

DO INTEGRATED HUB MODELS OF CARE IMPROVE MENTAL HEALTH OUTCOMES FOR CHILDREN EXPERIENCING ADVERSITY? A SYSTEMATIC REVIEW

BACKGROUND

Childhood adversities are stressful and potentially traumatic events during childhood that can have lasting negative effects on health and wellbeing, and significantly contribute to the development of mental health problems. While much can be done to support children and families to reduce and prevent the impact of adversities, currently many face barriers that prevent them from accessing services in a timely and effective manner. These barriers include the fragmentation of existing services and a workforce with limited understanding of child mental health.

One promising strategy for overcoming these challenges and better meeting the needs of children and families is taking an integrated approach to the delivery of existing child and family-focused health and social care. With an emphasis on linking and strengthening existing services, integrated approaches focus on equity, early intervention, and understanding and addressing the needs of families experiencing adversity to more efficiently improve care quality and patient experience.

The Rainbow Model of Integrated Care (RMIC) provides a useful description of integrated care from the primary care perspective.

AIMS OF STUDY

This review aims to :

- assess the effectiveness of integrated primary health and social care hubs on mental health outcomes for children experiencing adversity; and
- identify elements of integration that can be linked to improvements in child mental health outcomes.



METHODS

PubMed, OVID Medline and PsychINFO databases were systematically searched for relevant articles (records dated between 2006 and 2020). Studies were included if they met the below criteria:

- peer-reviewed studies;
- included children aged 0 - 12years experiencing adversity;
- were situated within a primary health care setting e.g. GP clinic, community health service;
- included integration within at least two dimensions of the Rainbow Model of Integrated Care
- included integrated care that had intersectoral linkages with health and social services;
- assessed child mental health outcomes (i.e. depression, anxiety); and
- were written in English.

In total 5961 references were retrieved. Of these, four studies involving children aged 0 - 12 years experiencing one or more adversities were included. On average, most children were male (60.5%), and Hispanic or African American (82.5%).

KEY FINDINGS

Three studies with low-moderate risk of bias reported improvements in mental health outcomes for children experiencing adversity receiving integrated care. The remaining study (the only RCT in this review) did not show significant improvements in mental health but showed a significant interaction effect of time and intervention on parenting skills and a trend toward improvements in parenting quality.

The most common dimensions of effective integrated hubs based on the Rainbow Model of Integrated Care were:

- clinical integration (including case management, patient-centred care, patient education, and continuity of care)
- professional integration; and
- organisational integration including co-location.

NEXT STEPS...

Results suggest that integrated care Hubs may be a promising approach to improve child mental health outcomes. The seemingly more effective integration dimensions identified in this review may prove useful starting points for implementation. Further research is needed to further support this work.

Citation details:

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