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Title: 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

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#### Introduction:

BRAVE is an evidence-based online psychological treatment programme for teenagers and children with anxiety. Online treatment programmes aim to reduce barriers to accessing and receiving treatment because they can be completed at home on a computer in participants' own time, without having to make travel and other family arrangements. BRAVE has been available in primary care in Canterbury since 2013 and most families are referred by general practitioners or by their school public health nurse. Despite the fact that families have sought help for the problem and that the child or teenager has been diagnosed with anxiety by a health professional, around 15% of families do not start the BRAVE programme.

#### Aim:

Our aim was to investigate the reasons why families did not start BRAVE, in order to improve the delivery of treatment for children and teenagers with anxiety in the community.

#### Impact:

By better understanding the reasons why families choose not to start the programme, we can then make changes to how we offer the programme as we wish to improve the 'reach' of therapy and improve the mental health of children and young people in the community.

#### Method:

A literature search on the barriers to uptake of psychological and internet based treatments was performed. Nine key explanatory themes were derived from the literature and we used these findings to develop a questionnaire that could be administered over the phone. The themes which predicted non-engagement included communication failure, practical problems, concerns about stigma, not having enough support and lack of motivation with this mode of delivery. Course content and language used in a programme was also found to deter people from participation. Other studies showed a common theme of programmes being not relevant, or participants having no further need for the service. The preferences and prior expectations of clients also influenced their use of the programme.

We modified our questionnaire after pilot testing to improve the flow of the telephone interview. We studied the families who were referred over the period of January 2015 to December 2016 who did not start BRAVE. Of the 700 families referred over this time period, 108 did not start. We were unable to contact 29 families due to change in contact details of failure to pick up the phone despite repeated calls (maximum of 5 calls).

Data was collected from 79 consenting families with responses mostly from parents (75%) and the remainder from the referred adolescents themselves. There were 40 girls and 39 boys with an average age of 12 years.

#### Results:

The most common themes for non-engagement given by participants were that it was no longer relevant or that they had no further need for the service (63%); the most common reason was that they had received some form of alternative treatment. For some this was from specialist mental health professionals, but for many this was alternative forms of help. In addition, practical problems

such as not having enough time with other competing family priorities were important reasons for not starting (52%). Nearly half of participants stated that a lack of motivation as a reason for non-engagement; the most frequently noted reason being that their children and teenagers did not want to use BRAVE. Just under a third said they had prior preferences or expectations about using an 'e' therapy. Over a quarter of participants did not start BRAVE due to communication failure. The least common themes given by participants for non-engagement were a perceived lack of support, stigma and technical or computer problems.

Of the 22 of participants who stated during the telephone interview that they wanted to restart BRAVE, only 4 did so over the subsequent months.

#### Conclusion:

A high proportion of children did not want to start the BRAVE programme. Mostly parents sought help on behalf of their child for the anxiety issue, which may explain this finding. It also appears that families may seek help from a range of sources to get help for their child. It may be important to determine treatment preferences of the family before referring them to an 'e' therapy programme, given the large amount of people who decide to get alternative treatment. Additionally, it is apparent that for a lot of families, treatment is 'hard to fit in' due to the time constraints of everyday life. Interestingly, recontacting families does not seem to increase uptake as indicated by the few participants that restarted after telephone contact, despite saying they intended to restart. Whilst there is always room to improve communication and delivery, it is important to note that BRAVE non engagement numbers are acceptable for a home-based online treatment programme.