Thriving Young Minds

Episode 1 : Anxiety in children aged 4-12 years

Roz Pacey (00:05.87)
Hello and welcome to the Thriving Young Minds podcast from the Oxford Centre for Emerging Minds Research or OCEMR, a research centre at the University of Oxford that focuses on helping children and young people thrive through research that understands the differences and supports mental health. Today we'll be discussing anxiety in pre-adolescent children aged 4 to 12 years. Particularly we'll look at the treatment landscape and our hopes for prevention and early intervention.

I'm Roz Pacey, the Communications and Engagement Manager at OCEMR, and today I'm joined by Professor Cathy Creswell, the Director of OCEMR, and Dr Chloe Chesell, a Postdoctoral Research Fellow at OCEMR. Welcome. I'd love to hear your career stories. Cathy, please start us off. Yes. So, as you said, I'm the Director of OCEMR now and so in a role called the Paul Foundation Professor of Developmental Clinical Psychology.

But my career started here in Oxford as an undergraduate where I studied psychology and philosophy and I went on to train and qualify as a clinical psychologist. So I was very much in a clinical role, but always really enjoyed the research side of it. So when I got to the end of that, I conducted a PhD where I focused on anxiety disorders in children. And then my work has very much carried on in that vein ever since. So very much with a clinical focus.

but doing research that's all about why children experience problems and anxiety and what we can do to address it. Fantastic. And how about you, Chloe? Yeah, sure. So yeah, I'm Chloe and I'm currently a senior postdoctoral researcher at the OCEMR Centre. And my undergraduate degree was at the University of Reading.

And it was a degree that kind of also qualified you with a psychology undergraduate, but also as a psychological wellbeing practitioner. So working with adults with common mental health problems like anxiety and low mood. So after kind of completing that degree, I then moved over to the team in Oxford. And since then I've been doing work where we're focusing particularly on kind of brief interventions for pre-adolescent children. So in that age range you're talking about with anxiety problems, but also kind of obsessive compulsive disorder.

Roz Pacey (02:15.426)
Great, thank you. So if we focus in on anxiety in pre-adolescent children, what disorders are you seeing? Are you seeing a rise? And if so, why do you think that is? So we work with children with a broad range of different anxiety and related disorders. And in this pre-adolescent age group, the most common difficulties that we typically see will be separation anxiety problems. And of course, you know, most young children will have difficulty separating from caregivers from time to time.

But here we're talking about a level of separation anxiety that's really interfering in children's and families life. It might make it difficult to sleep at night. It might make it difficult to go to school. It might make it difficult to do activities that children might want to do. So that's a very common amongst the children of this age range. As are social fears and worries. Again, these are very normal things, but it's really when it starts to get to a point where it's significantly interfering in

day to day life for children and stopping them from doing things they'd like to be doing. Specific phobias are also very common. People are often more familiar with them because they are so common. In this age, often children might be very fearful of dogs or insects, wasps, bees, spiders, sometimes, know, more unusual things. Again, these sorts of fears are very common, but we typically get involved at the point where they're really causing significant interference on a day to day life.

The other probably most common one we see is called generalised anxiety disorder and that's really characterised by excessive worry that's very difficult to control. So where children find it difficult to, you know, be distracted and stop worrying about things but worries to sort of keep appearing and get to the point where again they're interfering, they might be causing uncomfortable physical symptoms and also preventing children from doing things that they want to do.

Those are some of the very common ones, but also I'll let Chloe say a bit more about OCD because that's another related disorder where we do a lot of work. Yeah, sure. So yeah, OCD or Obsessive Compulsive Disorder is made up of two parts. You have obsessions and or compulsions. So obsessions being kind of unwanted intrusive kind of thoughts, images or urges that in this case children find very distressing and then compulsions, which might be repetitive behaviors or kind of mental acts. So things that young people might have to do in their mind.

