

# DEFINING INTEGRATED CARE AND ITS CORE COMPONENTS IN YOUTH MENTAL HEALTH

## PART 1: COMPLEXITIES AND VALUES OF INTEGRATED CARE

Orygen has developed a suite of resources for clinicians and service providers interested in integrated health care for young people with mental ill-health.

**Part 1** (this resource) focuses on:

- the complexities related to the concept of integrated care; and
- highlights the key values of integrated care.

**Part 2** focuses on:

- the evidence for integrated care models;
- the barriers and facilitators of integrated care; and
- presents several real-world examples of integrated care models used in youth mental health.

**Part 3** focuses on:

- the findings from workshops Orygen and headspace National Youth Mental Health Foundation conducted with key stakeholders aimed at identifying a definition of integrated care and the core components of integrated care, in youth mental health.

### SUMMARY OF THE SUITE OF RESOURCES

Integrated care is conceptually and pragmatically complex. There are various types of integrated models in health care and while some appear more integrated than others, it is clear that there is no 'one-size fits all' model. Not surprisingly, the same can be said for the definition of integrated care, which is typically shaped to meet the needs and purpose of the service or system undergoing transformation. Despite these inconsistencies, overall empirical evidence shows that integrated

care is more beneficial for children and young people with mental ill-health when compared to standard or usual care. Globally, there is widespread support for integrated care as the preferred treatment approach in the broad health sector - including youth mental health. Similarly, an integrated model of care is the approach recommended by Australian and international government bodies.

Although good models of integrated care exist, many young people still do not receive truly integrated care, and there continues to be a lack of consensus on what integrated care is in relation to youth mental health. Therefore, Orygen and headspace National Youth Mental Health Foundation conducted a joint project that sought to define integrated care in the context of youth mental health, and to understand the essential components from a health system building blocks framework, which are underpinned by core common values. This project consisted of two phases. The first, involved reviewing the literature from 83 papers selected for this project and extracting the common themes from definitions of integrated care and extracting the core components,. The second phase involved engaging 39 stakeholders from across Australia, including young people, family and friends, clinicians, policy makers, scientists and professionals, all employed at varying levels of the health system. Stakeholders attended online workshops and were asked to share their perspectives of what integrated care means to them, and to take part in open discussions and online anonymous surveys. Authors facilitated discussions based on presentation of literature and by inviting stakeholders to share personal experiences and opinions of integrated care.

A definition was formulated based on the World Health Organization's (WHO) user-led definition,<sup>(1)</sup> and the key themes rated in the surveys as important by young people, friends, and family. Accompanying this definition is a statement of implications for health systems, services, and providers, informed by what

professional stakeholders rated as important themes of integrated care – 17 core components were rated overall as essential for integrated care. These are discussed in detail in Part 3, using a health system framework, categorised under the building blocks: service delivery; workforce; information systems and communication; products and technology; health financing; leadership; governance; and policy.

This resource has been developed to guide policymakers, services and health professionals in improving the mental health care that young people currently receive. Several factors to consider for achieving more efficient and effective integrated care systems include involvement of young people, friends and family in co-design, rigorous service implementation research, economic cost evaluations and appropriate measurement of service processes and outcomes.

## WHAT IS INTEGRATED CARE?

In recent times, integrated care as a goal for health system reform has been a central topic of discussion among governments, policymakers, academics and health services and providers, worldwide. Integrated care has been proclaimed as the solution to providing clients with a more efficient and higher quality service, ultimately leading to subjectively better experiences by users, reduced economic costs and improved health outcomes for individuals and populations. (2) Despite this, achieving a truly integrated service continues to be a challenge for many health systems, with the key steps for successful implementation remaining somewhat elusive.

There are many definitions of integrated care from both scientific articles, for example published in peer-reviewed journals, and grey literature, for example government documents, that show a glaring lack of consensus across the youth mental health and broader health sectors. Over the years, numerous terms have been used interchangeably to describe integrated care, such as collaborative, coordinated and continuing care – adding to the difficulty in reaching a consensus on what integrated care is.

