LooS

co-producing youth mental healthcare

Graduation report | F. J. Oomen

Uncover a groundbreaking solution that transforms youth mental healthcare in "LooS: co-producing youth mental healthcare." Join the author, Floor Julia Oomen, on a captivating journey through strategic design and innovation.

This book explores a revolutionary approach to address the challenge of waiting lists in youth mental healthcare in The Netherlands. Discover LooS, a co-production framework designed for young individuals aged twelve to twenty-seven.

LooS incorporates crucial elements to support youth mental health, such as an accessible well-being gym and a safe walk-in centre with peer interaction. Each young person receives dedicated support throughout their recovery journey from a designated buddy. Welcome packages provide essential resources, including e-health tools and information about the recovery process.
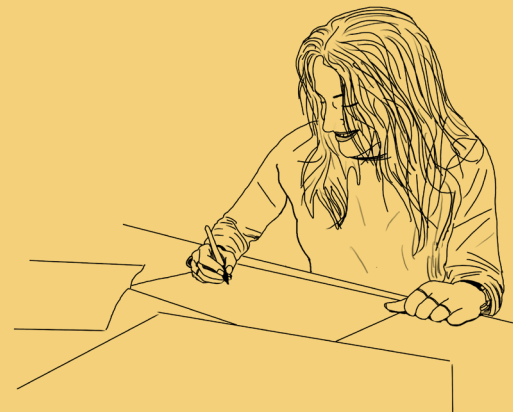
Recovery is facilitated through group sessions with a recovery coach, accompanied by e-health tools for progress monitoring. LooS aims to transition 20-30% of clients to a stage where therapy is no longer needed, while specialized group therapy is available for those who still require it.

LooS goes beyond immediate care, offering a comprehensive aftercare structure with self-testing and a smooth transition process, bidding farewell to their support buddy once aftercare is no longer necessary. As well as immediate scale-up during crises to the necessary support. The ultimate goal is to empower individuals to work on their mental resilience in the well-being gym.
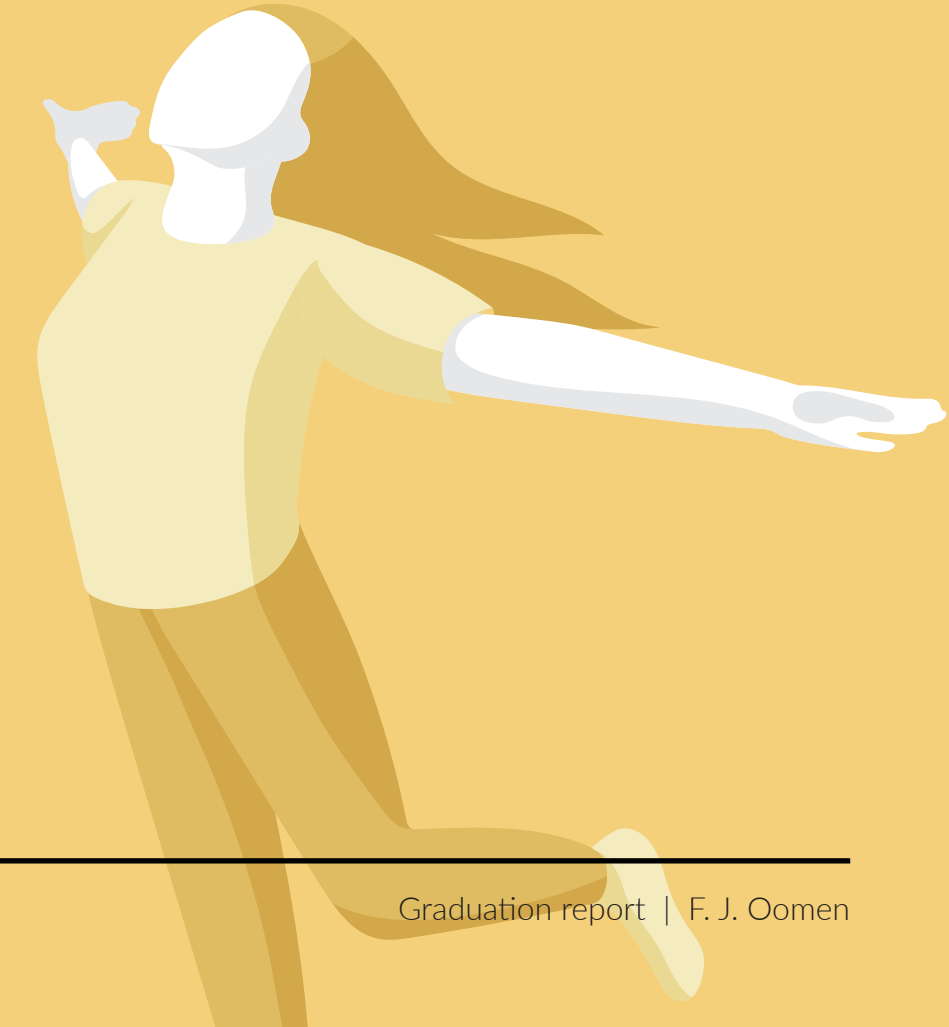
With its adaptability for implementation across multiple locations in The Netherlands, LooS has the potential to revolutionise youth mental healthcare. An engaging visual aid and a comprehensive blueprint facilitate discussions with healthcare providers, encouraging them to co-produce their own LooS centres.