Roz Pacey (04:35.862)
to reduce the distress caused by the obsession or to prevent some kind of feared outcome. And yeah, we're kind of seeing that more in the pre-adolescent age range in the work we're doing at the moment. In terms of those kind of prevalence estimates, they do vary, but up to 3 % of kind of pre-adolescent children may experience kind of OCD. And we're definitely seeing that in the work that we're doing. We'll go on to talk bit more about that later in the podcast. And you asked about whether there's...

been a rise. I think for OCD it's a little bit trickier to say because a lot of the data that we use for that uses quite broad brush measures and so there's some really useful data that's connected with NHS Digital that has involved recurrent surveys of children and young people's mental health in England and in recent years that's used sort of broader measures rather than allowing us to look at specific diagnoses like OCD.

But essentially what we have seen is over the last decade or so a sort of steady increase in the prevalence of these conditions. So and we're seeing that in children and young people across the age range. Yes, so that's affecting quite a high

percentage of the population. And do you feel like there's barriers that children face in accessing treatment? Absolutely. And this has been a real focus of a lot of our work. And in fact, one of our colleagues, Tessa Reardon, has done a lot of work

on this really trying to understand what the barriers are. And she did a study, I mean, it's a little, it's going back a few years now. So things have changed since then. But in her study where she collected data, it was probably about 10 years ago now, she went around the country, screening children for anxiety problems and identified children in the community who met diagnostic criteria for an anxiety disorder. So that meant it was severe, was interfering in daily life.

And then she explored with those families whether they'd sought help, whether they'd accessed help and what the barriers had been. And at that time, she found that about two thirds of the families whose children met diagnostic criteria had tried to get some support in the last six months, but only 2 % had actually accessed cognitive behaviour therapy, which is the treatment that has the most significant evidence base. As I said,

Roz Pacey (06:44.994)
there have been actually quite a lot of service changes since then. So I very much hope that the picture is not quite as bleak, but that was a very, very striking thing because you just need to imagine that for any other health condition, you know, that two percent of people were getting an evidence based treatment. And it's clearly very, very shocking. So Tessa followed that up by really understanding from families what, you know, what was getting in the way. And of course, there are challenges around access and availability of services. But she also identified a huge range of

of barriers that can come before that. obviously, with identification, that can be challenging for families to know, you know, is this at a point now where it's we can seek help? Is it okay to seek help? Because of course, many of the things we've talked about are normal childhood experiences. And sometimes they kind of creep up on you. And suddenly they're at a point where they're interfering. it's, you know, it's kind of happened gradually. Yeah, yeah. So there's the identification piece. Then, of course, knowing

Right, I think we've got a problem. Where do we go? That's often not being clear. Is this something you can talk to your GP about? Is this something you can talk to your school about? Many families talked about being very unclear about that and not necessarily be comfortable raising it in all places where they might. And then, of course, there's the trying to seek help and families told us stories of, you know, going to one place asking for help.

being passed around several organisations and ending up where they started and still not having access to any help. So we've identified, you know, points where families kind of drop out of the pathway to treatment that we really need to address. And actually, we can go on to talk about that in a bit. But, you know, we've been doing some work to really try to make sure we avoid all of those sort of holes in that

leaky pipeline so that we can really try and make sure families get the help they need when they first need it.

I think we're seeing quite a similar picture with OCD as well. kind of building on Tessa's work, we then did an interview study with parents of children with OCD specifically to find out kind of what it was like parenting a child with OCD. And as part of that, quite a lot came up around kind of these barriers of access to support and a really similar picture. And I think particularly for OCD parents often just not knowing kind of like, it normal for children to go around kind of tapping and touching things a certain number of times? So that real kind of question of like, is this a problem? When does it become a problem?

Roz Pacey (09:05.742)
And then similarly kind of facing sort of long wait lists to be able to access evidence based support. And yeah, hopefully our work will help to kind of alleviate that in the future. That's fantastic. So at the moment, what support is available for children of this age group and for their families that are supporting them? So one thing that has made a lot of difference to a lot of the families that we work with over the last few years has been the introduction of what are called mental health support teams. And these are school based teams.

