

An evaluation of Brief Behavioural Activation (BBA) Pilot Intervention for young people experiencing low mood and anxiety



Correspondence: leia.ferrall@nhs.scot

Leia Ferrall, Anastasia Warner

Introduction

- Up to 25% of young people will have experienced depression by the time they are 18.
- BBA is a low intensity psychological treatment for low mood and depressive symptoms developed by (Pass and Reynolds, 2020) aiming to support young people on an individual level and the wider family/system.
- At Grampian CAMHS a BBA intervention waiting list pilot project was developed for patients without high levels of clinical risk, to provide a more timeously input and manage demand on CAMHS services, decreasing waiting times for psychological intervention and better serve our patients from Aberdeenshire, Aberdeen City and Moray areas.
- CAMHS Early Intervention Team facilitates BBA training and support so that a number of staff within CAMHS can offer this approach, namely Assistant Psychologists (AP), Enhanced Psychology Practitioners (EPP) and Occupational Therapists (OT).

Participants

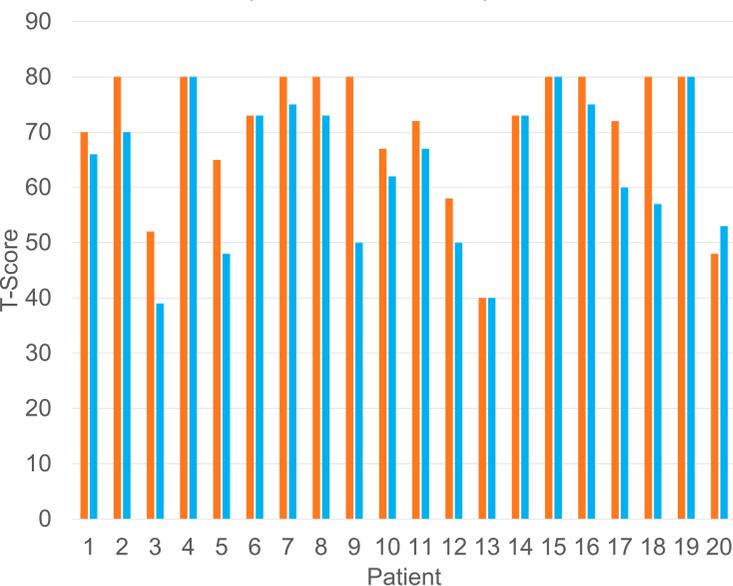
- N=20- N=15 female and N= 5 male, Age range=13-17 years, (Average=15)
- N=15 parental Involvement, N=5 requested no parental involvement
- N=12 face to face sessions, N=6 virtual platform and N=2 attended via a hybrid model of F2F and virtual
- N=11 Aberdeen City 11, N=8 Aberdeenshire and N=1 Moray

Methods

- Patients who have been assessed and awaiting a partnership appointment are offered BBA in the interim. A consent form for young person and separate parent/carer consent must be completed and returned to participate.
- BBA is delivered on a 1:1 basis in 6 to 8 sessions, which can be online or face to face; (week 1 and 2: 2x1 hour appointment, week 3-6/8: 1x1 hour). Parent/carers attend sessions 1,6 and 8, with consent from the young person. Review takes place 1 month upon completion
- Routine outcomes measures (Revised Child Anxiety and Depression Scale, RCADS, and Experience of Service Questionnaire, ESQ) are collected as standard in the BBA intervention. RCAD-Long form version- 47 questions is completed by patient both pre and post BBA intervention. Data from RCADS is analysed to measure effectiveness of the pilot
- Risk is assessed through questionnaire, at each sessions, and safety planning is completed if necessary.
- Upon completion of intervention, patients are either closed to CAMHS, with their agreement or, if ongoing concerns remain, patients will receive further partnership appointments.

