



Creating Safety Nets

January 2023

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Foreword

The number of young people dealing with mental health issues like depression and anxiety in the UK has increased by a third in three years (2017-2020).

More referrals to Child and Adolescent Mental Health Services (CAMHS) mean longer wait times to get help. The symptoms suffered by many young people worsen while they wait on these lists. Community-based social prescribing can be an early intervention that promotes the self-management people will need as they wait.

Social prescribing involves healthcare professionals referring people to community and voluntary agency groups. The intervention may include activity groups such as drama, music, art, games and sport, which can provide mental health benefits through meeting new people and trying new things.

Social prescribing schemes for adults can reduce anxiety and depression, with a 28% reduction in the need for GP services following referral⁽¹⁾. There is less data on social prescribing for young people and NHS England recommends developing a more robust evidence base.

Dr Ryan Dias, a child and adolescent psychiatrist, developed Safety Nets in 2019 as a social prescribing intervention

for young people on mental health service waiting lists. It uses physical activity and psychoeducation to tackle anxiety, depression or low mood. Yorkshire Sport Foundation worked with Dr. Dias, and stakeholders to expand the intervention across Yorkshire. A service evaluation of Safety Nets found high levels of engagement and encouraging evidence of positive effects on mental wellbeing.

Yorkshire Sport Foundation then commissioned the Child Oriented Mental Health Innovation Collaborative (COMIC), a part of Leeds and York Partnership Foundation NHS Trust (LYPFT), as research partner to complete the feasibility study that is the focus of this report.

“ Social prescribing schemes for adults can reduce anxiety and depression, with research showing a 28% reduction in the need for GP services following referral. ”

Positive feedback was gathered through interviews with young people, parents/ carers, clinicians, and sports coaches. They appreciated Safety Nets sessions' structure and the way the delivery style created a welcoming environment.

Delivery staff reported an increase in confidence and peer relationships among participants.

Staff also made recommendations for future testing of Safety Nets.

We'd like to thank the young people and families who took part in the study.

We would also like to thank the sport clubs, NHS staff and other partners involved in the growth and development of Safety Nets.

A full-scale trial is now required to test this intervention's clinical and cost effectiveness, as well as to support future implementation.

We are collaborating with COMIC at LYPFT to apply for this next phase.

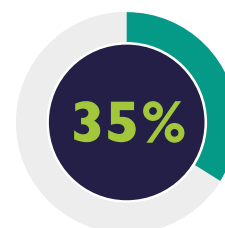
National data shows the need for services is increasing. However, the demand for services outweighs the number of young people accessing support. ⁽²⁾



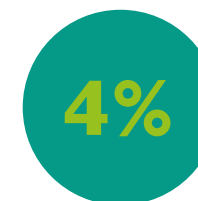
1 in 9 children aged 5-19 had a probable mental health disorder in 2017



1 in 6 children aged 5-19 had a probable mental health disorder in 2020



Increase in referrals to children's mental health services in 2019/20



Increase in the number of children receiving support from the NHS in 2019/20

⁽¹⁾ Polley, M.J. and Pilkington, K. (2017) University of Westminster. A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications

⁽²⁾ Children's Commissioner Briefing on Children's Mental Health Services – 2020/2021

A background of Safety Nets

Safety Nets is a community-based social prescribing intervention

It supports 11-16 year olds on mental health service waiting lists by combining physical activity and psychoeducation. Dr. Ryan Dias developed the intervention after seeing the positive results in adults from a similar model of physical and mental health support. Dr. Dias saw Safety Nets as an opportunity to use 'the power of the badge' to help young people by using sport club facilities as a non-clinical setting to offer something unique.

The intervention lasts eight weeks

with each **weekly session lasting two hours**, usually after school during term time. The session content has been developed based on a review of evidence for interventions to **improve young people's emotional and social well-being**, and includes input from clinicians

