

Rapid Decision Support

A product of the Contextualized Health Research Synthesis Program
Newfoundland & Labrador Centre for Applied Health Research



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Pediatric Integrated Care Teams

Evidence for the effectiveness and composition of multidisciplinary integrated primary care teams for pediatric populations.

Background

The Child Health Strategic Health Network (SHN) at NL Health Services is working with the Government of Newfoundland and Labrador to implement the Child and Youth Community Health Services Model. This model of care will bring services from health, education, and the community together within an integrated system. A key component of the model is integrated care teams. It is essential that the SHN understand any evidence on integrated care teams, specifically in pediatric care, as they work with government to implement this vision.

Systematic Review Literature

Burkhart et al. **Pediatric Integrated Care Models: A Systematic Review**. Clin Pediatr (Phila). 2020 Feb;59(2):148-153. doi: 10.1177/0009922819890004. Epub 2019 Nov 24. PMID: 31762297. ([LINK](#))

- **Study type:** Systematic review
- **Background:** Psychiatric disorders are becoming more frequently diagnosed within the pediatric primary care setting. Despite increased diagnosis within primary care, only a minority of patients receive further psychiatric or specialty care. The integrated/collaborative care treatment model was designed to improve access within primary care.
- **Aim:** The purpose of this review is to identify randomized controlled trials and quasi-experimental studies that have investigated whether increased access improves treatment

engagement, satisfaction, and improved mental health outcomes. Six studies met inclusion criteria.

Conclusions: Studies reviewed indicated increased access to behavioral health treatment through use of the integrated/collaborative care model and improved mental health outcomes. Recommendations for screening and treatment are provided. Limitations of the reviewed studies include lack of generalizability to urban populations, minority youth, and youth younger than 4 years of age. Practice recommendations to address these limitations are identified.

Callejo-Black A, Wagner DV, Ramanujam K, Manabat AJ, Mastel S, Riley AR. **A Systematic Review of External Validity in Pediatric Integrated Primary Care Trials.** J Pediatr Psychol. 2020 Oct 1;45(9):1039-1052. doi: 10.1093/jpepsy/jsaa068. PMID: 32909603; PMCID: PMC8202128. ([LINK](#))

- **Study type:** Systematic review
- **Aim:** “to conduct a systematic review of external validity reporting in integrated primary care (IPC) interventions for mental health concerns.”
- **Results:** “Few studies reported on key pragmatic factors such as cost or organizational change processes related to implementation and maintenance. Strengths of some studies included comparisons of multiple active treatments, use of tailorable interventions, and implementation in “real world” settings.”
- **Conclusions:** “Although IPC interventions appear efficacious under research conditions, there are significant knowledge gaps regarding the degree to which they reach and engage target recipients, what factors impact adoption and implementation of IPC interventions by clinicians, how fidelity can be maintained over time, and cost-effectiveness. Pediatric IPC researchers should embrace dissemination and implementation science methods to balance internal and external validity concerns moving forward.”

Coates D, Coppleson D, Schmied V. **Integrated physical and mental healthcare: an overview of models and their evaluation findings.** Int J Evid Based Healthc. 2020 Mar;18(1):38-57. doi: 10.1097/XEB.0000000000000215. PMID: 31904722. ([LINK](#))

- **Study type:** Systematic review
- **Background:** Comorbid physical and mental health problems are common across the age spectrum. However, services addressing these health concerns are typically siloed and disconnected. Over the past 2 decades efforts have been made to design integrated services to address the physical and mental health needs of the population but little is known about the characteristics of effective integrated care models. The aim of the review was to map the design of integrated care initiatives/models and to describe how the models were evaluated and their evaluation findings.
- **Method:** Using a scoping review methodology, quantitative and qualitative evidence was systematically considered. To identify studies, Medline, PubMed, PsycINFO, CINAHL were

searched for the period from 2003 to 2018, and reference lists of included studies and review articles were examined.

- **Results:** The current review identified 43 studies, describing 37 models of integrated physical and mental healthcare. Although modest in terms of evaluation design, it is evident that models are well received by consumers and providers, increase service access, and improve physical and mental health outcomes. Key characteristics of models include shared information technology, financial integration, a single-entry point, co-located care, multidisciplinary teams, multidisciplinary meetings, care coordination, joint treatment plan, joint treatment, joint assessment/joint assessment document, agreed referral criteria and person-centred care. Although mostly modest in term of research design, models were well received by consumers and providers, increased service access and improved physical and mental health outcomes. There was no clear evidence regarding whether models of integrated care are cost neutral, increase or reduce costs.
- **Conclusion:** Future research is needed to identify the elements of integrated care that are associated with outcomes, measure cost implications and identify the experiences and priorities of consumers and clinicians.

Fulceri F, Gila L, Caruso A, Micai M, Romano G, Scattoni ML. **Building Bricks of Integrated Care Pathway for Autism Spectrum Disorder: A Systematic Review.** Int J Mol Sci. 2023 Mar 26;24(7):6222. doi: 10.3390/ijms24076222. PMID: 37047213; PMCID: PMC10094376. [LINK](#)

- **Study type:** Systematic review
- **Background:** An integrated plan within a defined care pathway for the diagnosis, continuative interventions, and periodic redefinition of care of autistic people is essential for better outcomes. Challenges include delivering services across all domains or life stages and effective coordination between health/social care providers and services. Further, in the ‘real world’, service provision varies greatly, and in many settings is significantly weighted towards diagnosis and children’s services rather than treatment and support or adult care.
- **Aims:** This study aims to identify existing care pathways for Autism Spectrum Disorder (ASD) from referral to care management after diagnosis.
- **Methods:** The study reviewed the international literature in PubMed and PsycInfo databases and collected information on care for autistic individuals from the Autism Spectrum Disorders in Europe (ASDEU) project partners:
 - “We investigated the integrated care pathways for ASD across the lifespan following two steps: (1) the review of the international literature using the bibliographic databases PubMed and PsycInfo; (2) the review of the European legislative actions on care continuity and care individualization recommendations from childhood to adulthood for autistic people by consulting the Autism Spectrum Disorders in Europe (ASDEU) project partners.”
 - “Public health researchers of the OssNA aimed at identifying and promoting, at the national and regional levels, the effective components of an integrated care pathway,

including the interaction between the health system and other services such as education and social services.

- “The present project supported this aim by reviewing the international literature on the integrated care pathway for ASD and exploring the European legislative actions on care continuity and care individualization recommendations.”
- **Conclusions:** The study found that published data mainly focused on specific components of care pathways rather than an integrated and coordinated plan of care and legislative indications. They should be aimed at facilitating access to the services for support and the inclusiveness of autistic individuals. Given the need for care addressing the complex and heterogeneous nature of ASD, effective coordination between different health/social care providers and services is essential. It is also suggested that research priority should be given to the identification of an integrated care pathway ‘model’ centered around case management, individualization, facilitation, support, continuous training and updating, and quality management.
 - Results from International Literature Review include sections on:
 - Multidisciplinary Plans of Care from Referral to Post-Diagnosis
 - Actions Aimed at Improving Healthcare Procedures:
 - Early Recognition, Screening, Diagnosis, and Intervention for Autistic People
 - Engagement with Services and Shared Plan of Care
 - Transition from Adolescence to Adulthood
 - Coordination between Organizations to Facilitate Education and Employment
 - Health Care Services, Multidisciplinary Approach, and Inpatient Settings
 - Digital Platforms for the Management of Care Pathways
 - European Policies and Legislations

Ghotane S, Hirve R, Forman J, Tan D, Achercouk Z, Wolfe I. **Integrated care for children and young people with special health and care needs: a systematic review.** Arch Dis Child. 2024 Oct 18;109(11):924-931. doi: 10.1136/archdischild-2024-326905. PMID: 39079899; PMCID: PMC11503122.

