FOR PROFESSIONALS WORKING WITH YOUNG PEOPLE

DEFINING INTEGRATED CARE AND ITS CORE COMPONENTS IN YOUTH MENTAL HEALTH

PART 2: EVIDENCE SUMMARY

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

Part 1 focuses on:

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

Part 2 (this resource) 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 our workshops held with key stakeholders aimed at identifying a definition of integrated care and the core components of integrated care, in youth mental health.

WHY IS INTEGRATED CARE IMPORTANT?

Globally, there is widespread support for integrated care as the optimal service approach in the health sector, including for youth mental health. Similarly, an integrated model of care is the approach recommended by Australian and international government bodies.(1-5)

For service providers, integrated care has the following benefits:

- clarifies roles and responsibilities;
- seeks to minimise gaps and reduce fragmentation of care;
- improves service efficiency, effectiveness and resource allocation;
- reduces duplication of effort;
- reduces incidence of inadequate or over-treatment; and
- aims to improve communication between services.(6)

For young people and their families and friends, integrated care:

- places them at the centre of all efforts to address their health and wellbeing;
- ensures their needs and personal preferences are communicated to and understood by all team members;
- reduces the need to repeat information if they receive care from multiple providers;
- supports them as they transition between services and service providers;
- ensures young people with multiple diagnoses and complex care needs receive the most appropriate comprehensive care; and
- improves health outcomes and service experience.(6)

WHAT IS THE EVIDENCE FOR THE EFFECTIVENESS OF INTEGRATED CARE IN YOUNG PEOPLE?

Evidence for the effectiveness of integrated care largely comes from population health research, and the global movement for integrating behavioural health with physical health care. (7-16) A population health meta-analysis into the effects of integrated care on various outcomes for children (aged 0-18 years) found that integrated care significantly improved quality of

life when compared to standard care, but had no effect on the number of emergency department visits.(17) Additionally, this study found integrated care models were more often cost effective.(17) A large meta-analysis of randomised controlled trials (RCTs) evaluating integrated medical-behavioural primary health care for children and young people (aged 1-21 years), involving over 13,000 participants, found integrated care led to small significant improvements (Cohen's d = 0.32; 95% CI,0.21-0.44) in mental health outcomes (any) compared to usual care.(13) This revealed a 66 per cent chance that a young person receiving integrated care would have a better outcome than a young person receiving usual care. Depression, anxiety, behaviour problems and substance use were the primary outcomes measured in the included studies of this meta-analysis. Larger effects were found when analyses were restricted to integrated treatment interventions excluding preventative programs (Cohen's d = 0.42), and when only collaborative care models were used (Cohen's d = 0.63).

It has been suggested that the strongest evidence for integrated mental health care for young people comes from research into the efficacy of early intervention psychosis services. (15, 18-20) These early psychosis models are characterised by young people receiving integrated specialised treatment for psychosis/psychosis risk, as well as vocational/educational support, and treatment for co-occurring mental health issues.(19) A meta-analysis and meta-regression involving 2,176 participants (average age 27.5 years), found integrated early psychosis treatment to be more beneficial than treatment as usual for all 13 outcomes measured, including treatment discontinuation, symptom severity, risk of hospitalisation, rate of relapse, remission and recovery, global functioning, involvement with work or school, and quality of life.(18) In the context of treatment discontinuation, this meant that an additional 10 per cent of people who were in the control group stopped their treatment compared to the integrated condition. The early psychosis integrated treatment model was superior at all follow-up time points: 6, 9 to 12, and 18 to 24 months of treatment.

Many of the systematic reviews and meta-analyses conducted for young people (and adults) evaluated the overall quality of RCTs as low to average, or often found studies to vary considerably in terms of sample population characteristics, research methods and impact on outcomes.(12, 13, 17) There is good evidence in support of early intervention models relating to psychosis, and positive outcomes in relation to broader integrated care models for young people. However, more high quality RCTs, cost-effectiveness analyses and service evaluation studies are needed to better inform the development and enhancement of integrated care models for young people.

WHAT ARE THE BARRIERS AND FACILITATORS TO DELIVERING INTEGRATED CARE?

Providing integrated care is a multicomponent and complex process and is therefore influenced by multiple facilitators and barriers. A recent review of barriers and facilitators to integrated youth care identified seven themes and 24 subthemes, as displayed in Table 1. Each theme can function as both a barrier and facilitator. For example, time is a facilitator or enabler of integrated care when a health professional has a flexible schedule, enough time for interprofessional team development, reflection on collaboration and clinical discussions. Conversely, a lack of time during regular client visits to address a range of issues is a barrier, as is an inflexible schedule, insufficient time for communicating and leaving collaboration to chance.(21) Future projects should capitalise on facilitators of integrated care and address the challenges of barriers in order to foster collaborative and integrated ways of working.