where you have psychological practitioners who've had a similar training to the training that Chloe previously received to deliver psychological therapies. They also have a wider remit. And so actually these mental health support teams are a new innovation that mean that psychological support is sort of available within the communities in which children are. And they're currently covering about 40 % of schools in England, but there's a government commitment for them to cover all

schools in England by 2030. So this has been a real change introducing these. Obviously, you know, there's a build up in the capacity. But but now many families will be able to start accessing support earlier on that way. And what those psychological therapists are often trained to do for child anxiety problems is a treatment called parent led CBT, often using a model that we developed from our research before, where parents are supported to

help their children by implementing cognitive behavioural therapy strategies in their child's day-to-day life. So the aim is it overcomes many of the barriers families talked about. Families talked about being worried about their child being made to feel different or not being comfortable going and talking to a therapist themselves, but wanting to be able to manage these challenges as a family. And this way of working is really about helping parents to think about how they can.

implement strategies in their day to day life rather than sort of removing the child from that and putting them into a more traditional therapy situation. So many mental health support teams are now delivering that as a sort of standard approach. So families often would be offered that at that first early stage. Yeah. And it's interesting because yeah, the MHSTs

Roz Pacey (11:19.468)
are quite variable in terms of kind of who's employed within those MHSTs. And we're doing a trial at the moment where we're looking at the parent led treatment that Cathy mentioned for OCD in particular. And a lot of those MHST staff aren't kind of usually sort of routinely trained in supporting children with OCD. Actually, there's quite a lot of variability in the teams that we're working with. So yeah, it's definitely kind of one area where they might be able to kind of upskill and kind of have additional training to support. But typically at the moment, so some MHTs

MHSTs are offering treatment for pre-adolescent children with OCD. And that might be some sort of adaptations to parent-led CBT they've made themselves, or it might be kind of working individually with the child, gradually exposing them to their fears whilst not engaging in their compulsions. So at the moment, there's kind of sort of two kind of broad options that seem to be kind of offered in MHSTs. But yeah, we're kind of catching up with the evidence base for that. Thank you.

And do you think technology could be key for unlocking further interventions and doing things like reducing those waiting lists and empowering parents and schools more like you've just spoken about? Yes, this is an area where we've been doing a lot of work recently. so building on the parent led CBT work that we just mentioned, we've done a lot of work over the last decade to look at how we can just make that more accessible for families. Because obviously

parents often are juggling a huge number of things alongside childcare. And so we really need to think how can we help this fit into family life? And also we want to make it accessible and engaging, make sure content is accessible to a broad range of people. So using technology is a really fantastic way to do that rather than a parent having to sort of engage and be able to focus and give up the time for a whole hour long meeting every week. Actually, we can work much

much more flexibly fit around families lives by families accessing content through a web platform. And then how it works is a clinician will just call you and speak to you on the phone for about 20 minutes a week to help you keep going with it. So we've developed a platform called OSI, which stands for Online Support and Intervention for Child Anxiety, where there's a website for parents, clinicians access a lot of content and can do their administration.

Roz Pacey (13:35.626)
as well. And then children have a game which just helps motivate them if parents want to use it to have a go at trying out different things to overcome anxiety. And we've now done a number of large randomized control trials to evaluate it. The first one was in mental health services, including about half of the teams were mental health support teams and half were other sorts of child mental health teams. And there we found that we could really substantially reduce the amount of time it to deliver the treatment.

but without compromising children's outcomes compared to the alternative, more traditional approach that was being delivered in those services. So that obviously

brings great advantages for families in terms of accessibility, but also for services who are able to see a lot more people with the time that they have available, but still achieving the outcomes that they would want to see for those families. And thinking back to the other barriers that we've seen,

Obviously in that trial it was in services. So it does rely on families being able to successfully get to a service, which as we said can be challenging and there are many barriers to getting to that point. So in more recent trials, we've gone into schools and screened children in schools to identify children who look like they might be having difficulties with anxiety and where we've identified those children, we've then offered the same Aussie intervention. So

The idea is their parents don't need to have developed the confidence to ask for help and to have successfully identified how to do it. It just happens for them. We come along and say, looks like this might be tricky at the moment. Do you want some help with it? If so, here you go. And then they can do that, do the work to get that help from their own home with remote support through a website and from a therapist. So we just completed a large randomized controlled trial.

called ICAT, where we found really fantastic results showing that the majority of children who initially screen positive, who had that approach, no longer screen positive for anxiety problems, all the way up to our two year follow up, where we followed them up. And we even found improvements based on teacher reported anxiety interference in the classroom. So we were really excited about those and we're really keen to take that work forward.