[LINK](#)

- **Study Type:** Systematic review
- **Context:** There is a dearth of high-quality evidence on integrated, coordinated and cost-effective care for children with special health and care needs (CSHCN).
- **Objective:** To assess the effectiveness of integrated/coordinated care models for CSHCN.
- **Study selection:** Inclusion criteria comprised (1) randomized trials, including cluster randomized trials; (2) an integrated/coordinated care intervention; (3) for children and young people under 25 with special healthcare needs including medical complexity; (4) assessing child-centred

outcomes, health-related quality of life among parents and carers, and health or social care use, processes of care and satisfaction with care.

- **Results:** 14 randomized controlled studies were included. Seven out of the 14 studies had a dedicated key worker/care coordinator as a vital part of the integrated/coordinated care intervention; however, the certainty of evidence for all outcomes was either 'low' or 'very low'.
- **Limitations:** Included studies were mostly from high-income countries. Variable study outcomes and quality of evidence precluded meta-analysis.
- **Conclusions:** Limited evidence favors integrated care for CSHCN using a dedicated key worker/care coordinator; however, heterogeneity in study outcomes and definitions of CSHCN limit the strength and utility of evidence obtained. Recommendations are made for improving integrated care practice, research and evaluation which are important for evidence-based health services for CSHCN.

McHugh C, Hu N, Georgiou G, Hodgins M, Leung S, Cadiri M, Paul N, Ryall V, Rickwood D, Eapen V, Curtis J, Lingam R. **Integrated care models for youth mental health: A systematic review and meta-analysis.** Aust N Z J Psychiatry. 2024 Sep;58(9):747-759. doi: 10.1177/00048674241256759. Epub 2024 Jun 7. PMID: 38847297; PMCID: PMC11370150. [LINK](#)

- **Study Type:** Systematic review and meta-analysis
- **Objectives:** To evaluate the effectiveness of integrated models of mental healthcare in enhancing clinical outcomes, quality of life, satisfaction with care and health service delivery outcomes in young people aged 12-25 years. A secondary objective was to identify common components of integrated mental health interventions.
- **Methods:** A systematic review and meta-analysis of studies published 2001-2023 that assessed clinical or health service use outcomes of integrated care, relative to treatment as usual, for any mental health condition in 12-25 years old accessing community-based care.
- **Results:** Of 11,444 titles identified, 15 studies met inclusion criteria and 6 studies were entered in the meta-analysis. Pooled effect size found integrated care was associated with a greater reduction in depressive symptoms relative to treatment as usual at 4-6 months (standardized mean difference = -0.260, 95% confidence interval = [-0.39, -0.13], $p = 0.001$). Of the seven studies reporting access or engagement, all reported higher rates of both in the intervention arm. The most frequent components of integration were use of a multidisciplinary team (13/15 studies), shared treatment planning (11/15) and workforce training in the model (14/15).
- **Conclusions:** Integrated models of mental healthcare are associated with a small, but significant, increase in effectiveness for depressive symptoms relative to treatment as usual. Given integrated care may increase access and engagement, future research should focus on assessing the impact of integrated care in a wider range of settings and outcomes, including clinical and functional recovery, satisfaction with care and system-level outcomes such as cost-effectiveness.

Nooteboom LA, Mulder EA, Kuiper CHZ, Colins OF, Vermeiren RRJM. **Towards Integrated Youth Care: A Systematic Review of Facilitators and Barriers for Professionals.** Adm Policy Ment Health. 2021 Jan;48(1):88-105. doi: 10.1007/s10488-020-01049-8. PMID: 32424453; PMCID: PMC7803720 [LINK](#)

- **Study Type:** Systematic review
- **Abstract:** To overcome fragmentation in support for children and their families with multiple and enduring problems across life domains, professionals increasingly try to organize integrated care. However, it is unclear what facilitators and barriers professionals experience when providing this integrated care.
- **Conclusions:** Our systematic review, including 55 studies from a broad variety of settings in Youth Care, showed that integrated care on a professional level is a multi-component entity consisting of several facilitators and barriers. Findings were clustered in seven general themes: 'Child's environment', 'Preconditions', 'Care process', 'Expertise', 'Interprofessional collaboration', 'Information exchange', and 'Professional identity'. The identified facilitators and barriers were generally consistent across studies, indicating broad applicability across settings and professional disciplines. This review clearly shows that when Youth Care professionals address a broad spectrum of problems, a variety of facilitators and barriers should be considered.

Pygott N, Hartley A, Seregni F, Ford TJ, Goodyer IM, Necula A, Banu A, Anderson JK. **Research Review: Integrated healthcare for children and young people in secondary/tertiary care - a systematic review.** J Child Psychol Psychiatry. 2023 Sep;64(9):1264-1279. doi: 10.1111/jcpp.13786. Epub 2023 Mar 20. PMID: 36941107. [LINK](#)

- **Study Type:** Systematic review
- **Background:** Children and young people (CYP) with comorbid physical and/or mental health conditions often struggle to receive a timely diagnosis, access specialist mental health care, and more likely to report unmet healthcare needs. Integrated healthcare is an increasingly explored model to support timely access, quality of care and better outcomes for CYP with comorbid conditions. Yet, studies evaluating the effectiveness of integrated care for pediatric populations are scarce.
- **Aim and methods:** This systematic review synthesizes and evaluates the evidence for effectiveness and cost-effectiveness of integrated care for CYP in secondary and tertiary healthcare settings. Studies were identified through systematic searches of electronic databases: Medline, Embase, PsycINFO, Child Development and Adolescent Studies, ERIC, ASSIA and British Education Index.
- **Findings:** A total of 77 papers describing 67 unique studies met inclusion criteria. The findings suggest that integrated care models, particularly system of care and care coordination, improve access and user experience of care. The results on improving clinical outcomes and acute resource utilization are mixed, largely due to the heterogeneity of studied interventions and outcome measures used. No definitive conclusion can be drawn on cost-effectiveness since

studies focused mainly on costs of service delivery. The majority of studies were rated as weak by the quality appraisal tool used.

- **Conclusions:** The evidence of on clinical effectiveness of integrated healthcare models for pediatric populations is limited and of moderate quality. Available evidence is tentatively encouraging, particularly in regard to access and user experience of care. Given the lack of specificity by medical groups, however, the precise model of integration should be undertaken on a best-practice basis taking the specific parameters and contexts of the health and care environment into account. Agreed practical definitions of integrated care and associated key terms, and cost-effectiveness evaluations are a priority for future research.

Yonek et al. **Key Components of Effective Pediatric Integrated Mental Health Care Models: A Systematic Review.** JAMA Pediatr. 2020 May 1;174(5):487-498. doi: 10.1001/jamapediatrics.2020.0023. PMID: 32150257; PMCID: PMC7483725. ([LINK](#))

- **Study type:** Systematic review
- **Aim:** To identify and describe the key components of effective pediatric integrated mental health care models.
- **Results:** “Most studies (9 of 11) implemented either the collaborative care model (n = 3), a slightly modified version of the collaborative care model (n = 2), or co-located care (n = 4). The most commonly reported components of effective pediatric integrated mental health care models were population-based care, measurement-based care, and delivery of evidence-based mental health services; all 3 components were present in studies reporting clinical improvement of mental health symptoms. Other model components, such as treatment-to-target or team-based care, were common in studies reporting specific outcomes, such as functional impairment.”