## HOW IS INTEGRATED CARE CURRENTLY DEFINED?

Due to the vast conceptual inconsistency regarding what integrate care is, the WHO in 2016, published a scoping review to develop a pragmatic understanding of the concept of integrated care and integrated care models. (1) They concluded that three definitions were appropriate: one that outlined higher level processes (tailored for a government audience), one that was written from a user/carer level perspective and captured the full breadth of integrated care, and one that was focused on health systems (see breakout box for definitions). (1) Common to all three of the WHO definitions is the concept that “... integrated care should be

centred on the needs of individuals, their families and communities”. (1 p4) The WHO project was conducted in the context of contributing to the development of the European Framework for Action for Integrated Health Services Delivery (service reform), thus the WHO European Office adopted the health system-based definition as their primary definition of integrated care.

### BOX 1. WORLD HEALTH ORGANIZATION DEFINITIONS OF INTEGRATED CARE

#### PROCESS-BASED DEFINITION

“ Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for people by cutting across multiple services, providers and settings. Where the result of such multi-pronged efforts to promote integration leads to benefits for people, the outcome can be called integrated care. ” (1 p3-4)

#### USER-LED DEFINITION

“ My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes. ” (1 p4, 3)

#### SYSTEMS-BASED DEFINITION

“ Integrated health services delivery is defined as an approach to strengthen people-centred health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care. It should be effectively managed to ensure optimal outcomes and the appropriate use of resources based on the best available evidence, with feedback loops to continuously improve performance and to tackle upstream causes of ill health and to promote well-being through intersectoral and multisectoral actions. ” (1 p4-5)

A definition of integrated care appears dependent upon the intended purpose of its use, and the perspective from which it is viewed. Indeed, the primary reason for diversity in definitions over the years appears partly due to varying perspectives of individuals and groups of people within or affiliated with the health system, which is shaped by their own roles,

responsibilities, expectations and experiences. (1) To our knowledge, there is no universal definition of integrated care that has been informed by young people, their friends and family, and developed from a youth mental health standpoint. In order to appropriately implement and measure integrated care, we need to be clear about what integrated care is, and what the core components are, in a youth mental health context.

## WHAT ARE THE DIFFERENT TYPES OF INTEGRATED CARE?

Varying types of integrated care have been described. Heyeres and colleagues identified five types: integrated care pathways, governance models, collaborative/integrative care, integration of interventions, and integration of different health services.(4) However, when considering types of integration, the most commonly acknowledged include: organisational, functional, service and clinical.(1, 5) (See Box 2).

### BOX 2. FOUR MAIN TYPES OF INTEGRATION

#### ORGANISATIONAL INTEGRATION

Different organisations are brought together formally through mergers, coordinated provider networks, structural changes or via contracts made between separate organisations.

#### FUNCTIONAL INTEGRATION

Non-clinical support and back-office functions and operations are integrated, for example service partners develop a shared electronic records system.

#### SERVICE INTEGRATION

Different clinical services are integrated at an organisational level, for example by forming teams of professionals trained in varying disciplines such as general practitioner, psychologist, occupational therapist.

#### CLINICAL INTEGRATION

The care delivered to the client, their family and friends, by professionals and service providers, is a single or coherent process within and/or across disciplines, for example through the use of shared protocols and guidelines.(1, 5)

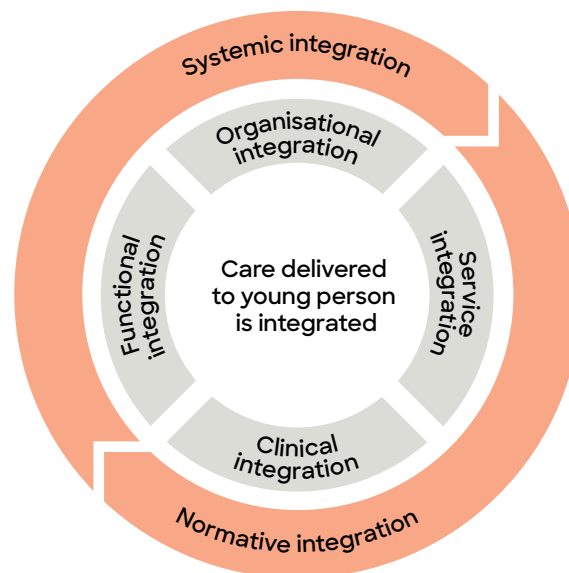
Researchers have further described the mechanisms by which these four types of integration can be achieved - via normative and systemic integration.

