

Youth Mental Health Project

RESEARCH REVIEW SUMMARY

MAY 2015

Introduction

The Social Policy Evaluation and Research Unit (Superu) is leading an evaluation of the Youth Mental Health Project (YMHP). Initiated in April 2012, the YMHP consists of a set of 26 initiatives focused on 12- to 19-year-olds. The initiatives aim to prevent mental health problems, increase resilience, and improve young people's access to services if concerns are identified. The project seeks to reach young people in the key settings of families and communities, schools, health services and the online environment.

Superu contracted Quigley and Watts Ltd to conduct a research review on youth mental health promotion, prevention and early intervention to inform and support the evaluation. The review provides background information for the evaluation as a whole, and may be used in various ways to inform the evaluation. This is a summary of that work.

KEY FINDINGS

- > The review identified principles for effective promotion, prevention and treatment for youth mental health.
- > The review stressed the importance of a cross-sector approach and culturally appropriate services.
- > The review also stressed the importance of using a developmental framework.

Purpose

The aim of the YMHP research review is to provide Superu with:

- > an evidence-based overview of the key factors that contribute to mental wellbeing and resilience in young people aged 12–19, with a particular focus on rangatahi Māori and New Zealand Pacific youth
- > an overview of current best practice in adolescent mental health promotion, prevention and early intervention at a state or national level
- > an overview of national and international research on projects that seek to integrate mental health services for youth from different disciplines and sectors.

Findings

The findings are presented in six sections, corresponding with the research questions.

1. Understanding risk factors

There is well-established evidence on multiple risk and protective factors for adolescent mental disorders. Key factors are outlined in the following table.



Table 1 _ Major risk factors and protective factors for mental disorders in young people aged 12–19

	Risk factors	Protective factors
Individual	<ul style="list-style-type: none"> > Stressors, especially associated with relationships > Aggressive social behaviour > Low educational achievement > Low commitment to school/ disengagement from school > Times of transitions 	<ul style="list-style-type: none"> > High-quality interpersonal relationships, especially with parents but also other adults, teachers, peers
Family	<ul style="list-style-type: none"> > Childhood maltreatment/abuse > Family history of mental illness > Family conflict or dysfunction > Controlling, harsh or neglectful parenting style > Family poverty; social disadvantage > Witnessing or experiencing violence > Times of transitions 	<ul style="list-style-type: none"> > Healthy attachment between parent and child in infancy and early childhood > Parenting characterised by warmth, firm and consistent limit-setting, monitoring and open communication patterns
School Neighbourhood	<ul style="list-style-type: none"> > Negative peer influence; bullying > Adverse neighbourhood conditions, eg fear, distrust, violence > Perceptions of relative disadvantage > Discrimination and racism > Lack of access to services 	<ul style="list-style-type: none"> > Connectedness to school > Positive school ethos and environment
Societal	<ul style="list-style-type: none"> > Economic factors, eg high unemployment, inequality > Social and cultural norms > Accessibility and availability of alcohol and other drugs 	

Māori and Pacific youth are more likely than their peers to be exposed to many of the risk factors above, including: discrimination and racism; witnessing or experiencing violence; lack of access to services; family poverty or social disadvantage; and low educational achievement. In addition, Māori and other indigenous peoples are affected by historical and contemporary injustices and marginalisation.

Whānau or extended family support, cultural connectedness and cultural identity/pride have been identified as protective factors for Māori and Pacific youth in longitudinal, cross-sectional and qualitative research.

Exposure to several risk factors increases the likelihood of negative outcomes. Risks have a cumulative effect over the life course, and early problems tend to ‘snowball’ over time. Risk factors cluster in two distinct patterns: ‘early accumulation’ (in early life) and ‘adolescent onset’. This suggests the importance of intervening both in childhood and during adolescence.

2. Factors associated with positive outcomes

There is growing evidence that mental wellbeing and mental disorder are not opposite ends of a single continuum, but are two distinct dimensions. While some factors affect both wellbeing and disorder, there are other drivers that influence wellbeing alone.



According to the international literature, the most widely reported contributors to resilience in young people are positive relationships with caring adults and with peers, effective caregiving and parenting, and effective teachers and schools.

Individual-level assets include an easy-going temperament, cultural knowledge and competence, and skills such as self-regulation, coping and problem-solving.

Community-level factors associated with positive outcomes include early prevention and intervention programmes, relevant support services, recreational facilities and programmes, access to adequate health services, economic opportunities for families, and religious and spiritual organisations. In addition, the normative climate and social cohesion in a neighbourhood or community affect young people's development and mental wellbeing.

There is growing interest in policy measures that promote positive mental health, eg parenting education and strategies to build social capital within localised settings.

New knowledge about brain plasticity suggests that interventions that alter environmental factors in adolescence can produce long-term changes in brain structure and function. This highlights the potential impacts of reducing early adverse experiences.

According to emerging evidence, whānau support, cultural connectedness and policies and structures that support indigenous development promote positive outcomes for Māori and Pacific youth.

There is growing interest in policy measures that promote positive mental health, eg parenting education and strategies to build social capital within localised settings.

3. What works in promotion, prevention and early intervention

There is strong and growing evidence that interventions delivered in home, school and community settings can improve adolescent mental health outcomes.

Evidence-informed principles for the design and content of effective initiatives include:

- > the use of a developmental framework¹
- > a focus on key risk and protective factors, both individual and environmental
- > a dual focus on prevention and promotion, using a strengths-based approach²
- > a socio-ecological model that centres on young people
- > a cross-sectoral approach
- > adequate dosage and timeframe
- > informed by theory and evidence
- > cultural appropriateness.

