

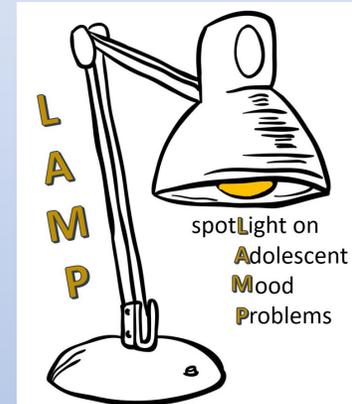


UNIVERSITY OF  
**BATH**

Scaling out: Realising the promise of self-help online Single Session Interventions for adolescents with depression symptoms in the UK

**Dr Maria Loades**

**Reader in Clinical Psychology**



**NIHR** | National Institute  
for Health Research



# My mission

Empowering (young) people to develop, enjoy and succeed

# Plan for today

## The problem: Needs-access gap

- Research evidence
- Young people's priorities

## The potential solution: Single session interventions

- Research What
- Lived experience Evidence to date

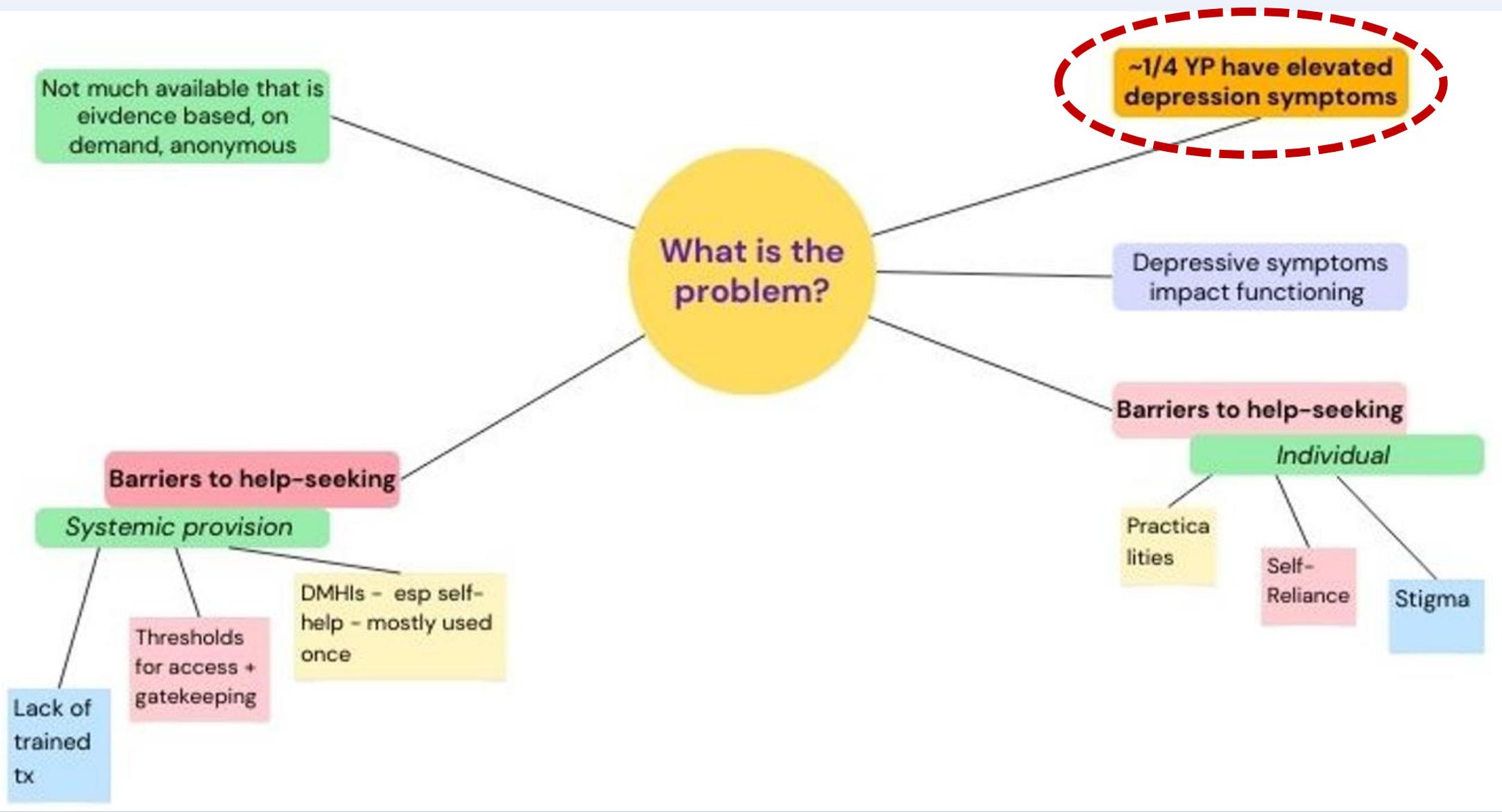
## My programme of work here in the UK

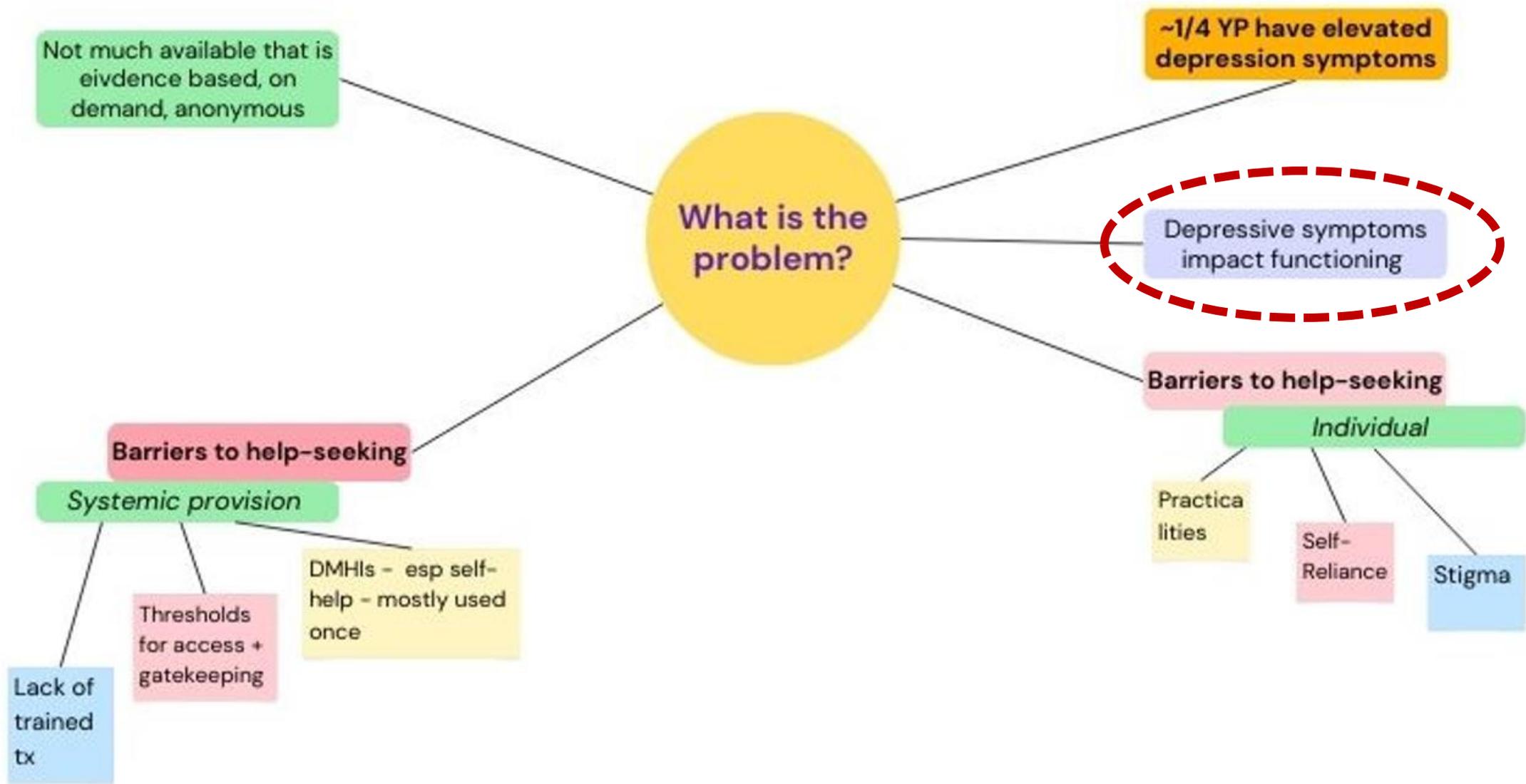
# The Problem

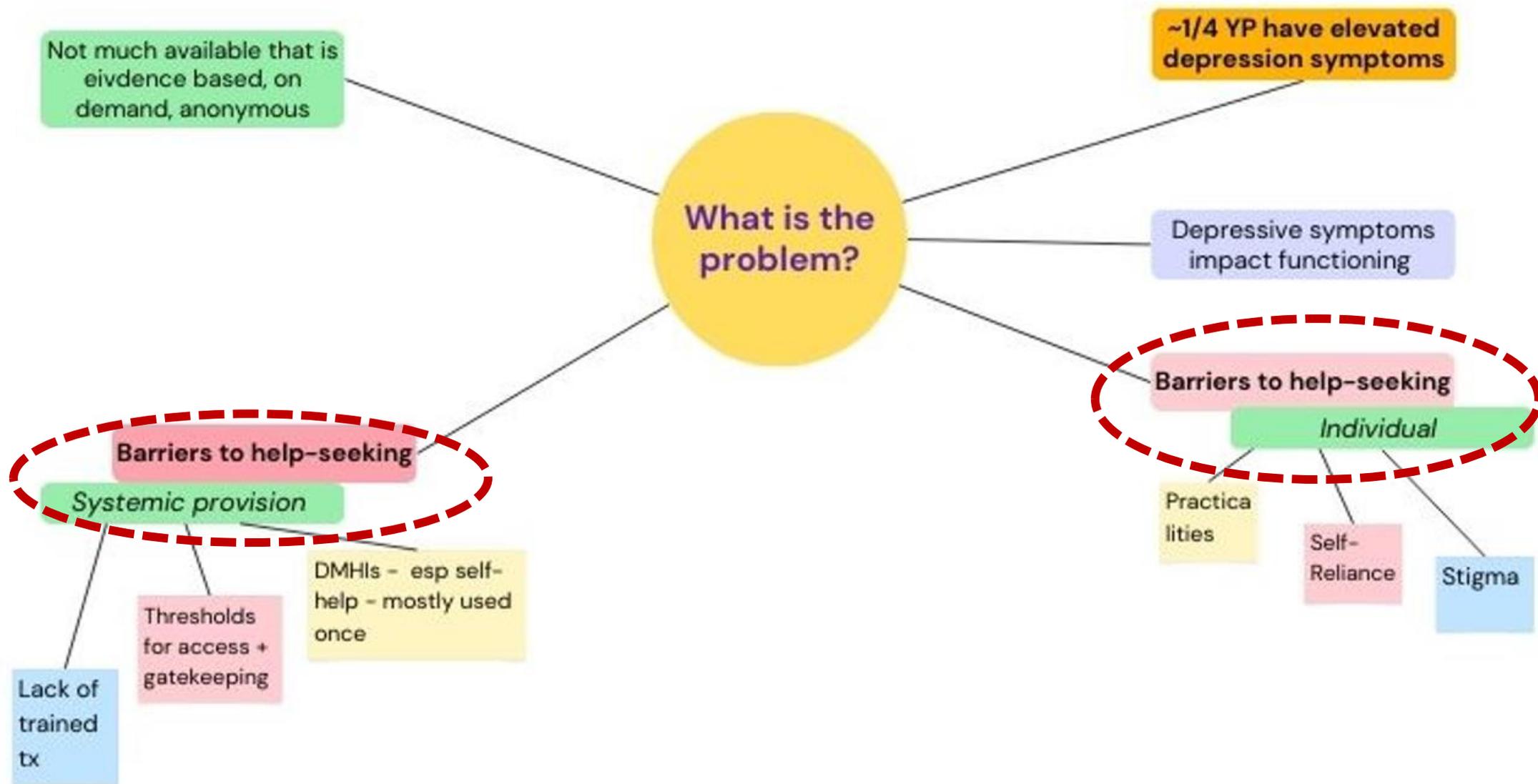
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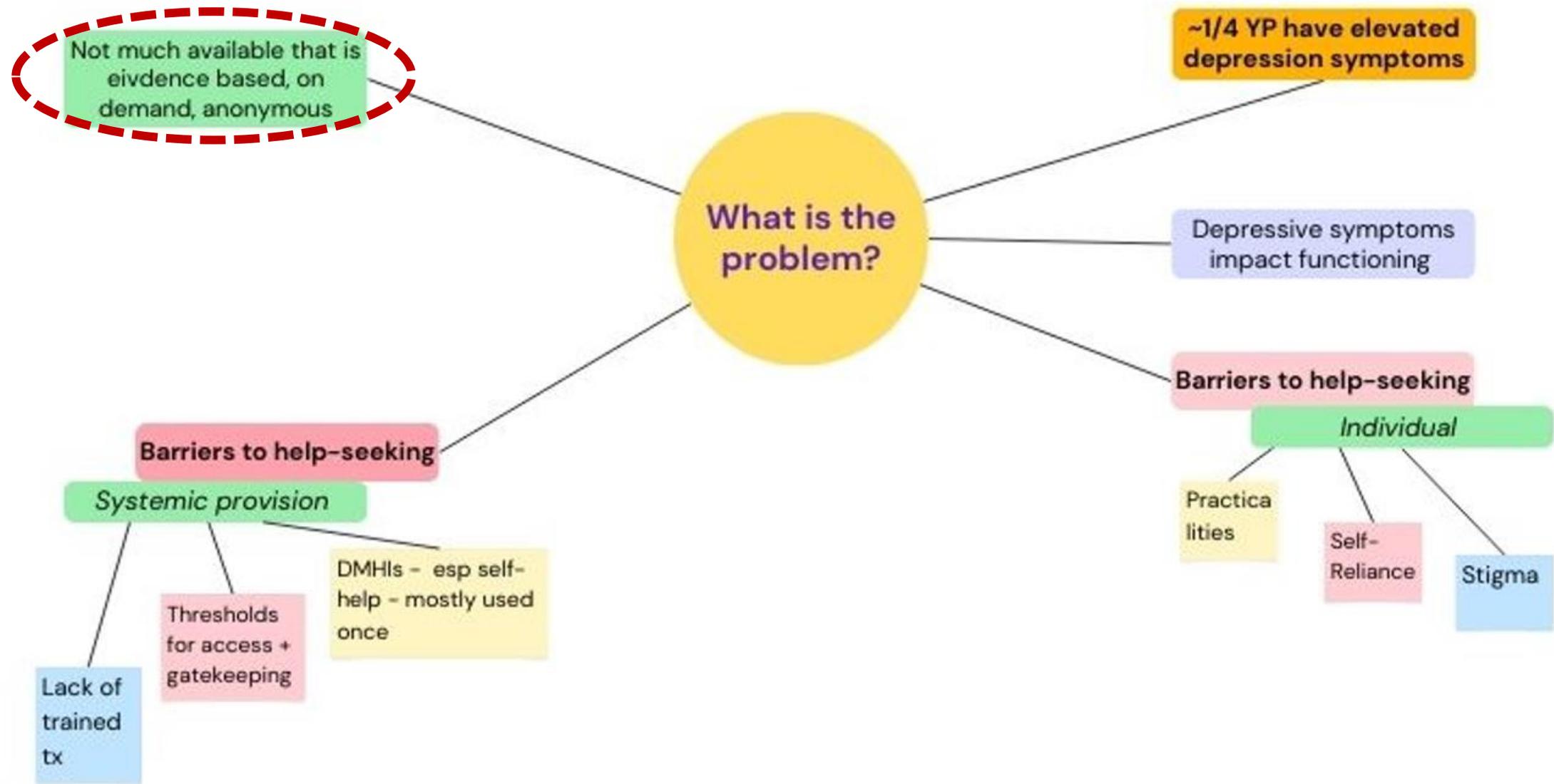
Needs-access gap











# Priority Setting & PPI

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- What are **the best early interventions** (treatments and therapies) for depression? **And how early** should they be used in order to result in the best patient outcomes?





# Consensus

---

Recognising  
help is  
needed

Getting the  
right help at  
the right time

Especially hard for minoritized,  
stigmatised groups

Front-load

# We need brief, scalable interventions

---

Which do not presume  
repeat attendance



# The Potential Solution

---

Single Session Interventions



# What is an SSI

One-off therapeutic intervention

“A purposeful endeavour where both parties set out with the intention of helping the client in one session, knowing that more help is available if needed.” (Dryden)

not imposed

more help is  
available if needed

ervention

parties set out with the  
sion, knowing that more  
" (Dryden)

more help is  
available if needed

# Various forms

Face to face

Individual/group

Self-help

## Lab for Scalable Mental Health



- Brief, anonymous, self-guided programmes that teach different evidence based ways of dealing with anxiety, depression and stress
- Each takes about 20-30 mins to complete
- Access privately – on their own terms



# Little Treatments, Promising Effects? Meta-Analysis of Single-Session Interventions for Youth Psychiatric Problems

Jessica L. Schleider, MA, AND John R. Weisz, PhD

**Objective:** Despite progress in the development of evidence-based interventions for youth psychiatric problems, up to 75% of youths with mental health needs never receive services, and early dropout is common among those who do. If effective, then single-session interventions (SSIs) for youth psychiatric problems could increase the accessibility, scalability, completion rates, and cost-effectiveness of youth mental health services. This study assessed the effects of SSIs for youth psychiatric problems.

**Method:** Using robust variance estimation to address effect size (ES) dependency, findings from 50 randomized-controlled trials (10,508 youths) were synthesized.

**Results:** Mean postintervention ES showed a Hedges  $g$  value equal to 0.32; the probability that a youth receiving SSI would fare better than a control-group youth was 58%. Effects varied by several moderators, including target problem: ESs were largest for anxiety (0.56) and conduct problems (0.54) and weakest for substance abuse (0.08; targeted in >33% of studies). Other problems yielded

numerically promising but nonsignificant ESs (e.g., 0.21 for depression), potentially from low representation across trials. ESs differed across control conditions, with larger ESs for studies with no treatment (0.41) versus active controls (0.14); developmental periods, with greater ESs for children (0.42) than adolescents (0.19); intervention types, with largest ESs for youth-focused cognitive-behavioral approaches (0.74); and follow-up lengths, with smaller ESs for follow-ups exceeding 13 weeks. ESs did not differ for self- versus therapist-administered interventions or for youths with diagnosable versus subclinical problems.

**Conclusion:** Findings support the promise of SSIs for certain youth psychiatric problems and the need to clarify how, to what degree, and for whom SSIs effect lasting change.

**Key words:** single-session intervention, child mental health, intervention, meta-analysis

*J Am Acad Child Adolesc Psychiatry* 2017;56(2):107–115.

# B.E.S.T. elements

(Sung, Dobias et al, 2020)

## Brain science

- Normalise concepts

## Empower

- 'helper'/'expert' role – advice to peers, active contributors

## Saying-is-believing

- solve a hypothetical situation based on learning

## Testimonials

- from valued others – older peers and other experts, programme's core message

# Single Session Self-help Interventions

<https://www.schleiderlab.org/>

**ABC PROJECT**  
ACTION BRINGS CHANGE  
The A.B.C. Project is designed to help teens take action towards managing their mental health.

**PROJECT PERSONALITY**  
Project Personality is designed to instill hope and self-efficacy in teens by teaching growth mindset.

**PROJECT CARE**  
Project CARE is designed to help youth reduce self-hate by improving self-compassion.

**PROJECT RISE**  
Project RISE is designed to help reduce internalized stigma LGBTQ+ youth may face related to their LGBTQ+ identity, as well as increase pride for their LGBTQ+ identity.

**project SAVE**  
Project SAVE is designed to help teens manage self-harm, especially for teens who are feeling negatively about themselves.

