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POSTER ABSTRACT

From paper to practice: implementing integrated care for youth-at risk

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Background: At present, professionals experience difficulties applying known facilitators and barriers of integrated care in practice [1]. This is particularly intricate when working with youth at-risk and their families. These families have a diversity of problems in different life-areas, that often do not seek or accept care, and with a continuing risk of crisis situations occurring. To improve integrated care for youth at-risk, we aimed at deepening insights into how to enable facilitators or overcome barriers when implementing integrated care for youth at risk.

Targeted population and stakeholders: The overall study design comprises practice-based action research. The primary focus of this study is on the perspective of Youth Care professionals, policymakers and youth at-risk in the Dutch Youth Care system. This study is designed and monitored in co-creation with professionals, policymakers and youth representatives. By organizing learning sessions based on the results of the study, professionals and other stakeholders are stimulated to learn and improve the quality of care for youth at-risk.

Method: For the aim of this study, we conducted 31 semi-structured interviews, observations with different stakeholders and one learning session with a youth and parent representative, professionals, and policymakers within a network of an integrated care initiative for youth at-risk. To analyse the transcripts, learning session and observation reports, we conducted a thematic analysis both deductively and inductively.

Results: The implementation of integrated care for youth at risk seemed to be influenced by three underlying mechanisms: mandate, care coordination, and professional autonomy. Neither mandate, nor care coordination, nor professional autonomy was reported as lying with one person or organization and shifted between them depending on the specific case. When there was a lack of, or insufficient agreement on professional autonomy, mandate, or care coordination, it became extremely difficult for the professionals involved to provide integrated care in practice. Specifically in crisis situations, when clarity on mandate, care coordination, and professional autonomy was urgent but often lacking in practice. This led to indecisiveness and inappropriate support or no care provision at all. At the same time when these mechanisms were present: integrated care for youth at-risk was more easily realized.

Conclusions: Providing integrated care for youth at-risk is a joint effort. The different organizations need to specify with every new case who is involved and what their role and responsibility is, in order to offer youth at-risk the care they need. Therefore, professionals and

organizations need to realize, understand and act on the underlying mechanisms mandate, care coordination and professional autonomy when providing integrated care for youth at-risk. Future studies are needed to establish whether and if so, what, other underlying mechanisms are crucial when providing integrated care for youth at risk in practice and how these mechanisms are successfully implemented.

Reference: 1.Nooteboom LA, Mulder EA, Kuiper CH, Colins OF, Vermeiren RRJM. Towards integrated youth care: A systematic review of facilitators and barriers for professionals. Administration and Policy in Mental Health and Mental Health Services Research. 2020;48(1):88–105.