CYMPH Evidence Based Bulletin

Lancashire & South Cumbria NHS Foundation Trust

August 2026

This bulletin aims to keep you up to date with current evidence around children and young peoples mental health. Some articles are freely accessible, others require an Open Athens account to access. You can sign up to Open Athens here: https://openathens.nice.org.uk/or get in touch with the library for further support accessing the full texts. Make articles more accessible by downloading LibKey Nomad directly to your browser: Download LibKey Nomad - Third Iron

Reports

State of Child Health.
Royal College of Paediatrics and Child Health (RCPCH); 2026.
https://www.rcpch.ac.uk/work-we-do/state-of-child-health
(In 2026 children's health is in decline. Across nearly all major measures, outcomes have worsened or stagnated across the UK, reversing years of progress, and the impact is felt most sharply in deprived areas and among ethnic minority communities.)
Freely available online

Supporting pupils with medical conditions at school. Government consultation response.
Department for Education (DfE); 2026.
https://www.gov.uk/government/consultations/proposal-on-support-for-pupils-with-medical-conditions-at-school
(The Department for Education consulted on proposed updates to the statutory guidance on supporting pupils with medical conditions at school earlier this year. The consultation was open to organisations and individuals including parents, pupils, healthcare professionals and teachers. This document provides a summary of responses received and the government's response to the consultation and next steps.)
Freely available online

Perinatal, children and young people's mental health profile: July 2026 update
Office for Health Improvement and Disparities; July 2026
(Official statistics in development to support decision making when planning services to improve perinatal, children and young people's mental health at a local level in England.)
Freely available online

NICE guideline in review for Psychosis and schizophrenia in children and young people - recognition and management and Antisocial behaviour and conduct disorders in children and young people: recognition and management

Therapist Aid

Therapist Aid is a tool the Library subscribe to to aid clinicians with their clinical practice. Please email the library: academic.library@lscft.nhs.uk for access details to this resource. Take a look at some examples below.

How They Felt- Putting yourself in their shoes
(Sometimes our actions upset other people, like our friends, parents, or teachers. When this happens, it can help to put yourself in the other person's shoes, which means trying to understand how they felt. The How They Felt worksheet is designed to help kids practice perspective-taking. They will answer a series of questions that encourage them to look at things from someone else's perspective, such as "What did the other person do?" and "How do you think they felt?"
This worksheet is great for children with behavior problems or oppositional defiant disorder (ODD). Use this tool to help kids take others' points of view and to spark discussions on empathy and good decision-making.)
https://www.therapistaid.com/therapy-worksheet/how-they-felt

Social Media Check-Up
(Does social media lift you up or drag you down? Whether social media is a force for good or ill in your life likely comes down to how you use and relate to it. A more intentional and balanced relationship with social media allows you to enjoy the benefits of online interactions while avoiding hits to your self-esteem and well-being.
To achieve this, it's important to take a close look at your social media usage. Use the questions below for a social media check-up. If you answer "yes" to a question, review the recommendations and make any needed tune-ups.)

Anger Monsters- an educational anger activity
(After choosing one of fifteen unique anger monsters, your clients will complete games and activities related to anger. Topics include triggers, warning signs, coping skills, and more. After completing each of the activities, you can review and print the results in a colorful packet to encourage children to review what they've learned.)

Mental Health Bingo- a mental health education game
(It's the classic game of Bingo, with a mental health twist. The letters B-I-N-G-O are replaced with categories related to mental health, such as "Coping Skills", and the numbers are replaced with relevant responses, such as "Deep Breathing". This tool provides a fun way to prompt conversation in a group setting.)