Table 1. Barriers and facilitators to integrated care for young people (adapted from 21)

THEME	SUBTHEME	SUBTHEME DESCRIPTION
Young person's environment	Family-centred focus	A holistic approach on a family's welfare
	Fragmentation	Collaboration between education and health care systems
Preconditions	Time	Time to address a broad spectrum of problems and for interprofessional collaboration
	Financial	Financial support and funding streams
	Professionals and resources	Availability of professionals and services
Care process	Screening and assessment	Broad assessment of problems and the use of screening tools
	Shared care plan	Several perspectives and goals in a comprehensive care plan
	Referral	Transition between care providers
Expertise	Knowledge and training	Extending knowledge by means of training
	Guidelines	The use of evidence-based guidelines to support professionals
	Self-efficacy	Confidence and comfort of professionals to provide integrated care
Interprofessional collaboration	General aspects of collaboration	The importance of interprofessional relationships
	Familiarity with other professionals	Knowing and understanding the expertise of other professionals
	Forms of integrated care:	
	• Co-location	Multiple services at one location
	• Multidisciplinary meetings	Meetings where professionals share knowledge, highlight concerns and reflect on care processes
	• Consultation	Consultation of other (specialist) professionals
	• Care coordination	Professional with the specific task to coordinate a care process
Information exchange	Communication	A shared language and motivation to communicate
	Sharing information and confidentiality	Content and frequency of information exchange, shared medical records and legal guidelines for sharing information
Professional identity	Professional roles and responsibilities	Clarity and expectations about professional roles, sharing responsibility
	Attitudes	Attitudes and commitment towards integrated care and collaboration
	Shared thinking	A shared foundation in thoughts, aims, priorities, and values
	Trust, respect and equality	Mutual trust, respect for other professionals and perceived equality

MODELS OF INTEGRATED CARE CURRENTLY USED IN YOUTH MENTAL HEALTH

Several integrated care models have been implemented in youth mental health, ranging across the continuum of models from the less integrated, such as coordinated care, to fully integrated care. The success of early psychosis models and services spurred the development and implementation of broader integrated treatment models for young people, which brought together mental health, physical health and social services.(15) Numerous specialised youth integrated care services that address physical and mental health issues, and in some instances social issues, are in operation globally. While Australia pioneered the change towards new models of care for young people by creating the headspace model,(6, 22) many other countries have taken inspiration from the headspace model (for example Jigsaw in Ireland) or developed their own models of integrated care based on the needs/demographics of their population and their government funding structures. Two current services are described below to demonstrate the breadth and diversity in integrated care models (for full list of current services see 15, 23).

FOUNDRY

Foundry is a province-wide network of integrated health services designed for young people aged 12-24 years in British Columbia, Canada – located in both urban and rural communities. Beginning in 2015 with six centres, it has since grown to 12 centres, with more planned. Foundry is in partnership with over 200 government and non-profit community-based organisations. (24, 25) Centres are governed by lead agencies and guided and supported by Foundry Central Office and a provincial Governing Council.(26) Foundry services include primary care (physical and sexual health), mental health, substance use, youth and family/caregiver peer support, and social services (for employment, housing, income support). Complementary online tools and resources are also an essential part of achieving Foundry's vision for improving young people's access to care.

In the period of April 2018 to September 2020, Foundry provided over 100,000 services to young people.(24) Foundry Virtual (foundrybc.ca) launched online in April 2020, and offers young people and their caregivers drop-in counselling, peer support and primary care through online voice, video and chat functions, which can be accessed anywhere in the province of British Columbia. A key aspect of Foundry is that the model was, and continues to be, updated via co-creation with young people and their caregivers, to ensure the model meets the needs of those accessing the services. Foundry is funded by the provincial government and several philanthropic foundations.

Foundry's proof-of-concept evaluation study, which reported on data from 4,783 service users who had accessed the service between October 2015 and March 2018, showed that young people, predominantly between 15-19 years, most often sought help for mental health and substance use issues (57 per cent) and physical health concerns (25 per cent).(25) A youth feedback survey, completed by approximately 100 young people, consistently reported high levels of satisfaction and positive experiences with the service. Ninety-two per cent of participants agreed/strongly agreed that having multiple services in one place made it easier for them to receive the help that they needed. Additionally, 89 per cent believed that staff were able to work together to provide the services.(27)

While in the proof-of-concept phase none of the centres achieved "target" results for any of the constructs measured, which related to partnership functioning (for example synergy, administrative and management effectiveness, sufficiency of resources), several were categorised as making "headway".(27) Despite this, 'distributive leadership', which is "an approach involving concertive action achieved by spontaneous collaboration through intuitive working relationships",(26 p1) was found to be a facilitator of service and system-level integration. This type of leadership was also effective in coordinating efforts for achieving optimised access to care.(26)

