NHS Health Scotland

Youth health services: Reviewing the benefits of a holistic approach

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About this briefing

Using existing primary and review-level evidence, this briefing aims to evaluate the impact of youth health services which encourage young people's appropriate use of clinical services by co-locating them with other youth-friendly health promotion activities.

Key points

- 'Holistic' youth health services (those which co-locate clinical services and other youth-friendly health promotion activities) may serve to improve young people's perception of and engagement with health services.
- Implementing holistic youth health services is likely to be resource intensive. However, this model may be more capable of dealing with several adolescents at once.
- There is a lack of robust evidence on the impact of holistic youth health services on health behaviours or outcomes.
- A substantial shift towards improved measurement and evaluation is required, in order to identify the differential impact of youth health service delivery models.

Background

Adolescence represents a unique opportunity for improving population health and wellbeing. While this age group typically exhibits better physical health than the older population, many of the behaviours and habits that impinge upon adult health are established during this critical developmental window.[1, 2] Adolescents are also disproportionately susceptible to a range of immediate negative influences on health and wellbeing. Adolescents' tendency to engage in experimentation, while in moderation is indicative of typical development,[3] exposes young people to health risks, particularly those relating to alcohol and substance use and risky sexual behaviour.[2]

In the United Kingdom, as in other economically developed countries, poor mental health represents one of the greatest burdens of disease for young people. In 2015, over one third (34%) of all years of healthy life lost among British 15–29 year-olds were estimated to be attributable to mental health conditions,[4] with a similar proportion of all deaths among this age group attributable to substance misuse or self-harm.[5] Recent evidence also suggests that the prevalence of sub-clinical mental health issues such as low confidence, psychosomatic complaints and internalising symptoms are increasing over time among this age group, with particularly sharp increases for adolescent girls in Scotland compared to other European countries.[6, 7, 8] The burden of poor mental health during adolescence, while a cause for concern, is also an opportunity for early intervention as half of diagnosable mental health conditions show signs before the age of 14 and 75% do so by the age of 24.[9]

These unique challenges to young people's health and wellbeing are compounded by the nature of their relationship with mainstream health services. In many high-income countries, young people report lower satisfaction with primary healthcare compared to older adults.[10] For example, nearly half of a sample of English adolescents (48%) reported that they could not readily talk to their GP about personal issues.[11] The proportion reporting being 'at ease' with their GP also declines with age between 11 and 15 years, with girls being less likely than boys to feel at ease.[11]

Although the majority of young people report attending primary healthcare regularly (over 80% of English 14–15 year-olds report that they attended a GP in the past year[12]) doing so is not always a straightforward process. Young people experience barriers to healthcare including difficulties securing an appointment at a suitable time and poor alignment of service provision with expectations.[13] Young people are also particularly likely to present at primary services for physical health issues that they perceive to be urgent. This is highlighted by the tendency of this age group to visit an accident and emergency unit if they cannot obtain a GP appointment.[13] These barriers to adolescents' use and positive experience of primary healthcare can lead to

missed opportunities to intervene in the early stages of treatment-receptive health conditions.

Reflecting the importance of health services that are acceptable to adolescents, the World Health Organization has published guidance on establishing such services,[14] with their recent European child and adolescent health strategy 2015–2020 also championing the importance of youth-friendly services.[15] A recent evidence review by the Scottish Government's independent advisor on poverty and inequality also highlights the importance of early intervention in the context of mental health.[16]

Within Glasgow City, different approaches to youth health service provision are currently adopted in each of the three localities. One area currently provides an open-access service which co-locates clinical and youth-friendly preventative services. The two other areas have predominantly concentrated on improving the health literacy and health awareness of workers in youth-specific organisations such as the Duke of Edinburgh's Award scheme, Scouts and Guides, Barnardo's and local youth organisations.

Attempts to evaluate the relative effectiveness and efficiency of these different models have thus far proved inconclusive due to the heterogeneity in service design and a lack of robust data collection. The current briefing uses wider international literature to resolve whether holistic youth health services (here defined as the co-location of clinical services and youth-friendly health promotion activities) are well positioned to support the health and wellbeing of adolescents.

