EHMA 2025

Taking action to improve health for all

Integrated mental health care for children and youths: evidence from a systematic review

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AGENDA

1. Background
2. Methods
3. Results
4. Conclusions

BACKGROUND

- **Mental health** of **children and young people** has gained increasing global attention, particularly in the aftermath of the COVID-19 pandemic, which amplified awareness of mental health challenges.
- Young people, especially those in vulnerable situations, often face significant **barriers in accessing mental health services**.
- **Integrated mental health care** is increasingly recognized as a promising approach to improve both access to services and health outcomes.
- Our study aims to provide a state-of-the-art **summary** of the **evidence on mental health and psychosocial support services** for youth and children internationally, by identifying common components of integration and effectiveness across integrated care interventions, in order to inform policymakers seeking to address this pressing global issue.

METHODS (1/3)

Our review was guided by the following research questions:

- What are the common components of integrated care interventions for mental health services for children, adolescents and young people?
- What is the evidence of effectiveness of integrated care interventions for mental health services for children, adolescents and young people?

The **search strategy** was built around **three conceptual domains:** (1) mental health needs; (2) children, adolescents and young people as population target; (3) integrated care interventions, across sectors of healthcare, social care and education.

The search was performed in **four databases** (Scopus, Web of Science, PubMed and Ovid) on November 2024.

METHODS (2/3)

Inclusion criteria:

- Only **peer-reviewed systematic reviews, scoping reviews and meta-analyses** published **in English from 2013 until November 2024** were included.

- Target population age: from 0 up to 25 years old.

- Studies focused in cross-sectors integrated care for mental health were included.

- Studies had to include an evaluation of the interventions, and to report outcomes of interventions.

Studies selection:

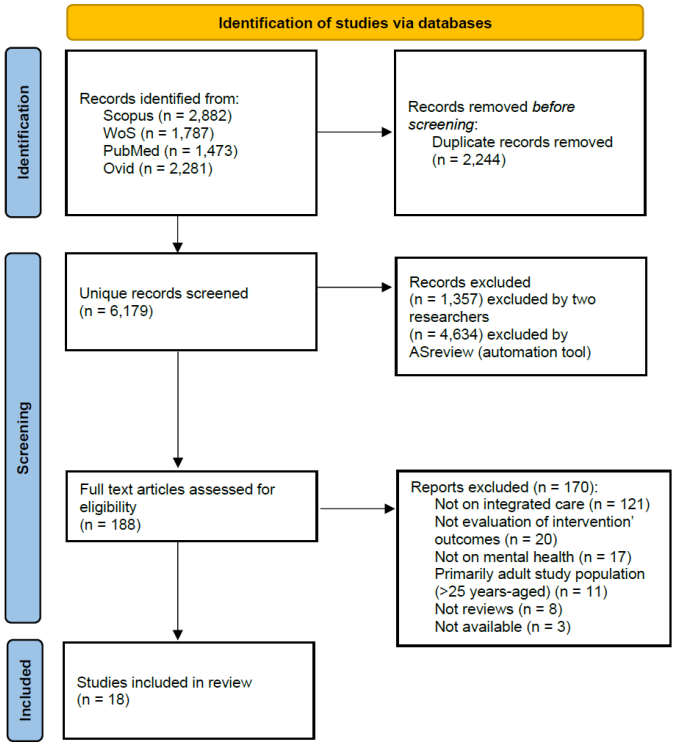
PRISMA guidelines for systematic review (Page et al., 2021), with the first phase of screening based on titles and abstract and the second one on full text reading were followed.

Data extraction grid parameters: i. Study characteristics; ii. Target; iii. Interventions; iv. Barriers and facilitators.

Risk of bias assessment: the **quality** of the **included reviews** was assessed using the **AMSTAR-2 tool**.

