ABSTRACT

Aims: Guiding principles are arguably central to the development of any health service. The aim of this article is to report on the outcomes of a Youth Mental Health (YMH) Community of Practice (CoP), which identified a range of guiding principles that provide a clear point of comparison for the only other set of principles for YMH service delivery proposed to date.

Methods: A YMH CoP was established in 2010 as part of the Victorian State Government approach to improving YMH care. An initial literature search was undertaken to locate articles on YMH service delivery. A number of common themes were identified, which the YMHCoP members then elaborated upon by drawing from their collective experience of the YMH sector. The resultant themes were then refined through subsequent group discussions to derive a definitive set of guiding principles. These principles were then augmented by a second literature search conducted in July 2015.

Results: Fifteen key themes were derived from the initial literature search and YMH CoP discussions. These were refined by the YMH CoP to produce ten guiding principles for YMH service development. These are discussed through reference to the relevant literature, using the only other article on principles of YMH service delivery as a notable point of comparison.

Conclusion: The ten principles identified may be useful for quality improvement and are likely to have international relevance. We suggest the timely pursuit of an international consensus on guiding principles for service delivery under the auspices of a peak body for YMH.

Keywords: Community of Practice; Mental Health Service Delivery; Mental Health Service Development; Principles; Youth Mental Health; Youth Mental Health Services

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INTRODUCTION

It is widely known that the onset of mental ill-health most often occurs during the transition from childhood to adulthood. Three-quarters of all lifetime cases of mental disorders begin by the age of 24 [1], accounting for approximately 50% of the disease burden among Australian young people aged 15 to 25 years [2]. For many years, a CAMHS–Adult split has been the dominant model for youth mental health (YMH) service provision, which has little capacity to meet the needs of young people with mental ill-health due to the discontinuity of care at this critical developmental period [3, 4], and an inappropriate tendency to focus on either child-oriented or chronic disease management [5]. Consequently, the identification of YMH as a key target for intervention efforts and need for investment has emerged as an important political and clinical challenge, with a clear call for service reformation [3, 6-8].

There has also been a global push for youth-focused services [9], as reflected in international policy [10-12] and service initiatives[13]. Youth mental health service reform has been gaining ground, firstly in Australia, then in the UK, Ireland, Canada, Denmark, and Asia, and more recently in the USA[14]. In Australia, the Fourth National Mental Health Plan, as well as prioritising the expansion of accessible YMH services as one of its action areas, has recommended "the development of nationally consistent principles to guide the establishment of youth focussed services" [10] (p.35).

While there has been much written about specific clinical interventions for young people with mental ill-health [15-18], far less attention has been paid to the development of YMH services. Although there are non-age specific principles for the delivery of services as well as principles of recovery-oriented mental health practice for general mental health services in Australia [19], these fall short of the more specific principles required for youth. Otherwise, much of the available literature related to the development of YMH services stems from the early psychosis movement. The rationale and evidence for early intervention in psychosis has been well documented [20-22], including the specific structural and functional components required by an early psychosis service [23-25]. In some services, program standards have also been developed [26, 27]. Although some of these services have identified a limited number of objectives and principles for clinical service provision that could be meaningfully extrapolated to YMH services generally [27], they have fallen short of providing guiding principles which can inform the initial planning and establishment of such services. Other literature provides evidence underscoring the need for better access to systems of care [28], and advocates the effectiveness of a collaborative care approach [29]. There are also service model descriptions in primary care, including headspace in Australia and Headstrong in

Ireland, which identify a number of aims, core concepts, evidence-based approaches, strategies and components of service delivery [30, 31]. Nevertheless, they do not appear to explicitly describe any guiding principles for YMH service development.

In fact, to our knowledge, only one peer-reviewed article has overtly identified guiding principles for developing a YMH service (see Howe et al 2014 [32]). Using a literature review, stakeholder consultations and best-practice considerations, Howe and colleagues (2014) described nine key principles that were endorsed by the NSW health department. These were then used to guide service development and provide a framework for reporting activity to the state government. The principles identified by Howe and colleagues (2014) cover the need for prevention, promotion activities and early access, principles to ensure quality of care and best practice interventions, as well as those that influence attitudes (e.g., an optimistic approach to recovery).

This paper builds on the above work by describing a highly complementary initiative to develop a set of guiding principles for developing YMH services in Victoria. In 2009, the Victorian State Government launched the 'Because Mental Health Matters' (BMHM) reform strategy [33], which identified a need for accessible, responsive, age-appropriate YMH services that work effectively within the broader context of the youth health and welfare field. Subsequently, the State Government provided funding to Orygen Youth Health to establish a YMH community of practice (YMHCoP) to assist the development of a dedicated YMH component within Victorian mental health services.