**Project EMPOWER**  
Project EMPOWER is designed for anyone interacting with children, teaching skills to build bravery and reduce anxiety in children and pre-teens.

**Project Body Neutrality**  
Project Body Neutrality is designed to help youth improve their moods and appreciate what their bodies do for them.

**Project Relate**  
Project Relate helps teens create and maintain healthy relationships.

**SINGLE SESSION CONSULTATION (SSC)**  
The SSC is a brief consultation with a trained provider to learn skills and strategies to help address a specific problem or concern.

**project engage**  
Project Engage is designed to equip college students with skills to overcome fear of negative evaluation in active learning classrooms.

**PROJECT ACCEPT**  
Project ACCEPT is designed to help adolescents cope with unwanted thoughts.

**N.U.R.T.U.R.E.**  
NURTURE UNDERSTANDING RESILIENCE AND TRUST  
ISLAND RELATIONSHIP ENGAGEMENT  
N.U.R.T.U.R.E. is designed to help improve youth attachment with their parents, friends, and significant others.



What does a self-help  
SSI look like?

Not at all 0 1 2 3 4 5 6 7 8 9 A lot 10

Right now, I feel like things are out of my control



## How can you help us today?

Please read everything carefully and learn about some things science has to say about dealing with difficult feelings.

Then, we'd like you to try out some activities and share your thoughts and feelings to help other teens we work with.

**Remember, the more you share your true thoughts, feelings, and ideas, the more it will help us learn what to say to other teens like you.**

## Have you ever noticed...

...that certain things you do can change how you feel?

When you listen to sad music, you may feel **sad** or **blue**

When you eat your most favorite dessert, you may feel **happy** or **excited**



Okay, you're at a **7** out of 10 right now.

Please answer this question.

Now, tell us which of the following YouTube clips you would like to watch:

World's cutest porcupine eats a pumpkin

Hamlet the Mini-Pig Vs. Stairs

Unbelievable Basketball Shot

World's Cutest Porcupine Eats a Pumpkin  
(if the video doesn't start right away, just click 'play!')

The "next" button will appear after you watch a good portion of the video!



Now let's come up with the details of the plan.

What days of the week will you do these activities? (click and drag your choices into

Items

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Days of the Week

What time of day can you do these activities? (click and drag your choices into the box)

**Let's choose ways you can start taking positive action in your own life.**

1. First, let's find a way for you to **connect virtually or socially distanced** with people who make you feel good.

Using the list below, please pick one way you can do this!

Baking or cooking a meal

Having a meal or a snack

Going for a walk

**What would you suggest Kat do to get out of her negative mood spiral?**

You can pick one or more of these strategies:

Connecting with people who make her feel good

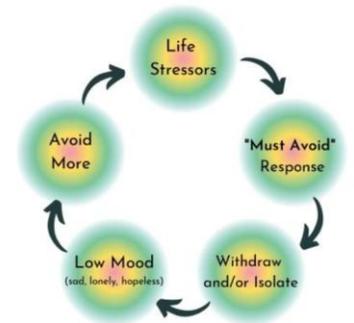
Achieving goals that matter to her

Enjoying activities on her own

**What is one thing that Kat could do to follow your suggestion?** Tell us in 2-3 sentences below. (If you're not sure, it's okay to guess!)

▶ 0:02 / 0:22

When our brain makes a mistake and tells us to **avoid** for too long, we can sometimes fall into a **negative mood spiral**...



**Okay! Now, let's do another quick mood check-in.**

On a scale from 0 (the worst possible mood) to 10 (the best possible mood), where would you rate your mood **RIGHT NOW**?



Worst Possible Mood 0 1 2 3 4 5 6 7 8 9 10 Best Possible Mood

Current Mood





What is the evidence for  
self-help SSIs?



Contents lists available at [ScienceDirect](http://ScienceDirect)

## Behaviour Research and Therapy

journal homepage: [www.elsevier.com/locate/brat](http://www.elsevier.com/locate/brat)



### Reducing risk for anxiety and depression in adolescents: Effects of a single-session intervention teaching that personality can change



Jessica L. Schleider\*, John R. Weisz

*Department of Psychology, Harvard University, 33 Kirkland Street, Cambridge, MA 02138, USA*

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#### ABSTRACT

Efforts to reduce youth mental health problems have advanced greatly but have not lowered overall rates of youth mental illness. Thus, a need exists for disseminable, mechanism-targeted approaches to reducing risk of youth psychopathology. Accordingly, we conducted a randomized-controlled trial testing whether a single-session intervention teaching growth personality mindsets (the belief that personality is malleable) reduced known risk factors for anxiety and depression in adolescents experiencing or at risk for internalizing problems ( $N = 96$ , ages 12–15). Compared to a supportive-therapy control, a 30-min computer-guided mindset intervention strengthened adolescents' perceived control; this improvement was associated with increases in growth mindsets. Further, electrodermal activity recovery slopes showed that youths receiving the mindset intervention recovered from a lab-based social stressor over three times as fast as control group youths. Improvements in growth mindsets and perceived control were linked with faster stress recovery. Results suggest a disseminable strategy for reducing internalizing problem risk among adolescents.