News/Opinion

Life in plastic, it's therapeutic: the Barbie movie and adolescent mental health.
Dosani S.. British Journal of Psychiatry 2026;229(2):232-235.
(Fictionalised clinical encounters illustrate how young people engaged with Barbie to explore issues of gender, trauma and institutional structures. This paper argues that an openness to integrating popular media into psychiatric practice expands the scope of assessment and therapeutic engagement, allowing children, young people and adults to express their experiences through culturally familiar, accessible narratives.)
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Original Research

A randomised controlled trial of group emotion regulation for adolescent self-harm (the ERA-study).
(2026). Clinicaltrials.Gov, (pagination), Date of Publication: 17 Jul 2026. Retrieved fromhttps://clinicaltrials.gov/study/NCT07720063
(The overall aim of this project is to increase the availability of evidence-based psychological treatments for adolescent NSSI by developing and evaluating Emotion Regulation for Adolescents (ERA), a novel behavioural and acceptance-based intervention. The main objectives are to establish the efficacy, cost-effectiveness, and long-term outcomes of ERA for adolesent NSSI in two arm RCT comparing ERA with an active control condition (FUNK) as well as to investigate potential mediators such as emotion regulation and self-criticism.)

Clinical decision support system for child and adolescent mental health services: a formative usability study.
Clausen, C. E., Pant, D., Koposov, R., Nytro, O., Leventhal, B., Lydersen, S., et al. (2026). BMC Medical Informatics & Decision Making, doi:10.1186/s12911-026-03720-w
(The scenario-based exploration of the IDDEAS 1.0 prototype allowed CAMHS clinicians to offer honest reflections about receiving decision-support, and what they might potentially need for such support to enhance their clinical decision-making and information processing at the point of care. Functional adjustments in IDDEAS were recommended, with a focus on workflow cohesion and individualized adaptability for optimal ease of use and personalized patient care.)
https://libkey.io/10.1186/s12911-026-03720-w (Available with NHS Open Athens)

'What comes with goodbye?' discharge planning in child and adolescent mental health services-A lived experience narrative.
Gallini-Poole, W., & Norton, M. J. (2026). Journal of Psychiatric & Mental Health Nursing, 33(2), 256–260. doi:10.1111/jpm.70088
(As demonstrated through this lived experience piece, when discharge is planned efficiently and with the person involved throughout, then the overall experience of the service and of the discharge process, particularly in CAMHS, is a positive one. However, as noted in this narrative, unfortunately, this ideal is often not met, and despite the good that is achieved from accessing services, discharge when unplanned and not considered in the unique context of the person can lead to a return to unwellness. In essence, this narrative advocates for a recovery-oriented, person-centred approach to discharge planning and execution in CAMHS so that a person, like Will, can live a life of their choosing, free from unwellness.)
https://libkey.io/10.1111/jpm.70088 (Open Access)

Seen but not heard: A qualitative interview study exploring the views and experiences of children and young people referred to child and adolescent mental health services for support with suicidality.
Gilmour, L., Maxwell, M., & Duncan, E. (2026). PLOS Mental Health, 3(6), e0000539. doi:10.1371/journal.pmen.0000539
(Suicide is a leading cause of death amongst children and young people (CYP), and numbers of CYP presenting with suicidality continue to rise. CYP seeking help for suicidal thoughts and behaviours are generally referred to Child and Adolescent Mental Health Services (CAMHS) for assessment and treatment. However, CAMHS across the UK are unable to meet the demand for their services. Little is known about what happens to these children after they have been referred to CAMHS.)
https://libkey.io/10.1371/journal.pmen.0000539 (Open Access)

Experiences of youth and caregivers waiting for mental health services in the UK: A qualitative study to inform policy and practice.
Han, E., Burton, A., Bradbury, A., Hayes, D., Wright, J., Sticpewich, L., et al. (2026). European Child & Adolescent Psychiatry, 35(5), 1467–1477. doi:10.1007/s00787-025-02952-x
(There is an urgent need to shorten CAMHS wait times as our findings show the adverse impact of waiting on youth and their families, with mental health worsening not just due to time passing but as a direct result of being put on a waitlist. While youth on CAMHS waitlists make active efforts to manage their symptoms, limitations to these coping strategies suggest that improved information sharing and tailored interim support is needed to mitigate against mental health deterioration while waiting.)
https://libkey.io/10.1007/s00787-025-02952-x (Request from the Library)