Other Review Articles

McLeigh et al. **Paediatric integrated care in the primary care setting: A scoping review of populations served, models used and outcomes measured.** Child Care Health Dev. 2022 Sep;48(5):869-879. doi: 10.1111/cch.13000. Epub 2022 Mar 28. PMID: 35288973. ([LINK](#))

- **Study type:** Scoping review
- **Aim:** “this study seeks to better understand (1) what paediatric subpopulations are receiving integrated care, (2) which models of PIC are being studied, (3) what PIC outcomes are being explored and what measures and strategies are being used to assess those outcomes, and (4) whether the various models are resulting in positive outcomes.”
- **Results:** “Overall, acceptability of PIC appears to be high for patients and providers, with access, screening and engagement generally increasing. However, several gaps in the knowledge base on PIC were uncovered, and for some studies, ascertaining which models of integrated care were being implemented proved difficult.”

Zurynski Y, Hutchinson K, Kang Y, Vizheh M, de Groot A. **Family Experiences of Integrated Care for Children With Medical Complexity: A Scoping Review**. Child Care Health Dev. 2025 May;51(3):e70091. doi: 10.1111/cch.70091. PMID: 40329672. [LINK](#)

- **Study Type:** Scoping review
- **Background:** Children with medical complexity (CMC) frequently access multiple healthcare services across often fragmented systems. Paediatric integrated care models (PICMs) support health care coordination, but little is known about experiences and perceived benefits and barriers among CMC, parents or carers while accessing PICMs. This review addresses these knowledge gaps by synthesising current published evidence.
- **Methods:** A scoping literature review based on searches of four databases: Medline, Embase, Scopus and CINAHL (2015-2024). Articles reporting on experiences of accessing PICMs by CMC aged < 19 years, their parents or carers were included. Data were extracted and thematically synthesised to describe experiences and perceived benefits and barriers.
- **Results:** The seven included papers reported on the experiences of parents (mostly mothers, 89%); only one paper included the views of CMC and siblings. All seven papers described the benefits of PICMs, including greater attention to individualised needs, smoother system navigation facilitated by care coordinators and improved communication and information sharing among care teams. Four papers reported barriers including limited understanding among parents and carers of care coordinator roles and processes and pathways of PICMs. Systemic barriers limited medical records sharing across providers and settings, and in two studies, parents raised this as a risk for care quality and safety for their CMC. Other systemic barriers identified by parents included a lack of stable funding for new models of care and difficulties linking PICMs with primary care, social care and education sectors.
- **Conclusions:** The evidence on experiences, benefits and barriers of PICMs among CMC, families and carers is scarce, and the voices of CMC are largely absent. The greater involvement of CMC, their parents and carers in the design and ongoing evaluation of PICMs should be a priority to improve family-centred integrated care for CMC.

Joronen K. **Integrated health, welfare and educational services for young people in eight OECD countries**. International Journal of Integrated Care. 2020;21(S1):131. [LINK](#)

- **Study Type:** Conference Abstract
- **Purpose:** The paper reviews integrated health, welfare and educational services for young people in eight OECD countries, including family-based, school-based and agency-based models.
- **Introduction and aim:** Many countries are developing services of young people towards children's rights-based, integrated and multidisciplinary working. The aim was to explore what kind of integrated services are in those selected OECD countries where services have been developed with an integrative approach (Australia, England, Netherlands, Norway, Sweden, Iceland, Denmark, Finland) and what kind of benefits have been found from these services.

- **Methods:** The scoping review was used. Search engine and database searches were made. Majority of the literature was however found by using the hand search, such as websites of governments and other authorities in selected countries.
- **Results:** In the Netherlands and Norway there were family centres which provide services for young people and their families in addition to children; the services can be divided into universal, preventive and specialised services. School-based services exist in the Netherlands (School Care and Advice Teams), in England (Extended school services) and in Finland (School Welfare Services) which support school engagement and provide support for students with e.g. psychosocial problems. So called agency-based low-threshold services included support and advice in different needs, such as education, employment and mental health problems, and they were provided in Finland (Guidance Centre), in Sweden (Navigator Centers) and in Australia with mental health focus (Headspace). Additionally, Barnahus model was used for treatment of young people experienced sexual abuse in Iceland, and for treatment of sexual and physical abuse in Sweden and Denmark. Some benefits of the services had been found, such as promotion of mental health and school engagement.
- **Discussion:** Integrated services for young people in selected countries can be divided into family-based, school-based and agency-based services. Systematic and rigorous evaluation on the benefits of service entities is lacking. However, some evidence suggests that integrated services have positive effects on welfare and health of young people.
- **Conclusions:** Selected countries have quite different models of integrated services for young people. Good multidisciplinary practices in one country may be implemented in a tailored way in another country.
 - Lessons learned: Novel and person-centred integrated services for young people can be developed by utilising existing structures, but also new structures and models of integrated services are needed.
 - **Limitations:** Main limitations of this review are a lack of high-quality longitudinal studies and the difficulty to make comparisons because of different ways to organize services.

Campo JV, Geist R, Kolko DJ. **Integration of Pediatric Behavioral Health Services in Primary Care: Improving Access and Outcomes with Collaborative Care.** Can J Psychiatry. 2018 Jul;63(7):432-438. doi: 10.1177/0706743717751668. Epub 2018 Apr 19. PMID: 29673268; PMCID: PMC6099777. [LINK](#)

- **Study Type:** Selective review
- **Objective:** To examine collaborative care interventions to integrate pediatric mental health services into primary care as a means of addressing barriers to mental health service delivery, improving access to care, and improving health outcomes.
- **Method:** Selective review of published literature addressing structural and attitudinal barriers to behavioural health service delivery and the integration of behavioural health services for pediatric mental problems and disorders into primary care settings, with a special focus on Canadian and U.S.
- **Results:** Integration of pediatric behavioural health services in primary care has potential to address structural and attitudinal barriers to care delivery, including shortages and the geographical misdistribution of behavioural health specialists. Integration challenges stigma by

communicating that health cannot be compartmentalized into physical and mental components. Stepped collaborative care interventions have been demonstrated to be feasible and effective in improving access to behavioural health services, outcomes, and patient and family satisfaction relative to existing care models.

- **Conclusion:** Collaborative integration of behavioural health services into primary care is a promising means of improving access to care and outcomes for children and adolescents struggling with mental problems and disorders. Dissemination to real-world practice settings will likely require changes to existing models of reimbursement and the culture of health service delivery.