- Normative integration is where a culture of shared values and dedication to coordinating work enables trust and collaboration in delivering care.

- Systemic integration is where there is coherence of policies and rules at all levels of the organisation/s. Systemic integration is sometimes called an 'integrated delivery system'.(1, 5)

Figure 1 graphically represents how these typologies and mechanisms collectively achieve integrated care for a young person.

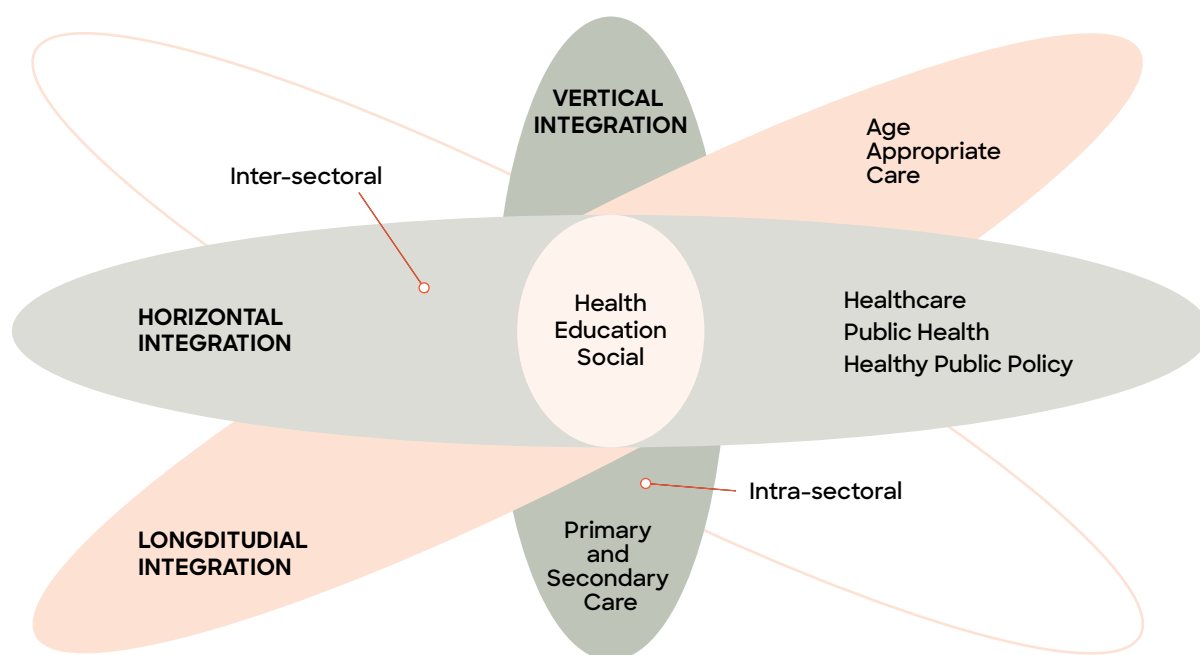
Figure 1. Types of integration (adapted from 6)



## WHAT ARE THE DIFFERENT MODES OF INTEGRATED CARE?

In addition to the different types and mechanisms of integration described above, there are also different modes of integrated care. One of these includes horizontal integration, which refers to bringing together activities that are i) performed by differing organisations or operational units and ii) at the same (or similar) stage in the process of delivering care (for example, bringing together the four core streams operative in a headspace service, specifically mental health, physical and sexual health, alcohol and other drugs, and vocational and educational support). Conversely, vertical integration refers to bringing together organisations that operate at different structural levels of the healthcare system, under a single management umbrella. (1) The headspace centres that have established early psychosis services for young people are good examples of attempted vertical integration. (7) Longitudinal (also termed diagonal) integration refers to the health and non-health sectors working together in a manner that is age-appropriate and takes into consideration the developmental stage of the young person. (8) Figure 2 provides a visual representation of the different modes of integrated health care, specific to children and young people.