There is empirical evidence that the following types of interventions can improve mental health and other outcomes:

- > supporting positive family functioning
- > nurturing school environments
- > developing skills such as social problem-solving, communication and social skills.

Experts also see evidence-informed policy-level interventions (eg to reduce poverty, child abuse, discrimination) as important, and there is some evidence that certain policy approaches are effective.

There is some evidence that comprehensive and coordinated programmes that use a range of strategies in different settings (eg school, community, family) are more effective than those that use classroom-based activities alone.

¹ Developmental frameworks recognise that how well a child's emotional needs are met and how well their competencies are developed at one stage determines how well they will cope with the challenges of the following stage. It implies an emphasis on developmentally appropriate risk and protective factors at each stage, and a consideration of the question: "What does a child need, one, three, five years down the line?"

² The strengths-based approach assumes that all young people, including those diagnosed with mental disorders or behaviour problems, have strengths and the ability to draw on them. Strengths refer to the specific competencies and characteristics that are key to a young person's development and wellbeing and may be understood at various levels – individual, family or community.



In order to improve mental health outcomes in adolescence, attention needs to be given to creating nurturing environments and supporting social and emotional development in infancy, childhood and pre-adolescence, as well as intervening during the adolescent years.

Effective interventions at the individual level promote protective factors as well as skills and competencies in young people. At family, school, community and societal levels, interventions should aim to both reduce risk factors (eg punitive approaches to behaviour management) and enhance protective factors (eg respectful relationships, a positive school climate).

4. Best practice in promotion, prevention and early intervention

There is no agreed 'best practice' for implementing youth mental health promotion, prevention and early intervention initiatives at a state or national level. There is however clear evidence that implementation quality has a significant effect on programme success and outcomes for young people.

According to the literature, successful programme implementation and quality are characterised by:

- > organisational factors, eg culture, capacity and leadership
- > programme selection, eg good fit with needs and preferences of community
- > training and support, both initial and ongoing
- > fidelity, ie delivering the programme as it was designed
- > monitoring and feedback, eg fidelity assessment, supervision and outcome monitoring.

Funding security is a key implementation challenge, and is one of many contextual factors that can help or hinder implementation.

More research is needed to identify the active ingredients of effective programmes, so that those elements are preserved when programmes are adapted or scaled up.

5. Best practice for Māori and Pacific youth

There is a small but growing empirical evidence base to support interventions to improve Māori and Pacific youth mental health outcomes. Emerging evidence and/or evidence-informed expert opinion supports the use of

whānau-centred and relationship-focused approaches, for example:

- > Whānau Ora approaches, and
- > whole-school interventions that improve the school culture and improve how teachers work with Māori and Pacific students.

Empirical research suggests that some generic early intervention programmes can improve mental health outcomes for Māori and Pacific youth (eg group programmes aimed at increasing social and emotional skills). Experts also recommend interventions at the societal level, especially policies to reduce poverty and discrimination. Some evidence supports the use of policy interventions, especially increasing the price of alcohol and reducing its availability and accessibility in order to reduce substance use disorders. However, more research is needed at policy and societal levels.

Evidence-informed principles for the design, content and implementation of interventions for Pacific youth include:

- > strengths-based and cross-sectoral approaches, with a focus on whānau and relationship-building
- > cultural relevance and involvement from Māori and Pacific communities, including young people
- > intervention at the societal level
- > the provision of both ethnic-specific (eg kaupapa Māori) and culturally responsive generic programmes
- > cultural competence
- > reducing barriers to accessing interventions and services, and a focus on sustainability and capacity-building.

6. Need for greater integration

Little evidence is available about the most effective mix of services, or the most appropriate balance between intervention initiatives. For example, universal, selective and integrated interventions are all part of a comprehensive approach to promotion and prevention; however, the literature has little guidance about the most appropriate balance between these intervention types. A 'stepped care' type approach based on individual need is a promising model for achieving an appropriate balance between universal and more intensive group and individual interventions, at least at the school level.



There is universal agreement that greater integration is desirable for achieving mental health promotion, prevention and treatment outcomes. Evaluation studies and qualitative research have identified the following key factors associated with effective service integration across multiple settings and sectors:

- > pre-existing (and ongoing) relationships characterised by trust and mutual respect
- > a shared vision; common goals
- > a strong client focus
- > strong leadership support for change
- > clear roles and responsibilities
- > stakeholder buy-in
- > staff engagement
- > ongoing monitoring and evaluation
- > investment in people and systems
- > enabling legislation
- > enabling funding and accountability arrangements
- > a long-term funding commitment
- > the creation of a high-level coordinating body.

CONCLUSION

In summary, the key themes in the literature on youth mental health improvement include the need for developmentally appropriate, youth-friendly, accessible services.

These services need to be designed to meet the mental health needs of young people and provide a community of care. It is important to note that resilience among young people is not just about internal personal competencies and dispositions. It is also socially situated and reinforced, providing significant protective factors for youth during



times of transition. These processes are further strengthened by understanding the contribution of environmental stressors, which need to be constantly monitored and moderated.

There is also widespread agreement that greater integration is desirable for achieving better outcomes in addressing youth mental health issues. There is however little evidence available about the most effective mix of services, or the most appropriate balance between intervention initiatives.



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For more information contact enquiries@superu.govt.nz

Follow us:  

Superu Level 7, 110 Featherston Street P: 04 917 7040
PO Box 2839, Wellington 6140 W: superu.govt.nz

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