METHODS – PRISMA FLOW DIAGRAM (3/3)

The search resulted in 8,423 records. 2,244 duplicates were removed, leading to a **final sample of unique records of 6,179 for title** and abstract screening. 188 reports remained for full-text analysis. **18 reviews met the inclusion criteria** and were included in this **systematic overview of reviews.**



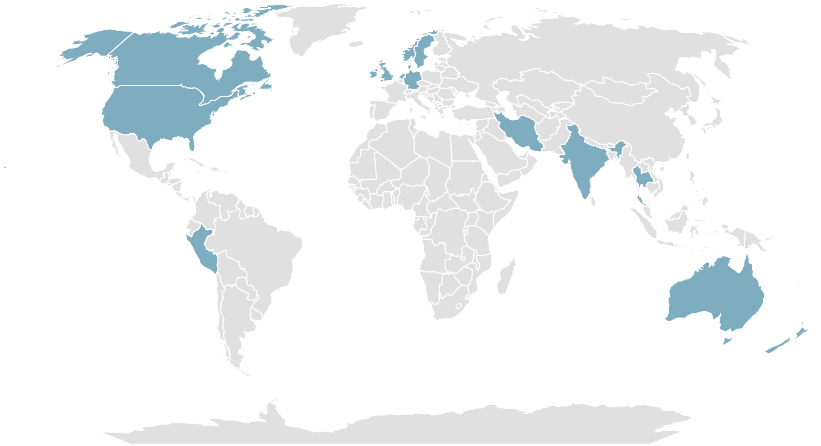
RESULTS

STUDY CHARACTERISTICS (1)

- **18 included papers;**
- Published between 2016 and 2024;
- **335 primary studies** included in the 18 reviews;

Location:

- 14 reviews report great concentration in **English-speaking countries** (counting all together for **95% of the total interventions**): United States (45% of all interventions), Australia, United Kingdom, Canada, New Zealand, Ireland.
- Remaining interventions: Netherlands, Iran, India, Germany, Denmark, Scandinavia, Peru and Thailand.
- **Targets of the interventions**: children, adolescents and young people **(0-25 years).**



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RESULTS

NEEDS, SECTORS, AND MODE OF DELIVERY (2)

- ADHD
- Depression
- Developmental disorders
- Behavioural disorders
- Substance use
- PTSD
- Physical health needs
- General mental health needs – considerable variability: mild to moderate mental health difficulties as depression, anxiety and psychological distress, psychotic, bipolar, depressive, substance-related, personality and conduct disorders, experiences of acute mental health crisis, compresence of depression and other common youth mental health conditions, as generalized anxiety disorder, social anxiety, psychotic-like experiences, co-morbid substance use, ADHD or disruptive disorders, diagnosis of anxiety disorder, ADHD, oppositional defiant disorder, mood disorder, conduct or behavioural disorder, substance use, psychosis and autism spectrum disorder.

Type of needs

- Paediatric primary care
- Paediatric emergency care
- Mental health care (inpatient and residential settings)
- Emergency care
- School
- Social care
- Community care
- Online mental health service
- Telepsychiatry service