Figure 2. Modes of integration for youth health (taken from 8)



### CAN ONE MODEL OF INTEGRATED CARE BE MORE ‘INTEGRATED’ THAN OTHERS?

Much of the literature supports the conceptualisation of integrated care as being on a continuum.(9-14) For example, Heath and colleagues outlined six intensity levels of integrated care that outline models of care with differing degrees of integration (Table 1). The first two levels focus on communication and fall under the categorisation ‘Coordinated care’, which involves minimal or basic collaboration at a distance. The second two levels focus on proximity and fall under ‘Co-located care’, which involves on-site collaboration, and at level four

some degree of system integration. The final two levels focus on practice change and are categorised under ‘Integrated care’, which involves close/full collaboration leading to a completely transformed integrated practice. (13) Many health professionals and researchers consider lower levels (i.e., coordinated and co-located care) to be forms of integrated care, and view ‘fully integrated care’ as the final point along a continuum. For the purpose of this resource, all levels of integrated care will be considered. All forms or modes of integration will also be considered, including the integration of primary health care with tertiary services, and integration of primary and secondary health care with social services, such as housing and education.

Table 1. Intensity levels of integrated care (taken from 11)

COORDINATED CARE KEY ELEMENT: COMMUNICATION		CO-LOCATED CARE KEY ELEMENT: PROXIMITY		INTEGRATED CARE KEY ELEMENT: PRACTICE CHANGE	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Minimal collaboration	Basic collaboration at a distance	Basic collaboration onsite	Close collaboration onsite with some system integration	Close collaboration approaching an integrated practice	Full collaboration in a transformed/merged integrated practice

### WHAT ARE THE KEY VALUES OF INTEGRATED CARE?

Despite the different approaches in people-centred and integrated health service delivery, there are key values that are common across these approaches which underpin a given service’s guiding principles.(15 p11) While the

literature in this area generally uses the terms ‘principles’ and ‘values’ interchangeably, we have focused on values, which can be defined as concepts or beliefs about desirable goals or behaviour, which transcend specific situations, and serve as standards or criteria that guide the selection or evaluation of actions, policies,

people, and events.(16) Identification of the underlying values of integrated care enables better understanding of collaboration and behaviour in integrated care and could also help to define quality in integrated care. Values are essential for increasing staff commitment to providing the best quality integrated care practices for clients.(17) Shared values across professionals and organisations are important factors in informal coordination and collaboration processes.(18) Furthermore, better understanding of the values of integrated care is necessary for the delivery of improved quality of care and client experiences.(19) Although young people, their family and friends, health professionals and governments may have different views, interests and objectives, by recognising the fundamental values of integrated care we can have more insights into what propels the behaviours and decision-making of everyone involved.(16, 20) The underlying values

of integrated care should form the basis for developing a framework for governance to act as a guide for behaviour, decision-making and evaluation in integrated care. Values of integrated care differ from core components of integrated care, which are essential characteristics of a health system (as discussed in Part 3).

A recent review identified 23 values of integrated care.(21) Authors searched literature using both ‘values’ and ‘principles’ as search terms. Table 2 lists those values that we believe are specific to integrated care; other values identified in the review were not considered exclusive to integrated care but were equally important to generally good healthcare delivery. These values were: transparent, empowering, co-produced, goal-oriented, personal, evidence-informed, respectful, equitable, sustainable, preventative, innovative, trustful, proficient and safe.

**Table 2. Values of integrated care (adapted from 21)**

VALUE	DESCRIPTION	NUMBER OF TIMES PRESENT IN LITERATURE
Collaborative	Professionals work together in teams, in collaboration with clients, their families and communities, establishing and maintaining good (working) relationships.	20
Coordinated	Connection and alignment between the involved actors and elements in the care chain, matching the needs of the unique person. Between professionals, clients and/or families, within teams and across teams.	19
Comprehensive	The availability of a wide range of services, tailored to the evolving needs and preferences of clients and their families.	13
Shared responsibility and accountability	The acknowledgment that multiple actors are responsible and accountable for the quality and outcomes of care, based on collective ownership of actions, goals and objectives, between clients, their families, professionals and providers.	13
Continuous	Services that are consistent, coherent and connected, that address the needs and preferences of clients across their life course.	12
Holistic	Putting the clients and their needs in the centre of the service, whole person oriented, with an eye for physical, social, socio-economical, biomedical, psychological, spiritual and emotional dimensions.	11
Led by whole-systems thinking	Taking interrelatedness and interconnectedness into account, realising changes in one part of the system can affect other parts.	8
Flexible	Care that can change quickly and effectively, to respond to the unique, evolving needs of clients and their families, both in professional teams and organisations.	7
Reciprocal	Care based on equal, interdependent relationships between clients, their families, professionals and providers, and facilitate cooperative, mutual exchange of knowledge, information and other resources.	5

## TAKE-HOME MESSAGES

In summary, the concept of integrated care is complex for a number of reasons.