A community of practice involves the regular interaction of a group of people 'who share a common concern, set of problems or a passion about a topic and who deepen their understanding and knowledge of this area by sharing resources and interacting on an ongoing basis' [34], p.4). The establishment of a YMHCoP provided a forum and networking opportunity for Victorian YMH service managers and clinicians to enhance their knowledge and skills by sharing resources and experiences relating to the development of their YMH services and the treatments they provide. Due to the disparate nature of the clinical services that members represented, it was decided that identifying guiding principles for establishing a YMH service was a key priority. These principles could then provide a clear framework for members to develop their regional service and a common platform upon which to overcome a broad variety of local challenges. To derive these principles, the YMHCoP met regularly through a variety of channels to share their knowledge and personal experiences of the YMH sector; discussions informed by a concurrent literature review. The resultant principles have since been confirmed by a more recent search of relevant research.

The aim of this article is to report on the outcomes of this process, to provide a clear point of comparison for the only other explicit set of principles for YMH service delivery proposed in the literature to date. In so doing, we hope to motivate productive discourse among YMH researchers and practitioners that ultimately leads to widespread agreement upon a core set of principles applicable to YMH services worldwide.

METHODS

The YMHCoP membership comprised a number of tertiary YMH service managers and senior allied health and nursing clinicians, representing 14 CAMHS or adult mental health services with links to academic institutions and one statewide education program. The services represented metropolitan and rural regions of Victoria at various stages of developing a dedicated YMH program. Communication between members occurred over a period of 12 months via regular 6-weekly meetings, online interactions (via email and a purpose-built website), and informal face-to-face networking.

The development of guiding principles commenced with a literature search for all published articles on YMH service delivery written in English by December 2010, using the search engines MedLine, PsychInfo and CINAHL. Search terms included: 'youth mental health services', 'service development', 'principles' and 'youth mental health'. Although no literature was found that specifically described principles for YMH service development, a range of publications was identified that could be used by the YMHCoP to inform their development of guiding principles. Specifically, fifteen key themes were initially derived from the literature, which the YMHCoP members then elaborated upon by drawing from their individual and collective experience of the YMH sector. The resultant themes were subsequently reviewed and refined through further general group discussions. Consensus on the omission and retention of each principle with their associated descriptions was achieved to derive a concise but comprehensive set of guiding principles, which were subsequently unanimously agreed upon by the YMHCoP.

To determine whether any relevant literature had been published since the establishment of the YMHCoP in 2010, another literature review was conducted in July 2015, using the same search terms and initial search engines, with the addition of Google Scholar. This revealed only one recent publication that overtly articulated principles for YMH services (see Howe et al., 2014), although other relevant literature was identified that provided indirect support for the guiding principles identified by the YMHCoP.

RESULTS: TEN GUIDING PRINCIPLES FOR YMH SERVICES

The guiding principles for YMH service delivery developed by the YMHCoP are summarised below, alongside supportive literature identified by the searches conducted in 2010 and 2015.

Principle 1: Acknowledge and incorporate the full continuum of service response

Given the age of onset of mental health problems [1], YMH services should acknowledge the full continuum of service response, ranging from prevention, early detection and intervention, through to treatment in the maintenance phases. The Australian Government Fourth National Mental Health Plan [10] identifies the need for YMH services to deliver targeted prevention and intervention programs in partnership with other youth-related services. There is also evidence of effective indicated preventions for a range of conditions, including early psychosis [35], borderline personality disorder [36, 37], and bipolar disorder [38]. Finally, the importance of continuing care throughout the treatment and maintenance stages of the intervention spectrum is widely recognised in national policy and planning [10].

Principle 2: Employ evidence-informed practice

Evidence-informed practice is seen as one of the most effective ways to improve quality of care [39] and is embedded in national standards for mental health services in Australia [19]. This principle applies to the whole spectrum of mental health and illness and all aspects of service development and delivery by applying what is known to the local service context. Services should provide access to appropriate evidence-based training and education and actively contribute to evidence-informed practice through ongoing, embedded research activities as part of a learning organisation environment [40].

Principle 3: Ensure smooth pathways and ease of access into services

Ease of access to services relies on a smooth transition into and through a YMH service. Improving the mental health literacy of the people who are involved in young people's lives can facilitate help-seeking and finding the right source of help [41, 42]. Service entry points and the timing of service delivery should both be flexible, and there should be minimal disruptive changes prior to engagement with a primary clinician. This will help ensure continuity of care from the earliest possible moment and throughout the young person's episode of care from relational, informational and management perspectives [43]. Accepting

referrals from any source and providing a service entry approach which is flexible and mobile also provides easier access to care [23]. A 'no-wrong door' policy should exist to provide young people with the appropriate interventions either within the service or through assisting their engagement with an external service that best suits their needs (a so called 'warm referral').

