



**CORC Forum 2021**

**Active Ingredients for preventing and  
supporting young people with  
depression and anxiety**

**Jenna Jacob and Milos Stankovic**

# Background



**Active ingredients for young people 14-24,  
to help with depression and anxiety  
(prevention and intervention).**



# An international qualitative study on the views of young people and stakeholders on active ingredients of mental health support

Florence Ruby, Jenna Jacob, Inga Spuerck, Milos Stankovic, Anja Teichert, Panos Vostanis, Nicholas Morgan & Julian Edbrooke-Childs

# Active ingredients

Active ingredients proposed as “best bets” for young people aged 14-24 worldwide			
	For depression and anxiety	Only for depression	Only for anxiety
Potentially relevant for <b>both</b> preventing problems arising and intervening once arisen	<ol style="list-style-type: none"> <li>Better able to shift perspective</li> <li>Better stress response via relaxation</li> <li>Developing more helpful thinking patterns</li> <li>Helpful use of mental imagery</li> <li>Improved management of emotions</li> <li>Improved problem solving</li> <li>Increased self-compassion</li> <li>Increased sense of mattering</li> <li>Increased social connection</li> <li>Increasing engagement with positive activities</li> <li>Learning to be more hopeful</li> <li>Reduced loneliness</li> <li>Reduced perfectionism</li> <li>Reduced repetitive negative thinking</li> </ol>	<ol style="list-style-type: none"> <li>Better sleep and body clocks</li> <li>Improving social relationships</li> <li>Increased financial resources via cash transfer</li> <li>Reducing levels of inflammation in the body</li> </ol>	<ol style="list-style-type: none"> <li>Reduced avoidance of feared things</li> </ol>
Solely relevant for <b>prevention</b>	<ol style="list-style-type: none"> <li>Better urban access to green space</li> <li>Increased neighbourhood cohesion</li> </ol>		
Solely relevant for <b>intervention</b> post-problems arising	<ol style="list-style-type: none"> <li>Engagement with theatre or the arts</li> <li>Use of anti-depressants</li> </ol>	<ol style="list-style-type: none"> <li>Improved view of self</li> <li>More bodily movement</li> </ol>	<ol style="list-style-type: none"> <li>Better gut microbiome function</li> </ol>



# Aims of first study

- What do young people and professionals think about active ingredients?
- Any ingredients to add or remove?
- Cultural differences?
- What active ingredients are most/least helpful?
- Can we organise the list better?

# Key Aspects of the first study

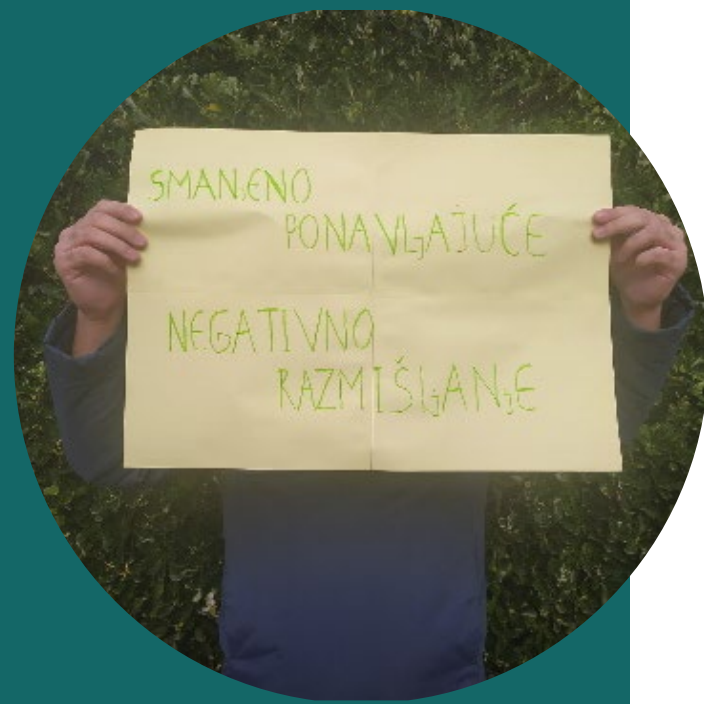
- Focus groups in **8 countries**
- Local **partner organisations**
- Adapt to country **circumstances** e.g. language, COVID, etc.
- Involvement of **peer advisors** and **peer researchers**