Psychoeducation

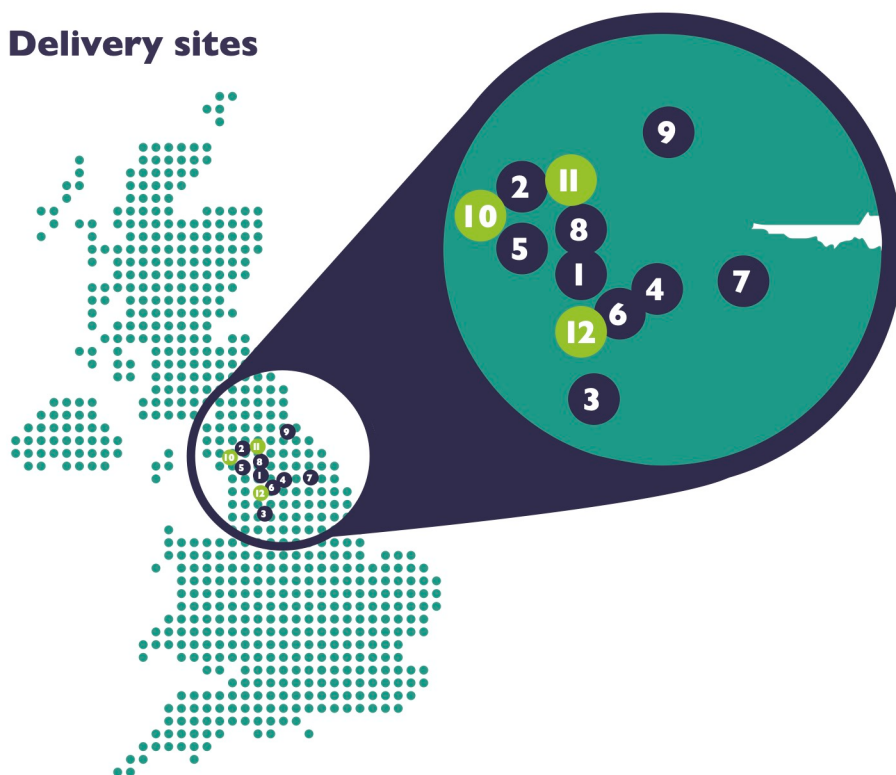
Week 1	Introduction to Safety Nets
Week 2	Promoting good health
Week 3	Social media and mental wellbeing
Week 4	Healthy peer relationships
Week 5	Sleep and wellbeing
Week 6	Relaxation and mindfulness
Week 7	Diet and wellbeing
Week 8	How do we make what we have learnt sustainable

Physical Activity

The physical activity sessions include a broad range of activities, which are not confined to football and rugby alone

- A key aspect of Safety Nets is that both the physical activity and psychoeducational components are supported by the sport club staff and the mental health services team, emphasising the value of both aspects to wellbeing.
- Safety Nets was tested over an 18-month period, pre-pandemic, through a service evaluation. The participants said it had a positive impact, improving confidence and self-esteem.

Delivery sites



- | | | | |
|---|---------------------|----|-------------------|
| 1 | Barnsley | 7 | Scunthorpe |
| 2 | Bradford | 8 | Wakefield |
| 3 | Chesterfield | 9 | York |
| 4 | Doncaster | 10 | Calderdale |
| 5 | Kirklees | 11 | Leeds |
| 6 | Rotherham | 12 | Sheffield |

**Delivery to commence
February 2023**



Executive summary

The purpose of this feasibility study was to evaluate the potential for a randomised controlled trial of the Safety Nets intervention. Participants' quantitative and qualitative feedback was gathered to test the impact. The site's set-up, recruitment processes, and session delivery methods were also tested for feasibility.