# A single-session growth mindset intervention for adolescent anxiety and depression: 9-month outcomes of a randomized trial

Jessica Schleider and John Weisz

Harvard University – Psychology, Cambridge, MA, USA

**Background:** Single-session interventions (SSIs) show promise in the prevention and treatment of youth psychopathology, carrying potential to improve the scalability and accessibility of youth psychological services. However, existing SSIs have conferred greater benefits for youths with anxiety, compared to depression or comorbid problems, and their effects have generally waned over time – particularly for follow-ups exceeding 3 months. **Method:** To help address these discrepancies, we tested whether a novel SSI teaching growth mindset of personality (the belief that personality is malleable) could reduce depression and anxiety and strengthen perceived control in high-risk adolescents ( $N = 96$ , ages 12–15). At baseline, youths were randomized to receive a 30-min, computer-guided growth mindset intervention or a supportive-therapy control. Youths and parents reported youth anxiety and depressive symptoms, and youths reported their levels of perceived control, at baseline and across a 9-month follow-up period. **Results:** Compared to the control program, the mindset intervention led to significantly greater improvements in parent-reported youth depression ( $d = .60$ ) and anxiety ( $d = .28$ ), youth-reported youth depression ( $d = .32$ ), and youth-reported perceived behavioral control ( $d = .29$ ) by 9-month follow-up. Intervention effects were nonsignificant for youth-reported anxiety, although 9-month effect sizes reached the small-to-medium range ( $d = .33$ ). Intervention group youths also experienced more rapid improvements in parent-reported depression, youth-reported depression, and perceived behavioral control across the follow-up period, compared to control group youths. **Conclusions:** Findings suggest a promising, scalable SSI for reducing internalizing distress in high-risk adolescents. Clinical Trial Registration Number: NCT03132298. **Keywords:** Intervention; depression; anxiety; mindset.

## Randomized Trial of a Single-Session Growth Mind-Set Intervention for Rural Adolescents' Internalizing and Externalizing Problems

Jessica L. Schleider <sup>a</sup>, Jeni L. Burnette<sup>b</sup>, Laura Widman <sup>b</sup>, Crystal Hoyt<sup>c</sup>, and Mitchell J. Prinstein<sup>d</sup>

<sup>a</sup> Department of Psychology, Stony Brook University <sup>b</sup> Department of Psychology, North Carolina State University <sup>c</sup> Jepson School of Leadership Studies, University of Richmond <sup>d</sup> Department of Psychology, University of North Carolina–Chapel Hill

### ABSTRACT

Adolescents living in rural regions of the United States face substantial barriers to accessing mental health services, creating needs for more accessible, nonstigmatizing, briefer interventions. Research suggests that single-session “growth mind-set” interventions (GM-SSIs)—which teach the belief that personal traits are malleable through effort—may reduce internalizing and externalizing problems in adolescents. However, GM-SSIs have not been evaluated among rural youth, and their effects on internalizing and externalizing problems have not been assessed within a single trial, rendering their relative benefits for different problem types unclear. We examined whether a computerized GM-SSI could reduce depressive symptoms, social anxiety symptoms, and conduct problems in female adolescents from rural areas of the United States. Tenth-grade female adolescents ( $N = 222$ ,  $M$  age = 15.2, 38% White, 25% Black, 29% Hispanic) from 4 rural, low-income high schools in the southeastern United States were randomized to receive a 45-min GM-SSI or a computer-based active control program, teaching healthy sexual behaviors. Young women self-reported depression symptoms, social anxiety symptoms, and conduct problem behaviors at baseline and 4-month follow-up. Relative to the female students in the control group, the students receiving the GM-SSI reported modest but significantly greater reductions in depressive symptoms ( $d = .23$ ) and likelihood of reporting elevated depressive symptoms ( $d = .29$ ) from baseline to follow-up. GM-SSI effects were nonsignificant for social anxiety symptoms, although a small effect size emerged in the hypothesized direction ( $d = .21$ ), and nonsignificant for change in conduct problems ( $d = .01$ ). A free-of-charge 45-min GM-SSI may help reduce internalizing distress, especially depression—but not



# A randomized trial of online single-session interventions for adolescent depression during COVID-19

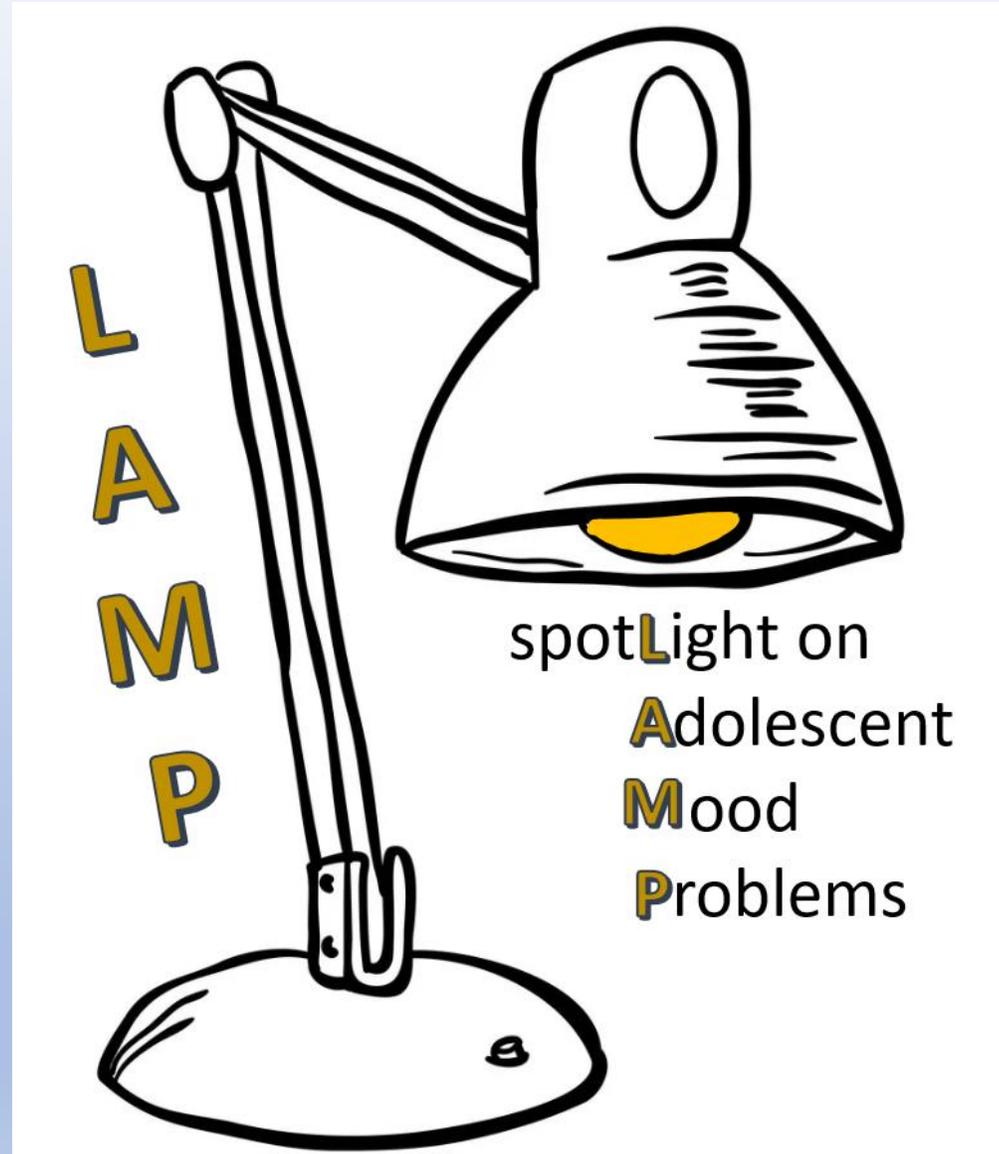
Jessica L. Schleider <sup>1</sup>✉, Michael C. Mullarkey <sup>1</sup>, Kathryn R. Fox <sup>2</sup>, Mallory L. Dobias <sup>1</sup>, Akash Shroff <sup>1</sup>, Erica A. Hart<sup>2</sup> and Chantelle A. Roulston<sup>1</sup>

The COVID-19 pandemic has potentially increased the risk for adolescent depression. Even pre-pandemic, <50% of youth with depression accessed care, highlighting needs for accessible interventions. Accordingly, this randomized controlled trial (ClinicalTrials.gov: [NCT04634903](https://clinicaltrials.gov/ct2/show/study/NCT04634903)) tested online single-session interventions (SSIs) during COVID-19 in adolescents with elevated depression symptoms ( $N = 2,452$ , ages 13–16). Adolescents from all 50 US states, recruited via social media, were randomized to one of three SSIs: a behavioural activation SSI, an SSI teaching that traits are malleable and a supportive control. We tested each SSI's effects on post-intervention outcomes (hopelessness and agency) and three-month outcomes (depression, hopelessness, agency, generalized anxiety, COVID-19-related trauma and restrictive eating). Compared with the control, both active SSIs reduced three-month depressive symptoms (Cohen's  $d = 0.18$ ), decreased post-intervention and three-month hopelessness ( $d = 0.16$ – $0.28$ ), increased post-intervention agency ( $d = 0.15$ – $0.31$ ) and reduced three-month restrictive eating ( $d = 0.12$ – $0.17$ ). Several differences between active SSIs emerged. These results confirm the utility of free-of-charge, online SSIs for high-symptom adolescents, even in the high-stress COVID-19 context.

# My programme of work in the UK

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Improving access to early  
help for adolescent  
depression symptoms



# Remember...

- **Intervention that has worked elsewhere**
- **Where does it fit/live in this different context and system?**
- **How can we make it work here in the UK?**
- **Does it work here in the UK?**

# Remember...

## RE-AIM Outcomes

- Reach – and representativeness of participants
- Effectiveness – and subgroup effects/unintended consequences
- Adoption – which settings and staff participate/do not participate
- Implementation – fidelity, feasibility, cost, and adaptations
- Maintenance – sustainability

- **Intervention that has worked elsewhere**
  - Ie. Online self-help SSIs
  - From the USA – Lab for Scalable MH
- **Where does it fit/live in this different context and system?**
- **How can we make it work here in the UK?**
- **Does it work here in the UK?**
  - Do people sign up and complete it? (Feasibility)
  - Do people like it/are satisfied with it? (Acceptability)
  - Do people benefit in the way we think? (Efficacy/Effectiveness)

What we are doing

**INTERVENTION  
ADAPTATION**

**SCALE OUT**



## Professor Graham Moore

Professor of Social Sciences & Public Health

[School of Social Sciences](#)

✉ [MooreG@cardiff.ac.uk](mailto:MooreG@cardiff.ac.uk)