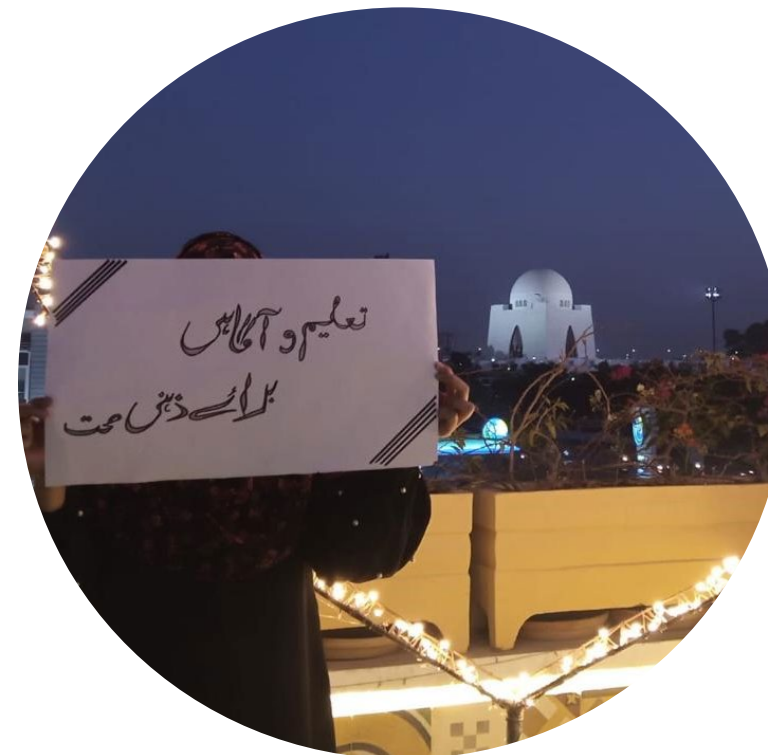
# Involvement of Young People

- Peer researchers (representatives of Euro Youth Mental Health – Inga and Milos)
- Peer advisors (representatives and/or volunteers of partner organisations)
- Young people who participated in focus groups

# Findings of the first study



- Majority of ingredients initially proposed were reworded
- Many new ingredients added (now list of 65)





# Findings of the first study

- Few cultural differences mentioned
  - *Kenya & India: stigma around use of anti-depressants*
  - *Brazil: neighbourhood cohesion unrealistic*
  - *South Africa & Pakistan: religion as important ingredient*
- Preferences based on individual young people stronger than based on specific countries



# Findings of the first study



- General trends regarding most helpful active ingredients:
- *Learning problem solving skills*
- *Ability to shift perspective*
- *Developing new thinking patterns and understanding thinking patterns better*
- *Regulating / managing emotions*
- *Meaningful social connections*



# Organising the ingredients

## Active ingredients proposed as “best bets” for young people aged 14-24 worldwide

	For depression and anxiety	Only for depression	Only for anxiety
Potentially relevant for <b>both</b> preventing problems arising and intervening once arisen	<ol style="list-style-type: none"> <li>1. Better able to shift perspective</li> <li>2. Better stress response via relaxation</li> <li>3. Developing more helpful thinking patterns</li> <li>4. Helpful use of mental imagery</li> <li>5. Improved management of emotions</li> <li>6. Improved problem solving</li> <li>7. Increased self-compassion</li> <li>8. Increased sense of mattering</li> <li>9. Increased social connection</li> <li>10. Increasing engagement with positive activities</li> <li>11. Learning to be more hopeful</li> <li>12. Reduced loneliness</li> <li>13. Reduced perfectionism</li> <li>14. Reduced repetitive negative thinking</li> </ol>	<ol style="list-style-type: none"> <li>19. Better sleep and body clocks</li> <li>20. Improving social relationships</li> <li>21. Increased financial resources via cash transfer</li> <li>22. Reducing levels of inflammation in the body</li> </ol>	<ol style="list-style-type: none"> <li>25. Reduced avoidance of feared things</li> </ol>
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Solely relevant for <b>intervention</b> post-problems arising	<ol style="list-style-type: none"> <li>17. Engagement with theatre or the arts</li> <li>18. Use of anti-depressants</li> </ol>	<ol style="list-style-type: none"> <li>23. Improved view of self</li> <li>24. More bodily movement</li> </ol>	<ol style="list-style-type: none"> <li>26. Better gut microbiome function</li> </ol>