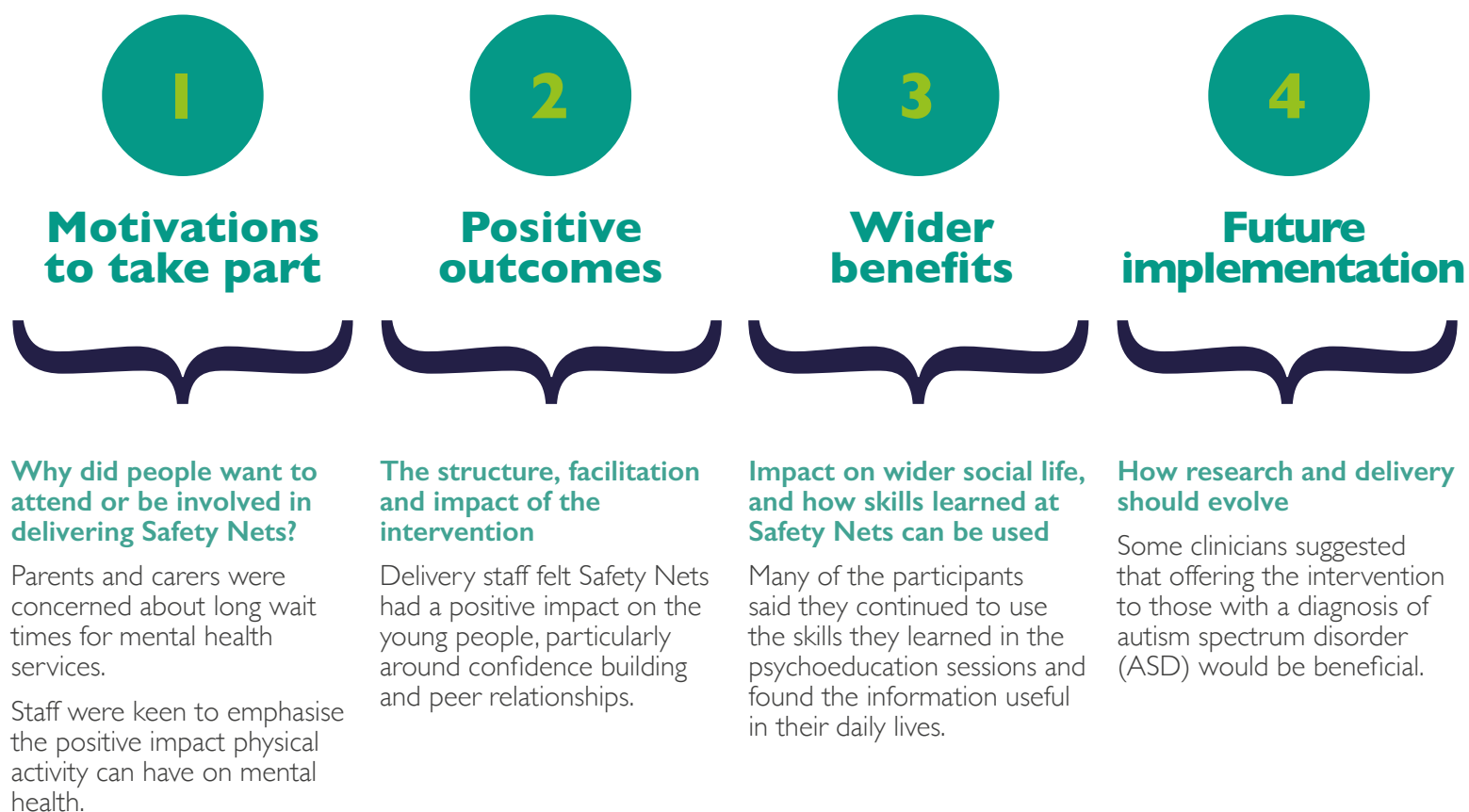
The findings were used to clearly set out Safety Nets delivery methods to develop consistency and improve procedures for a full-scale trial.

- It is important to remember that the intervention's goal is to stop the deterioration that many young people go through while they are on a waiting list, not to completely alleviate their symptoms of anxiety, low mood, or depression.
- Participants who completed the Revised Children's Anxiety and Depression Scale (RCADS) at sessions one and eight showed a positive outcome in their overall anxiety and depression scores. Data showed their scores remained stable which is considered successful in the scope of the trial.

“It is important to remember that the intervention's goal is to stop the deterioration that many young people go through while they are on a waiting list”



Four themes emerged from the qualitative interview data:



Objectives and methodology

Objectives

The aim of the feasibility study was to assess the potential for a fully randomised controlled trial of Safety Nets. This included meeting the following objectives:

- Develop a project protocol
- Establish a patient and public involvement network
- Collect qualitative and quantitative data from children and young people attending Safety Nets as well as their families, and clinicians and sports club staff
- Develop a delivery manual for Safety Nets
- Create recommendations for a fully powered randomised controlled trial

Design

This was a mixed-methods feasibility study. Young people taking part in the Safety Nets intervention provided pre and post quantitative data, as well as qualitative feedback from participants, their parents/carers, clinicians, and sports coaches implementing the intervention.



