

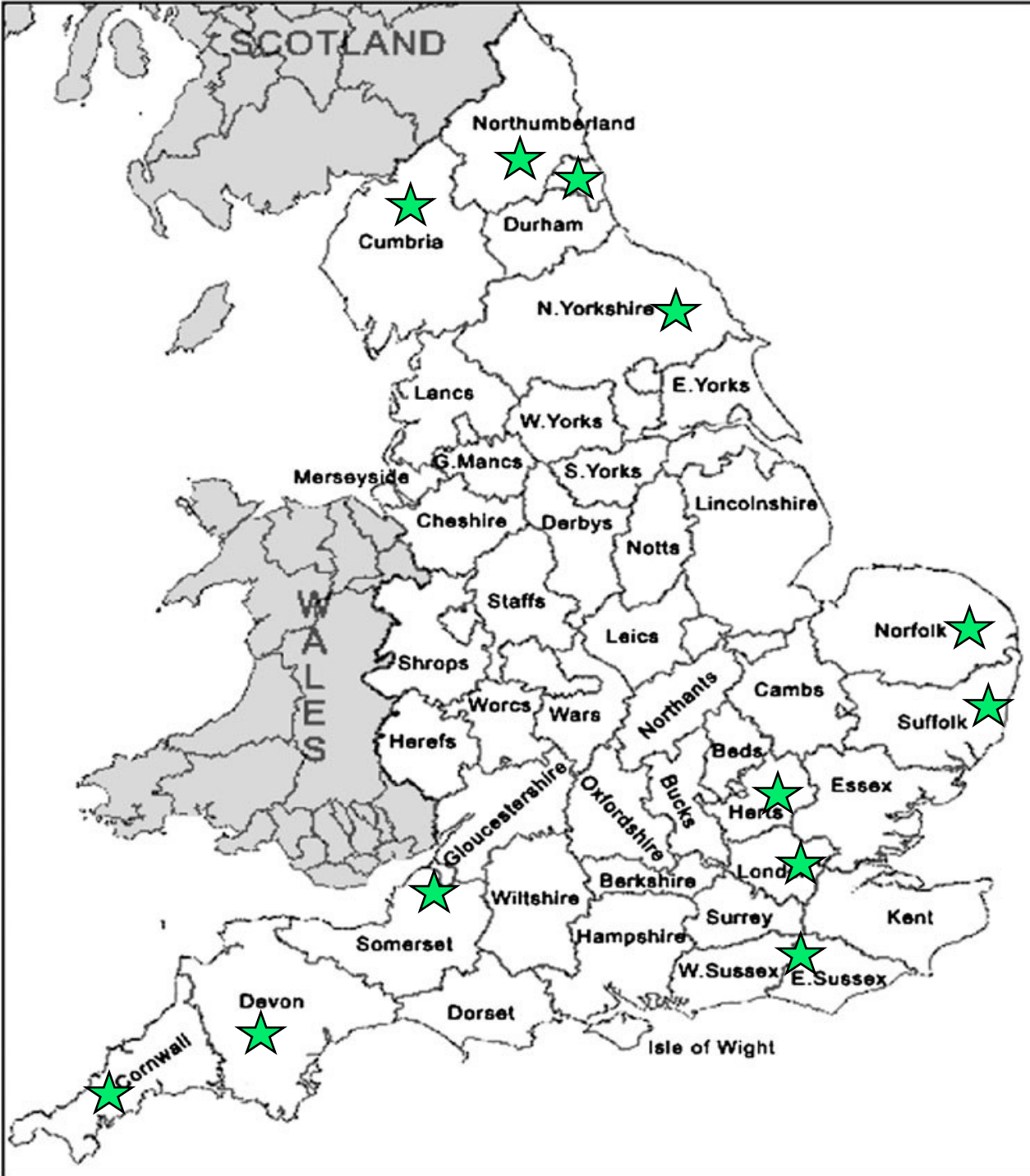


# What do services need to delivery NICE-recommended individual psychotherapy to young people in care?

**- Example of PTSD -**

Rachel Hiller





- 28 mental health teams, across 14 geographical localities
- Trained 24 of these teams
- 11 general CAMHS; 9 targeted CLA-CAMHS; 4 specialist outpatient; 3 social care; 1 inpatient
- 26 of 28 teams provided some data
- N = 243 professionals (87% women; 91% white)
- 29% clinical psychologists; 22% social workers; 19% mental health nurses
- 58 focus groups; 62 individual interviews; ? service data
- 46% teams implemented CT-PTSD; 25% implemented with CEYP
- Of the CLA-specific teams 33% (3/9) implemented