Evidence summary

This briefing is a rapid evidence review of peer-reviewed literature from Europe, North America and Australasia published between 2010 and 2017. Literature was retrieved via a search of a wide range of social science and health-focused bibliographic databases. The included evidence has been screened for relevance and quality, however full critical appraisal has not

been undertaken. The conclusions made are based on a total of 11 publications, three of which are systematic reviews[17, 18, 19], five are narrative reviews[20, 21, 22, 23, 24] and three are primary research publications[25, 26, 27]. The conclusions of the systematic reviews are prioritised below, as these publications offer the most robust source of evidence.

Impact on attendance and acceptability

A small body of evidence was retrieved concerning the impact of holistic youth health services on adolescents' perception of clinical services and on their attendance at such services.

A common theme throughout is the assertion that existing mainstream health services do not adequately meet the needs of adolescents, particularly for those with concerns about their mental health.[20] The most frequently highlighted barriers to young people's use and positive perception of health services include concerns about confidentiality, embarrassment, and poor alignment of service provision with the young person's needs.

The bulk of the retrieved literature suggests that young people's perception of, and attendance at, clinical services can be enhanced by providing a 'soft' entry point[17, 19, 21, 22, 26] with a common feature involving the outward appearance as a clinical service being masked from peers, family and adolescents themselves. While a variety of approaches is used to achieve this goal, a common feature is that young people do not present initially at a sole-purpose or mainstream clinic to access specific services. Rather, other activities exist at the same facility that any young person could use, regardless of their health status.

A wide range of approaches that can be considered attempts to provide soft entry points is reflected in the available evidence. Activities directly related to health and wellbeing are frequently used. For example, services can be structured around peer-led discussion groups about specific health issues or can include facilitated health education, counselling or health promotion

sessions. Additionally, clinical services can be co-located with activities that are not directly linked to health, such as arts and crafts, support with homework, sports or vocational training.

The evidence for each of these individual approaches is sparse; therefore it is not possible at this stage to formally evaluate which method is best suited to enhancing young people's use and perception of health services. However, a major barrier to young people's use of clinical services is a perceived lack of confidentiality.[28] As such, soft entry points that are not explicitly related to health, thereby masking the outward appearance of clinical services, are particularly likely to be able to circumvent this reason for non-attendance.[17, 19] Supporting this claim, young people were more likely to use broad-scope holistic multi-service centres compared to traditional primary care when they had concerns about their sexual and reproductive health.[17] A similar conclusion was reached in a 2010 World Health Organization report which collated experiences of effective youth health practice in Europe. This report featured a recommendation that youth health services should not be purely biomedical in nature.[29]

A further purported benefit of holistic youth health services is that co-location of clinical and other health promotion activities allows complex cases to be identified and handled effectively. As discussed above, this model of service delivery may increase adolescents' engagement with health services in the first instance, with treatment and discussion of more benign issues giving rise to opportunities for intervention in more serious issues. One of the retrieved articles describes the case of a sexually active 14-year-old girl, who attended a holistic service in the first instance in order to confidentially obtain contraceptives. The young girl later attended the same service for dermatological problems, with latent depression and anxiety identified after a number of further consultations.[25] Related, a qualitative study of Swedish youth health practitioners[27] also concluded that successful engagement of young people allows them to attend for issues not explicitly related to specific physical or mental symptoms.

The chief drawback of implementing a holistic youth health service appears to be the difficulty in coordinating and funding interdisciplinary teams and facilities.[17, 19] While such a model is likely to be resource intensive, there are indications that community-based holistic services can make savings elsewhere as they may be able to effectively triage several adolescents simultaneously, routing those with more urgent or severe health needs as appropriate.[19] A related drawback, however, is the challenge of simultaneously maintaining the two diametrically opposing standards of confidentiality and open, non-medicalised services.[27] The degree to which this balance is met will likely depend on many contextual factors including service location and size. A further drawback is the potential that holistic services, while initially providing a confidential access point, later become widely known for the type of medical service they provide.[27] This could mean that any benefits in terms of increased attendance are lost over time. Furthermore, even those adolescents who may wish to use non-medical aspects of such services (i.e. those who present with no or minor health symptoms) may be reluctant to attend such services because of perceived stigma.