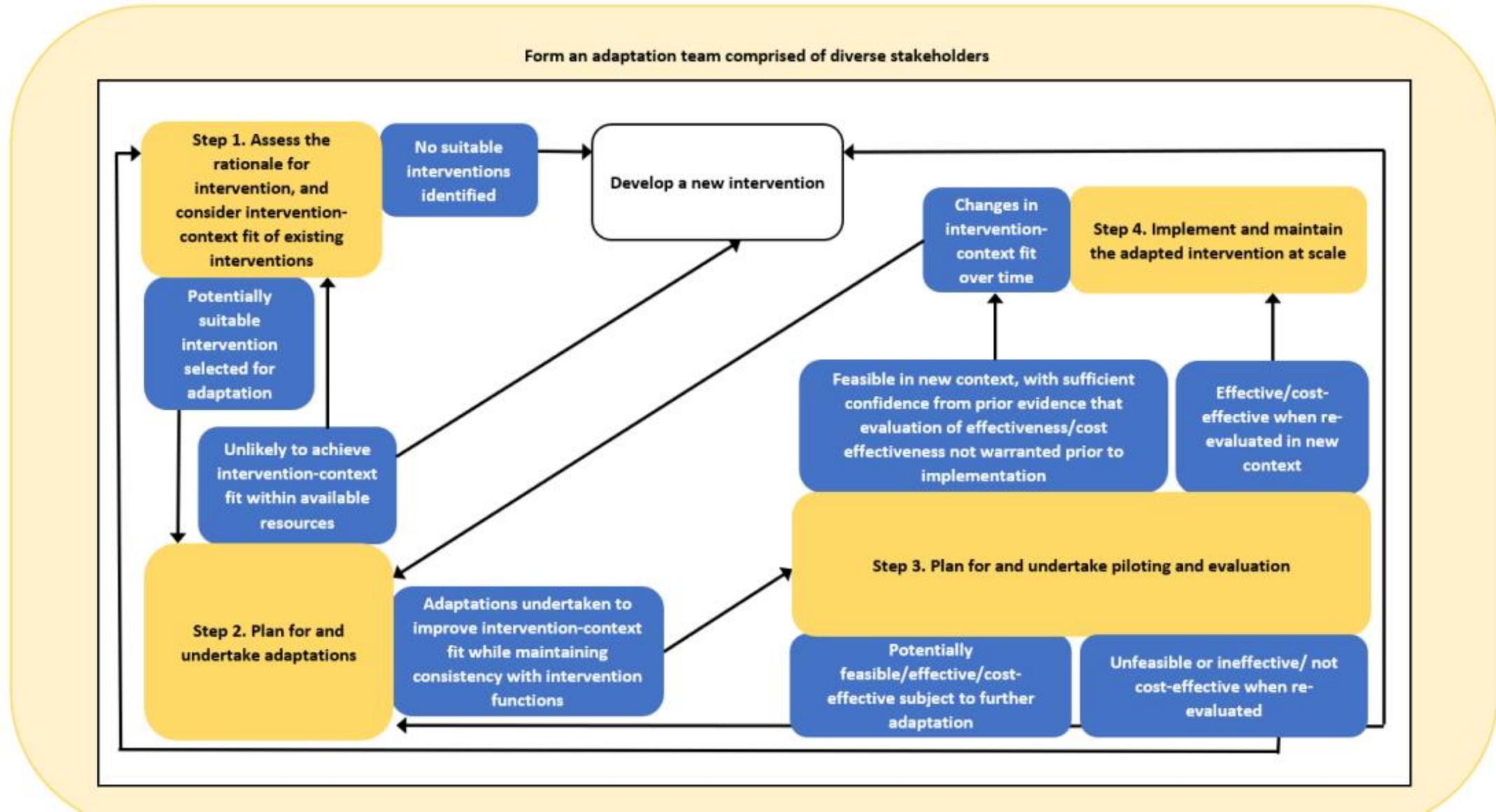
🗨 Media commentator

☎ [+44 29208 75387](tel:+442920875387)

📍 sbarc|spark, Floor 2, Room 2.43,  
Maindy Road, Cathays, Cardiff, CF24  
4HQ

The screenshot shows the website [adaptstudy.co.uk](http://adaptstudy.co.uk). The browser's address bar and tabs are visible at the top. The website's navigation menu includes: HOME, GUIDANCE, OUTPUTS, TEAM, ACKNOWLEDGEMENTS, CONTACT US, PRIVACY POLICY, and TS & CS. The main content area features a large purple box with the ADAPT logo, which consists of the word "ADAPT" in bold, dark blue letters. The logo is framed by a white L-shaped arrow pointing right and a white L-shaped arrow pointing left, forming a square. To the right of the logo, the text "The ADAPT Study" is displayed. Below the logo, the text reads: "Adaptation of interventions for implementation and/or re-evaluation in new contexts".

Figure 2 ADAPT process model for adapting interventions for a new context. Yellow boxes=stages of ADAPT step-by-step guidance (see Box 3). Blue boxes=categories of potential conclusion from each stage. Directional arrows=recommendations for moving, forward or backward through ADAPT stages (or exiting), on the basis of stage conclusions.



# Starting Point: Logic model



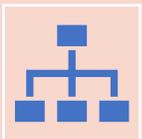
Synonyms

Theory of change  
Intervention models  
Change mechanisms  
Causal pathways



Logic model =

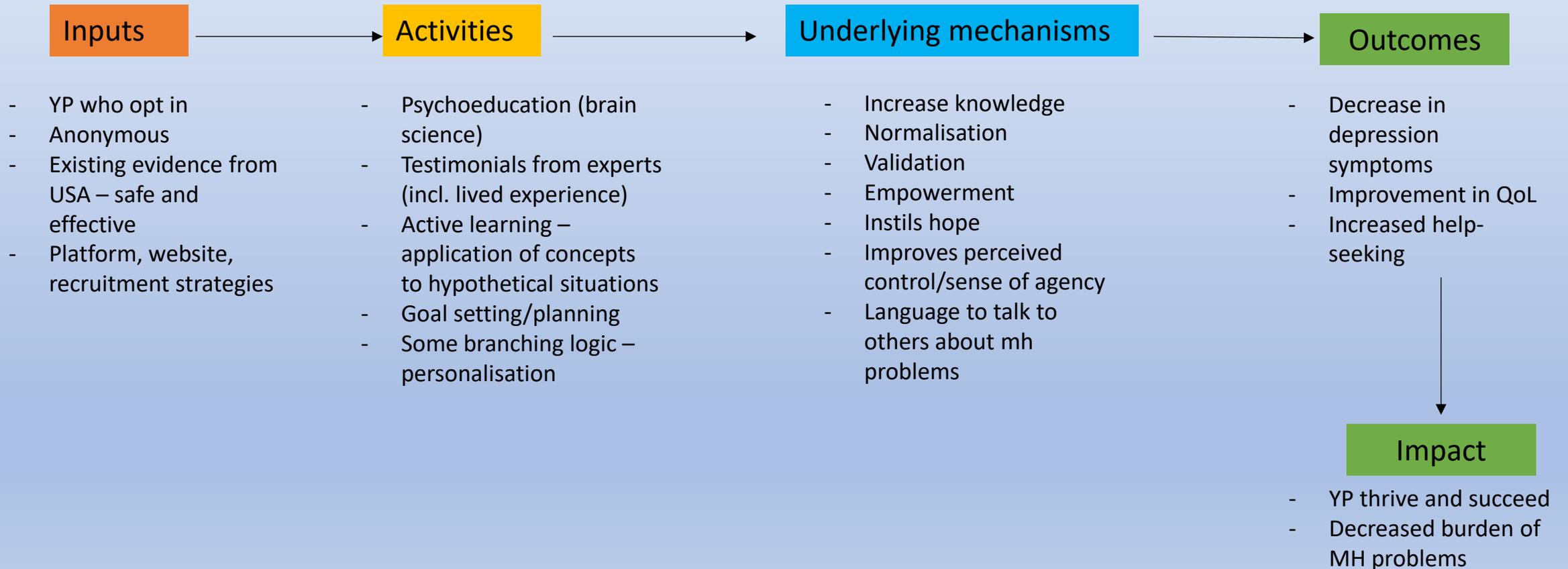
How intervention is meant to work  
diagram representing intervention, context and relevant interactions



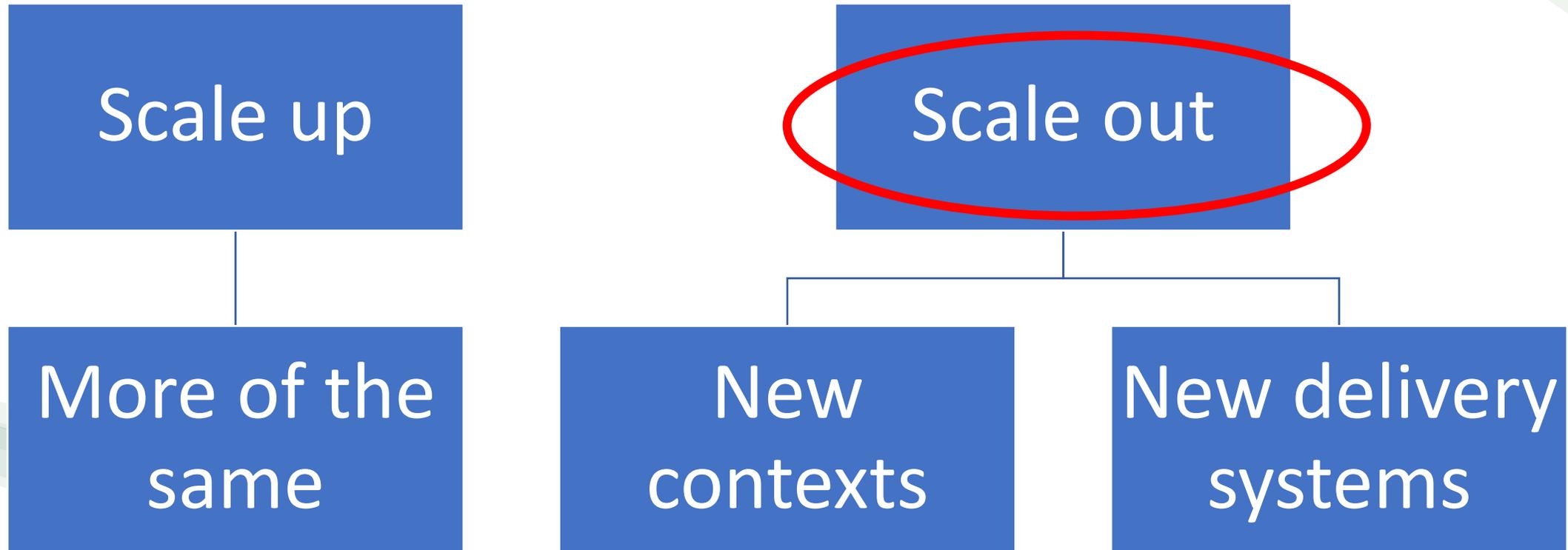
Inputs -> activities -> causal processes activated -> outcomes->impact

- Bonell (2014): Logic model of the **intervention**

## Logic Model of the Intervention (SSIs)



# Extending interventions (Aarons, 2017)



# Assumptions the Intervention Makes

- No major differences between USA and UK:
  - How mental health problems develop or are maintained
  - Beliefs about mental health, therapy similar
  - Stigma is similar
  - Evidence based treatments that work in the USA tend to work in UK
  - Developmental characteristics similar
    - Self-reliance
    - Autonomy

# Categories of interventions (Sundell, 2016)

Adopted

- Replication with high fidelity to original delivery

Adapted

- Reinvention to fit new context (time/place)
- Maintains basic integrity – core components

Novel

- Innovative
- Conceptually new
- (but inherently based on prior science knowledge)

# Adaptations

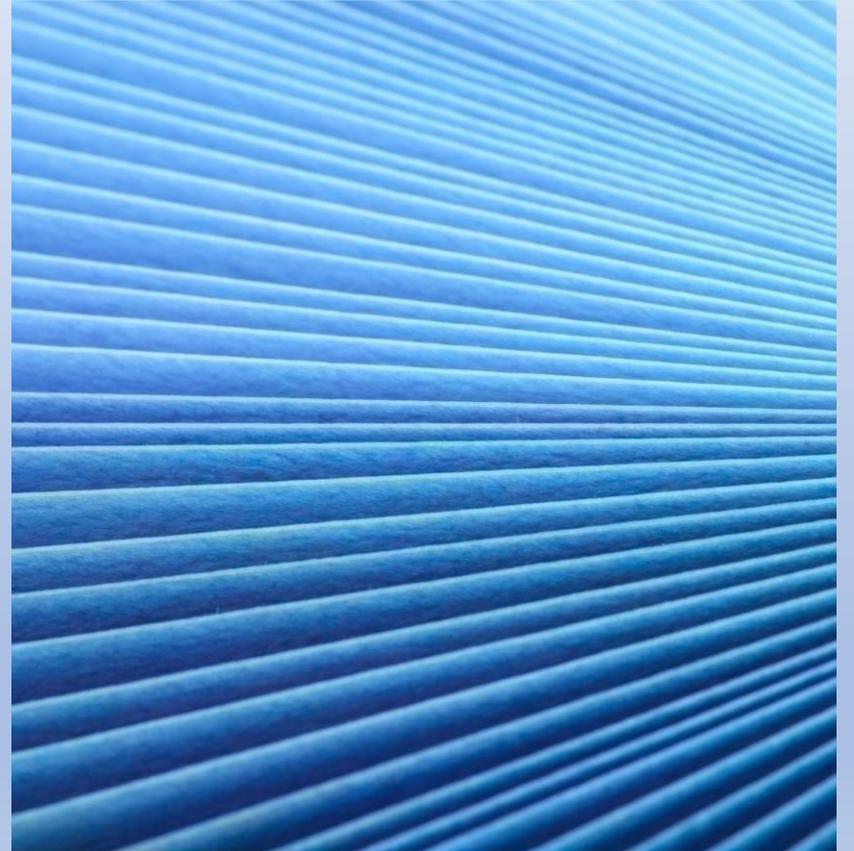
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Range  
from