A qualitative investigation into the parental experiences of an online and in-person programme for parents of children with adhd; aged 6-12.
Lally, L., McGrattan, L., O'Connor, M., O'Regan, C., Gavin, B., Brosnan, E., et al. (2026). Child Care in Practice, doi:10.1080/13575279.2026.2700703
(Results from thematic analyses identified six central themes: (1) Support from attending the programme, (2) Learning experiences for parents, (3) Parental outcomes, (4) Online versus in-person delivery, (5) Access to resources and services, and (6) Programme recommendations. Recommendations made by participants regarding programme content will be considered when editing the programme for future deliveries.)
https://libkey.io/10.1080/13575279.2026.2700703 (Request from the Library)

Mining and mapping 25 years of medication use in child and adolescent mental health services: Contact-level descriptive analysis of electronic health records.
Pant, D., Clausen, C., Leventhal, B. L., Rost, T. B., Koposov, R., Westbye, O. S., et al. (2026). JMIR Medical Informatics, 14, e86066. doi:10.2196/86066
(We demonstrated a mining and mapping analytic pipeline for EHRs to analyze diagnoses, comorbidities, and prescribing practices at the individual contact level. In the Norwegian CAMHS, axis I diagnoses are common, often behavioral-emotional disorders. Among the medications, psychostimulants and antidepressants are common. Beyond characterizing diagnoses and medication prescribing patterns, the study presents an approach for mining and mapping EHR data to analyze and provide service-level metrics, as well as clinical practice insights.)
https://libkey.io/10.2196/86066 (Access with NHS Open Athens)

A study protocol for a randomised controlled trial investigating the clinical effectiveness, cost effectiveness and acceptability of behavioural activation for young people (BAY) in CAMHS settings.
Standley, E., Ellison, R., Bee, P., Bhardwaj, A., Blackwell, J., Carter, L., et al. (2026). Trials [Electronic Resource], 27(1) doi:10.1186/s13063-026-09695-3
(The findings from this trial will provide crucial evidence on the effectiveness of blended BA for young people with moderate to severe depression. If effective, this intervention could offer a scalable and accessible treatment option, potentially transforming the delivery of mental health services for adolescents. The large sample size and pragmatic approach will enhance the generalisability of the results, informing future clinical practice and policy.)
https://libkey.io/10.1186/s13063-026-09695-3 (Access with NHS Open Athens)

Childhood trauma and adulthood adverse experiences and risk of new-onset depression across the lifespan.
Wang X. British Journal of Psychiatry 2026;229(2):149-155.
(Exposure to childhood trauma or AAEs presented a more detrimental effect on the early onset of depression compared with later stages throughout the lifespan. Our findings advise paying attention to traumatic events at any life stage, and the instigation of prompt intervention strategies following traumatic events, to minimise the risk of lifetime depression.)
Available with NHS OpenAthens

Genetic and neurobiological mechanisms underlying transition in self-injury thoughts and behaviours during adolescence.
Wen X. British Journal of Psychiatry 2026;229(2):188-200.
(This study investigates associations among genetic predispositions, brain abnormalities and SITBs transition during adolescence, and identifies potential neurobiological and clinical mediators of genetic effects. These results may offer insights into integrating genetic, neurobiological and clinical data to enhance the accuracy of suicide risk stratification in adolescents, and inform the development of more nuanced and targeted early intervention strategies.)
Available with NHS OpenAthens

The perspectives of parents/carers on a new parental education occupational therapy intervention.
Joyce T. British Journal of Occupational Therapy 2026;89(7):468–475.
(Parental education has been highlighted as an effective intervention for children, young people and families. However, no parental education interventions are underpinned by occupational therapy (OT) theory. Parents/carers acknowledged the benefits of the intervention, highlighting the importance of focusing on supporting parents as well as their children.)
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Original Research