Impact on health behaviours and outcomes

A very small number of publications robustly evaluate the impact of holistic youth health services on adolescents' health behaviours and outcomes. As such, many of the statements made below are based on findings from a single study. The most robust evidence in this area originates from a single systematic review of adolescent sexual and reproductive health services.[18] This systematic review cites a small number of evaluations which conclude that co-locating sexual and reproductive health clinics with information/advice services and arts, drama and sports activities leads to reduced pregnancy rates and increased contraceptive use.

The small number of evaluations on mental health outcomes centre on a single holistic youth health service in Australia, is generally of poor methodological quality, and yields mixed evidence.[20, 22] Two studies conclude that self-reported mental health is improved by engaging with this service. The

most robust evaluations of this service, however, find that only one third (36%) of participants' mental health outcomes improved, offering no benefit compared to untreated individuals.[23] However, this may be attributed to nearly three quarters (72%) of participants receiving an inadequate quantity of treatment when it was appropriate.

Equity statement

There is a small amount of evidence that holistic youth health services are able to recruit increased numbers of males,[21] with some articles suggesting that male and female recruitment levels are equivalent.[19, 22] This would represent a substantial achievement given that males are typically less likely to engage with health services. A small amount of evidence also suggests that holistic youth health services reduce barriers to healthcare for those in lower socioeconomic brackets.[19] However, this evidence emerges from the United States, which has a fundamentally different healthcare landscape compared to Scotland and the United Kingdom, so may not be directly transferrable.

Health inequalities are unfair and avoidable differences in people's health across social groups and between different population groups. Health inequalities can occur by gender, income, social class, deprivation, educational status, ethnicity and geography. This review cannot make any firm conclusions about how this approach might work in different population groups. It is possible that holistic youth health services that are effective overall may widen any inequalities between groups.

We know from theory and a growing body of evidence that universal interventions which change an element of the environmental, social or structural circumstances that people live and work in – such as restrictions of marketing of unhealthy food or 20mph speed limits – are more likely to be equally or more effective among disadvantaged groups. On the other hand, universal interventions that aim to increase individual knowledge or skills only, such as healthy eating campaigns, may increase inequalities unless they are

targeted at disadvantaged groups or applied with a scale and intensity in proportion with the level of disadvantage.

Conclusion

Holistic youth health services appear to improve adolescents' engagement with and perception of the health sector. While this addresses a major challenge to young people's health and wellbeing, it is essential that positive engagement in the health service is met with appropriate clinical services. Because of a lack of robust evaluation, it is not yet clear whether holistic youth health services are able to successfully improve health outcomes or behaviour among adolescents. A substantial shift towards broader and more robust evaluation of both short- and long-term outcomes is required in the area of adolescent health services.

There are a number of limitations to this evidence briefing. Chiefly, it is based on a small number of peer-reviewed publications, of which fewer still are of robust methodological quality. Furthermore, this briefing focuses on one specific approach to improving young people's health service attendance. There may exist other literature, which was not captured by the search strategy, that provides evidence on other ways of encouraging young people to use clinical services. One example of such an omission is likely to involve linking such services to schools. Additionally, the health service evaluations included in this report often describe complex programmes with a wide range of components, any one of which could represent the true driver of any observed benefits. Because of the paucity of evidence in this area it is not possible to further disaggregate results beyond the level laid out above.

About NHS Health Scotland evidence briefings

NHS Health Scotland evidence briefings are produced by the organisation's Evidence for Action (EfA) team. They use systematic methods* to review the most appropriate evidence to provide a robust, quality assured and balanced assessment of interventions and approaches likely to be effective in improving health and reducing health inequalities. As such, users can have a high degree of confidence that the conclusions/recommendations are valid. Supporting literature reviews and other relevant background papers are often available. Please contact the person named at the start of this briefing for further details.

* The highest degree of confidence can be drawn from the review of existing evidence already critically appraised and quality-assured and/or systematic overview and synthesis of existing research evidence from primary and/or review-level studies. Protocols for each of these methods have been produced and are available on request.

Scottish policy links

Getting It Right For Every Child (GIRFEC) 2008
www.gov.scot/Topics/People/Young-People/gettingitright

Children and Young people (Scotland) Act 2014
www.legislation.gov.uk/asp/2014/8/contents/enacted

Curriculum for Excellence 2012
https://education.gov.scot/scottish-education-system/policy-for-scottish-education/policy-drivers/cfe-(building-from-the-statement-appendix-incl-btc1-5)/What%20is%20Curriculum%20for%20Excellence?

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