



Evidence review and evaluation of a national programme for early intervention in young people's mental health

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Project work plan



Evidence Synthesis

Umbrella review of early intervention approaches

Systematic review of effectiveness of early intervention in anxiety and depression



Qualitative Studies

Service managers

Staff

Young people who have used the services



Quantitative Evaluation

Evaluation of mental health, wellbeing and social outcomes

Umbrella Review Methods

Systematic review of reviews – covering all mental health problems with typical onset in early adulthood.

Main Research Question:

- What evidence is available from systematic reviews on the effectiveness of early intervention models in the community for people with early symptoms of mental health conditions?

Umbrella Review Key Findings

- 21 reviews included
- Review of early intervention for psychosis suggest that intensive approaches can improve outcomes following first presentation to services
 - Success of these initiatives in preventing transition from at-risk to full psychosis disorder, and in reducing duration of untreated symptoms is inconsistent
- Some evaluations of promising initiatives for eating disorders but larger, more robust studies needed
- Significant lack of evidence for depression, anxiety, bipolar disorder and 'personality disorders'
- Some evidence suggesting effectiveness of transdiagnostic youth hubs:
 - Improvements in psychosocial functioning and psychological distress
 - However, still lacking *outcomes* evidence

Read the full paper here: <https://doi.org/10.1186/s12916-026-04617-1>

Systematic Review Methods

Aim: What innovative services and approaches to care have been tested to improve the prognosis for young people (aged 11-25 years) presenting with symptoms of depression, anxiety and other types of common mental health difficulties?

Primary research question:

- How effective are they in improving access to, and reducing waiting times, improving mental health symptoms, improving social outcomes/functioning, wellbeing, or quality of life?

Secondary research questions:

- What methods/approaches are used; cost effectiveness; acceptability

Systematic Review Results: Main goals of models of care

38 studies (across 43 publications). Seven studies (across 8 publications) were RCTs.

Overall, we found that models of care were mainly aiming to:

15 models from 20 studies.

- Individualised care
- Offering multiple treatment options
- Multidisciplinary, collaborative teams
- Efforts to facilitate early detection and referral
- Outreach or specific care manager follow-up

Making care more comprehensive and joined up



9 models from 13 studies.

- Integrating support into familiar and non-school settings
- Providing 24/7 access to support
- Utilising digital tools
- Offer brief and targeted interventions for CYP with less complex needs

Increasing speed/ease of access to support



9 models from 10 studies.

- Combining mental health care with support for social problems
- Providing specific screening for comorbid problems
- Involving parents or families

Provide targeted support for specific needs in addition to anxiety or depression



Systematic Review Key Findings

- Overall, early intervention models can **significantly improve mental health and wellbeing outcomes**
- **Improve access** to high quality mental health treatment in the short-term
- Almost all evidence suggested the early intervention models are **acceptable to participants**
- **Limited evidence** on effectiveness on improved waiting times, social needs, and cost

Read the full paper here: <https://doi.org/10.1186/s12916-025-04438-8>

Service Planning Implications of Review Findings

- Evidence strongest for EIP models - multi-disciplinary teams; individualised and joined-up care; rapid access offers – potential template for other early intervention models or prevention of transition from at-risk state?
- Some evidence that integrated youth models for common mental disorders can improve symptoms and increase access – alignment with NHSE priorities for neighbourhood multidisciplinary teams for CYPs
- Need for further investigation into models targeting a reduction in duration of untreated illness

Qualitative Research Study Methods

Early Support Hubs

Model of youth mental health provision, designed to offer holistic, open-access support for YPs whose needs often fall below the threshold for specialist services.
2024-5 DHSC funding for 24 Early Support Hub programmes in England

Research Aims

To explore manager, staff and young peoples' perspectives on:

- Perceived role of Hubs
- How they fit in the wider care pathway
- What works well and what could be improved

Methods

Two rounds of interviews with Hub managers, front-line staff and young people

Qualitative Research Study Methods

Study Working Group

Membership incl. young people with lived experience, experts by occupation and academics

Methods

Two rounds of interviews with Hub managers, front-line staff and young people

Analysis

Multi-coder teams

Coding reliability checks undertaken at weekly team meetings and with working group