Fazel M, Townsend A, Stewart H, Pao M, Paz I, Walker J, Sawyer SM, Sharpe M. **Integrated care to address child and adolescent health in the 21st century: A clinical review.** JCPP advances. 2021 Dec;1(4):e12045. [LINK](#)

- **Study Type:** Clinical review
- **Background:** Increasing specialization and technical sophistication of medical tools across the 21st century have contributed to dramatic improvements in the life-expectancy of children and adolescents with complex physical health problems. Concurrently, there is growing appreciation within the community of the extent that children and adolescents experience mental disorders, which are more prevalent in those with complex chronic, serious or life-limiting health conditions. In this context, there are compelling reasons for pediatric services to move to a model of care that promotes greater integration of child psychiatry within the medical, somatic teams that care for children and adolescents in children's hospitals.
- **Aims:** In this article, we discuss the range of medical disorders managed by contemporary pediatrics.
- **Materials and Methods:** We conducted a broad review of the literature and existing services, and use individual accounts to illustrate adolescents' healthcare preferences in the context of the challenges they experience around their mental health.
- **Results:** Relevant disorders include life-limiting disorders, such as cancer; disorders involving the brain, such as epilepsy; common chronic disorders, such as asthma and diabetes; psychiatric emergencies, such as deliberate self-harm; and conditions that most commonly present to pediatric services, but where psychiatric input is required, such as severe eating disorders, somatic symptom disorders and gender dysphoria. The persisting legacy of the historical separation of physical and mental health services is described. Yet there are many models of service integration that can promote more collaborative care between psychiatrists and medical specialists, including some which have been taken to scale.
- **Discussion:** In essence, clinical teams in children's hospitals require more collaborative approaches that facilitate early recognition and treatment of the psychological aspects of illness as an integral part of patient-centred, family-focused paediatric care, rather than as something that is bolted on when things go wrong.

- **Conclusion:** Whilst trust and goodwill between services and providers will be required for novel models of care to be implemented, evaluation of these new models and incorporation of young people's healthcare preferences is needed.
- **Key points:**
 - As the science of medicine improves, children and adolescents with increasingly complex needs are being managed by pediatric teams.
 - Better integration of somatic and psychological care is needed with models of collaborative care in children's hospital settings being developed.
 - The range of disorders that benefit from integrated care include cancer care, disorders involving the brain, common chronic conditions, psychiatric emergencies and chronic pain and eating disorder treatment.
 - Incorporating the preferences of children and adolescents, as well as their families, into these models of care remains important.

Hodgins M, McHugh C, Eapen V, Georgiou G, Curtis J, Lingam R. **Creation of the Youth Integration Project Framework: A Narrative Synthesis of the Youth Mental Health Integrated Care Literature.** Int J Integr Care. 2024 Jul 5;24(3):5. doi: 10.5334/ijic.7730. PMID: 38974205; PMCID: PMC11225559. [LINK](#)

- **Study Type:** Narrative Synthesis
- **Introduction:** Integrated care has been posited as a potential solution to the global burden of youth mental health (YMH), but there is limited evidence on how best to design, staff, and evaluate different integrated care models. Our review aimed to consolidate the evidence on integrated models of mental healthcare for young people, to identify the core components of integration, and create a framework that can be used to analyze levels of YMH integration.
- **Methods:** We conducted a systematic review of literature across PubMed, SCOPUS, and PsycINFO databases and the grey literature. We performed a narrative synthesis extracting core components of integrated YMH care.
- **Results:** Inductive themes from the literature described core components of integrated care. These themes were mapped into a novel framework combining the World Health Organization health system building blocks and six intensity levels of integrated care to consider how best to implement and sustain integrated care within the YMH system.
- **Discussion:** The Youth Integration Project framework can form a basis for the development, implementation and evaluation 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.

Holmen IC, Waibel S, Kaarboe O. **Emerging integrated care models for children and youth with mental health difficulties in Norway: a horizon scanning study.** BMC Health Serv Res. 2023 Aug 14;23(1):860. doi: 10.1186/s12913-023-09858-x. PMID: 37580679; PMCID: PMC10426212. [LINK](#)

- **Study Type:** Horizon Scanning Study
- **Background:** The implementation of Integrated Care Models (ICMs) represents a strategy for addressing the increasing issues of system fragmentation and improving service customization according to user needs. Available ICMs have been developed for adult populations, and less is known about ICMs specifically designed for children and youth. The study objective was to summarize and assess emerging ICMs for mental health services targeting children and youth in Norway.
- **Methods:** A horizon scanning study was conducted in the field of child and youth mental health. The study encompassed two key components: (i) the identification of ICMs through a review of both scientific and grey literature, as well as input from key informants, and (ii) the evaluation of selected ICMs using semi-structured interviews with key informants. The aim of the interviews was to identify factors that either promote or hinder the successful implementation or scale up of these ICMs.
- **Results:** Fourteen ICMs were chosen for analysis. These models encompassed a range of treatment philosophies, spanning from self-care and community care to specialized care. Several models placed emphasis on the referral process, prioritizing low-threshold access, and incorporating other sectors such as housing and child welfare. Four of the selected models included family or parents in their target group and five models extended their services to children and youth beyond the legal age of majority. Nine experts in the field willingly participated in the interview phase of the study. Identified challenges and facilitating factors associated with implementation or scale up of ICMs were related to the Norwegian healthcare system, mental health care delivery, as well as child and youth specific factors.
- **Conclusion:** Care delivery targeting children and youth's mental health requires further adaptation to accommodate the intricate nature of their lives. ICMs have been identified as a means to address this complexity by offering accessible services and adopting a holistic approach. This study highlights a selection of promising ICMs that appear capable of meeting some of the specific needs of children and youth. However, it is recommended to subject these models to further assessment and refinement to ensure their effectiveness and the fulfilment of their intended outcomes.

Lee CM, Congdon J, Joy C, Sarvet B. **Practice-Based Models of Pediatric Mental Health Care.** *Pediatr Clin North Am.* 2024 Dec;71(6):1059-1071. doi: 10.1016/j.pcl.2024.07.013. Epub 2024 Sep 11. PMID: 39433378; PMCID: PMC12043075. [LINK](#)

- **Study Type:** Review
- **Abstract:** Pediatric primary care is widely available in the United States and can help address the growing public health crisis in child and adolescent mental health by providing integrated behavioral health services. This article provides an overview of 3 common models of behavioral health integration in pediatric primary care settings: 1) the Child Psychiatry Access Program model, 2) the Primary Care Behavioral Health model, and 3) the Collaborative Care Model.

Pediatric primary care practices may evaluate the different features of each model before adopting an approach for integration and consider tailoring it to their practice environments.

- **Key Points:**

- As many as 20% of all children and adolescents have an identified mental health condition annually, but only about 10% of youth receive mental health services.
- Coronavirus disease 2019 pandemic has only exacerbated these concerns, with studies showing significant increases in depression and anxiety symptoms globally.
- There is no one-size-fits-all model of integrating behavioral health services in pediatric primary care settings, and models vary in scope and strategies for implementation.