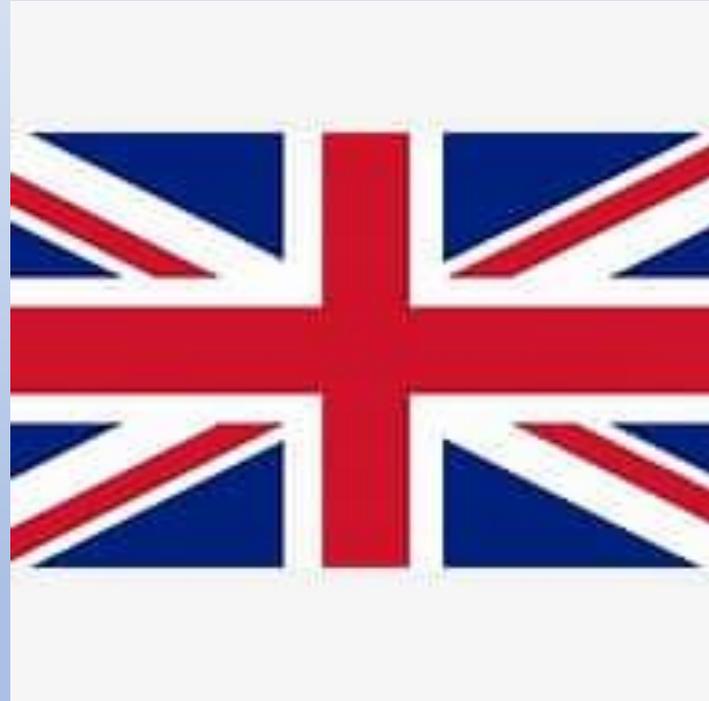
- Small changes
  - E.g. terminology/language
- Larger changes
  - E.g. removal of programme components
  - E.g. integration with other interventions

Can  
be

- Planned & purposeful
- Responsive/'drift'



What's already known about SSIs in the UK?





RESEARCH ARTICLE

WILEY

## An enhanced psychological mindset intervention to promote adolescent wellbeing within educational settings: A feasibility randomized controlled trial

Amorette M. Perkins<sup>1</sup>  | Gemma Bowers<sup>2</sup> | Joseph Cassidy<sup>1</sup> |  
Richard Meiser-Stedman<sup>1</sup>  | Laura Pass<sup>1</sup>

### Abstract

**Objective:** This randomized controlled trial feasibility study aimed to investigate a single-session mindset intervention, incorporating third-wave constructs, within educational settings as a universal tool to promote emotional wellbeing.

**Method:** Eighty adolescents (age  $M = 16.63$ ) were randomized to the 30-min computer intervention or a usual curriculum waitlist. Outcome measures were administered at baseline, posttreatment, 4-week, and 8-week follow-ups.

**Results:** Student feedback about the intervention and trial procedure was mainly positive. Participants engaged with the intervention content and data were suggestive of possible small–large intervention effects for targeted mechanisms of personality mindset and psychological flexibility. Between-group differences over time across wellbeing outcomes of self-compassion, self-esteem, low mood, and anxiety also yielded some promising results, though assessments of reliable change were less clear. No harm was reported.

# Growth mindset in young people awaiting treatment in a paediatric mental health service: A mixed methods pilot of a digital single-session intervention

Clinical Child Psychology  
and Psychiatry  
2022, Vol. 0(0) 1–17  
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DOI: 10.1177/13591045221105193  
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Brian CF Ching<sup>1,2,3</sup> , Sophie D Bennett<sup>1,2</sup>, Nicola Morant<sup>3</sup>,  
Isobel Heyman<sup>1,2</sup>, Jessica L Schleider<sup>4</sup>, Kate Fifield<sup>1,2</sup>, Sophie Allen<sup>2</sup> and  
Roz Shafran<sup>1,2</sup>

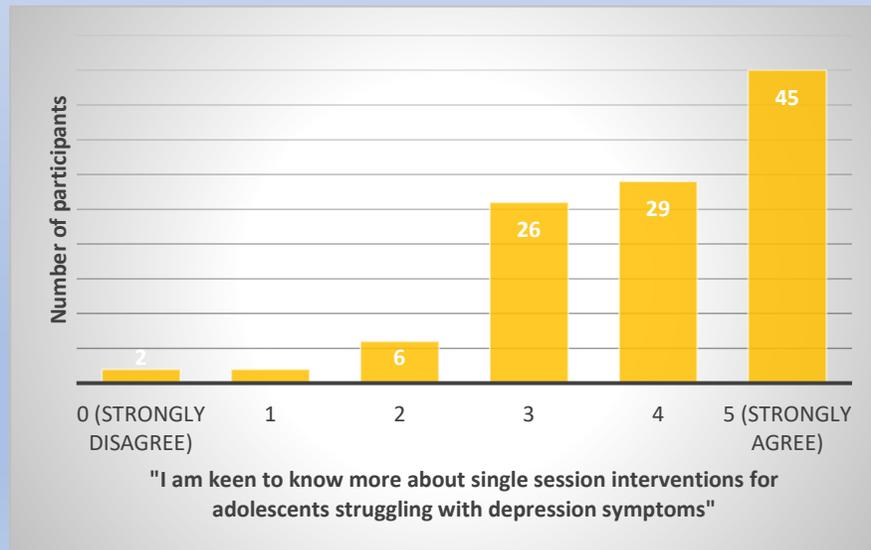


Great Ormond Street  
Hospital for Children  
NHS Foundation Trust



# What do supporters think?

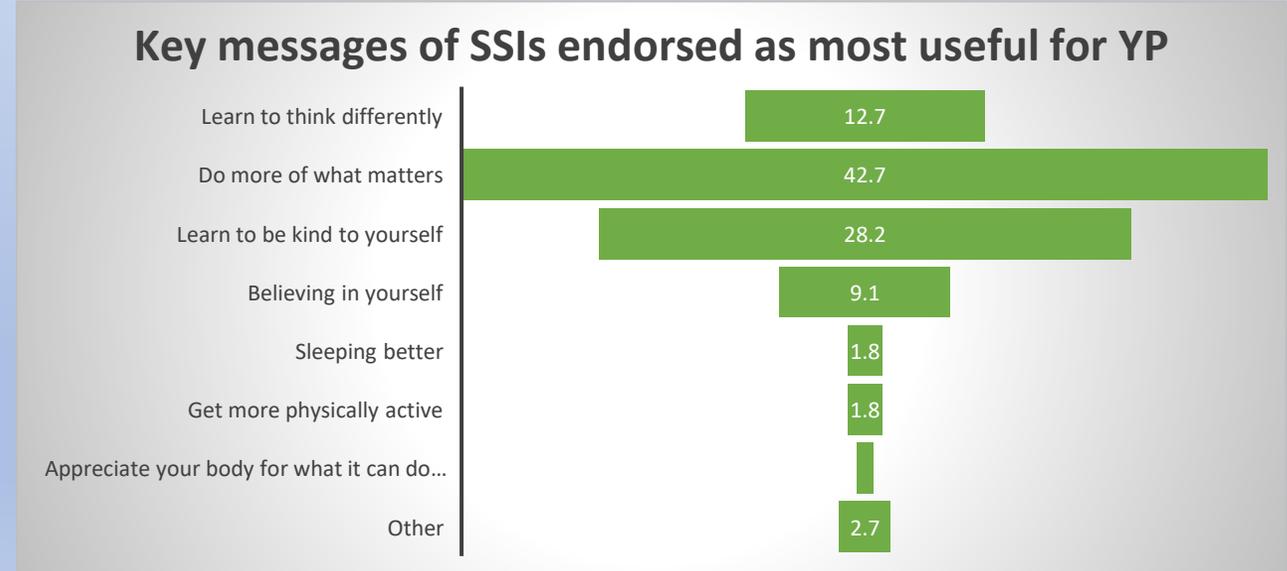
- N = 115
- Professionals working with adolescents
- Non-specialist MH



## Frontline professionals' use of and attitudes towards technology to support interventions for adolescents with depression symptoms: A mixed methods survey

Clinical Child Psychology and Psychiatry  
2024, Vol. 29(3) 1087–1099  
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DOI: 10.1177/13591045231212523  
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Maria E Loades<sup>1</sup>, Bethany Cliffe<sup>2</sup> and Grace Perry<sup>1</sup>



# YOU!

—  
IF YOU ARE 13-18 YEARS  
OLD AND BASED IN THE  
UK - WE WANT TO  
UNDERSTAND HOW YOU  
LOOK FOR INFORMATION  
ONLINE WHEN YOU FIRST  
START TO EXPERIENCE  
LOW MOOD.

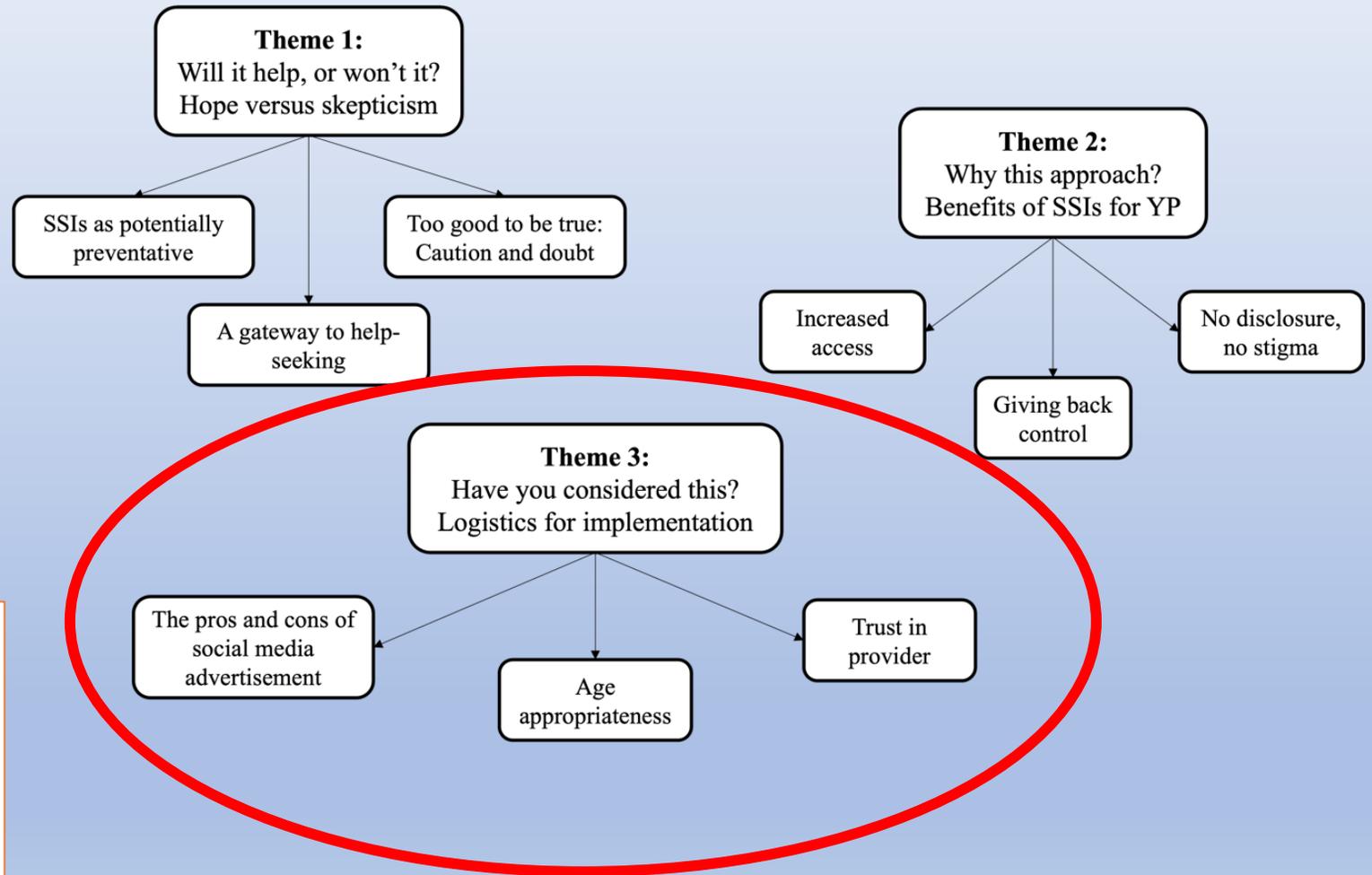


Participants will receive a £20 gift voucher  
for their time!