Roz Pacey (15:59.37)
in parallel, we're running a similar trial with slightly younger children with a more prevention focus as well. So we're really hoping those kind of approaches going forwards where we can use technology potentially also for the screening identification feedback part, but also for to support intervention delivery can just really help us address so many barriers that families might otherwise face. And then of course, we've been moving that forward in the area of OCD as well.

Yeah, absolutely. And I guess you've spoken, I guess, a bit about the sort of trial context that we've been working in and building on that initially, I guess, since that trial you spoke about where we looked at kind of the online paranoid CBT versus usual treatment and services in the context of a trial that was still delivered in routine services. So it has a lot of kind of, I guess, real worldness to it. But since that trial, we've then actually been continuing to allow services to use that online intervention for a period of a couple of years.

outside of the context of a trial, but still have a look at what the clinical outcomes are. And we were really pleased to see actually that the clinical outcomes still seem really good and seem to be kind of what we would expect based on the initial kind of trial that Cathy and the team run. So that's brilliant to see that kind of continued gains when we take it outside of a trial. And I guess as well thinking about where we've

interviewed kind of clinicians or families who've been involved in that, actually we really see that that digital technology component.

brings a lot of flexibility for families. Families can kind of do it and then listen to the modules whilst they're going for a run or whilst they're washing up or, and clinicians often talk about the efficiencies that that brings in their service. So it's great that that's really kind of, guess, feeding through to the stakeholders that we want them to. And then since then, I guess we've been kind of rolling that out on a bigger scale with Coa Health as well, kind of supporting services to do that. And then in the context of OCD, I guess we've had all this brilliant kind of research thinking about OSI.

anxiety problems but now thinking about how can we kind of broaden that to other difficulties that children might be facing like OCD. So we've done some really great work over the past year or so now where we worked with parents of children with lived experience of OCD, children themselves and also therapists to think about how can we sort of adapt the Aussie intervention that Cathy spoke about so that it is suitable for children with OCD.

Roz Pacey (18:08.43)
And so yeah, we're running a smaller trial at the moment in a couple of NHS services where we're comparing Aussie for OCD. So the adaptive version for OCD to usual treatment in those services. So yeah, it's really exciting to be kind of doing that at the moment. But as well as that, I guess we've got other adaptations underway. So one of our colleagues, Gino, is thinking about how we can, I guess, again, harness technology and harness Aussie for selective mutism, but also kind of other adaptations in the pipeline as well. And I think excitingly thinking about

as well as broadening conditions, we're also trying to think about how we can broaden the settings in which we're working. So we've got a really exciting project at the moment funded by the Wellcome Trust where we're working with partners in a number of different countries. So in Thailand, Taiwan, the Philippines, China, Thailand, Chile.

Japan, I might have said truly twice, but and who are all working really hard in those settings to just go through a similar process to the process Chloe described with OCD of developing these expert reference groups of families and clinicians to really understand how the approach needs to be adapted to work in those very diverse settings. that's

just a really enjoyable project for us at the moment to kind of see all that fantastic work that's going on in those teams. And I think we're learning a lot as well about how we can improve the accessibility of Aussie here from thinking about what would help it work in those other parts of the world.

I think the other great thing about technology as well as we can think about kind of the workforce of who's kind of delivering the intervention. Because the great thing about Aussie and other kind of digital platforms is that actually a lot of the information

about anxiety problems or OCD is kind of held in the platform. So really the role of the therapist is to kind of help parents apply those techniques at home. And it means that we can actually think about like who might be suitable to support parents to do that. And we've been working with a team over in the East of England, but also in West Sussex.