Mancini et al. **Integrating Behavioral Health in Primary Care: Lessons from Interdisciplinary Collaboration in School Mental Health.** *Pediatr Clin North Am.* 2022 Aug;69(4):709-723. doi: 10.1016/j.pcl.2022.04.012. PMID: 35934495. ([LINK](#))

- **Study type:** Review
- **Background:** "... To address high rates of depressive, anxious, and other distressing symptoms among youth, efforts to integrate behavioral health care and promotion into existing services have become popular strategies for increasing access to assessment and treatment. Pediatric primary care (PPC) and schools are [two] settings in which considerable research and practice have focused on this integration. Because these contexts differ considerably, professionals working in these settings have developed unique perspectives, research, and practices for integrating behavioral health care into daily activities. Considering these different perspectives may allow these [two] fields to learn from each other. Integrated school mental health (SMH) research, for example, places heavy emphasis on (1) effective interdisciplinary teamwork and (2) provision of services across tiers including "upstream" population-based prevention and promotion designed to meet their population's specific needs. "Upstream" services serve to promote [wellness](#) and prevent problems, rather than provide responsive treatment to problems that have already developed. This article argues that these [two] concepts from SMH have an opportunity for application in integrated PPC settings. Brief descriptions are provided for integrated behavioral health services in PPC and school settings. Next, [two] key concepts from SMH are detailed and suggestions are provided for application in integrated PPC settings."
- **Findings:** "Recent reviews call for integrated PPC research to better identify efficient teaming and processes, particularly in areas of building integrated PPC team member capacity and adopting practices that promote "upstream" behavioral wellness specific to community needs. Research in integrating behavioral health in schools has identified key practices relevant to these gaps in integrated primary care (IPC) research. This article discusses possibilities to apply findings from integrated school behavioral health research to IPC settings."
- **Key points**
 - "Integrated pediatric primary care (PPC) offers cost-efficient strategies to improve access to behavioral health care in primary care settings and has shown to be related to positive patient and provider outcomes.

- “Barriers exist to widespread implementation of integrated PPC, generally related to lack of capacity to carry out integrated practice.
- “The field of school mental health (SMH) has a wide body of research that provides some evidence for effective strategies to address behavioral health in school settings; 2 of these strategies may be relevant for IPC settings; (1) use of layered, interdisciplinary strategic and implementation teams and (2) a focus on using data to create population-based health promotion and intervention plans.”

Nijhuis BJ, Reinders-Messelink HA, De Blécourt AC, Olijve WG, Haga N, Groothoff JW, Nakken H, Postema K. **Towards integrated paediatric services in the Netherlands: a survey of views and policies on collaboration in the care for children with cerebral palsy.** Child: Care, Health and Development. 2007 Sep;33(5):593-603. [LINK](#)

- **Study Type:** Survey Review
- The Netherlands supports collaboration between rehabilitation, education professionals, and parents for pediatric care, but practical implementation varies across settings.
- **Aim** Worldwide, family-centred and co-ordinated care are seen as the two most desirable and effective methods of paediatric care delivery. This study outlines current views on how team collaboration comprising professionals in paediatric rehabilitation and special education and the parents of children with disabilities should be organized, and analyses the policies of five paediatric rehabilitation settings associated with the care of 44 children with cerebral palsy (CP) in the Netherlands.
- **Research questions:** “The work presented here focuses on the ways in which collaboration between the three stakeholder groups is organized, and we focused our evaluations on the following four research questions:
 - “What are the national views on how collaboration between the three stakeholder groups in the care for children with CP should be organized?”
 - “What are, at the institutional level, the policies on collaboration between the RC, the affiliated SSEs and the child’s parents in the five participating settings?”
 - “What are their policies on collaboration at the child level?”
 - “What is the nature of the involvement of the professional team members in the collaborative care for the children with CP and their parents?”
- **Methods** For an overview of current ideas on collaboration, written statements of professional associations in Dutch paediatric rehabilitation were examined. The policy statements of the five participating settings were derived from their institutional files. Documents detailing the collaborative arrangements involving the various professionals and parents were evaluated at the institutional level and at the child level. Involvement of the stakeholders was analysed based on team conferences.
- **Results** Also in the Netherlands collaboration between rehabilitation and education professionals and parents is endorsed as the key principle in paediatric rehabilitation, with at its core the team conference in which the various priorities and goals are formulated and

integrated into a personalized treatment plan. As to their collaborative approaches between rehabilitation centre and school, the five paediatric settings rarely differed, but at the child level approaches varied. Teams were large (averaging 10.5 members), and all three stakeholder groups were represented, but involvement differed per setting, as did the roles and contributions of the individual team members.

- **Conclusion** Collaboration between rehabilitation and education professionals and parents is supported and encouraged nationwide. Views on collaboration have been formulated, and general guidelines on family-centred and co-ordinated care are available. Yet, collaborative practices in Dutch paediatric care are still developing. Protocols that carefully delineate the commitments to collaborate and that translate the policies into practical, detailed guidelines are needed, as they are a prerequisite for successful teamwork.

Pryjmachuk S, Kirk S, Fraser C, Evans N, Lane R, Neill L, Camacho E, Bower P, Bee P, McDougall T. **Service design for children and young people with common mental health problems: literature review, service mapping and collective case study.** Health Soc Care Deliv Res. 2024 May;12(13):1-181. doi: 10.3310/DKRT6293. PMID: 38767587. [LINK](#)

- **Study Type:** Literature review, service mapping, and collective case study
- **Background:** The mental health of children/young people is a growing concern internationally. Numerous reports and reviews have consistently described United Kingdom children's mental health services as fragmented, variable, inaccessible and lacking an evidence base. Little is known about the effectiveness of, and implementation complexities associated with, service models for children/young people experiencing 'common' mental health problems like anxiety, depression, attention deficit hyperactivity disorder and self-harm.
- **Aim:** To develop a model for high-quality service design for children/young people experiencing common mental health problems by identifying available services, barriers and enablers to access, and the effectiveness, cost effectiveness and acceptability of such services.
- **Design:** Evidence syntheses with primary research, using a sequential, mixed-methods design. Inter-related scoping and integrative reviews were conducted alongside a map of relevant services across England and Wales, followed by a collective case study of English and Welsh services.
- **Setting:** Global (systematic reviews); England and Wales (service map; case study).
- **Methods:** A single literature search informed both reviews. The service map was obtained from an online survey and internet searches. Case study sites were sampled from the service map; because of coronavirus disease 2019, case study data were collected remotely. 'Young co-researchers' assisted with case study data collection. The integrative review and case study data were synthesized using the 'weaving' approach of 'integration through narrative'.
- **Results:** A service model typology was derived from the scoping review. The integrative review found effectiveness evidence for collaborative care, outreach approaches, brief intervention services and the 'availability, responsiveness and continuity' framework. There was cost-effectiveness evidence only for collaborative care. No service model appeared to be more

acceptable than others. The service map identified 154 English and Welsh services. Three themes emerged from the case study data: 'pathways to support'; 'service engagement'; and 'learning and understanding'. The integrative review and case study data were synthesized into a coproduced model of high-quality service provision for children/young people experiencing common mental health problems.

- **Limitations:** Defining 'service model' was a challenge. Some service initiatives were too new to have filtered through into the literature or service map. Coronavirus disease 2019 brought about a surge in remote/digital services which were under-represented in the literature. A dearth of relevant studies meant few cost-effectiveness conclusions could be drawn.
- **Conclusions:** There was no strong evidence to suggest any existing service model was better than another. Instead, we developed a coproduced, evidence-based model that incorporates the fundamental components necessary for high-quality children's mental health services and which has utility for policy, practice and research.
- **Plain language summary:** In this research study, we explored services for children and young people with 'common' mental health problems like depression, anxiety and self-harm. We aimed to find out what services exist, how children/young people and families find out about and access these services, what the services actually do, whether they are helpful and whether they offer value for money. We looked at the international literature (reports and research papers) to identify different approaches to providing support, and to find out whether certain approaches worked better than others and whether children/young people and families preferred some approaches over others. The literature provided very little information about the value for money of services. We also carried out a survey and used the internet to identify 154 relevant services in England and Wales. To explore services in more detail, and hear directly from those using them, we planned to visit 9 of the 154 services to interview children/young people, parents and staff. Unfortunately, coronavirus disease 2019 stopped us directly visiting the nine services and so we conducted phone and video interviews instead. We still managed to speak to, and hear the experiences of, more than 100 people (including children/young people and parents). We combined information from the literature with information from the interviews to create an evidence-based 'model' of what services should look like. This model considers some basic things like how quickly children/young people could access a service, what information was available, the importance of confidentiality and whether staff make the service fit with the child/young person's needs and interests. It also considers whether the service helps children/young people learn skills to manage their mental health and whether staff at a service work well together. We hope our model will help existing and new services improve what they offer to children/young people and families.

