

Delphi Study to Identify Key Features of Community-Based Child and Adolescent Mental Health Services in the East of England

Howarth et al. (2019)
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For which topic were research priorities identified?

delivery of community-based child and adolescent mental health services

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

The worldwide-pooled prevalence of mental disorders in children and adolescents is estimated at 13.4%. Despite the high burden of disease attributable to MH difficulties there remains a significant treatment gap, where CYP who would benefit from intervention are for myriad reasons, unable to access it. In the UK and elsewhere there is consensus that redesign and transformation of CAMHS is needed. Nevertheless, identification of local shared goals and priorities to guide such transformation efforts is challenging; the priorities of different groups are not always aligned, and in a climate of limited professional, financial and material resources it is not always possible to implement every good idea. Therefore, a systematic and accountable process of establishing service delivery priorities is needed to provide a transparent way of allocating scarce resources in a way that reflects local need and views.

What was the objective?

to identify priorities for the delivery of community-based child and adolescent mental health services

What was the outcome?

a ranking list of 52 research topics

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

Delphi

How were the priorities for research identified exactly?

Step 1: Delphi round 1: interviews and focus groups: questions focusing on factors perceived to be important for promoting emotional wellbeing and preventing mental health difficulties, strategies (actual or anticipated) for seeking help in the event of concerns about mental health, perceived and/or experienced barriers and facilitators to accessing advice and support, and experience of service use, 12 parents and 6 CYP took part in individual interviews and 12 adults and 23 CYP took part in four focus groups. Step 2: data processing: thematic analysis: total 181 statements arranged in four sections corresponding to the key themes identified in round 1, statements reviewed resulting in survey comprising 137 items for public panel and 173 items for professional panel. Step 3: Delphi round 2: participants were asked to rate each statement, participants also invited to add missing statements. Step 4: Delphi round 3: 7 additional statements added from round 2, survey for public panel with 95 items, survey for professional panel with 114 items, participants were asked to re-rate items, resulting in 52 shared priorities, 11 priorities only by public, 3 priorities only by professionals

Which stakeholders took part?

Members of the public (children, young people and parents) and professionals from the children's workforce (professionals from different sectors working directly with babies, children or young people or who are working to improve outcomes for children through the commissioning, oversight and delivery of services). Delphi round 1 via interviews and focus groups: 53 members of the public and 95 healthcare professionals: 12 parents and 6 CYP took part in individual interviews and 12 adults and 23 CYP took part in four focus groups. Delphi round 2: 23 participants in public panel and 44 in professional panel. Delphi round 3: 16 participants in public panel and 33 in professional panel.

How were stakeholders recruited?

Phase 1: Two groups of participants were recruited. Members of the public (including MH and social service users) were contacted in February 2015 via gatekeeper agencies (e.g. parent advocacy group; forum for adoptive parents, young carers network, schools) or key professionals in the researchers' networks. Efforts were made to approach community based agencies (e.g. schools) so as to ensure recruitment of parents and children without experience of MH or other statutory service use. Participants were purposively sampled. Purposive and snowball sampling were used to identify a large and diverse group of professionals from the child and adolescent workforce in the East of England and an initial seed list of prospective participants representing a range of sectors (e.g. Health, Education, Social Care, Local government, criminal justice and community and voluntary sector) was generated by approaching local and regional strategic networks or individuals, review of service directories and contacts, and from the professional networks of members of the research team. Members of the children's workforce were recruited by generating an