Roz Pacey (20:04.738)
to think about training kind of, I guess, a broader workforce. So for example, school support staff or those in kind of a pastoral care role at school to be able to support parents through digital interventions like OSI. And again, we've been seeing really kind of promising outcomes when it's being delivered by that kind of broader range of staff as well. Yes, and recently was in touch with the colleagues from West Sussex who very much led this off the back of the work that had been done in East of England and have really pushed it forward in their area. And they just had such wonderful stories both from

families who participated, but also from the pastoral support workers. So that might have been Senco's learning assistants and others who had got involved in the project. It was really wonderful to hear how they'd taken it and really run with it. That's so fantastic. Thank you for sharing that. I actually have a question in from a parent who has lived experience of supporting a child with anxiety and they would like to know if there'll be more research.

on the link between anxiety and neurodivergence in children and young people. This is something that we're increasingly paying attention to in our work. And we've got some really nice work going on in this area at the moment from some collaborations with some colleagues who bring extensive expertise in working, particularly with autistic children and their families. So thinking about OSI, first of all,

We've got a trial happening at the moment called StarCat, where we're working with child mental health services, including mental health support teams that we mentioned, across the country to look at whether an adapted version of Aussie for autistic children who have problems with anxiety can deliver benefits, be a good fit for families and help us address the challenges that they're facing. And this came from a really in-depth

co-design approach led by colleagues in Manchester to really understand the needs of families of autistic children with anxiety problems and the children themselves. And also again, working closely with clinicians to really make sure that what we were delivering, you know, really reflected their experiences and met their needs and fitted in with the reality of their lives. So we're well into recruiting now to that trial.

Roz Pacey (22:21.918)
and still busy recruiting lots of families to the study. But we've been getting some really wonderful feedback from both parents and clinicians about that approach, where families had previously maybe been offered interventions that hadn't been specifically tailored to meet the needs of autistic children. But where they're finding

that the adaptations that we've made do feel like they fit very well with the challenges that they're facing and with their children's needs.

So that's been such a positive experience and wonderful collaboration. And so we're really keen to build on that much further and make sure that we are thinking about all children's experiences as we develop these interventions. And I know you've certainly got interests in developing that. Yeah, we definitely, I guess, to kind of sort of learn from the StarCat trial and all the work that was done up in Manchester, thinking about, yeah, how do we adapt these interventions to meet the needs of autistic children?

And so it's definitely an area in the OCD work that we definitely want to be kind of thinking about because we know that many children with OCD are also autistic. So it's important to make sure that our interventions do kind of work for the broad range of children that need them in services. And of course, I think much of our focus so far has been a bit more on autism. But of course, the question is about neurodivergence, obviously goes beyond autism.

And so we are really keen to collaborate with colleagues who bring expertise in other areas as well that we want to be thinking about. we've got some fantastic colleagues thinking about ADHD particularly. We have other colleagues who are particularly interested in, for example, dyslexia. you know, I think for us, it's actually a really great opportunity to really learn so much from colleagues who bring that expertise to be able to take these interventions forward to meet the needs of a wider group.

Fantastic. Thank you so much for sharing your expertise today. Can I give you a closing question, which is what are your hopes for children's treatment in anxiety going forwards? I think for me, it's really the mission feels very much about increasing access and making sure that families can get the support they need when they first need it and making sure that that support is effective. So I think we've been really trying to push things forward in that direction. There's still a long way to go.

Roz Pacey (24:37.738)
And also we need to continually be learning who our approaches are working for, who they're not working for and what we might need to be doing differently. So it's a kind of constant iterative process of developing things, testing them out, understanding who it's not working for and then keeping going and round around. But I really hope that, you know, that the body of work and that, of course, of many colleagues working in this area will really help us move towards that place where

we have interventions that are efficient and effective so that they can be made available to families at those very first stages, rather than problems having to escalate, families becoming disempowered. In fact, we want to make sure that right from the beginning, families are supported to be able to help their children to overcome these difficulties and in ways that help those children build skills and confidence for the future. Yeah, definitely. I think we're getting to an exciting point, aren't we, where we're getting a really kind of

big evidence base for these brief effective interventions. So really thinking about how can we then work with kind of that wider system at kind of policy level, educators level, working with mental health services to really get those interventions to where they're needed and the right place for families so they're not waiting a long time to get that support. Brilliant. Thank you very much. Thank you.