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Review article

A Review of Effective Youth Engagement Strategies for Mental Health and Substance Use Interventions

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A B S T R A C T

The majority of adult mental health and substance use (MH&SU) conditions emerge in adolescence. Prevention, diagnosis, and treatment programs targeting this age group have a unique opportunity to significantly impact the well-being of the future generation of adults. At the same time, youth are reluctant to seek treatment and have high rates of dropout from interventions. An emphasis on youth engagement in prevention and treatment interventions for MH&SU results in better health outcomes for those youth. This literature review was undertaken to evaluate opportunities to improve youth engagement in MH&SU programs. The intent was to determine best practices in the field that combined community-level improvement in clinical outcomes with proven strategies in engagement enhancement to inform program development at a local level. The results discuss 40 studies, reviews, and program reports demonstrating effective youth engagement. These have been grouped into six themes based on the underlying engagement mechanism: youth participation in program development, parental relationships, technology, the health clinic, school, and social marketing. A broad range of tools are discussed that intervention developers can leverage to improve youth engagement in prevention or treatment programs.

IMPLICATIONS AND CONTRIBUTION

This review was developed to aid youth mental health and substance use program developers seeking a library of practical, proven solutions that can be implemented to suit local populations and organizations. The strategies discussed will give researchers and policy developers a selection of evidence-based approaches on how to effectively engage with youth.

Youth are an important target population for both prevention and treatment interventions for mental health and substance use (MH&SU) conditions [1]. The special needs of youth are only now coming into focus in terms of global health and policy, despite the recognition of their rights in the statements of the Geneva Convention of 1924 and the subsequent UN declarations of 1959 and 1990 [1,2]. Population studies have shown that the majority of adult MH&SU disorders emerge in teenage years with half of all life-time cases presenting by age 14 years and three-quarters by age 24 years [3]. Early prevention, detection, and intervention are critical in this target population if one is to lessen the burden of mental illness in later years [1,3]. Less than half of all adults with MH&SU disorders seek help for their problems, and youth are of no exception to this [4]. Youth are reluctant to seek help for a number of reasons: lack of knowledge regarding the signs of mental illness; lack of awareness on how to access the system; fear of breaches in confidentiality; a belief that they can handle their own problems; stigma surrounding mental illness; and previous bad experiences [5–7]. Treatment programs must be cognizant of this as they seek to increase youth "buy in" and participation in interventions. Programming strategies that prioritize youth engagement builds relevance for youth and can overcome many of the obstacles perceived by youth to access such programs [8]. Once engaged, youth involved in

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interventions show a decrease in rates of substance use and overall morbidity and mortality [9,10].

A number of limiting factors may impede engagement in programs designed to promote youth mental health and well-being. In many countries, youth are struggling to survive the effects of war and poverty, and engagement in health-related activities is of lower priority [8]. The rights of children and youth in such circumstances have been the focus of the UN Convention on the Rights of the Child [2]. Advocacy for the health of adolescents has long been the focus of the WHO's program on maternal, newborn, child, and adolescent health [11]. Further, simple challenges of everyday life can interfere with program uptake, including the difficulty in getting groups organized, work commitments of parents, and school commitments of youth [11]. Gulliver et al. [7] identified entrenched barriers that intervention developers need to ponder: public and self-stigmas about mental health, perceived issues of confidentiality, inability to identify symptoms, self-reliance for correcting problems, awareness of MH&SU services, and lack of accessibility. Drop out rates as high as 22% are seen in many programs aimed at youth mental health, particularly when the issue is substance use [12,13].

Integration of services for comorbid MH&SU conditions in the form of increased collaboration among providers has been shown to improve patient engagement in prevention and treatment programs through increased retention [14]. Collaborative care increases the opportunities for earlier detection of mental health and addiction problems, and the physical health conditions with high rates of comorbidity of these conditions [15].

Overall, youth engagement in health interventions is related to improved, targeted outcomes of treatment programs [16,17]. There are multiple definitions of "youth engagement" in the literature, some restricting engagement to strictly behavioral measures of intervention initiation and attendance, and some taking a broader perspective [18]. For the purposes of this review, youth engagement is defined as an increased amount of observable behaviors (i.e., enrollment, attendance) and a positive change in attitude toward the reported interventions.

The purpose of this review is to identify successful youth engagement strategies that are associated with positive mental health or substance use outcomes and offer a categorization of engagement enhancing interventions for program developers. It was completed to inform the development of a community-wellness plan in a unique, urban neighborhood in an Atlantic Canadian city. MH&SU conditions have been considered together in this review. These strategies can be subsumed under six broad categories. By integrating the broad scope of opportunities for increasing youth engagement, this review seeks to offer developers of MH&SU a broader range of potential interventions [10].

Methods

Inclusion criteria

The authors chose qualitative and quantitative studies, reviews, and reports of interventions that showed positive substance use or mental health outcomes in conjunction with a description of the specific youth engagement strategies that contributed to these outcomes. Targeted populations for interventions were between the ages of 11 and 29 years, which is based on the definition of youth/young people as proposed by the United Nations [19].

An initial search was conducted in August 2014 of PubMed, Cochrane, PsychInfo, and Google Scholar for scholarly articles published within the last 10 years using the search terms (youth OR adoles* OR young person OR student OR child*) AND (engage* OR participat*) paired with each of (mental health OR mental illness) AND (substance OR drug OR alcohol) + (use + misuse + abuse). Details from intervention programs, position papers, and intervention guidelines from national and international substance use and mental health and addictions agencies were searched through Google and Bing. Publications were also identified through a review of the reference lists of papers identified through the primary search. Papers were screened for duplication, adherence to the target population criteria, intervention for substance use and/or mental health, and a discussion of the role of youth engagement in intervention efficacy.

Exclusion criteria

Articles published prior to 2004 and publications not originally published in the English language were excluded. The search was conducted in 2014. A 10-year review period was selected for the review by the authors in part because of the role of social media was radically transformed in the year 2004 due to the launch of Facebook.

Results

A total of 40 papers were included in this review. The various strategies of engagement were analyzed and thematically grouped by touchpoint of engagement into six overarching categories. These categories are as follows: (1) youth empowerment through participation in program development; (2) engagement through parental relations; (3) engagement through technology; (4) engagement through the medical or mental health clinic; (5) engagement through school; and (6) engagement through social marketing.

Youth empowerment through participation in program development

Youth participation in program development is the most direct form of youth engagement identified in the literature. It can range from "light-touch" participation such as comment boxes or evaluation surveys in clinics, all the way to primary decision-making authority at every stage of program design, implementation, and evaluation [20]. Youth participation can be top-down with youth sitting on boards and committees formalized within the organizational hierarchy or bottom-up where youth participate as peer-support workers or researchers [21]. Interventions describing youth participation in program development at a variety of depths are highlighted in Table 1.

Engagement through participation in service development, delivery, and evaluation appears to improve maintenance of a recovery focus, the development of coping skills, and development of professional skills [21]. Participation in program design at a clinic level can improve patient relationships with clinicians which in turn improves participation in mental health programs and services [22]. An American study utilizing substance-using youth as "experts" to adapt national programs for local youth had a twofold effect: (1) youth who participated in program adaptation established a dissonance between their behavior in using substances and their prevention role adopted through