Participants

Young people

- Aged between 11 and 16 years
- On a waiting list for treatment for low mood/depression or anxiety
- Willing and able to travel to site (the local sports club venue)
- Willing and able to participate in physical activity

Clinicians

- Clinically qualified staff at NHS CAMHS
- Experience of working with children and young people in a CAMHS setting
- At least two clinical staff members were present at each session

Sports coaches

- Experience working with young people in a group setting
- Willing to take part in physical activity
- Willing to engage in psychoeducation components

Between March and July 2022, **six cohorts of Safety Nets were delivered** across four NHS Trusts.

There were **30 young people recruited** to the research from these sites.



attended all sessions,



withdrew from the research



completed all pre and post measures

Two additional sites at participating NHS Trusts were delivering Safety Nets, and delivery staff were included in the qualitative interviews.

Reasons for withdrawals



3 people

Too anxious or needed alternative additional support



2 people

Felt they didn't need any extra support and came off the CAMHS waiting list



2 people

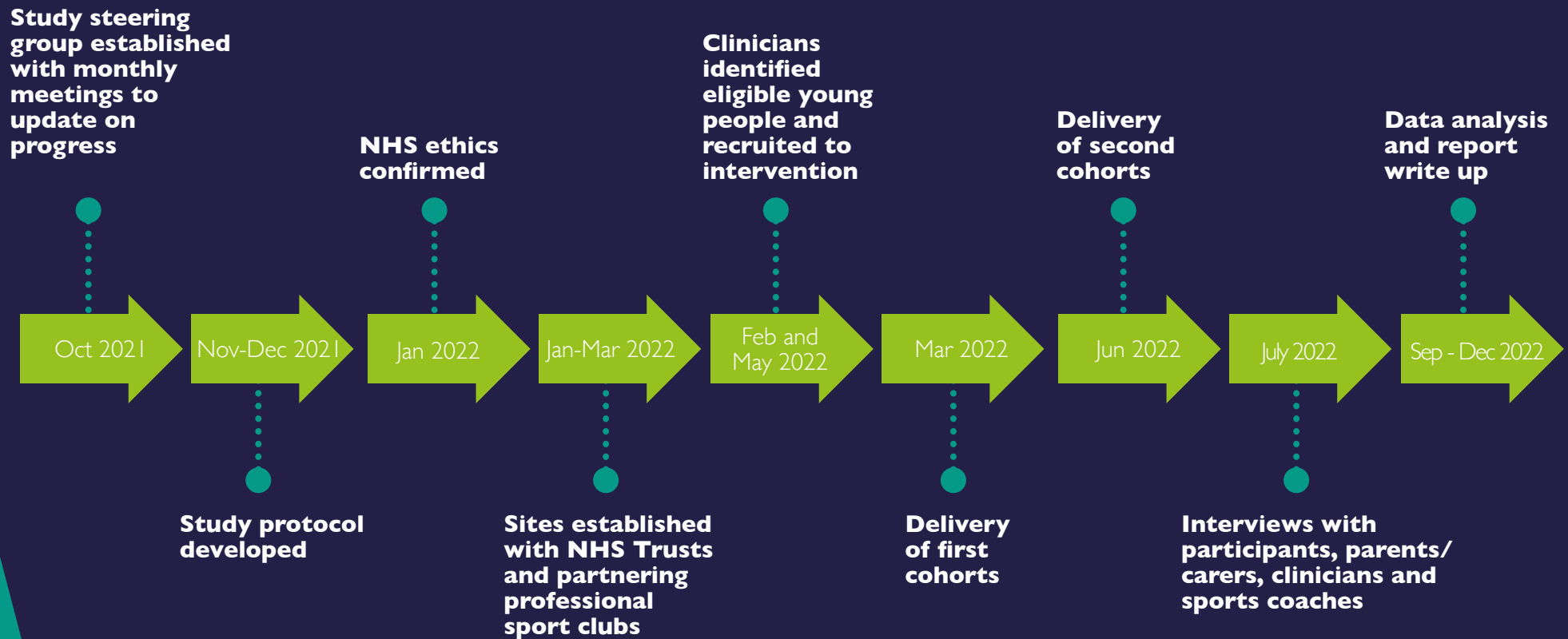
Competing commitments and unable to attend every week



1 person

Felt Safety Nets wasn't for them

Project timeline



Findings

Quantitative results

Revised children's anxiety and depression scale (RCADS)*

When scores from all participants across all sites were combined, the average total anxiety and depression score and total anxiety score were maintained between session one and session eight.

There was no major deterioration in scores shown, and some minor improvements were demonstrated for the RCADS in some cohorts.