FORWARD THINKING BIRMINGHAM

Forward Thinking Birmingham (FTB), is a unique integrated care model in the United Kingdom that launched in 2015, providing primary, secondary and tertiary mental health services to children and young people aged 0-25 years, alongside their families/carers.(28) The FTB model took a 'whole system change' longitudinal integration approach and moved away from a tiered mental health system. The initial objective for creating FTB was "to improve the transitions for young people when moving between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services, ensuring that all young people with mental health issues have every opportunity to continue in education, training and employment, so they have a life that is not defined or limited unnecessarily by their condition".(29)

The FTB service level aims include:

- Understanding the risk factors that may lead to potential mental health problems and mitigate these through effective early intervention and promotion of wellbeing at all ages.
- Developing a specialist integrated approach: joint working and direct work within an integrated collaboration of organisations (community, voluntary sector, private and public provision).
- Working in partnership with and building front line capacity with emphasis on enablement, empowerment and education, thereby

ensuring that fewer children and young people have a need for long-term mental health services.

- Delivering a wide range of evidence-based treatment options with emphasis on solution-focused approaches.
- Recognising that working with primary care will form the basis of therapeutic and recovery options.
- Offering community services for 0–25-year-olds and inpatient services for those aged 18 years and older.(28)

FTB services a catchment area comprising approximately 450,000 children and young people. Specialised treatment for early psychosis, eating disorders, co-occurring learning disability, personality and complex trauma, as well as autism spectrum disorder assessments, outreach (hospital-in-the-home), crisis team support and inpatient treatment can all be accessed through FTB pathways. FTB also consists of PAUSE, a drop-in service (online, phone or video chat were offered during COVID-19 restrictions) focused on promoting resilience, good mental health and emotional wellbeing. Similar to headspace's Youth National Reference Group, FTB operates 'Think4Brum', a youth steering group comprised of service users, who make significant contributions in changing the way the services function. Activities range from sitting on interview panels to being involved in planning for new building improvement and design to enhance FTB services across units, hospitals and hubs.

An initial impact and process evaluation report for the period of April 2015 to June 2017, was not able to determine if FTB was meeting its service goals, due to insufficient collection of service use data.(28) However, stakeholders did view FTB as improving access to mental health care for all age groups, with particular support for the drop-in service, including drop-in on the weekends. The main areas of concern for children, young people, and family/carers were the long waiting times for appointments, poor continuity of care/repeated changes of staff, and poor and delayed information about what was planned for their care pathway. Similar concerns were raised by professional stakeholders, particularly from voluntary and community sector partners, leading the evaluation team to make several recommendations on how to improve the FTB model and functioning of the service. These included building the FTB workforce and leadership, development of training and continuous performance development opportunities for providers across all sectors, and establishment of a data system that is compatible across all relevant agencies. Given that FTB is one of the first health services to provide integrated mental health care to young people from birth to age 25, it is not surprising that such a system overhaul faced many challenges, particularly in the initial phases. More recent evaluation data are expected to be published in the near future.

TAKE-HOME MESSAGES

- Integrated care is the preferred approach for delivering youth mental health care in Australia and worldwide.
- There exists sound empirical evidence that supports integrated care models as more beneficial than standard care for young people with mental ill-health, however more high-quality research is needed.
- Although numerous barriers exist to delivering integrated care, there are an equal number of facilitators that should be capitalised on to foster collaborative and more integrated ways of working.
- Despite the challenges, many services have already implemented integrated care models in youth mental health settings, and these vary in breadth and diversity.

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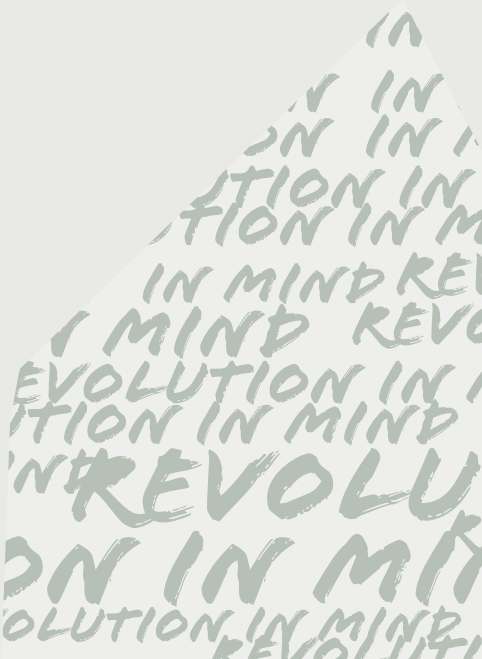

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