Sarvet B. **Measurement-Based Care in the Pediatric Primary Care Setting.** Child Adolesc Psychiatr Clin N Am. 2020 Oct;29(4):691-702. doi: 10.1016/j.chc.2020.06.009. Epub 2020 Jul 22. PMID: 32891370 [LINK](#)

- **Study Type:** Review

- **Abstract:** Challenges associated with the integration of pediatric mental health care in the primary care setting include limitations of training and time, high volume of patients, need for coordination with external specialists, limited infrastructure, and limited funding. All of these issues can negatively influence the quality of mental health service delivery. Measurement-based care (MBC) processes have the potential to mitigate many of these challenges and generate data, allowing practices to evaluate and improve the performance of integrated mental health processes. Implementing MBC requires initial investment of staff resources for planning and training and information technology resources.
- **Aim:** “This article will consider the utilization of MBC in collaborative and integrated models of care, beginning with a brief case vignette. After this, a review of some of the general advantages of MBC will be provided, and their specific relevance in the primary care setting will be discussed. Following this, 3 broad categories of collaborative and integrated practice models will be described, and for each one, methodological aspects of applying MBC practices will be explored. Finally, the article will address unique challenges including consideration of unintended consequences or pitfalls associated with implementation of MBC in the primary care setting, barriers to adoption, and how these challenges may be addressed.”
- **Key Points:**
 - Measurement-based care (MBC) practices offer the potential to improve the quality of mental health care in the pediatric primary care setting.
 - The incorporation of clinical measures into the process of mental health care within a primary care practice facilitates the use of clinical algorithms, improves the accuracy of clinical assessment, and supports collaboration across a multidisciplinary team.
 - MBC generates data, allowing primary care practices to address population health goals and to consequently improve performance within value-based contracting.
 - Clinical measures should be used to complement, not substitute for, conventional clinical assessment techniques.

Wood ACH, Pratt K. **School-based health: an area of opportunity to address challenges in management of pediatric obesity and type 2 diabetes.** *Curr Opin Pediatr.* 2024 Feb 1;36(1):33-41. doi: 10.1097/MOP.0000000000001307. Epub 2023 Nov 17. PMID: 37975428; PMCID: PMC10763718. ([LINK](#))

- **Study type:** Review
- **Recent findings:** “The Chronic Care Model proposes utilization of community-based interventions to support children and families in managing chronic disease The CDC's Whole School, Whole Community, Whole Child Model provides a framework for schools to engage in this role. School-Based Health Centers (SBHCs) utilize a child-focused, multidisciplinary approach to support the medical home and overcome barriers to routine primary care, medical screenings and successful care plans for management of chronic disease. SBHCs and school-based programs have proven sustainable and effective in addressing obesity and T2D in youth, however recent studies are limited and more research evaluating impact are needed.”

- **Summary:** “School-based health offers an evidence-based solution to ensuring equitable and comprehensive care for obesity and T2D, particularly among at-risk communities.”

Grey Literature, Policy Statements, Expert Opinion, and Best Practices

Adams D, Hakonarson H. **An integrated approach to service delivery for people with multiple and complex needs.** OECD Social, Employment, and Migration Working Papers. 2024 Mar 5(305):0_1-36. [LINK](#)

- **Working Paper**
- **Abstract:** “Increasingly, integrating or joining up public services to improve service users’ access to, and experience of those services is being viewed as fundamental to ensuring personalised services are effective in addressing the multiple and often complex needs of those in vulnerable situations. These are service users who often require a range of tailored and, in some cases, specialised supports and services from more than one agency or service provider. This working paper provides an overview of promising approaches OECD countries are taking to integrating service delivery for care experienced young people, people with disabilities, and people leaving prison. The aim of making this paper available is to support policymakers who are seeking new or improved approaches to improving the outcomes of those who rely on personalised services.”
- Chapter 2 addresses “Integrated approaches to service delivery”
 - “Integration as a solution to service fragmentation originated in health care and much of the literature on models and examples of integrated care and services come from the health sector. Increasingly, however, examples are appearing within the social system and between the health and social systems, and integration definitions, terms, models, and approaches are for the most part equally applicable in both settings.”
 - “There is no one-size-fits-all solution. It is important to choose an optimal set of complementary models, structures and processes that fit the contextual situation and the needs of the target group(s) across their continuum of need. The key is to assist decision makers to select the most appropriate mix (Keast, Brown and Mandell, 2007[6]), while keeping in mind that not everything has to be integrated into one package.”
- Chapter 3 addresses care experienced by young people
 - Includes sections on horizontal integration, vertical integration
- Chapter 4 addresses people with disabilities

American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Collaborative and Integrated Care and AACAP Committee on Quality Issues. **Clinical Update: Collaborative Mental Health Care for Children and Adolescents in Pediatric Primary Care.** J Am Acad Child Adolesc Psychiatry. 2023 Feb;62(2):91-119. doi: 10.1016/j.jaac.2022.06.007. Epub 2022 Jun 29. PMID: 35779696. ([LINK](#))

- **Clinical Update**
- **Aim:** to review the principles, structures, processes, and outcomes of collaborative mental health care in the pediatric primary care setting.
- **Results:** “Collaborative care can be delivered on a spectrum ranging from coordinated to co-located to integrated care. Although each of these models has some empirical support, integrated care—a multidisciplinary team-based approach—has the strongest evidence base in improving clinical outcomes and patient satisfaction while constraining costs. Challenges to integrated care implementation include insufficient mental health education and insufficient specialist consultative and care coordination support for primary care practitioners; space, time, and reimbursement constraints in the primary care setting; discomfort among primary care practitioners in assuming mental health tasks previously undertaken by specialists; and continuing need for and unavailability of ongoing specialty mental health care for severe and complex cases. Essential supporting activities for effective collaborative care include patient and family engagement, professional education and training, evaluation/demonstration of impact, fiscal sustainability, and advocacy for model dissemination.”