It is important to note that the aim of Safety Nets is to prevent the deterioration that many young people experience while on a waiting list.

Therefore, data that showed participants' scores remaining stable was considered successful. These results are to be interpreted with caution given the low numbers of participants in this particular trial.

Table 1: RCADS scores at session one and session eight and change in score

A higher score indicates more feelings of anxiety and depression.

	Total Anxiety and Depression			Total Anxiety		
	Session 1 Mean Score	Session 8 Mean Score	Change	Session 1 Mean Score	Session 8 Mean Score	Change
Participants completing RCADS at session 1 and session 8 (n=18)	74.4	72.8	1.6	59.0	57.7	1.3

*RCADS questionnaire (Spence, 1997; Chorpita et al., 2000) has 6 subscales: separation anxiety disorder; social phobia, generalised anxiety disorder; panic disorder; obsessive compulsive disorder; and major depressive disorder. Combining the five anxiety subscales provides a total anxiety score. Combining all six subscales provides a total anxiety and depression score.

Strengths and difficulties questionnaire results (SDQ)*:

When scores from all sites were combined, scores were maintained between session one and session eight showing no deterioration. These results are similar for each of the subscales individually, with scores maintained between session one and session eight.

Table 2: SDQ total difficulties score for session one and eight and change in score

	Session 1 Mean Score	Session 8 Mean Score	Change
Participants completing SDQ at session 1 and session 8 (n=18)	20.7	20.7	0.0

*SDQ questionnaire (Goodman, 1997, 1998) covers four difficulty subscales: emotional problems, conduct problems, hyperactivity, peer problems, and one strength subscale: pro social behaviour. The total difficulties score is the sum of the four difficulty subscales, with a higher score reflecting more difficulties.



Qualitative results

Qualitative findings reported positive impacts, particularly around confidence and peer relationships. Interviews identified positive outcomes for young people in terms of learning coping mechanisms to help them self-manage some of their anxiety symptoms. Four main themes emerged from the qualitative findings:

Motivations to take part

Parents/carers and young people

.....
Hope of receiving some support

.....
Long waiting lists for services

.....
A fun activity to look forward to

.....
Benefits that sport and exercise can have on mental health

“ Honestly, at the time, I just wanted any help I could get so we went along with an open mind really. ”
(Parent)

“ We had waited so long to get anything to see somebody from CAMHS. The long waiting lists... we desperately needed some support. ”
(Parent)

“ People always say that exercise is good for your body and your mind so I thought it would be a good thing for him to do. ”
(Parent)

.....

Staff

.....
Professional development for clinicians

.....
To emphasise the positive impact sport and exercise can have on mental health

.....
The importance of group work

.....
To be a part of something new

“ I think group work should be the way forward. It shows kids that they are not on their own. ”
(Clinician)

“ I think it is right that sport can have such a huge impact and that we do underestimate it. ”
(Sports leader)

Positive outcomes

The set-up of the intervention and how it is facilitated

Participants and staff enjoyed the structure of Safety Nets

Young people enjoyed how all staff were involved in both aspects of the intervention

Young people and staff liked that sessions had a relaxed and friendly atmosphere

Participants liked the professional facilities as it felt exciting and special

Staff felt the 'pull of the badge' may support recruitment over a clinical setting

“ It's not like the whole session is sports, you've got that balance of not too much of one thing, something for everybody really. ”
(Parent)

Impact of the intervention

Staff felt Safety Nets had a positive impact, particularly around confidence building and peer relationships

Staff felt young people had a sense of 'belonging' and in a safe space

Staff noted importance of young people being among peers experiencing the same things they are

Staff Development

Facilitating the intervention helped staff with professional development

Helped sport coaches gain knowledge and skills in mental health

Sport staff enjoyed working alongside other services such as CAMHS

Positive outcomes continued

“ Really good for confidence. A lot of the kids when they first start, they just want to be with their parents or they will sit in the corner quiet and this really helps them get them out their shell. I think it's a feel of belonging for some of them. ”
(Sports leader)

“ The fact this was at [XXX] was amazing, the kids walked around the pitch and we played games in the dugout by the side of the pitch and stuff and that was really good. ”
(Clinician)

“ I think it's wonderful to see how some people can blossom in terms of managing their anxiety, overcoming their shyness and growing in self-belief, and all of that having that wider positive impact on their self-esteem. ”
(Clinician)

