**Wellcome RFP**:

**Insight analysis into the core components underpinning interventions for depression and anxiety among youth**

**Improving attendance rates at a community mental health clinic for youth**

Proposed core component including the reason for your choice (200 words)

Our proposed core component for determining treatment success for anxiety and depression in ‎youth is the patient’s continuous **attendance**. Studies on ‎attendance rates at community mental health settings have shown that between 10-50% of scheduled ‎appointments are not kept[[1]](#footnote-1). In addition, studies have shown that youth patients are at an increased risk for disengagement from services, and that their reasons for disengagement differ from those of other age groups[[2]](#footnote-2)[[3]](#footnote-3). Headspace Israel[[4]](#footnote-4) is a community center that provides early intervention for youth mental health. We often encounter challenges when working with patients suffering from anxiety and depression; the most dominant one is attendance. Lack of attendance ‎reduces availability of care and interrupts continuity of care and effective disease management.[[5]](#footnote-5) Furthermore, continuous engagement is essential to the treatment of depression and anxiety in youth for ‎many reasons: establishing the therapeutic bond, creating momentum and motivation for change, ‎monitoring changes in clinical condition, etc. Failure to regularly attend or ‎complete treatment has been shown to have a material adverse impact on the success of treatment[[6]](#footnote-6). ‏Therefore, the aim of ‎our proposal is to gather and integrate information on the impact of attendance rates on anxiety and depression treatment among youth.

Definition of anxiety and/or depression (or subcategory) being used (200 words) ‎

Headspace Israel is a community mental health center for youth (ages 12-25), which is dedicated to implementing interventions ‎for patients in early stages of emotional difficulty, often before they have reached the formal threshold of a ‎diagnosable mental condition.[[7]](#footnote-7)‎ Our methodology is based on accessibility of service, patient communication ‎ in their language of choice and adapted to their frame of reference, and partnership with our patients in ‎conceptualizing their condition and deciding how to approach treatment. With that in mind, we use the DSM-V definitions for anxiety and depression as our benchmark, while maintaining a flexible and agile approach ‎that accommodates situations in the penumbra of those classifications. Together with our patients, we ‎articulate the feelings and thoughts that represent their current situation and investigate the influence ‎of those emotional states on the different areas of their lives. We rely on the DSM-V definitions to guide us ‎professionally yet, at the same time, recognize that our patients may present on the outskirts of those definitions and ‎that flexible terminology may be necessary. ‎

Proposed methodology to answer the question including timeline (max 700 words)

Our proposed research will focus on the effect that missed appointments have on the therapeutic process ‎targeting depression and anxiety in youth, as well as on the provision of services in community mental health clinics. In addition, we would like to examine the motives driving non-attendance ‎among young patients coping with depression and anxiety, and subsequently use that analysis to infer creative ‎ways to improve attendance in sessions, and thus improve treatment quality. In the **first phase** (6 weeks), we would like to conduct a series of interviews with leading psychotherapy ‎researchers, as well as with therapists and patients in our clinic. We would then analyze the content of those interviews using qualitative ‎analysis techniques in order to better understand the impact of continuity and non-attendance ‎on the therapeutic process with young patients coping with, or in the early stages of, depression and ‎anxiety. In addition, we plan to review the research literature on the ‎influence of continuity and non-attendance on psychotherapy across various fields of psychotherapy and psychiatry. Thus, we hope to develop a solid and vast ‎database of information, which integrates knowledge from varied sources, to test our hypothesis ‎regarding the centrality and significance of the issue of non-attendance in the treatment of youth suffering from depression ‎and anxiety.