## Can We Connect Study

- N= 24
- Semi-structured interviews
  - Tell us what you think of SSIs
- Young people co-researchers (n = 4)

# What do YP in the UK think of SSIs?



Higson-Sweeney et al. *BMC Psychology* (2025) 13:439  
<https://doi.org/10.1186/s40359-025-02727-8>

BMC Psychology

RESEARCH

Open Access

Young people's attitudes towards online self-help single-session interventions: findings from a co-produced qualitative study

N. Higson-Sweeney<sup>1,2\*</sup>, S. Dallison<sup>1</sup>, E. Craddock<sup>1</sup>, B. Teague<sup>3,4</sup>, C. Payne-Cook<sup>1</sup>, J. Leas<sup>1</sup>, A. V. Slastikova<sup>1</sup>, H. Peel<sup>1</sup>, L. Biddle<sup>5</sup> and M. E. Loades<sup>1</sup>

USA	UK
All MH care costs \$\$	NHS free at point of access
Schools have psychologists; annual WellChild checks	MHSTs are being rolled out in schools (1/3 coverage); GPs as 1 <sup>st</sup> port of call
Consent for <18s usually by parents; IRBs have waived need for parental consent	Consent for <16s usually by parents; Ethics committees reluctant to waive need for parental consent
Instagram seems to have leverage for recruitment	Instagram doesn't seem to have so much leverage

Where might SSIs fit in the UK context?

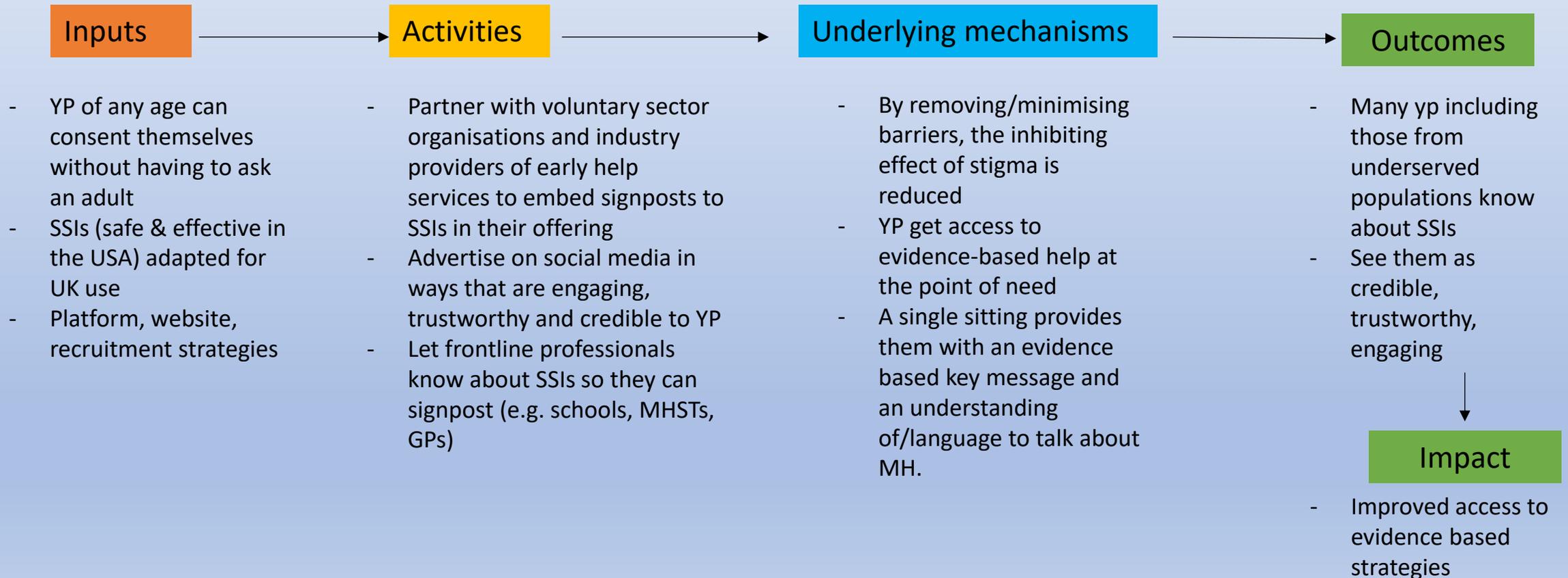
# Key uncertainties around implementation

- 1) Where to embed?
  - How to let YP know?



# Logic Model of the **Implementation Strategy** (based on Bonnell, 2015)

Implementation Strategy: Offer SSIs widely in places where young people already are and may look for early help and with minimal barriers to access.



# YOU!

—  
IF YOU ARE 13-18 YEARS  
OLD AND BASED IN THE  
UK - WE WANT TO  
UNDERSTAND HOW YOU  
LOOK FOR INFORMATION  
ONLINE WHEN YOU FIRST  
START TO EXPERIENCE  
LOW MOOD.



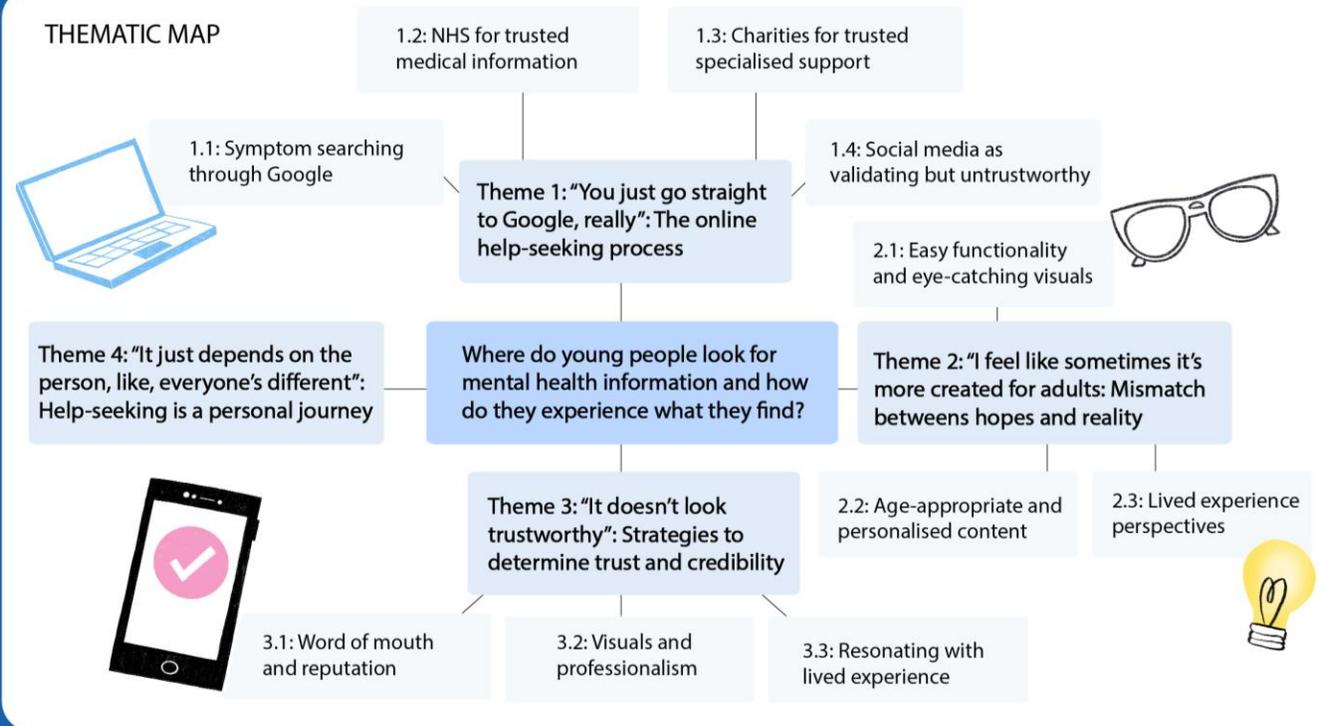
Participants will receive a £20 gift voucher  
for their time!

## What do YP think? Can We Connect Study

- N= 24
- Semi-structured interviews
  - Think aloud techniques
    - Show us how you search the internet
    - Tell us what you think –
      - NHS website, Young Minds website, LSMH advert
- Young people co-researchers (n = 4)

# What we found?

## THEMATIC MAP



Co-produced guidelines for creating and sharing mental health information for young people online

### What to share?

- Validation and normalisation of how they are feeling, including lived experience accounts.
- Reasons for why they may be feeling a certain way (e.g. possible triggers)

**RESEARCH ARTICLE**

# What do they look for and what do they find? A coproduced qualitative study on young people's experiences of searching for mental health information online

M. E. Loades<sup>1</sup>  | N. Higson-Sweeney<sup>1</sup> | B. Teague<sup>2,3</sup> | J. Leas<sup>1</sup> |  
C. Payne-Cook<sup>1</sup> | A. V. Slastikova<sup>2</sup> | H. Peel<sup>2</sup> | G. Chamberlain<sup>2</sup> |  
L. Ferguson<sup>2</sup> | K. Janes<sup>2</sup> | T. Rhodes<sup>2</sup> | E. C. Roupa<sup>2</sup> | L. Biddle<sup>4</sup>

# Co-produced guidelines

## Where to share?

- On the social media platforms which YP are currently using (e.g., Instagram, TikTok, YouTube).
- In the places YP already look (e.g., NHS websites and charities).
- Through organisations that YP trust and regularly come into contact with (e.g., schools, mental health services).
- Ensure websites are findable on Google, especially if YP search for symptoms like 'low mood'/'sad'/'tired'.

## What to share?

- Validation and normalisation of how they are feeling, including lived experience accounts.
- Reasons for why they may be feeling a certain way (e.g., possible triggers).
- Words/phrases and clear definitions that could help YP to talk to others about how they are feeling.
- Sources of support, including in person and online, and those that are available 24/7.
- Give different options and ideas of things that may help.
- Simple small steps that YP can take to feel better (but avoid difficult or overwhelming tasks).
- Clearly signposted information aimed at friends and family.

## How to share? (Look and feel)

- Use plain language that is easy to understand but not patronising.
- Make it colourful, but not overwhelming.
- Write in smaller sections rather than huge chunks and use bullet points.
- Include links to jump to specific sections rather than scrolling.
- Include pictures of YP and lived experience accounts (case studies) from YP.
- Say who produced the information, include logos and links to institutions.
- Ensure that it looks professional.
- Check readability of the website and accessibility for all.
- Use multimedia to share information in different formats (e.g., videos, podcasts).