- There is no single universal definition of integrated care, primarily because the way in which the definition will be used (for example to lobby governments for funding, to unite clinical services) determines how it is written.
- The World Health Organization has put forward a process-based, a user-led and a systems-based integrated care definition. Common to all three, is that care should be centred on the needs of individuals, their families and communities.
- Adding to the complexity are the different types, modes and levels at which integrated care can take place.
- Some models of integrated care are described in the literature as being ‘more integrated’ than others, and coordinated and co-located care are considered to be at lower levels on the integration continuum.
- Core values of integrated care identified by a recent literature review are that it is collaborative, coordinated, comprehensive, continuous, holistic, flexible, reciprocal, there is shared responsibility and accountability, and is led by whole-systems thinking.

## REFERENCES

1. World Health Organization. Integrated care models: an overview. Copenhagen: World Health Organization Regional Office for Europe; 2016. [https://www.euro.who.int/\\_data/assets/pdf\\_file/0005/322475/Integrated-care-models-overview.pdf](https://www.euro.who.int/_data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf).
2. Armitage GD, Suter E, Oelke ND, Adair CE. Health systems integration: state of the evidence. *Int J of Integr Care*. 2009;9:e82.
3. National Voices. A narrative for person-centred coordinated care. 2013. <http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf>.
4. Heyeres M, McCalman J, Tsey K, Kinchin I. The complexity of health service integration: a review of reviews. *Front Public Health*. 2016;4:223.
5. Lewis R, Rosen R, Goodwin N, Dixon J. Where next for integrated care organizations in the English NHS? London: The King's Fund; 2010. <https://www.nuffieldtrust.org.uk/files/2017-01/where-next-integrated-care-english-nhs-web-final.pdf>.
6. Fulop N, Mowlam, A, Edwards, N. Building integrated care: lessons from the UK and elsewhere. London: The NHS Confederation; 2005. <https://www.rchfnfoundation.org/wp-content/uploads/2015/07/Building-integrated-care.pdf>.
7. Rickwood D, Paraskakis M, Quin D, Hobbs N, Ryall V, Trethowan J, et al. Australia's innovation in youth mental health care: the headspace centre model. *Early Intervent Psychiatry*. 2019;13(1):159-66.
8. Wolfe I, Mandeville K, Harrison K, Lingam R. Child survival in England: strengthening governance for health. *Health Policy*. 2017;121(11):1131-8.
9. Brown M, Moore CA, MacGregor J, Lucey JR. Primary care and mental health: overview of integrated care models. *J Nurse Pract*. 2021;17(1):10-4.
10. Kodish I, Richardson L, Schlesinger A. Collaborative and integrated care for adolescent depression. *Child Adolesc Psychiatric Clin N Am*. 2019;28(3):315-25.
11. Getch SE, Lute RM. Advancing integrated healthcare: a step by step guide for primary care physicians and behavioral health clinicians. *Mo Med*. 2019;116(5):384.
12. Doherty W, McDaniel S, Baird M. Five levels of primary care/behavioral healthcare collaboration. *Behav Healthc Tomorrow*. 1996;5(5):25-7.
13. Heath B, Wise Romero P, Reynolds K. A standard framework for levels of integrated healthcare. Washington, D.C.: SAMHSA-HRSA Center for Integrated Health Solutions; 2013. <https://www.pcpc.org/sites/default/files/resources/SAMSAHRSA%202013%20Framework%20for%20Levels%20of%20Integrated%20Healthcare.pdf>.
14. Kolko DJ, Perrin E. The integration of behavioral health interventions in children's health care: services, science, and suggestions. *J Clin Child Adolesc Psychol*. 2014;43(2):216-28.
15. World Health Organization. WHO global strategy on people-centred and integrated health services: interim report. Geneva: WHO; 2015. <https://apps.who.int/iris/handle/10665/155002>.
16. Schwartz SH, Bilsky W. Toward a universal psychological structure of human values. *J Pers Soc Psychol*. 1987;53(3):550.
17. Goodwin N. Taking integrated care forward: the need for shared values. *Int J Integr Care*. 2013;13:e026.
18. Valentijn PP, Schepman SM, Opheij W, Bruijnzeels MA. Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. *Int J Integr Care*. 2013;13:e010.
19. Minkman M. Values and principles of integrated care. *Int J Integr Care*. 2016;16(1):2.
20. Hitlin S, Piliavin JA. Values: reviving a dormant concept. *Annu Rev Sociol*. 2004;30:359-93.
21. Zonneveld N, Driessen N, Stüssgen RA, Minkman MM. Values of integrated care: a systematic review. *Int J Integr Care*. 2018;18(4):9.

