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The National Centre of Excellence
in Youth Mental Health

Fact sheet
For clinical professionals
who work with young people

Key principles underpinning youth mental health models

Among young people, mental health difficulties represent the largest burden of disease. The peak period for onset of mental ill-health occurs in late adolescence and early adulthood, with 50% of mental disorders emerging by 14 years of age and 75% by 24 years of age.[1] Despite the significant impact on young people, access to mental health services designed for them is extremely poor. This fact sheet explores five key components of a youth mental health service model. It also explains how restructuring existing service systems to incorporate these components can enhance service access for young people and ensure that they can get the right care at the right time, in the right place.

Five key components of a youth mental health model

1. Integrated

2. Youth and family friendly and inclusive

3. Early intervention

4. Best evidence-based care

5. Suitable and capable workforce

Component 1: Integrated, comprehensive, accessible and flexible

What is it?

Youth mental health services should offer integrated care that is organised and coordinated around the needs of the individual. Integrated services ideally provide multidisciplinary care at a single location where clinical and non-clinical staff offer a continuum of care that addresses mild, moderate, and complex or severe mental health and psychosocial needs.[2]

What does it look like?

The service should offer multiple access points, including drop-in, self-referral, and 'soft access' via other co-located, non-mental health services (e.g., housing or vocational services). There should be flexible duration of care and easy re-entry if needed. Delivering a range of services in one location means that young people are seen quickly and easily, and streamlined referral pathways within such services eliminate the need to contact and attend multiple services (which increases the risk of young people 'falling through the gaps').

Why do it?

Young people may prefer to have all their needs met in one place; and integrated care has been associated with improved access to services, higher satisfaction, and better outcomes compared with usual care.[2] Taking a youth-centred holistic approach allows young people to access care across all areas of need, including physical and sexual health, mental health, vocational and psychosocial functioning.[3]

Component 2: Youth and family friendly and inclusive

What is it?

All aspects of the service should involve meaningful participation from young people and their family or significant others. Integrating youth and family participation in all aspects of development, planning, implementation, and evaluation of the service ensures it is relevant and meaningfully shaped by the voice of its service users.

What does it look like?

Simple things like acknowledging and engaging family and significant others in the young person's life can improve functioning and wellbeing within the family, as well as increase the young person's engagement with the service and their treatment, and decrease the incidence of relapse.[4]

The physical space, setting, and décor of a youth mental health service should look and feel:

- welcoming;
- youth- and family-friendly; and
- not visibly clinical, a place that young people feel comfortable to enter.

The attitudes and behaviour of staff are critical to complementing this atmosphere. Young people value their relationships with the staff and appreciate when they are friendly, non-judgemental, and respectful.[2] Services should also be located close to public transport to make it easy for young people to access.

Why do it?

Empowering young people to participate as valued partners in planning and decision-making ensures:

- the service is youth friendly;
- barriers to accessing and engaging with care are decreased;
- consumers' needs are better met[4]; and
- young people feel a sense of connectedness and belonging, which improves their mental health and wellbeing.

By encouraging youth and family involvement at all levels, the service will ideally provide to young people and their families what they really need.

Component 3: Early intervention with an ethos of hope and optimism

What is it?

Early intervention focuses on:

- providing timely treatment to young people in the early or emerging stages of mental ill-health;
- detecting young people who are experiencing early signs or symptoms of mental ill-health; and
- providing comprehensive assessment and treatment.

What does it look like?

Youth mental health services should commit to mental health promotion, prevention, and early intervention.[4] Mental health promotion (usually via community awareness) assists in increasing mental health literacy and reducing the stigma associated with mental illness. Prevention and early intervention benefit young people, especially when complemented by attitudes of hope and optimism among the service staff that enables the young

person to realise and achieve their goals.[4] Focus not only on treating the illness, but also on a young person achieving wellness through the promotion of hope, wellbeing, empowerment, and autonomy.

Why do it?

The main benefit of early intervention is that it leads to optimal outcomes for a young person's clinical and functional recovery. Prevention and early intervention improves attitudes towards seeking help and leads to an increase in young people's help-seeking behaviour.[5] A significant body of research has demonstrated the effectiveness and value of early intervention in mental health.[6-8] This approach aims to:

- achieve a quicker recovery;
- lessen the impact of the illness on the young person; and
- allow young people to return to their usual developmental trajectory.

Component 4: Best evidence-based care

What is it?

Interventions provided by a youth mental health service must be based on the best available evidence. Services should carefully use the up-to-date best evidence in combination with clinical expertise and client values to guide decisions.[9] Implementing evidence-based care has been shown to improve both the quality of care and overall outcomes.[10]

What does it look like?