“ It helped me realise how much sport can help with mental health issues but also improved my own knowledge during the psychoeducation. ”
(Sports leader)

Wider benefits

Using skills learnt at Safety Nets in everyday life

Participants felt what they learnt in the psychoeducation sessions was useful

Young people continued to utilise the skills developed in their everyday lives

Young people stated the sessions had helped them with managing their anxiety

Sessions were useful for helping to establish a healthy sleep pattern

Participants felt more comfortable in social settings and attending school

“ It was nice to learn something.
I didn't know what anxiety meant
but ever since I've learnt about it,
I understand a bit more and I
know how to handle it when it
gets worse. ”
(Young person)

“ He's able to sleep a lot better.
He just seems to have had, a
much more positive outlook.
... he's had this intervention,
he's met new people, he's really
enjoyed it. ”
(Parent)

Wider benefits continued

“ He’s managed to take on board a lot of things that were said in these sessions. All things considered, he’s in a different place and that is partly down to the intervention. He’s much better than he was say, six months ago. ”
(Parent)

“ When I go to Safety Nets I join in, I have a laugh with my friends and just have fun so it has made me much happier. ”
(Young person)

“ It has had a positive effect at school as well because it’s stopped me from stressing about school at home. Like getting more sleep and I’ve been eating better so it all kind of works in its own little way. ”
(Young erson)

Future implementation

Set up of Safety Nets

Staff felt sessions should have an informal, relaxed and friendly atmosphere

It is important that staff have experience of facilitating group work and working with young people with mental health difficulties

Some participants would have liked more than eight sessions

Staff felt they could have offered a longer intervention

Research

Clinicians felt offering the intervention to those with a diagnosis of autism spectrum disorder (ASD) would be beneficial

Participants felt the questionnaires were too long and disrupted the initial session

Parents could have supported or completed some of the outcome measures

“ I’d say make sure it’s kind of open and friendly and go with it a little bit. ”
(Clinician)

“ Mental health is not something you fix overnight. At the very least I think it could be 12 weeks. Even that is really not long enough. ”
(Parent)

“ I think people with Autism could really benefit from something like this. ”
(Clinician)

“ I think you need quite experienced people working to engage young people in that sort of way, but also to consider how to manage any potential challenges that might come from that sort of group process which is why you need at least two clinicians. ”
(Clinician)

Recommendations and next steps

There is significant need for support for young people on waiting lists for mental health treatment; Safety Nets is a potential intervention to meet this gap. Preliminary testing has established proof of concept, acceptability for participants and feasibility of delivery. Qualitative interviews have informed future plans for further testing.

A fully powered randomised controlled trial is now warranted to test the clinical and cost effectiveness of Safety Nets and support implementation into services.

LYPFT will be the lead applicant for this next phase and Yorkshire Sport Foundation will support further research and rollout of the intervention.

There is scope for growth beyond the Yorkshire region. We have successfully replicated the evidence-based intervention with partners such as North Yorkshire Sport, York RLFC Knights, and the Tees Esk and Wear Valley NHS Trust. Partners who want to learn more about delivering Safety Nets should contact Yorkshire Sport Foundation.

For the next stage of testing, we would aim to include the RCADS as the primary outcome measure. This had good completion rates in this study. It is also widely used within CAMHS meaning there is comparative data available.

To minimise burden on participants it was suggested that an initial session to complete any outcome measures would be useful. Parents also reported that they would be happy to complete appropriate outcome measures to prevent disruption to sessions.

As well as informing the process of outcome measures in future, this feasibility study helped to manualise Safety Nets for further testing and implementation. Feedback suggested:

- Widening the eligibility criteria to include young people with an ASD diagnosis.
- The importance of an informal and friendly atmosphere at groups.
- Offering a non-clinical, non-stigmatising location for the groups to run.
- Inclusion of both clinicians and sports staff in all aspects of the delivery.
- Having staff who are experienced in working with vulnerable young people.

Glossary

ASD	Autism Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Services
COMIC	Child Oriented Mental Health Innovation Collaborative
GP	General Practitioner
LYPFT	Leeds and York Partnership Foundation NHS Trust
NHS	National Health Service
RCADS	Revised Children's Anxiety and Depression Scale
SDQ	Strengths and Difficulties Questionnaire
YSF	Yorkshire Sport Foundation



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