Sector and mode of delivery

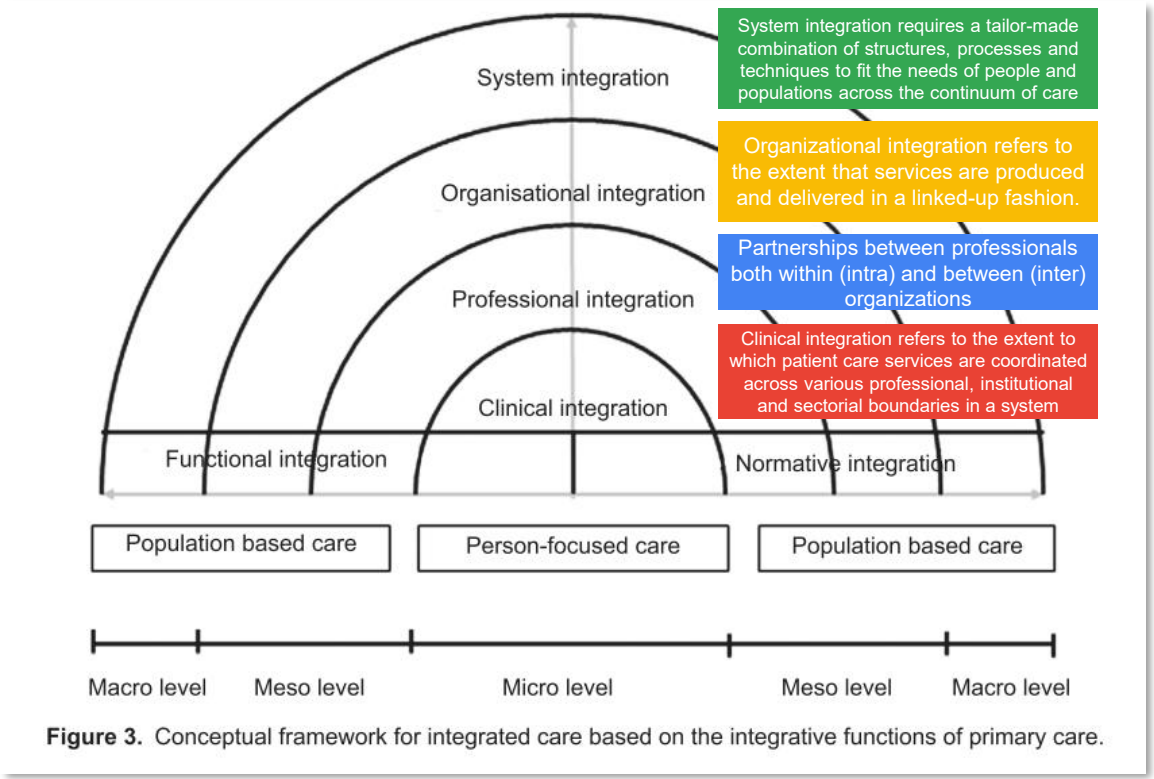
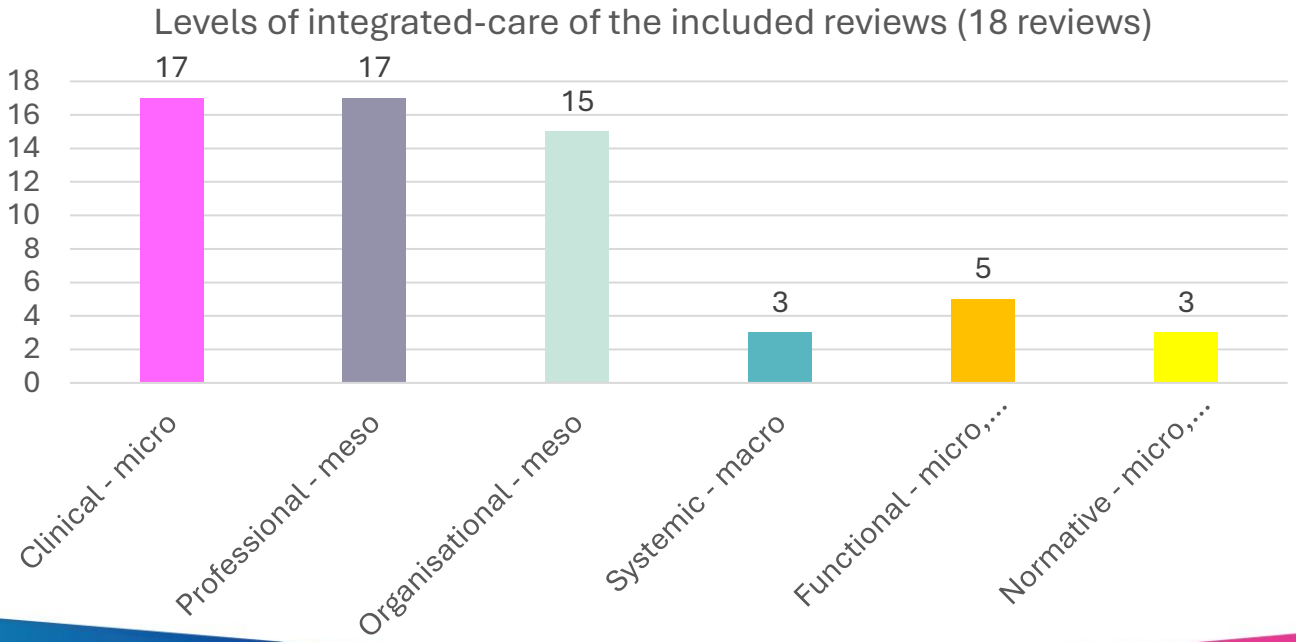