Council on Children with Disabilities and Medical Home Implementation Project Advisory Committee, Turchi RM, Antonelli RC, Norwood Jr KW, Adams RC, Brei TJ, Burke RT, Davis BE, Friedman SL, Houtrow AJ, Kuo DZ. **Patient-and family-centered care coordination: a framework for integrating care for children and youth across multiple systems.** *Pediatrics*. 2014 May 1;133(5):e1451-60. [LINK](#)

- **Policy statement** (American Academy of Pediatrics)
- The paper discusses a framework for integrating patient- and family-centered care coordination across multiple systems for children and youth.
- **Abstract:**
 - Understanding a care coordination framework, its functions, and its effects on children and families is critical for patients and families themselves, as well as for pediatricians, pediatric medical subspecialists/ surgical specialists, and anyone providing services to children and families. Care coordination is an essential element of a transformed American health care delivery system that emphasizes optimal quality and cost outcomes, addresses family-centered care, and calls for partnership across various settings and communities. High-quality, cost-effective health care requires that the delivery system include elements for the provision of services supporting the coordination of care across settings and professionals. This requirement of supporting coordination of care is generally true for health systems providing care for all children and youth but especially for those with special health care needs. At the foundation of an efficient and effective system of care delivery is the patient-/family-centered medical home. From its inception, the medical home has had care coordination as a core element. In general, optimal outcomes for children and youth, especially those with special health care needs, require interfacing among multiple care systems and individuals, including the following: medical, social, and behavioral professionals; the

educational system; payers; medical equipment providers; home care agencies; advocacy groups; needed supportive therapies/services; and families. Coordination of care across settings permits an integration of services that is centered on the comprehensive needs of the patient and family, leading to decreased health care costs, reduction in fragmented care, and improvement in the patient/family experience of care.

- Addresses:
 - Definitions
 - Summary of Core Principles for Creating Accountable Child Health Outcomes
 - Benefits and evidence of care coordination
 - Implementation
 - Care Coordination Tools and Organizations Supporting Care Coordination
 - A list of recommendations

Dharmarajah K, Macaulay C. **Integrated care: putting principles into practice and becoming the paediatrician of the future.** Arch Dis Child. 2023 Mar;108(3):174-175. doi: 10.1136/archdischild-2021-322930. Epub 2022 Jan 19. PMID: 35045968. [LINK](#)

- **Viewpoint/Opinion**
- “Definitions of integrated care vary, but the National Health Service (NHS) England defines it as ‘giving people the support they need’ and ‘removing traditional divisions’. The recent UK restructure into integrated care systems intends to facilitate improved collaboration and equity of health and care across geographies. Within child health, the Royal College of Paediatrics and Child Health’s (RCPCH) 2040 project describing future models of care has the ‘development of integrated care for children and young people at scale across the UK’ as a key goal.”
- “But a change in health systems will require a health workforce with different skills. UK postgraduate paediatric training currently prioritizes training in hospital and acute care settings. The 2012 UK Shape of Training report called for a flexible and adaptable workforce trained to meet changing population needs. The RCPCH’s ‘Paediatrician of the Future’ document acknowledges that training needs to adapt and evolve to prepare paediatricians for their future roles.”

Katkin JP, Kressly SJ, Edwards AR, Perrin JM, Kraft CA, Richerson JE, Tieder JS, Wall L, Task Force on Pediatric Practice Change. **Guiding principles for team-based pediatric care.** Pediatric Telehealth Best Practices. 2022 Aug 1:43-173. [LINK](#)

- **Guiding Principles/Practices**
- Team-based pediatric care involving medical providers and community partners like teachers and state agencies is crucial for providing high-quality care to children and their families.
- Abstract:

- The American Academy of Pediatrics (AAP) recognizes that children’s unique and ever-changing needs depend on a variety of support systems. Key components of effective support systems address the needs of the child and family in the context of their home and community and are dynamic so that they reflect, monitor, and respond to changes as the needs of the child and family change. The AAP believes that team-based care involving medical providers and community partners (e.g., teachers and state agencies) is a crucial and necessary component of providing high-quality care to children and their families. Team-based care builds on the foundation of the medical home by reaching out to a potentially broad array of participants in the life of a child and incorporating them into the care provided. Importantly, the AAP believes that a high-functioning team includes children and their families as essential partners. The overall goal of team-based care is to enhance communication and cooperation among the varied medical, social, and educational partners in a child’s life to better meet the global needs of children and their families, helping them to achieve their best potential. In support of the team-based approach, the AAP urges stakeholders to invest in infrastructure, education, and privacy-secured technology to meet the needs of children. This statement includes limited specific examples of potential team members, including health care providers and community partners, that are meant to be illustrative and in no way represent a complete or comprehensive listing of all team members who may be of importance for a specific child and family.
- Includes sections on:
 - Review of Evidence for Pediatric Team-Based Care
 - Team Composition and Leadership
 - Team Communication and the Role of Technology
 - Guiding Principles for Pediatric Care Teams
 - Future Directions

Watson M, Struthers S, Turner SW. **Lessons learnt (so far) from establishing models of integrated clinical care for children and young people.** Arch Dis Child. 2024 Aug 16;109(9):772-774. doi: 10.1136/archdischild-2023-325818. PMID: 37949641. [LINK](#)

- **Viewpoint/ Opinion**
- From the article:
 - “The traditional scheduled care model involves a referral from primary care to secondary care—the patient is seen in due course, usually on a hospital site. In this simple pathway, no intervention is made before the child is seen, meaning that symptoms remain untreated and concern accumulates until the appointment. The pathway is restricted to healthcare and does not consider education, public health, social care or the voluntary sector.”
 - “In recognition of the limitations of the traditional scheduled care model, new and integrated models of paediatric clinics are emerging across the UK

(<https://www.cc4c.imperial.nhs.uk/our-experience/national-map>) and internationally. These new models connect hospital-based paediatric specialists with community-based primary care clinicians; some are multi-professionals and multi-agency—all work across primary and secondary care. They demonstrate efficient delivery of tangible benefits (up to 40% reduction in scheduled specialist care) in addition to parent and GP satisfaction.^{2–7} We describe three models in [box 1](#). Other UK and international models are described on the RCPCH website <https://qicentral.rcpch.ac.uk/resources/systems-of-care/integrated-care> and in published literature.”

Primary Research

Hassanzadeh R, Klaber R, Watson M, Holden B, Majeed A, Hargreaves DS. **Data-driven, integrated primary and secondary care for children: moving from policy to practice.** J R Soc Med. 2021 Feb;114(2):63-68. doi: 10.1177/0141076820968781. Epub 2020 Oct 29. PMID: 33118869; PMCID: PMC7879004 [LINK](#)

- **Background:** “Policy makers and clinical leaders have argued that greater integration of primary and secondary care has the potential to meet the ‘Quadruple aim’ of better population health outcomes, patient and family satisfaction, provider satisfaction and reduced costs.”
- **Findings:** “More integrated services and improved data sharing across organizations are key enablers of child health improvement. However, there is sparse literature on how more integrated care for children and young people might work in practice or contribute to achieving these goals. We present the experience of developing a new model for integrated care delivery for children and young people in North West London, based on a common system of clinical records or dashboards across all providers. It includes case studies that illustrate the development of strong relationships and shared learning experiences between primary and secondary care.”

Hope S, Stepanova E, Lloyd-Houldey O, Hillier-Brown F, Hargreaves D, Nicholls D, Summerbell C, Viner RM, Dedat Z, Owen EC, Scott S. **This needs to be a journey that we're actually on together'-the introduction of integrated care systems for children and young people in England: a qualitative study of the views of local system stakeholders during winter 2021/22.** BMC Health Serv Res. 2023 Dec 20;23(1):1448. doi: 10.1186/s12913-023-10442-6. PMID: 38124113; PMCID: PMC10734058. [LINK](#)

- **Background:** Integrated care has become a central feature of health system reform worldwide. In England, Integrated Care Systems (ICS) are intended to improve integration across public health, the National Health Service (NHS), education and social care. By April 2021, England had been divided into 42 geographical areas, each tasked with developing local ICS provision. However, it was not clear how ICSs would address the specific needs of children and young people (CYP). This study elicited the views of senior professional stakeholders in the first year of

the ICS national roll out, to learn how integrated care for CYP was being implemented within the ICSs and future plans for service provision.