The **second phase** of the study (6 weeks) will be dedicated to the inquiry into the reasons for non-attendance in ‎therapeutic sessions. Previous research findings have provided many reasons for non-attendance in therapeutic ‎sessions.[[8]](#footnote-8) These reasons may include: a long waiting period after scheduling, patients forgetting appointments, ‎patient ambivalence about change, low patient self-efficacy, technical difficulties, difficulties related to ‎symptoms of anxiety and depression, lack of connection with the therapist, adverse therapeutic reaction ‎and a lack of commitment to the therapist and the therapeutic process‎.[[9]](#footnote-9) In order to better understand ‎the behavioral motivations underlying non-attendance, we plan to conduct interviews with a random group of ‎patients. These interviews will be conducted by an advisor specializing in the application of behavioral ‎economics principles in mental health organizations. The advisor will then introduce the findings to the ‎team and help decide on the most promising potential ways to positively influence patients’ decision to attend ‎meetings. ‎Only a few interventions aimed at improving attendance rates in mental health clinics have been ‎‎implemented and, unfortunately, most of them have shown limited effectiveness.‎[[10]](#footnote-10) Moreover, solutions that ‎‎were found useful in improving attendance rates in other fields of medicine were found ineffective for ‎‎mental health patients. We would also like to explore whether improving attendance rates impacts the ‎‎quality of care given to our patients, as well as whether it impacts the results of the treatment. ‎"Nudges"‎ ‎are simple interventions, based on the principles of behavioral economics, which are designed ‎to affect people's behavior, and are widely used in public policy for various purposes‎.[[11]](#footnote-11) Such interventions ‎play on people’s cognitive biases by changing how choices are presented, thus leading them to act in a certain way that either serves their best interest, that of society’s, or ‎both.[[12]](#footnote-12) Examples of cognitive biases that are often targeted in behavioral economics research include: loss aversion, even at ‎the expense of potential gains; following what we think others around us are doing (perceived social norms); ‎the tendency to follow default, pre-set options and more.[[13]](#footnote-13) We would use the insights gained from our in-‎depth behavioral analysis to explore the possibility of using "nudges" to improve ‎patients' engagement and continuous attendance in therapy.‎ **The third and final phase** (4 weeks) will be the preparation of the final report, which would summarize our findings. ‎We wish to present the findings in a way that would allow non-professionals to understand the intricate ‎connections between continuity of attendance in sessions, treatment outcomes and prevention of ‎depression and anxiety disorders in youth. ‎

Details of applicant(s) expertise and approach to this project (400 words)

Our team consists of three clinical psychologists who work together at “Headspace Israel”: Lior Bitton, M.A.; Meytal Fischer, Ph.D.; and Yiftach ‎Goldwyn, M.A. Mr. Bitton is a senior clinical psychologist, specializing in ‎youth mental health and early interventions focused on prevention. He also has extensive ‎managerial experience, including involvement in a technological start-up company that aims to create a tool to analyze relationships based on text messages. Dr. Fischer is a ‎senior clinical psychologist and the clinical director of the Headspace center. Additionally, she has vast experience in ‎conducting clinical research, which she acquired during her Ph.D. studies. Her dissertation analyzed the effect of nasal inhalation of oxytocin on emotion recognition and empathy in healthy and schizophrenic patients. Mr. Goldwyn is a senior clinical ‎psychologist, who has substantial clinical experience working with youth, as well as rich experience in clinical ‎research.‎ Our professional model is based on the Australian headspace model, which we have adapted for the local setting and population, both financially and clinically. We do, however, maintain the same branding and agenda to provide care for young people. In October of 2019, we participated in the biennial IAYMH conference in Australia, the world's largest conference for youth mental health. During this conference, Dr. Fischer introduced the clinical model of headspace Israel and the impact of the center on Israeli youth.

As mentioned, we work in a community mental health clinic for youth (ages 12-25). Throughout our combined years of ‎experience, we have treated hundreds of young people in various stages of anxiety and depressive ‎disorders. As our focus is on early intervention and prevention, we are acutely aware of the ‎decisive influence of attendance on the likelihood of treatment success, and the prevention of a full-blown ‎mental condition. We have all experienced, firsthand, the frustration of a patient dropping out of treatment ‎or failing to maintain treatment continuity, and have witnessed the ways in which this has impacted care. At Headspace, we ‎cultivate a spirit of experimentalism, which is conducive to research of this nature. As a ‎community center, we work closely with our patients’ support circles (parents, teachers, etc.) and we believe that these ‎relationships may also be influential in improving patient commitment and attendance. ‎Finally, we believe that our combined diverse knowledge in the fields of clinical psychology, clinical research, ‎management of health systems and technological entrepreneurship, will help us successfully carry out ‎this elaborate project.

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