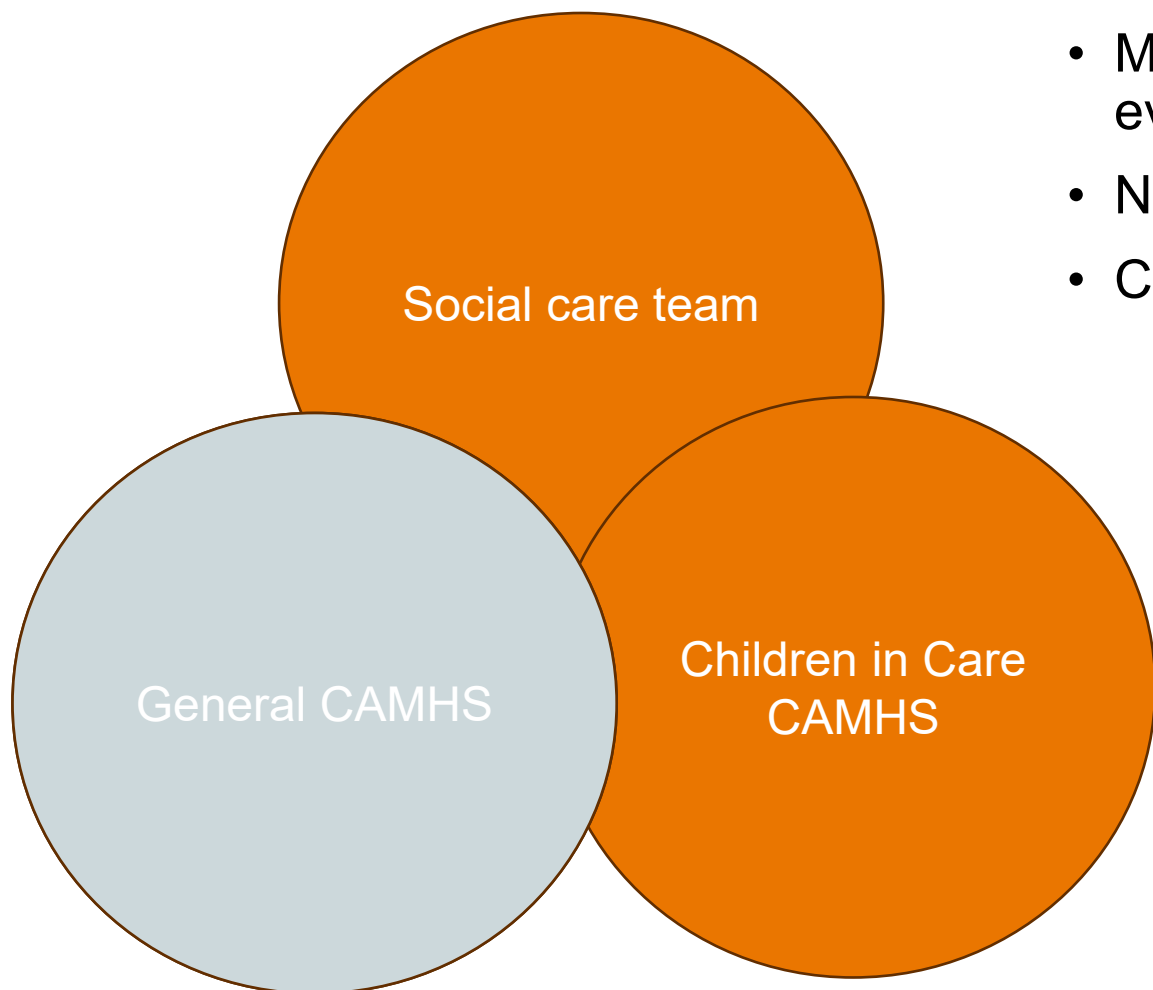
Assessment practices

Commissioning, service set-up, and capacity

Service culture and therapist beliefs

Complexity of young people

# Commissioning within and between services



- Many services not commissioned to provide best-evidenced care
- Not aware of each other's commissioning/services
- Capacity to provide high-intensity treatments

*I think once you start a research trial like this, it really puts the microscope on what you're actually doing. And actually it did make us realise that we rarely offer direct individual therapy*

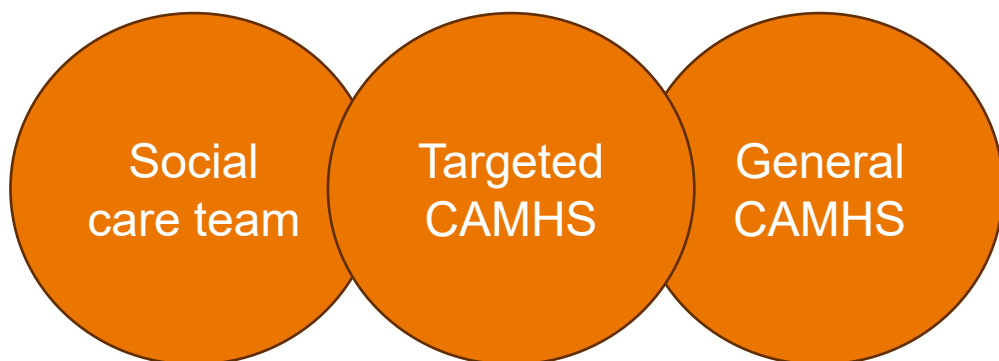
# Questions to be asking:

- Could a child in care entering my service access an evidence-informed assessment of need?
- Could a child in care in my service access NICE-recommended treatments?
- Can a child be assessed and treated for (eg) PTSD and ADHD in my service?
- Can I easily identify within our records where our children in care go?



# Identity, Culture and Therapist Beliefs

- Their within and between service identity (shared understanding of trauma)
- Buy-in to evidence-based models of assessment and intervention (views on therapy; not necessarily related to professional background)
- Within service support and supervision (team approach)
- Both top-down (leadership) and bottom-up (team) buy-in



*It's really, really important to us to not locate the difficulty within the child... so we do offer individual therapy very cautiously, probably because of the meaning that people can take from that offer.*



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# ADaPT-2

- Optimising the delivery of NICE-recommended mental health treatments to young people in care
- Working in five regions
- From social care through to mental health care, to understand referral practices, gate-keeping, assessment, and treatment decisions
- Case studies of best practice



# Many thanks to -

## **CEYP advisory board**

Aishat Hamzat  
Kane Wilton  
Kim Eminike  
Molly Clifford  
Shaunna Devine  
+Anonymous members

## **Researchers**

Dr Rosie McGuire  
Dr Paula Oliveira  
Davin Schmidt  
Robyn Bosworth  
Dr Emma Geijer Simpson  
Joe Coombes  
Katie Wood

## **CT-PTSD trainers**

Prof Richard Meiser-Stedman (Co-I)  
Dr Patrick Smith (Co-I)  
Dr Jessica Richardson  
Dr Sarah Miles  
Dr David Trickey

**Email: [r.hiller@ucl.ac.uk](mailto:r.hiller@ucl.ac.uk)**

*Views presented here do not necessarily reflect the views of the NIHR or the Applied Research Collaboration network.*