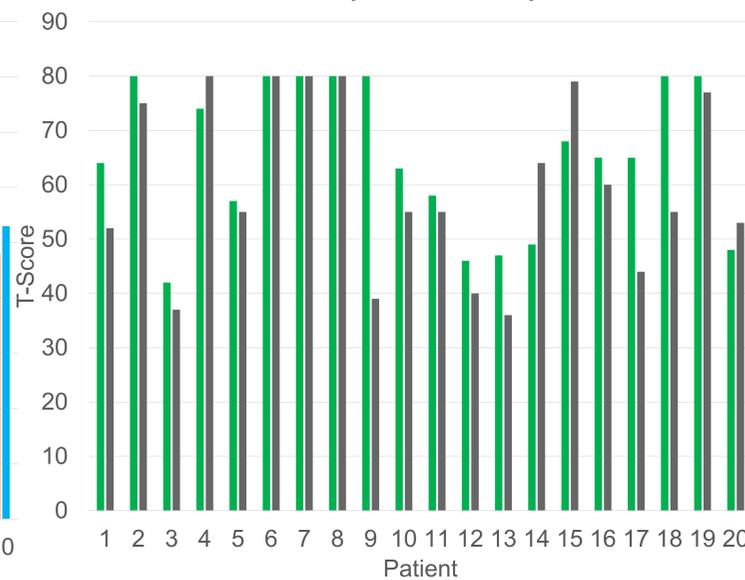
RCAD Pre and Post Depression

■ Pre Depression ■ Post Depression



RCAD Pre and Post Anxiety

■ Pre Anxiety ■ Post Anxiety



Results

- Clinical Outcomes-Pre and Post BBA intervention for Depression and Anxiety scores-RCADS
- **There was a significant difference in the scores for pre Depression (M=70.5 , SD= 12.15) and post Depression (M=63.55 , SD=13.25) results; t(19)= 3.597, p= 0.002.**
- There was a not significant difference in the scores for pre Anxiety (M=65.3 , SD=13.65) and post Anxiety (M=59.8 , SD=16.06) results; t(19)= 1.954, p= 0.066
- Time to access psychological intervention-Days
- Choice to first BBA appointment- average= 90.95, Median=78, Minimum=42, Maximum=194
- Service Outcomes
- 18 remained open to CAMHS-1 participant required additional support for low mood. All other patients required additional support for anxiety, systemic work and/or neurodevelopmental assessment, or other presenting problems e.g., bereavement support. Later feedback noted some patients who remained open for partnership were closed to CAMHS after attending their first partnership appointment or cancelled their initial partnership appointment as they did not deem it necessary.
- 2 discharged from CAMHS, due to improvement in low mood/depressive symptoms

Discussion

- Results suggest that BBA can significantly reduce symptoms of low mood/depression as reported on the RCADS
- BBA does not significantly decrease symptoms of anxiety, however on average anxiety was shown to decrease for participants. As this intervention does not aim to treat anxiety it would not be expected that anxiety symptoms would reduce. For some anxiety increased, this can be an expected occurrence due to increase of mood resulting in more engagement in daily life/activities..
- Qualitative data suggests BBA intervention may decrease the need for more intensive CAMHS partnerships appointments regarding low mood, allowing for other patients with differing presenting mental health concerns to receive support earlier.
- Data analysis was hindered by missing data and further research would benefit from systematic collection of routine outcomes.

Take Home Message

- BBA was able to significantly reduce low mood/ depressive symptoms for patients
- BBA can be offered within the community in various settings from a number of different professional- e.g., community hubs or education. This increases accessibility to mental health support for families who may not meet CAMHS criteria, or otherwise would be unable to engage. This will improve CAMHS links within the community, allowing for the use of its expertise in a wide range of institutions and will reduce demand on CAMHS.

Next Steps

- YP Core 10
- Service User feedback
- ESQ- further analysis

Reference

- Reynolds, S., & Pass, L. (2020). *Brief Behavioural Activation for Adolescent Depression: A Clinician's Manual and Session-by-session Guide*. Jessica Kingsley Publishers.