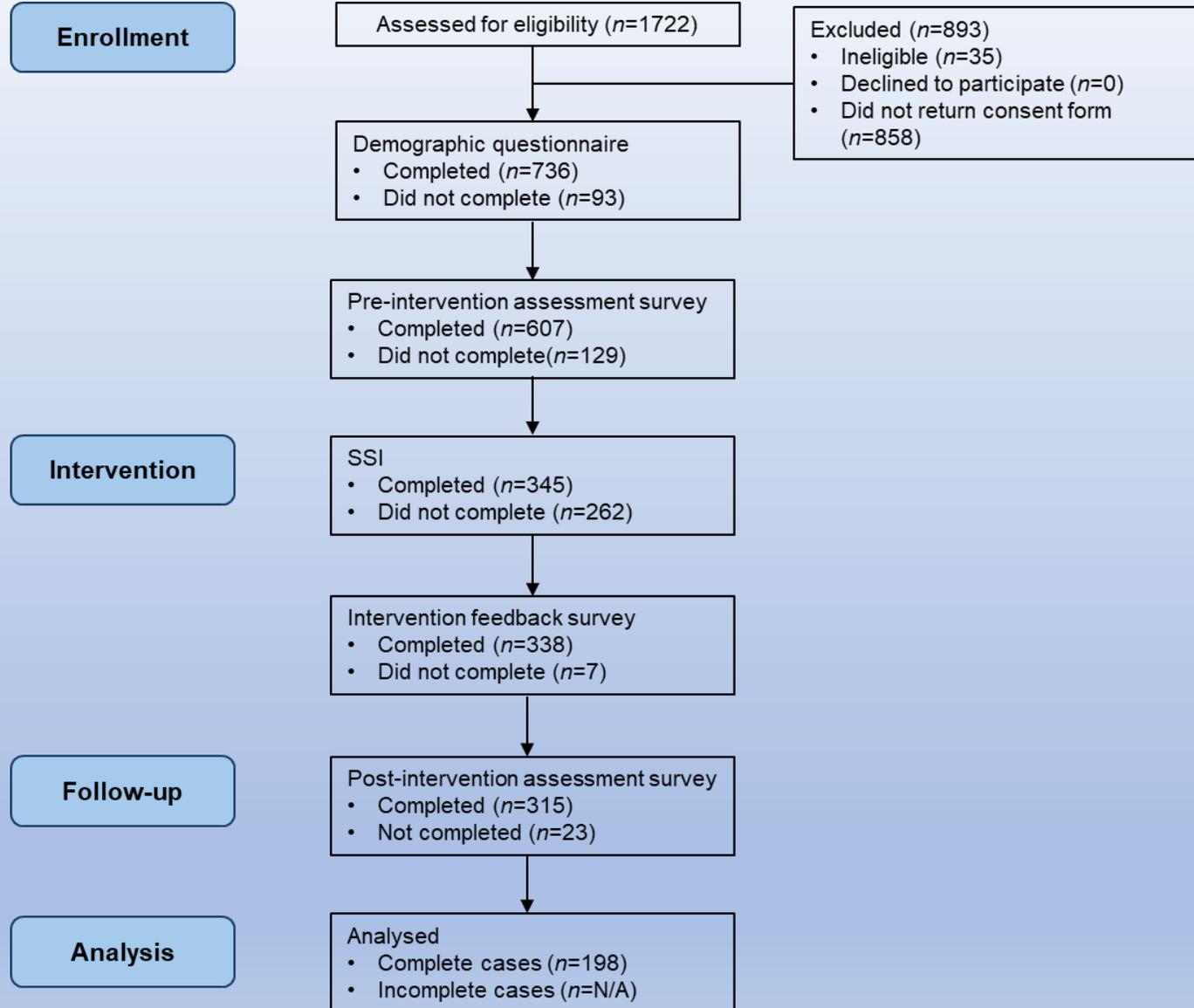
# Project Care - UK

- Online
- Anonymous
- One-off
- Self-help module

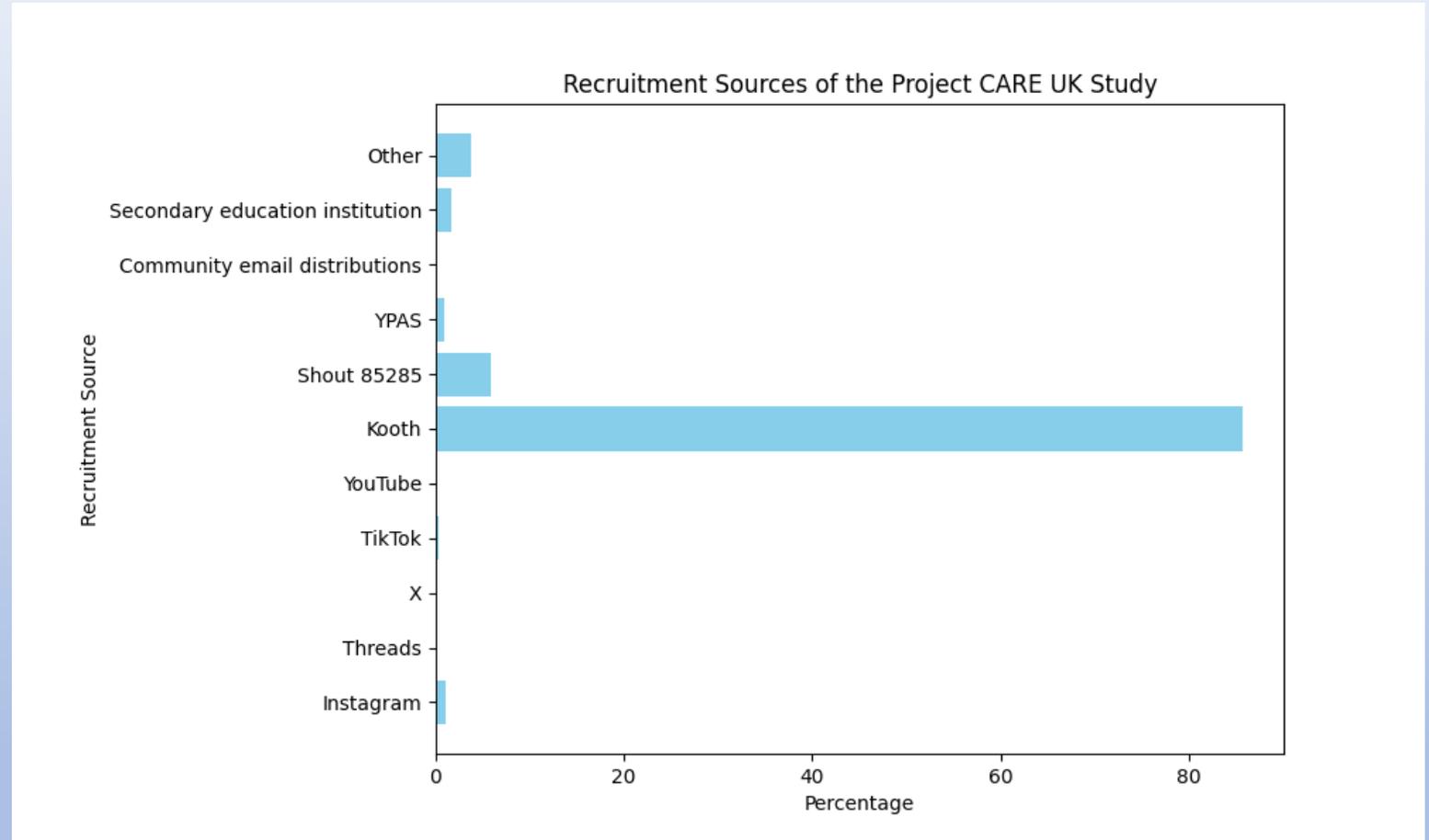


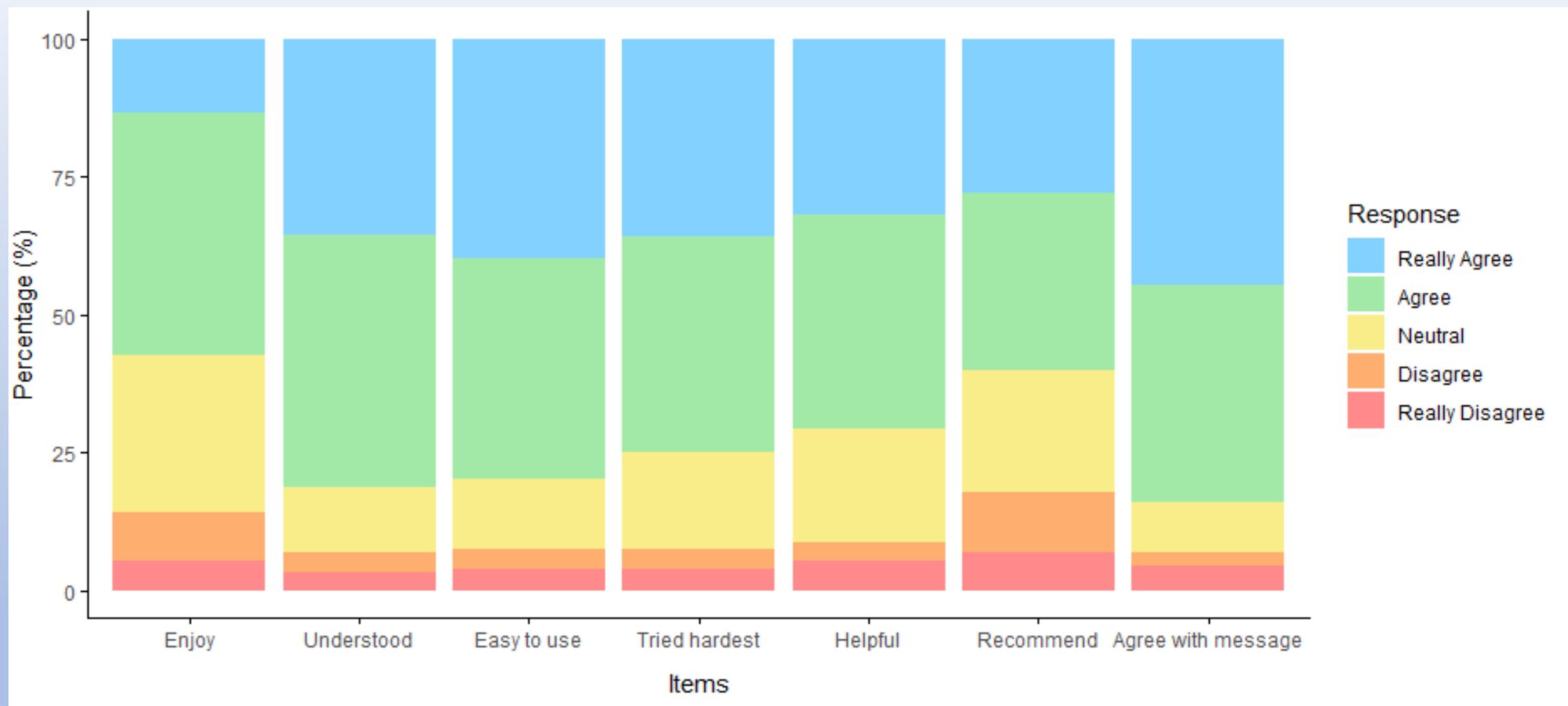
Learn to be  
**kind to yourself**  
and why it matters.

# Results to date



# Recruitment Sources of the Project CARE UK Study





# Uncertainties

- 1) Where to embed?
  - How to let YP know?
- 2) Waiver of parental consent?



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# Gillick competence substudy

- MCQs to follow information sheet



What?



Why?



Risks?



Benefits?

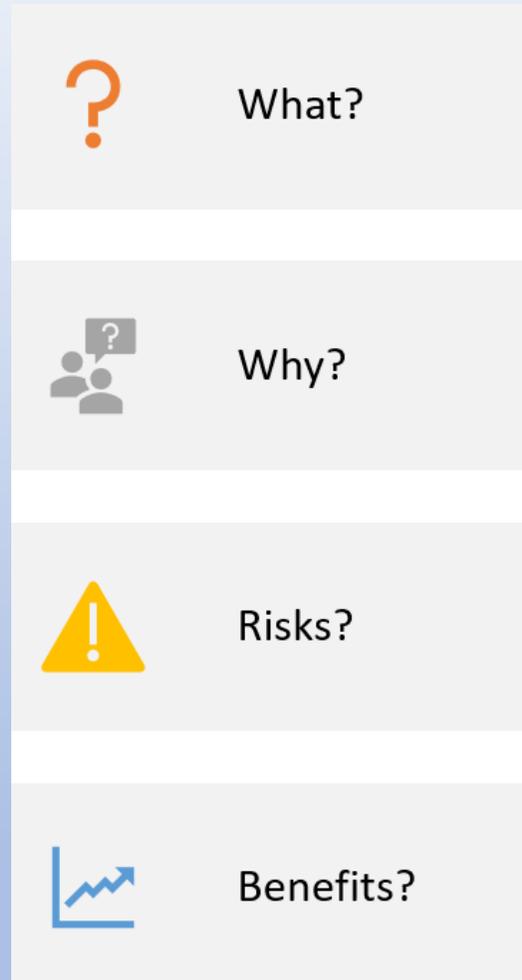
# GC questions

Aspect of GC	Question asked	MCQ options
Purpose	What is this study about?	We are testing a 10-session self-help intervention.
		<b>We are testing an online self-help single session intervention.</b>
		We are testing a single session intervention in which you will talk to a therapist in person.
		We are testing a 6-session therapist delivered intervention.
Process	What will you be asked to do?	I will be asked to do an activity online but will not be asked to answer questions.
		I will be asked questions but will not do any activities.
		I will be asked to do an activity online only.
		<b>I will be asked to answer some questions online, do an activity, and then answer some more questions online.</b>
Benefits	How could this help you?	<b>Doing this study could teach me new ideas about ways I could help myself and be kinder to myself.</b>
		Doing this study could teach me ways to pass my exams.
		Doing this study could teach me about using a computer.
		Doing this study has no potential benefits to me.
Harms	What are the risks of taking part?	I will have to share private information like my name, which will be shared publicly.
		I will have to talk to someone about my feelings.
		<b>Some questions could be upsetting.</b>
		There are no risks.

