
POSTER ABSTRACT**A framework for evaluating the implementation and maintenance of integration within the youth mental health system.**23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Michael Hodgins¹, Catherine McHugh², Valsamma Eapen^{3,4}, Nan Hu¹,
Mariyam Cadiri¹, Jackie Curtis^{2,5}, Raghu Lingam¹

1: The Population Child Health Research Group, UNSW, Randwick, NSW, Australia

2: Youth Mental Health, SESLHD, Sydney, NSW, Australia

3: Ingham Institute Liverpool, NSW, Australia

4: School of Psychiatry, Faculty of Medicine, UNSW, Sydney, NSW, Australia

5 Mindgardens Neuroscience Network Sydney, NSW, Australia

Given the global burden of disease of youth mental disorders, there remains a need to examine how to improve care for this population. Integrated care has been posited as a potential solution, but there is limited evidence on how best to design, staff, and evaluate different models of integrated care for youth mental health. This oral paper presents the findings of a narrative synthesis of the evidence on integrated models of mental healthcare for young people aged 12 to 25 within PubMed, SCOPUS, and PsycINFO databases. Our literature review aimed to: (1) define and summarise the literature on integrated models of mental healthcare for children and young people, and (2) evaluate the effectiveness of integrated models of youth mental healthcare in enhancing mental health outcomes, quality of life, satisfaction with care, and improving health service delivery in young people aged 12-25 years. To be included in our review, studies were English language peer-reviewed and grey literature from January 2001 – October 2021, which included systematic and/or scoping reviews that assess integrated mental healthcare for children and young people aged 12 to 25 years and studies evaluating models of integrated mental healthcare for children and young people using intervention and comparator groups (included in meta-analysis). To synthesise this literature, we generated initial inductive themes describing components of integrated care shared across the youth mental health system including, collaborative care, person centred care, population and evidence-based care, and governance and financing. We incorporated these themes within a deductive framework adapted from the World Health Organisation health system building blocks. These building blocks include service delivery; workforce; information systems and communication; products and technology; and finance along with the cross-cutting themes of leadership, governance, and policy and values. We then mapped these core components of integrated care onto the six intensity levels of integrated care developed by Heath and colleagues providing an overview of how integrated care can be operationalised in terms of health service building blocks. This framework can form a basis for the development of well-articulated models of youth integrated mental health pathways, assisting services identify what operational changes are needed to best implement and sustain integrated care in their own context. Planned future work involving this framework includes using it to map

the integration of primary, secondary, tertiary, public, and private youth mental health services within the Australian health system.