Summary of i-THRIVE research papers

The Impact of a Needs-Based Model of Care on Accessibility and Quality of Care within Children's Mental Health Services: A Qualitative Investigation of the UK i-THRIVE Programme (Farr, Moore, Bruffell, Hayes, Rae & Cooper, 2021)

Background:
The i-THRIVE Programme is a needs-based model of care, based on the THRIVE Framework, that is being implemented across the United Kingdom with the aim of improving outcomes for children and young people's mental health and wellbeing. This study aimed to investigate the impact that this programme has on accessibility and quality of care, as viewed by key stakeholders.

Methods:
Interviews with professionals and service users were conducted during the implementation of the THRIVE Framework in four sites of one mental health and community service provider.

Results:
Three themes are identified: 'impact of needs-based groupings on referral', 'impact of collaborative and interagency approach' and 'impact of i-THRIVE on clinical practice'. Findings suggest that accessibility was seen to be promoted through the integration of a needs-based approach, flexible re-referral, signposting and information sharing, the use of goal-orientated interventions and collaboration over risk and treatment endings. Shared decision making was perceived to improve the experience of care for young people, as was interagency working. Goal-focused interventions and upfront discussion of treatment endings were seen to help clinicians manage expectations and discharge but could also compromise effectiveness and engagement. Obstacles to impact were resistance to interagency working and a shortage of resources across the system.

Conclusions:
i-THRIVE is a promising approach with the potential to facilitate the accessibility and quality of mental health care. However, a tension exists between enhancing accessibility and quality of care, which points towards the importance of outcome and satisfaction monitoring. Obstacles to impact point to the importance of a whole-system approach supported by sufficient resources across the locality.

How can services be improved to effectively address the mental health of vulnerable children and young people? (Lidchi & Wiener, 2021)

Abstract:
This discussion article describes a Child and Adolescent Mental Health Service (CAMHS) in the United Kingdom developed to meet the mental health needs of children and young people particularly those vulnerable children and young people at risk of actual or potential harm through child abuse and neglect, but may not be therapy ready. The aim was to improve the level of access to CAMHS for vulnerable groups and the quality and effectiveness of services for children, young people and their families. The model of service delivery is underpinned by the THRIVE Framework for System Change (THRIVE) which builds on the resilience of families and the skills of the workers who have the closest relationships with them. The article describes how a redesign was accomplished in the London Borough of Camden between 2016- 2018 to do this. Qualitative evidence of the positive impact of the changes for service users and key workers and quantitative evidence of the increased service capacity are presented. Challenges and opportunities provided by the new service model are discussed.

Quantitative outcomes from ESR:
1932 more appointments were offered, with cost neutral changes.
Average waiting time decreased from 3.4 weeks to 2.6 weeks.

Outcome for service users:

Most common issue was participants having to 'do or explain something' due to professionals not sharing information adequately.

Families using multiple single services complained about being 'pushed around from one service to another'. Those using integrated and co-located services who had been allocated a key worker noticed communication between professionals was good and were very positive about the keyworker system.

Outcomes for staff:

Consultations with CAMHS clinicians were 'highly valued' by other professionals and that they played an essential role in helping keyworkers develop confidence and resilience to give families a more joined up experience.

The crisis in CAMHS: Can i-THRIVE provide a solution? (Moore, Jenkins, Harris, Fonagy & Wolpert, 2016)

Anna Moore identifies the problems besetting the provision of mental health services to young people, and assesses the role of i-THRIVE as a new needs-based model of prevention and promoting mental health and wellbeing. This paper provides a rationale for service improvement and the development of a population health system for the delivery of child mental health. The THRIVE Framework is discussed in relation to the micro, meso and macro levels of the system. Finally, i-THRIVE describes the practical aspects of developing a whole-system approach to child mental health and the requirements of implementation.

A protocol for a multi-site case control study to evaluate child and adolescent mental health service transformation in England using the i-THRIVE model (Moore, Baron-Cohen, Simes, Chen & Fonagy, 2022)

Abstract:

The National i-THRIVE Programme seeks to evaluate the impact of the NHS England-funded whole system transformation on child and adolescent mental health services (CAMHS). This article reports on the design for a model of implementation that has been applied in CAMHS across over 70 areas in England using the 'THRIVE' needs-based principles of care. The implementation protocol in which this model, 'i-THRIVE' (implementing-THRIVE), will be used to evaluate the effectiveness of the THRIVE intervention is reported, together with the evaluation protocol for the process of implementation. To evaluate the effectiveness of i-THRIVE to improve care for children and young people's mental health, a case-control design will be conducted. N = 10 CAMHS sites that adopt the i-THRIVE model from the start of the NHS England-funded CAMHS transformation will be compared to N = 10 'comparator sites' that choose to use different transformation approaches within the same timeframe. Sites will be matched on population size, urbanicity, funding, level of deprivation and expected prevalence of mental health care needs. To evaluate the process of implementation, a mixed-methods approach will be conducted to explore the moderating effects of context, fidelity, dose, pathway structure and reach on clinical and service level outcomes. This study addresses a unique opportunity to inform the ongoing national transformation of CAMHS with evidence about a popular new model for delivering children and young people's mental health care, as well as a new implementation approach to support whole system transformation. If the outcomes reflect benefit from i-THRIVE, this study has the potential to guide significant improvements in CAMHS by providing a more integrated, needs-led service model that increases access and involvement of patients with services and in the care they receive.