Principle 4: Embody a 'youth friendly' ethos

Crago and colleagues (2004) identify that being youth friendly 'means adopting practices and strategies of engagement which make and sustain positive connections with young people and through which they feel valued, respected and increasingly capable of taking charge of their lives' (p.39). The importance of a youth friendly approach to service delivery is reflected in various clinical guidelines [44, 45]; is seen to be a key factor in the continuing engagement of young people in a mental health service [46]; and must be reflected in the set-up of services, delivery of treatment and service evaluation. Youth participation should also be meaningfully utilised across all aspects of service development and delivery. Multi-level youth participation models – involving, for example, a number of young people on steering committees who actively contribute to ground-level or team decision-making – provide a way to make services more responsive to the needs of young people and improve the quality of service provision and health outcomes [47].

Principle 5: Facilitate youth empowerment, agency and self-determination

Where possible, services should seek to facilitate the normal developmental processes of adolescence, such as establishing independence and a sense of identity. Services can support these processes by providing opportunities for young people to be the agent of their own management and change both clinically and at a service level [48]. In a clinical context, shared decision-making mechanisms present one promising way to achieve this principle [49].

Principle 6: Take into account the developmental stage of the young person

The needs and capabilities of young people vary between individuals, and can change dramatically during the developmental periods of adolescence and emerging adulthood. Services should provide developmentally appropriate assessment, treatment and interventions [50] that avoid the disruption of service transitions during this crucial period of development [51].

Principle 7: Prioritise youth 'at-risk' of, or experiencing, severe mental ill-health

Services should target those most at risk and provide services that are sensitive to the needs of young people with social, cultural and geographically diverse experiences. Examples of these marginalised young people include: culturally and linguistically diverse (CALD) youth; Indigenous youth; sexuality and gender diverse youth (LGBTIQ); those who live in rural or remote locations; and those who have experiences of homelessness, child protection or justice systems [3]. This principle also encapsulates the need for assertive care for those with multiple and complex needs [23], which has been shown to be effective in early psychosis [52].

Principle 8: Collaborate with other services in the treatment system

Ideally, public YMH services should all be specialist mental health services that work with young people who often have multiple and complex needs. To meet the needs of young people effectively, services need to partner and support primary and secondary care providers [53], such as homeless services, substance use services, youth justice, child protection and GPs. This 'treatment system' is best approached as an interdependent, broad platform of care with a systemic approach to service development and delivery. Whether services wholly integrate or simply partner with external agencies is often determined by a range of factors such as funding sources, organisational culture and political will, which may give rise to tension between agencies. Regardless, successful service integration or partnership requires strong inter-service relationships with a focus on culture while acknowledging the change management processes needed within each service. [54].

Principle 9: Provide family-sensitive practices

For many young people, the family setting is a central component of their broader social world. Family relationships can influence individual development, mental health and progress in therapy. Family involvement in treatment planning and implementation should be reflected both at the level of service development [26, 55] and clinical intervention [56, 57], and also include family peer support work programs [23, 58]. Notably, family sensitive practice which may include therapeutic work to families of young people who are difficult to engage or have disengaged from a service, should also be balanced with the young person's sense of self-agency, particularly when the family is a source of trauma, which can often present as a challenge to services.

Principle 10: Take an integrated, holistic approach with a recovery focus

At a time when distressing symptoms often take the focus of attention, it can be challenging for mental health workers to recognise that young people also have strengths, abilities,

talents and interests and that symptom reduction is only one part of recovery. Attention to holistic elements of care that are sensitive to the young person's developmental context are required, including service programs which involve vocational, social and recreational pursuits to bring about mental health promotion and recovery [6]. This approach has been embedded in the vision and values of early psychosis services [23, 59], and in recent times, has become more of a focus in higher prevalence disorders. An example is the IAYMH [60] setting a target of engaging 90% of young people in meaningful educational, vocational or social activities two years after accessing specialist YMH support.

