

2016/2017 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 4 July 2016

Supervisor Information (First named supervisor will be the contact):

First Supervisor's Name and Title: Dr Stephanie Moor, Senior Lecturer in Child and Adolescent Psychiatry

Department - UOC &/or CDHB (if applicable): UOC

First Supervisors Phone: 027 2468777

First Supervisors Email: Stephanie.moor@otago.ac.nz

First Supervisors Mailing Address: Department of Psychological Medicine, 4 Oxford Terrace, PO Box 4345, Christchurch 8011

Co-Supervisors Name and Title(s):

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical X

Laboratory

Community

Project Title (20 words MAXIMUM): Examination of uptake of an 'e' therapy in the community

Project Description: Examination of the reasons families choose not to engage with BRAVE (an 'e' therapy treatment for anxiety in children and teens) in primary care in Canterbury

Introduction:

It is well known that the positive gains seen in 'efficacy' trials of psychological treatments in research setting attenuate significantly when translated into 'effectiveness' studies in the 'real world'. What is less evident is why this occurs.

We have been evaluating the uptake and effectiveness of BRAVE, an evidence based internet treatment programme for children and teen with anxiety in Christchurch. Internet based therapies attempt to address barriers to accessing and receiving treatment by making therapy available in one's home at a time of one's choosing and without the logistic demands of arranging transport, child care etc. However, despite seeking help for a problem with their child, some families decide for a variety of reasons to not utilize this home-based psychological treatment, even when free.

We have been delivering BRAVE in Christchurch since 2013 to treat the predicted increase in anxiety in child and teen anxiety after a natural disaster. To date we have been referred 550 children from mainly GPs and public health nurses in schools. Despite an engagement process which includes: a) having a health professional identify anxiety as the primary concern, being provided with written information on BRAVE and then being referring on to BRAVE ; b) families being contacted by a friendly experienced administrator who provides further information on BRAVE and administers an anxiety questionnaire to the parent and child (which often takes multiple phone calls and emails) and c) receiving an email with BRAVE access details; 25% of families do not start the programme. We wish to explore the reasons for non-starting in order to make changes in our programme delivery processes to enable us to more effectively reach families.

Aim:

Our aim is to investigate the underlying reasons that families referred to an 'e' therapy do not start in order to inform changes in our ongoing programme delivery and improve 'therapeutic reach'.

Possible impact (in lay terms):

A better understanding of the reasons why families don't start will help us to modify our approach to offering 'e' therapy to families in the community. Our aim is to increase the 'reach' of effective treatments for childhood anxiety within the community to improve public mental health

Method:

- 1) Develop a questionnaire informed by the extant literature on the uptake of therapy in primary care populations. The student will complete a literature search on uptake and of psychological programmes and 'e' therapies to inform the development of a questionnaire, or extend current questionnaires. This will be done with active input and support from the BRAVE team
- 2) Attempt to contact the 140 families who gained access to the programme but who chose to not engage with BRAVE.

The student will contact by phone or email (if phone has changed), the families who chose not to start and explain that we are trying to better understand how we can engage families more effectively and request their advice about the engagement process from their personal experience with BRAVE.

3) Use the questionnaire to investigate the underlying reasons for not starting.

If families consent, then the student will administer (by phone or online) the newly developed questionnaire to parents of children and to the teens themselves about their reasons for choosing not to start BRAVE.

The student will be taught how to set up a data base, enter the data collected and do basic analyses with support from the BRAVE team biostatistician.

Throughout, the student will be part of an ongoing clinical research team and attend team meetings. They will be housed at the department of Psychological Medicine, UO and join a cohort of students also doing clinical research.

Student Prerequisites (eg. Medical Student) if applicable:

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