Billions are spent on child mental health services without knowing if they work in the long term.
The Conversation; 2026.
https://theconversation.com/billions-are-spent-on-child-mental-health-services-without-knowing-if-they-work-in-the-long-term-288830
(Child and Adolescent Mental Health Services (Camhs) were founded on the idea that helping children early could change the course of their lives. Yet we rarely measure whether that actually happens.)
Freely available online

Risk of Presentation for Sexual Abuse After a First Emergency Department Presentation for Self-Harm in Childhood or Adolescence.
Blundell M. American Journal of Psychiatry 2026;183(7):461-471.
(Self-harm in childhood and adolescence is associated with a range of adverse outcomes. Limited evidence suggests that these individuals are at elevated risk of experiencing sexual violence in adolescence and young adulthood. This population-based cohort study identified children and adolescents with a first presentation to health services for self-harm and examined their risk of subsequent presentation for sexual abuse or assault.)
Request from the Library

Systemtatic Reviews

Interventions to prevent and reduce coercive measures in psychiatric and residential care for youth: a mixed-methods systematic review.
Moell A. The Lancet Psychiatry 2026;13(8):699-710.
(Coercive measures remain common in child and adolescent psychiatric and residential care despite efforts to reduce their use. We conducted a mixed-methods systematic review of interventions to reduce coercive measure use. Interventions most effective in reducing coercive practices in youth care settings are those that address relational dynamics, staff reflexivity, and organisational culture.)
Request from the Library

Review: Co-occurring psychiatric disorders and symptomatology among children and adolescents with neurodevelopmental disorders: An umbrella review with individual study meta-analysis.
Fortnum K. Child and Adolescent Mental Health 2026;:doi.org/10.1111/camh.70093.
(Neurodevelopmental disorders (NDDs), including attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), intellectual disability (ID), and specific learning disorders (SLD), frequently co-occur with psychiatric conditions (e.g. anxiety, depression) This review aimed to (a) determine the prevalence of co-occurring psychiatric conditions among children and adolescents with NDDs and (b) compare prevalence rates with neurotypical peers.)
Freely available online

Review: Internet-based cognitive behavioral therapy for children and adolescents with anxiety disorders: A meta-analysis of efficacy and impact of age and support.
Sørensen NM. Child and Adolescent Mental Health 2026;:doi.org/10.1111/camh.70106.
(Aim: To investigate efficacy of ICBT for children and adolescents with anxiety disorders and explore moderating effects of control conditions, age, parental involvement, and therapist support on outcomes. Conclusion: This review supports use of ICBT as a treatment option. Results suggest that therapist support format may be a relevant treatment component to explore. However, all findings must be subjected to additional testing, and more high-quality studies with long-term follow-ups are needed.)
Open Access

Review: Paternal tobacco smoking and the risk of attention-deficit hyperactivity disorder in children: A systematic review and meta-analysis.
Dachew B. Child and Adolescent Mental Health 2026;:doi.org/10.1111/camh.70101.
(Evidence on the association between paternal smoking and ADHD in offspring is inconsistent. A systematic review and meta-analysis was undertaken to synthesise available evidence. Conclusion: The observed association between paternal smoking and risk of ADHD in children may be confounded by maternal smoking, paternal education and other shared familial and socioeconomic factors. Future studies should incorporate maternal–paternal comparisons, while more rigorously controlling for confounding.)
Open Access

A systematic review and meta-analysis of school-based interventions for PTSD and trauma-related symptoms: what effective elements they have in common?
Rowlinson K. Child and Adolescent Mental Health 2026;:doi.org/10.1111/camh.70100.
(Schools provide critical support for students exposed to traumatic experiences, with school-based trauma interventions demonstrating reductions in symptoms. However, heterogeneity in design, implementation, and efficacy of existing interventions makes it challenging to select suitable interventions and to understand which components of programs are effective. This review identified school-based trauma interventions and evaluated the common and effective elements of these programs.)
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