- **Methods** A qualitative analysis of in-depth interviews with stakeholders, including healthcare professionals, NHS managers and local authority leaders (n = 25) selected from a diverse sample of ICSs (n = 7) across England, conducted during winter 2021/22. Reflexive thematic analysis involving a collaborative coding approach was used to analyze interview transcripts.
- **Results** Four themes were identified, indicating challenges and opportunities for ICSs in relation to the health of CYP: 1) Best start in life (a more holistic approach to health afforded by integrated care); 2) Local and national contexts (tensions between local and national settings and priorities); 3) Funding and planning (instituting innovative, long-term plans using limited existing CYP funding streams); 4) Organizational complexities (integrating the work of diverse organizations).
- **Conclusions** The views of stakeholders, provided at the beginning of the journey towards developing local ICS CYP provision, revealed a common aspiration to change focus from provision of acute, largely adult-orientated services towards one with a broader, population health remit, including prevention and early intervention. This would be delivered by integration of a range of local services, including health, education, housing and social care, to set CYP on a life-long path towards improved health and wellbeing. Yet there was an awareness that change would take place over time within existing national policy and funding frameworks, and would require overcoming organizational barriers through further developing local collaborations and partnerships. As ICSs mature, the experiences of stakeholders should continue to be canvassed to identify practical lessons for successful CYP integrated care.

Ouyang JX, Pustilnik S, Cotton A, Fallucco EM, Hopkins M. **Building Integrated Mental Health Services in Pediatric Primary Care: User Guide from the Academic Trenches**. Acad Psychiatry. 2024 Jun;48(3):273-279. doi: 10.1007/s40596-024-01946-2. Epub 2024 Mar 6. PMID: 38448716. [LINK](#)

- Makes the case for integrated mental health services.
- Summarizes the situation in the US.
- Describes “considerations in building a successful program” and includes “special considerations for underserved populations”.
- Has a section on “Troubleshooting common challenges with integrated care models”

Supportive References

May be of indirect interest but not directly relevant to the research question and knowledge user (KU) needs. Added upon request.

Blossom et al. **Evaluation of the first approach skills training (FAST) integrated pediatric primary care program: Implementation and clinical effectiveness**. Evidence-Based Practice in Child and Adolescent Mental Health. 2024 Jun 16:1-0. ([LINK](#))

- **Aim:** “evaluated the clinical effectiveness and implementation of a brief integrated pediatric primary care program, First Approach Skills Training (FAST).”
- **Conclusions:** “Patients and parents reported significant improvement in anxiety symptoms, depression symptoms, and disruptive behaviors. Clinicians rated FAST as highly usable, feasible, effective, and culturally responsive. The FAST program demonstrates preliminary clinical effectiveness for common youth mental health problems in pediatric primary care.”

Goff et al. **Considerations for Behavioral Health Integration Program Implementation in Pediatric Primary Care Settings: A Qualitative Study.** Academic Pediatrics. 2024 May 1;24(4):633-44. ([LINK](#))

- **Aim:** “to understand pediatric primary care clinicians' experiences with the novel multi-component Behavioral Health Integration Program (BHIP) in a large network of independent pediatric practices and to identify potential barriers and facilitators for implementation of such programs.”
- **Conclusions:** “BHIP provided important support for BH integration across varied settings. Potential considerations for effective implementation in other settings included expanded training for BH clinicians, tailoring integration to organizational and practice-level contexts, and increased advocacy to address the structural factors limiting of BH care delivery.”

Gratale et al. **Paediatric alternative payment models: emerging elements.** Curr Opin Pediatr. 2022 Feb 1;34(1):19-26. doi: 10.1097/MOP.0000000000001090. PMID: 34980872; PMCID: PMC8728678. ([LINK](#))

- **Aim:** “to summarize emerging elements of paediatric alternative payment models (APMs), identify strategies to address barriers in implementing paediatric APMs and share policy approaches.”
- **Summary:** “Emerging paediatric APMs include the following key elements: developmentally appropriate approaches, paediatric-specific quality and cost measures, a focus on primary care, special considerations for children with complex healthcare needs and cross-sector integration of data, workforce and financing. A variety of strategies, rooted in cross-sector partnerships, can be pursued to address implementation barriers and ultimately support paediatric care transformation.”

Hostutler et al. **A systematic review and meta-analysis of pediatric integrated primary care for the prevention and treatment of physical and behavioral health conditions.** Journal of Pediatric Psychology. 2024 Jun 12;jsae038. ([LINK](#))

- Study type: SR/MA
- **Aim:** “To evaluate the effects of behavioral health interventions delivered within pediatric integrated primary care models on clinical outcomes.”

- **Results:** “We found a small overall effect size (SMD = 0.19, 95% confidence interval [0.11, 0.27]) supporting the superiority of integrated primary care to usual or enhanced usual care. Moderator analyses suggested similar effectiveness between co-located and integrated models and no statistically significant differences were found between treatment and prevention trials.”
- **Conclusions:** “Results suggest that integrated primary care is superior to usual and enhanced usual care at improving behavior, quality of life, and symptoms. Integrated primary care research needs improved standards for reporting to promote better synthesis and understanding of the literature.”

Schweitzer et al. **Developing an innovative pediatric integrated mental health care program: interdisciplinary team successes and challenges.** *Frontiers in Psychiatry*. 2023 Nov 16;14:1252037. ([LINK](#))

- **Introduction:** Children and adolescents often do not receive mental healthcare when they need it. By 2021, the complex impact of the COVID-19 pandemic, structural racism, inequality in access to healthcare, and a growing shortage of mental health providers led to a national emergency in child and adolescent mental health in the United States. The need for effective, accessible treatment is more pressing than ever. Interdisciplinary, team-based pediatric integrated mental healthcare has been shown to be efficacious, accessible, and cost-effective.
- **Methods:** In response to the youth mental health crisis, Rady Children's Hospital-San Diego's Transforming Mental Health Initiative aimed to increase early identification of mental illness and improve access to effective treatment for children and adolescents. A stakeholder engagement process was established with affiliated pediatric clinics, community mental health organizations, and existing pediatric integrated care programs, leading to the development of the Primary Care Mental Health Integration program and drawing from established models of integrated care: Primary Care Behavioral Health and Collaborative Care.
- **Results:** As of 2023, the Primary Care Mental Health Integration program established integrated care teams in 10 primary care clinics across San Diego and Riverside counties in California. Measurement-based care has been implemented and preliminary results indicate that patient response to therapy has resulted in a 44% reduction in anxiety symptoms and a 62% decrease in depression symptoms. The program works toward fiscal sustainability via fee-for-service reimbursement and more comprehensive payor contracts. The impact on patients, primary care provider satisfaction, measurement-based care, funding strategies, as well as challenges faced and changes made will be discussed using the lens of the Reach, Effectiveness, Adoption, Implementation and Maintenance framework.
- **Discussion:** Preliminary results suggest that the Primary Care Mental Health Integration is a highly collaborative integrated care model that identifies the needs of children and adolescents and delivers brief, evidence informed treatment. The successful integration of this model into 10 primary care clinics over 3 years has laid the groundwork for future program expansion. This model of care can play a role addressing youth mental health and increasing access to care. Challenges, successes, and lessons learned will be reviewed.