Figure 3. Conceptual framework for integrated care based on the integrative functions of primary care.

Source: Valentijn, P. P., Schepman, S. M., Opheij, W., & Bruijnzeels, M. A. (2013). Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. *International journal of integrated care*, *13*.

RESULTS

DIMENSIONS OF INTEGRATED CARE (3) VALENTIJN ET AL. (2013, 2015)



RESULTS

OUTCOMES OF THE INTERVENTIONS (4)

Improved access and treatment engagement:

- Increased access to mental health care, including in primary care settings;
- Higher rates of patient engagement and treatment completion.

Clinical and functional outcomes:

- Greater effectiveness in reducing clinical symptoms (e.g., anxiety, depression);
- Improved patient functioning, autonomy, and self-efficacy.

Psychosocial improvements:

- Enhanced social support, coping skills, resilience, and decision-making;
- Reduction in self-stigma and improved caregiver skills.

Reduced hospitalization and costs:

- Lower readmission rates and societal costs;
- Better initiation and use of post-discharge and off-site mental health services.

School-based impact:

- Positive effects of school-based interventions (e.g., CBT, creative therapies) on mental health and socio-emotional functioning.

CONCLUSIONS

- The evidence suggests that while integrated models improve access to services, engagement, and clinical outcomes, **integration** is predominantly **vertical** (within healthcare systems) rather than horizontal (across sectors).
- Furthermore, interventions are mostly integrated at **a micro level** and with **a clinical dimension**, primarily through individualized case management and multidisciplinary teams.
- Few interventions specifically address the needs of **vulnerable populations**.
- **Information delivery** and **educational support** contribute to increase acceptability of interventions, engagement of patients and greater rates of adherence and compliance.
- **In primary care settings** it is usual to operate in a coordinated multidisciplinary team, either sharing the same location and providing mental health services on-site, or through other forms of collaboration (e.g., itinerant medical specialist equips or telepsychiatry consultation).
- **Integration between professionals** is not only made by formal agreements, rather soft skills, inter-personal characteristics, mutual trust relationships are recognised as equally important.
- **Organizational integration**: typically limited to co-location of services.
- **System-level integration:** requiring broader governance and policy coordination, remains largely absent in the reviewed literature.
- To enhance the effectiveness and reach of mental health services for young people, future efforts should prioritize **strengthening horizontal integration, fostering intersectoral collaboration, and addressing systemic barriers.**

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RESULTS

DIMENSIONS OF INTEGRATED CARE (4/5) VALENTIJN ET AL. (2013, 2015)

Dimension of integrated care	Features per dimension of integrated care	Frequency
Clinical	Case management	12
	Centrality of client needs	8
	Patient education	6
	Individual multidisciplinary care plan	6
	Continuity	5
	Service characteristics	5
	Information provision to clients	4
	Client participation	3
	Client satisfaction	3
	Self-management	2
	Population needs	2
Professional	Agreements on interdisciplinary collaboration	15
	Inter-professional education	5
	Interpersonal characteristics	3
	Multidisciplinary guidelines and protocols	3
	Shared vision between professionals	2
	Clinical leadership	2
	Creating interdependence between professionals	1
Organizational	Location policy	14
	Inter-organizational strategy	1
	Competency management	1
	Learning organizations	1
	Managerial leadership	1
System	Stakeholder management	3
Functional	Information management	2
	Service management	2
	Human resources management	1
Normative	Transcending domain perceptions	2
	Linking cultures	1
	Trust	1
	Collective attitude	1