## AUTHORS

**Dr Cali Bartholomeusz**, Associate Director, Evidence Synthesis and Translation, Knowledge Translation, Orygen and the Centre for Youth Mental Health, The University of Melbourne

**Alicia Randell**, Research Assistant, Evidence Synthesis and Translation, Knowledge Translation, Orygen and the Centre for Youth Mental Health, The University of Melbourne

## EXPERT CO-CONTRIBUTORS AND REVIEWERS

**Professor Raghu Lingam**, Professor of Population Child Health and Health Services Research, School of Medicine UNSW Medicine and Sydney Children's Hospitals Network

**Professor (Conjoint) Jackie Curtis**, Executive Director, Mindgardens Neuroscience Network, Clinical Lead, Youth Mental Health, SESLHD

**Professor Debra Rickwood**, headspace: The National Youth Mental Health Foundation and the University of Canberra

**Alison McRoberts**, Clinical Implementation Lead, Orygen

**Vikki Ryall**, Executive Director, Clinical Practice, headspace: The National Youth Mental Health Foundation

**Nick Duigan**, Head of Clinical Leadership, headspace: The National Youth Mental Health Foundation

## ACKNOWLEDGEMENTS

We would like to thank the following for participating in the stakeholder sessions:

- headspace National Youth Reference Group (hyNRG)
- headspace Family and Friends National Reference Group
- Primary Health Network and other lead agency staff
- Orygen Service Implementation and Quality Improvement (SIQI) team
- headspace service managers and clinical leaders
- headspace National staff
- Orygen government relations and policy team

© 2022 Orygen

This publication is copyright. Apart from use permitted under the Copyright Act 1968 and subsequent amendments, no part may be reproduced, stored or transmitted by any means without prior written permission of Orygen.

**Suggested citation** Bartholomeusz, C. & Randell, A. Defining integrated care and its core components in youth mental health. Part 1: complexities and values of integrated care. Melbourne: Orygen; 2022.

**Disclaimer** This information is provided for general educational and information purposes only. It is current as at the date of publication and is intended to be relevant for all Australian states and territories (unless stated otherwise) and may not be applicable in other jurisdictions. Any diagnosis and/or treatment decisions in respect of an individual patient should be made based on your professional investigations and opinions in the context of the clinical circumstances of the patient. To the extent permitted by law, Orygen will not be liable for any loss or damage arising from your use of or reliance on this information. You rely on your own professional skill and judgement in conducting your own health care practice. Orygen does not endorse or recommend any products, treatments or services referred to in this information.



**Orygen acknowledges** the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to First Nations people living today.

**Orygen is funded by the Australian Government Department of Health.**

**REVOLUTION  
IN MIND** *orygen*

### GET IN TOUCH

IF YOU'D LIKE MORE INFORMATION ABOUT ORYGEN, PLEASE CALL +61 3 9966 9100 OR SEND AN EMAIL TO [INFO@ORYGEN.ORG.AU](mailto:INFO@ORYGEN.ORG.AU)

[ORYGEN.ORG.AU](http://ORYGEN.ORG.AU)

### ORYGEN LTD

35 POPLAR ROAD  
PARKVILLE VIC 3052  
AUSTRALIA

### FOLLOW US ON