DISCUSSION

The use of a community of practice platform that enlisted both the relevant literature and the shared professional experiences of a group of service managers and YMH clinicians proved to be an effective way to develop guiding principles for developing a YMH service. In addition to providing a framework to guide the development of new services, these principles may also be used to inform continuous quality improvement, minimum standards for service delivery and reporting guidelines for funders. For example, in relation to the principle of embodying a youth-friendly ethos, a YMH service may develop and enact minimum standards for youth-friendly practice by employing a youth participation coordinator and involving youth participation representatives on a continuous quality improvement committee[26, 47]. The principles could also be recruited to enhance quality improvement by applying each principle at each step of the entire clinical pathway to identify existing strengths and weaknesses. Finally, the broadly generalisable nature of the principles means that they are likely to have international relevance, regardless of local model and funding arrangements. However, given the breadth and degree of specialisation required by these principles, it is worth emphasising that adequate funding arrangements are likely to be essential.

As shown in Table 1, the ten principles we have identified here align very closely with most of the principles described by Howe and colleagues (2014). However, one principle identified by Howe's group and not included in the YMHCoP list emphasises the need for sustainable clinical governance and quality control [32]. This underscores the need for quality control mechanisms informed by data collected from the service, highlighting research and evaluation as important components of YMH service delivery. Such evaluations should aim to measure both the process and outcomes of service reform[61]. Implementation research frameworks exist to assist in structuring the process to ensure adequate information on the

interventions, settings (both the broader context and the organisation itself), the activities or processes of implementations and the relationships with organisations and staff involved in the process is collected, examined, documented and evaluated[62].

On the other hand, there were two principles derived from the Victorian YMHCoP that were not explicitly included by Howe and colleagues (2014) – that YMH services should 'facilitate client empowerment, agency and self-determination' (Principle 5) and 'take into account the developmental stage of the young person' (Principle 6). We feel that these principles need to be retained and emphasised, given: i) the widely recognised link between youth development and the onset of mental ill-health[7, 63]; ii) the potential impact of excluding these principles on the young person's prospects for engagement and recovery[49, 50]; and iii) the influence these principles can have on the types of interventions delivered at a service and clinical level.

Despite these differences, the broadly similar outcomes emerging from two independent attempts to develop principles for YMH services in Australia imply an underlying consensus among mental health professionals concerning the key elements of YMH service provision. The omission of the perspectives of young people and their families in the development of these principles is a noteworthy limitation, however, particularly given the emphasis we have placed on youth self-agency and participation. Another limitation lies in the relative paucity of research to support some of the principles identified, such as the efficacy of youth participation as a way to improve quality outcomes [47]. Finally, given that this is only the second of two papers that outlines YMH service principles, the extent to which they apply to other, particularly international contexts remains unclear. With this in mind, we believe it is time to pursue an international consensus under the auspices of a peak body such as the International Association for YMH (IAYMYH) to endorse a discrete set of principles that can drive and influence the development of YMH services both locally and globally.

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Table 1

YMH Service Principles Summary Identified by YMHCoP and Howe et al. (2014)

YMHCoP YMH Principles	Howe et al 2014 YMH Principles
Principle 1: Acknowledge the full continuum of service response and incorporate strategies that recognise this.	Principle 1: Commitment to a promotion and prevention framework for mental health
Principle 2: Employ evidence based / informed practice	Principle 2: Improving early access
Principle 3: Ensure smooth pathways and ease of access into services	Principle 3: Sustainable clinical governance of youth mental health and quality control **Principle not explicitly addressed by YMHCoP**
Principle 4: Embody a youth friendly ethos	Principle 4: Promoting 'best practice' youth mental health clinical services
Principle 5: Acknowledge the importance of client empowerment, agency and self-determination. **Principle not explicitly addressed by Howe et al 2014**	Principle 5: Developing effective strategic partnerships
Principle 6: Take into account the developmental stage of the young person. **Principle not explicitly addressed by Howe et al 2014**	Principle 6: Focus on recovery and hope
Principle 7: Prioritise youth 'at-risk' of, or experiencing, severe mental ill-health	Principle 7: Establishing youth participation in governance, planning and implementation
Principle 8: Collaborate with other services in the treatment system	Principle 8: Improving participation of families and carers in mental health services
Principle 9: Provide family sensitive practices.	Principle 9: Developing a youth mental health workforce
Principle 10: Take an integrated holistic approach with a recovery focus.	

TITLE: Ten Guiding Principles for Youth Mental Health Services

Authors: Frank Hughes[1], Lisa Hebel [2,] Paul Badcock[1, 3, 4], Alexandra G. Parker[1, 3]

[1] Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia, 3052

[2] North-Western Mental Health, Melbourne Health, Melbourne, Australia, 3052

[3] Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia, 3052

[4] Melbourne School of Psychological Sciences, The University of Melbourne, Melbourne, Australia, 3010

Correspondence to: Frank Hughes, Orygen, 35 Poplar Rd, Parkville, Victoria 3052 Australia. email: fhinymh@gmail.com: Ph. 0431 461 046

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