- *Note: GC = Gillick Competence; MCQ = multiple choice question. Responses in bold indicate correct response.*

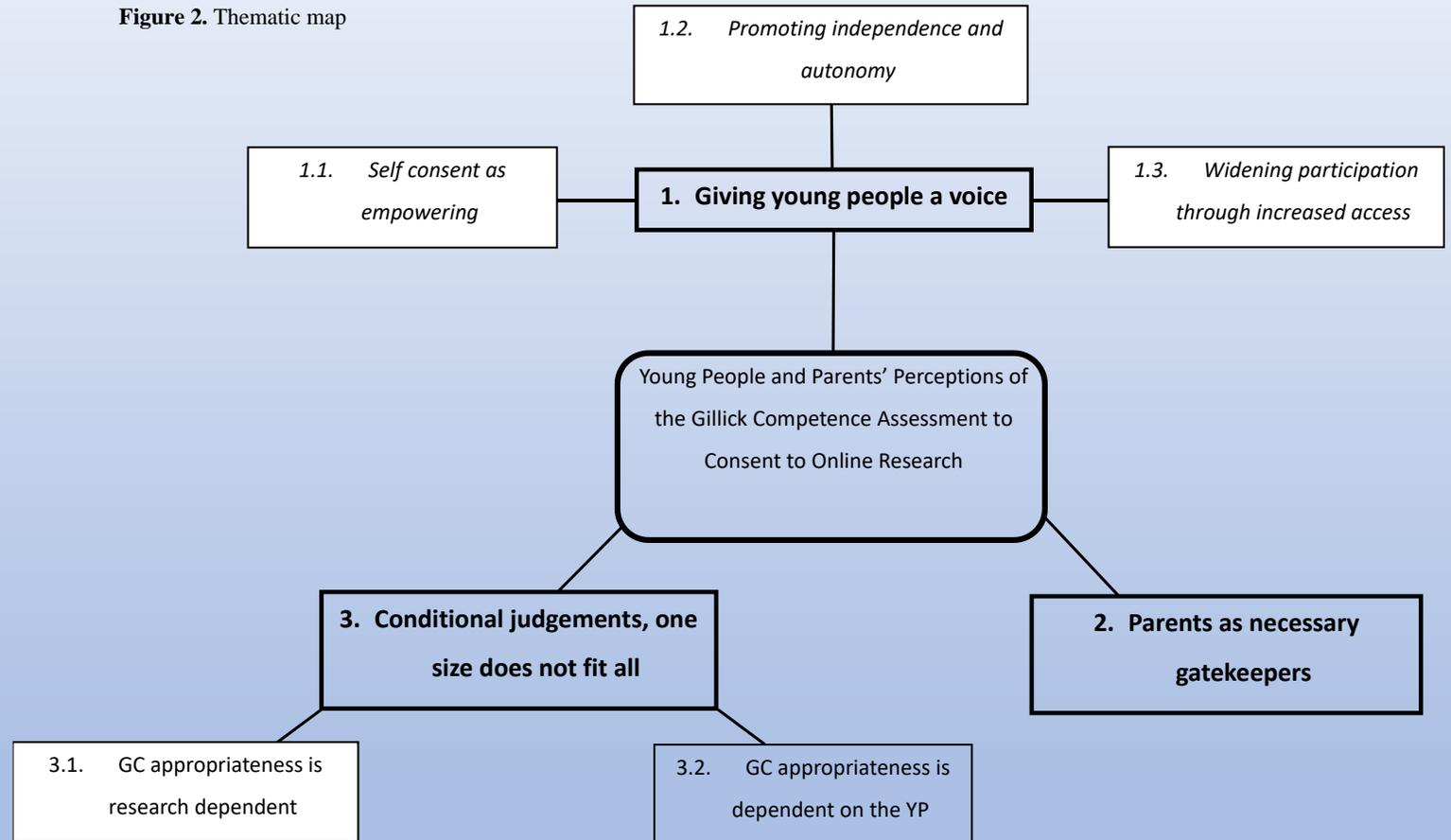
# Gillick competence substudy

- MCQs to follow information sheet
  - 13-15 yos
  - Parents of 13-15 yos
  - Think aloud interviews



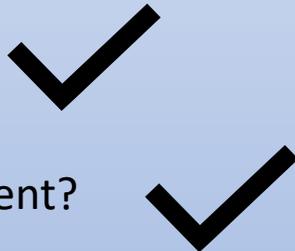
# What we found

Figure 2. Thematic map

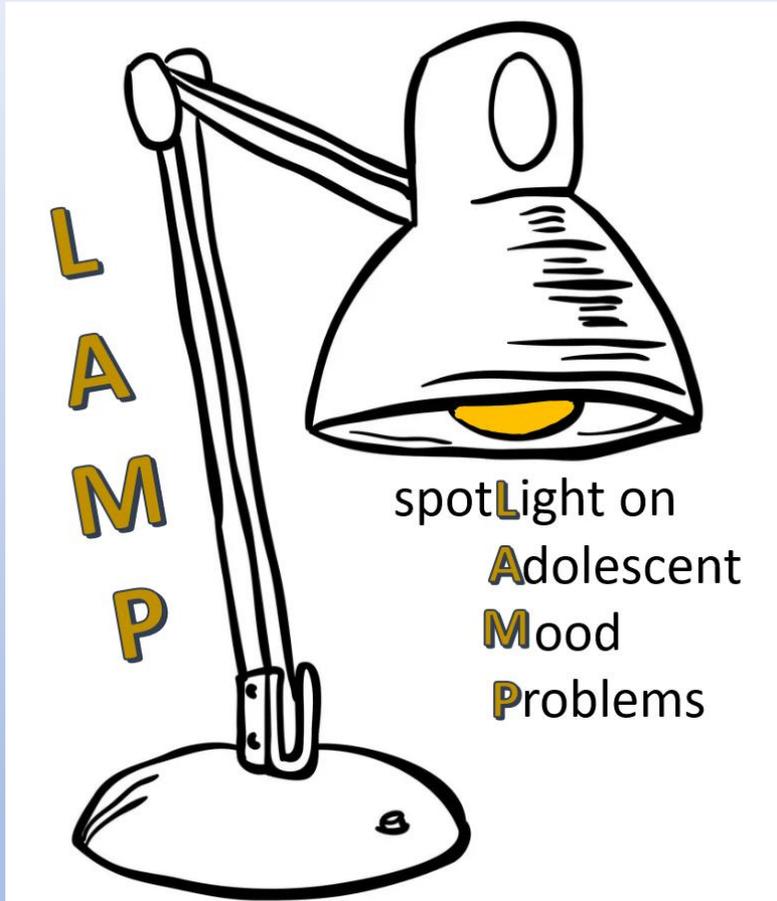


# Uncertainties

- 1) Where to embed?  
- How to let YP know?
- 2) Waiver of parental consent?
- 3) Effectiveness in the UK



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for Health Research



# Watch this space....

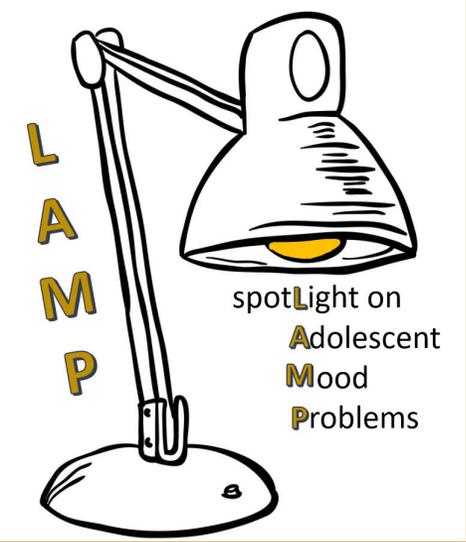
- 3 arm RCT
  - GM-SSI vs. BA-SSI vs. Sharing Feelings (placebo control SSI)
  - Superiority & non-inferiority trial

Adapting SSIs for UK context

Pilot studies; YPAG input

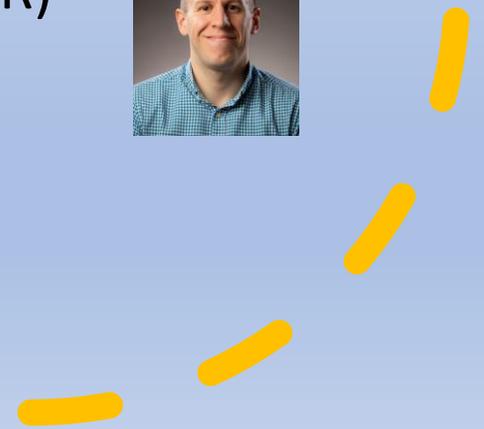
How do we monitor adverse events and harms?

Mapping review; codesign work with YPAG



And even  
more....

- Supporting the supporters
  - Natalia Kika: SSI for parents of adolescents
- Specific populations
  - Emma Chubb: LGBTQIA+
  - Sophie Dallison: Global majority
- Young adults
  - Jeff Lambert: COMET-GB trial (JMIR)
  - Pilot work and RCT





The Association  
for Child and Adolescent  
Mental Health

Child and Adolescent  
Mental Health

Child and Adolescent Mental Health Volume \*\*, No. \*, 2023, pp. \*\*-\*\*



doi:10.1111/camh.12659

**Technology Matters: Online, self-help single session interventions could expand current provision, improving early access to help for young people with depression symptoms, including minority groups**

Maria E. Loades<sup>1</sup> & Jessica L. Schleider<sup>2,3</sup>

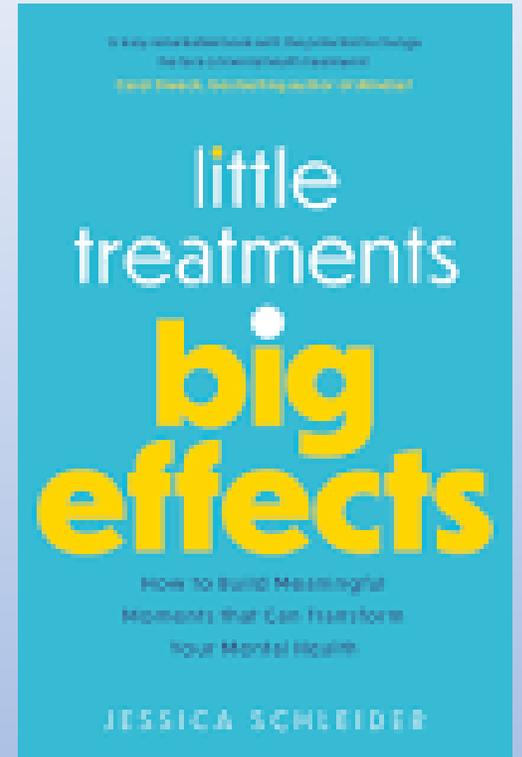
Advances in Psychiatry and Behavioral Health ■ (2023) ■■■

ADVANCES IN PSYCHIATRY AND BEHAVIORAL HEALTH

### Digital Single-Session Interventions for Child and Adolescent Mental Health

Evidence and Potential for Dissemination Across Low- and Middle-  
Income Countries

Arka Ghosh, PhD<sup>1</sup>, Riley McDanal, MA, Jessica L. Schleider, PhD  
Department of Psychology, Stony Brook University, Psychology B Building, Stony Brook, NY 11794-2500, USA



[m.e.loades@bath.ac.uk](mailto:m.e.loades@bath.ac.uk)  
@MariaLoades