# Organising the ingredients











## Recommendations

- Use one list of themes and ingredients globally, with the option for young people to make the list fit for them.
- Individual young people should be able to decide what active ingredient they use.
- Young people are key to ensure other young people and professionals can use the list effectively (e.g. mentoring, training, etc.)

Many thanks to all peer advisors and participants who contributed to the study

# Acknowledgements



-  ASEC, Brazil
-  FRAME, India
-  Hussaini Foundation, Pakistan
-  Kids Haven, South Africa
-  FANET, Kenya
-  Hayat Foundation, Turkey
-  Hearts and Minds, United Kingdom
-  FPCEUP, Portugal





# COLLABORATIVE GOAL SETTING: WHAT WORKS FOR WHOM IN THE THERAPEUTIC RELATIONSHIP

Jenna Jacob, Milos Stankovic, Inga Spuerck &  
Farhad Shokraneh

## Research Question

- Is collaborative goal setting a helpful or unhelpful element of the relationship between young people and practitioners?
  - For whom?
  - Why/why not?
  - Under what circumstances



# Approach

## Mixed methodological approach

### 1) reviews of:

- peer-reviewed literature
- grey literature
- additional sources

### 2) consultation with

- experts with lived experience and
- professionals in the field

# Experts by experience

- 8 young people with lived experience of anxiety and/or depression and of using psychotherapeutic services: Brazil, Pakistan, Turkey, Spain and the UK
- 6 clinicians and researchers working in the field: Norway and the UK
- 2 Peer Researchers with lived experience part of the research team: Germany and Belgium (Serbia)

# Findings

- Literature review
  - Reviewed over 10,000 articles and sources of information
  - Resultant sample of relevant articles was N=7
- Reviewed findings with advisory group to help understand and ground findings in lived experience

# What works?

The findings suggest that collaborative goal setting is a helpful element of the therapeutic relationship for young people experiencing anxiety or depression, and more broadly with other presenting difficulties

# Mechanisms

## *Goal setting is a conduit for open communication*

- a shared understanding of the difficulties and ways forward (a common ground)
- therapeutic relationships needed to be built first
- trust established prior to engaging in goal setting
- practitioners should establish a relationship within which young people can express themselves freely

# Mechanisms continued

- being given a **choice** via goal setting ➡ a sense of **autonomy** and **control** over care and what happens
- feel **involved** in the therapeutic process ➡ more **engaged**
- value splitting actions **into smaller manageable steps**

# For whom?

*Individual or age-related factors, or experiences may negatively impact goal setting and relationships*

- Specific elements of depression or anxiety or personality traits
- Unhelpful: high levels of distress, trauma, low confidence, hopelessness, negative past experiences of goal setting, perfectionism, and rumination
- Age factors

# In What Contexts?

*Collaborative goal setting is broadly helpful in a range of settings*

- Long-term therapy
  - reviewing progress too frequently = impression that the practitioner is more interested in gauging their own success, and may mean the ratings became meaningless
- Referred for support by someone else (e.g., parents/carers)
  - may not recognise the difficulties identified, which is crucial to enable collaborative goal setting



# Insights from youth advisors



## Most helpful elements:

- being a channel for open communication
  - allowing young people to feel in control
  - breaking things down into manageable steps
- 

## Limiting elements:

- country/culture specific
- language

## Recommendations for Practice

- Preferences to not work on goals may be driven by some limiting factors identified
  - A key role of practitioners is to work through this first
- Young people owning the goals is essential, particularly when experiencing depression
- Goals may facilitate work with young people experiencing high levels of distress or trauma

# Acknowledgements

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