A youth mental health service should maintain awareness of recent developments in research and apply models of care and treatments that are supported by high-quality evidence. Sources of high-quality evidence include clinical practice guidelines and systematic reviews. If a lack of clear evidence exists for the group of young people that a service is supporting, then evidence-informed practice can be used, which involves considering research in different settings that may apply, clinician experience and judgement, and the preferences of the young person and their family.[2]

Evidence-based practice refers not only to psychological treatments, but interventions to improve social, physical, and vocational functioning.[2] Further, a service must ensure that their evidence-based practice caters to the diversity of young people, including culturally and linguistically diverse people, and sexual or gender diversity in young people.

Why do it?

When high-quality research suggests that a particular treatment is effective for a specific group of young people, then that warrants its implementation and use in clinical practice. By services continually evaluating and updating their available interventions to align with the best available evidence, they can be confident that young people are receiving the most effective treatment for that time.

Component 5: Suitable and capable workforce

What is it?

Youth mental health services require a specific mental health workforce that understands the needs of young people and how to achieve positive outcomes for them. The quality of care delivered by a service is dependent on workforce attitudes, skills, training, and education.[4]

What does it look like?

To ensure the workforce remains highly skilled and competent, appropriate training and education opportunities need to be identified and provided, complemented by regular clinical supervision and mentoring. Additionally, a peer workforce of young people with lived experience should be developed.[11] Peer workers are able to easily relate with service users through their shared experiences, and demonstrate the possibility of living well with mental ill-health. Peer workers build a mutual relationship with young people through the provision of peer support. The balance of power and mutuality is a key characteristic of the peer worker role as this helps to foster empowerment and self-determination within young people, and offers an opportunity for mutual learning and growth.[12]

Why do it?

Mental health staff need to have the capabilities and expertise to work with young people and to provide the most appropriate evidence-based interventions according to the person's needs and context. Embedding a culture of innovation and continuous improvement will enable the workforce to respond optimally to the needs of young people.

References

1. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 2005;62(6):617-627.

2. Hetrick SE, Bailey AP, Smith KE, Malla A, Mathias S, Singh SP, et al. Integrated (one-stop shop) youth health care: best available evidence and future directions. *The Medical Journal of Australia*. 2017;207(10):5-18.

3. Hickie IB, Fogarty AS, Davenport TA, Luscombe GM, Burns J. Responding to experiences of young people with common mental health problems attending Australian general practice. *Medical Journal of Australia*. 2007;187(7):S47.

4. Howe D, Batchelor S, Coates D, Cashman E. Nine key principles to guide youth mental health: development of service models in New South Wales. *Early Intervention in Psychiatry*. 2014;8(2):190-197.

5. Rickwood D, Deane FP, Wilson CJ, Ciarrochi J. Young people's help-seeking for mental health problems. *Australian e-journal for the Advancement of Mental health*. 2005;4(3):218-251.

6. McGorry PD, Hickie IB, Jorm AF, Purcell R. Early intervention in youth mental health. *Med J Aust*. 2008;188(8):492-493.

7. McGorry PD, Goldstone SD, Parker AG, Rickwood DJ, Hickie IB. Cultures for mental health care of young people: an Australian blueprint for reform. *The Lancet Psychiatry*. 2014;1(7):559-568.

8. Malla A, Iyer S, McGorry P, Cannon M, Coughlan H, Singh S, et al. From early intervention in psychosis to youth mental health reform: a review of the evolution and transformation of mental health services for young people. *Social Psychiatry and Psychiatric Epidemiology*. 2016;51(3):319-326.

9. Curran JA, Grimshaw JM, Hayden JA, Campbell B. Knowledge translation research: the science of moving research into policy and practice. *Journal of Continuing Education in the Health Professions*. 2011;31(3):174-180.

10. Ontario Centre of Excellence for Child and Youth Mental Health. Implementing evidence-informed practice: A practical toolkit. Ottawa, ON; 2013. Available from: http://www.excellenceforchildandyouth.ca/sites/default/files/docs/implementation-toolkit.pdf

11. Repper J, Carter T. A review of the literature on peer support in mental health services. *Journal of Mental Health*. 2011 2011/08/01;20(4):392-411.

12. Gillard SG, Edwards C, Gibson SL, Owen K, Wright C. Introducing peer worker roles into UK mental health service teams: a qualitative analysis of the organisational benefits and challenges. *BMC Health Services Research* [journal article]. 2013 May 24;13(1):188.

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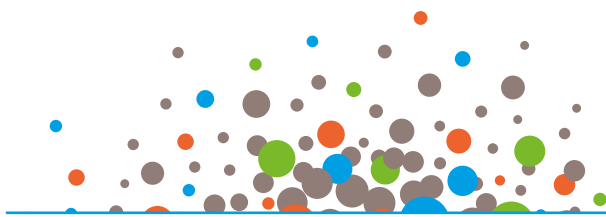## Clinical Consultants

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