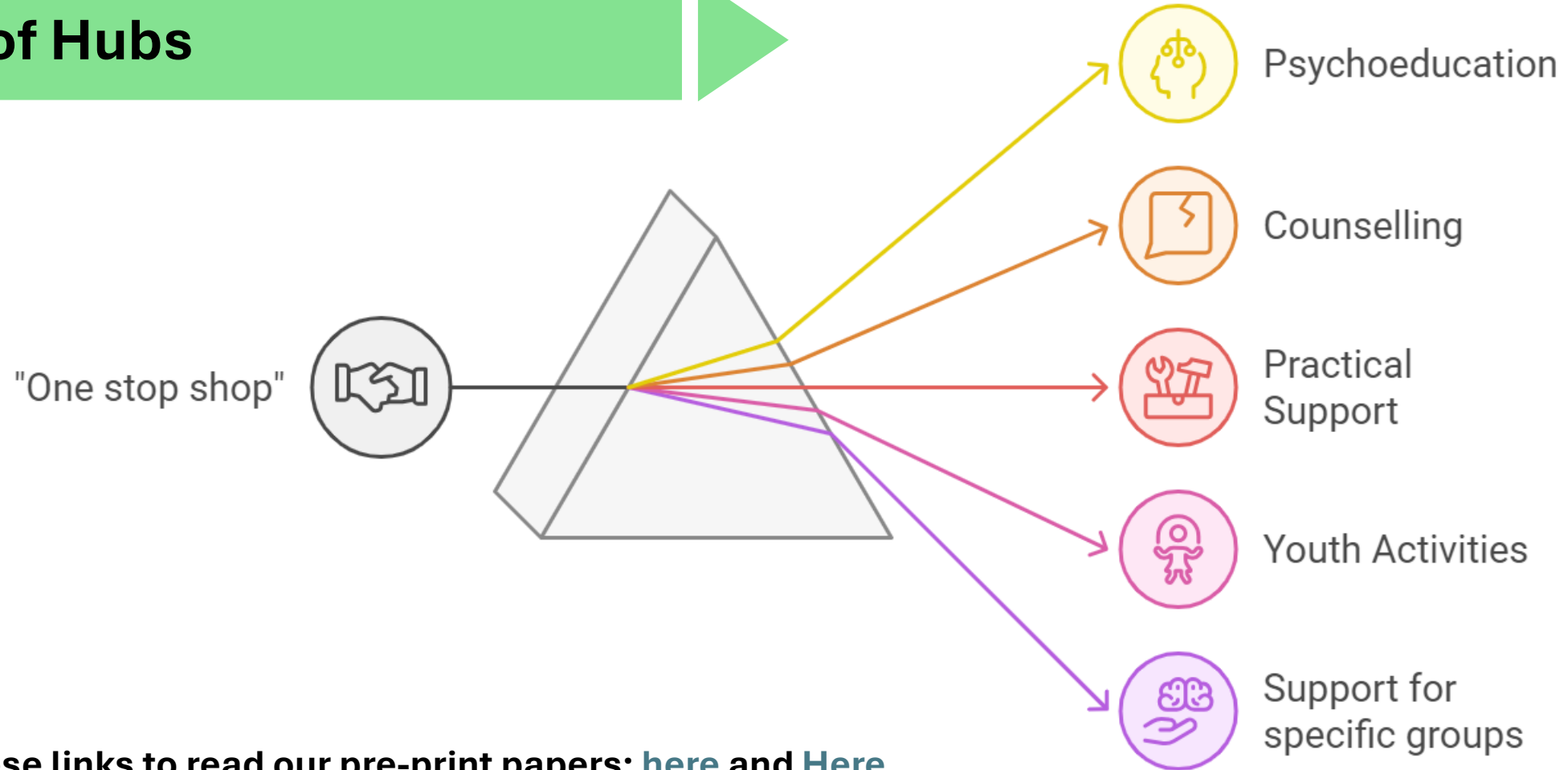
Phase 1 interviews – thematic analysis of each stakeholder group

Phase 2 interviews – framework analysis combining data across 3 stakeholder groups



Qualitative Study Findings

Role of Hubs



Click these links to read our pre-print papers: [here](#) and [Here](#)

Preliminary Findings



Role In Care Pathway

- Hubs may have the potential to act as an **early-intervention service** for young people below clinical thresholds
- They can **provide intermediate support** (e.g. for YPs not meeting thresholds for statutory mental health services, or those on long waitlists).
- Hubs help **navigate the system via referrals & signposting** (e.g. CAMHS, MHSTs, Crisis Team or GPs)

Click these links to read our pre-print papers: [here](#) and [Here](#)

Preliminary Findings



What works well:

- Easy access (via drop-in sessions)
- No diagnosis required. Hubs can be engaged with, irrespective of formal clinical diagnosis but more severe/complex or crisis presentations beyond scope
- Holistic support offered (e.g. addressing social needs)
- Creating connections with other young people
- Empowering YPs to take charge of their mental health and navigate care pathway

What could be improved:

- Lack of awareness of Hubs among YPs
- Limited engagement of non-English speakers, ethnic minority and refugee communities, YPs aged >18 years old
- Funding levels
- Operational hours

Click these links to read our pre-print papers: [here](#) and [Here](#)

Quantitative evaluation methods

Research Aims

To explore which children and young people use Early Support Hubs and whether attending an Early Support Hub had a positive association on their mental health, wellbeing, or social outcomes.

Methods

Quantitative data collected by 24 hubs between July 2024-Dec 2025, including:

- Demographics (individual and group level)
- Type of support received
- Signposting and referrals

Primary outcome	Secondary outcomes
Wellbeing (SWEMWBS)	Mental health symptoms (GAD-7 & PHQ-9 for 18+, RCADs for under 18s)
	Work and social functioning (WSAS)
	Loneliness
	Clinician-rated improvement (CGI-I)
	Satisfaction (SFQ/CSQ)

Quantitative evaluation methods

Current stage: Data cleaning (low response rates, particularly at follow-up)

Planned analyses

Demographic characteristics associated with

- Receiving drop-in vs longer forms of support
- Satisfaction
- Changes in outcome measures

If feasible: compare hub outcomes with...

- Anxiety (GAD-7), depression (PHQ-9) and functioning (WSAS) outcomes in NHS Talking Therapies (ages 18+)
- Mental health symptoms (RCADS) in Mental Health Support Teams (under 18s)

Service Delivery Implications of Qual and Quant Work

- Hub model aims to improve YPs mental health wellbeing and increase opportunities - aligns with *Young Futures Hubs* national policy priorities
- Hubs collaboration with MHSTs can support *Fit for the Future 10 Year Health Plan* on better meeting children's mental health needs
- Hubs model could align with *National Youth Strategy* ambition of co-locating health and youth services but require integration of more evidence-based MH treatments?
- Further developmental opportunities for engaging minoritised and socio-economically deprived communities to improve alignment with *CORE20PLUS5* priorities

Thank you for listening



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