensure relevance and potentially influence future research initiatives.

What was the objective?

to identify and prioritise research uncertainties associated with interventions for anxiety and depression in children and young people by asking users and those providing mental health services

What was the outcome?

a ranking list of 40 research topics

How long did the research prioritization take?

Document analysis: April 2018 - December 2018. Survey: February 2019 - April 2019. Interim ranking: October 2019. Workshop: September 2019 - November 2019.

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: The project team summarised the effects of interventions for anxiety and depression in children and adolescents in two systematic reviews. The results were collated and made into four lists (treatments and outcomes for anxiety and depression). Step 2: survey to collect research uncertainties: Three surveys each including four questions asking the respondents to report what treatments and outcomes ought to be topics for research in their opinion were created: one survey for institutions working with children and young people's mental health, one survey for professionals working in the specialist mental health service for children and adolescents, and one survey for children and adolescents having personal experiences with depression and/or anxiety, and their carers. Respondents were presented with the four lists from the systematic reviews. Overall, 674 respondents submitted a total of 1267 research suggestions in the three surveys. Step 3: data analysis: survey responses were content analyzed, duplicates and similar submissions were combined to a common suggestion resulting in 379 unique suggestions: 134 treatments for anxiety, 90 treatments for depression, 84 outcomes for anxiety and 71 outcomes for depression. Step 4: interim ranking: Participants were individually asked to put the suggestions in ranked order, by selecting only 10 options that were assigned 1 point each. For the three most important options they were asked to assign 2 points. This resulted in four lists with the highest-ranking suggestions. The clinicians ranked and shortened the list to 70 suggestions. The youth ranked and shortened it to 51 suggestions. Step 5: final prioritization: two workshops separately for professionals and for users were held. Participants were divided into small groups based on their professional background, age and in the workshop with the youth, earlier experience with anxiety and/or depression. For each topic, the participants were then mixed in different groups with at least three participants in each group. The groups were assigned the task of selecting 10 options and prioritising these for each topic. All four lists were then entered into a voting app by one of the members of the project group and each participant was asked to anonymously rank the final top ten priorities per list. This resulted in four top ten lists of priorities ranked in order by their perceived importance.

Which stakeholders took part?

Survey: 674 participants. Interim ranking: 10 clinicians and youth. Workshop: 8 clinicians (psychologists, special educators, clinical social workers, 1 physician) and 10 young people.

How were stakeholders recruited?

For the survey, convenience sampling was used: Anyone living in Norway with experience and understanding of living with anxiety or depression was eligible to participate in the identification of uncertainties. This included children and adolescents with anxiety and/or depression, carers, family members and friends. Also, healthcare and social care professionals who had worked with children and adolescents living with the conditions were eligible. For survey 1, institutions contacts working with children and young people's mental health in the municipalities (Eastern and Southern Norway), including employees in child welfare institutions/ orphanages, special education teachers working in schools, child welfare services, child welfare guards, family protection offices, refugee and immigration departments were contacted. For survey 2, the professionals were contacted through the project team's networks. In