Embark on this extraordinary journey as you explore "LooS: co-producing youth mental healthcare." Together, let's create a future where waiting lists are eliminated, and the well-being of our youth takes centre stage.

"Design is not about what you make, but about
what you make possible."
- Cameron Sinclair

Figure 1: 'Welcome at the waiting list'
Illustration by Sanne Boekel

"An infographic about the waiting list problem in the form of a board game: Welcome to the waiting list. Including the many things that you can encounter on such a waiting list or in the run-up to treatment. With a lot of waiting, a little perspective and once you're through it - then you are just about to start."
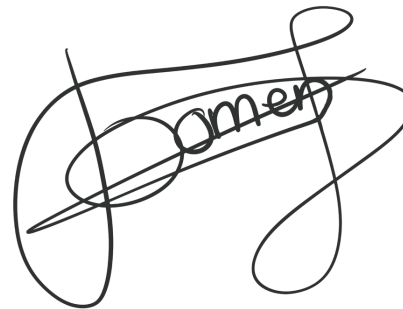
- Sanne Boekel

Preface

Welcome to the world of innovative problem-solving! As a student of Strategic Product Design at TU Delft, I am able to be at the forefront of creating new and effective solutions for some of the most pressing challenges of our times. My master thesis on a new concept for reducing waiting lists in youth mental healthcare in The Netherlands is no exception. In a society that increasingly prioritises mental wellness, we must tackle the growing problem of waiting lists for youth seeking mental health support.

My work on this topic not only addresses a critical need but also has the potential to impact the lives of countless young individuals in The Netherlands and beyond. In this thesis, you will explore a novel approach to reducing waiting times, through the lens of strategic design.

The ultimate goal of this thesis is to create a better future for the youth in need of mental healthcare in The Netherlands. It is an ambitious but worthwhile endeavour that has the potential to bring much-needed change to the field of youth mental healthcare.

Join me as I embark on this journey to create a new approach to reducing waiting lists in youth mental healthcare.

Floor Julia Oomen

Acknowledgements

Abbreviations

	Dutch	*English*
CAP-J	Classificatiesysteem voor de Aard van Problematiek van Jeugd	Classification System for the Nature of Youth Problems
COROP	Coordinatie Commissie Regionaal Onderzoeksprogramma	Regional Research Program Coordination Committee
DESTEP	Demographisch Economisch Sociaal Technologisch Ecologisch Politiek	Demographic Economical Social Technological Ecological Political
FOWP	Fit Op Weg Poli	Fit On The Road Outpatient Clinic
GGZ	Geestelijke Gezondheidszorg	Mental healthcare
GP	Huisarts	General Practioner / General Practice
KB	Ketenbureau i-Sociaal Domein	Chain agency i-Social Domain
KJP	Kenniscentrum Kinder- en Jeugdpsychiatrie	Knowledge Center for Child and Adolescent Psychiatry
LODR	Leven Op De Rit module	Life On The Road module
LooS	Leven op orde Samen	Life in order Together
JGGZ	Jeugd Geestelijke Gezondheidszorg	Youth Mental Health Care
JGZ	Jeugd Gezondheidszorg	Youth Healthcare
NJI	Nederlands Jeugdinstituut	Dutch Youth Institute

NJR	Nationale Jeugdraad	National Youth Council
NZa	Nederlandse Zorgautoriteit	Dutch Healthcare Authority
OZJ	Ondersteuningsteam Zorg voor de Jeugd	Youth Care Support Team
POH	Praktijk Ondersteuner Huisarts	Practice Assistant General Practitioner
SES	Sociaal Economische Status	Social Economic Status
VNG	Vereniging van Nederlandse Gemeenten	Association of Dutch Municipalities
VWS	Volksgezondheid, Welzijn en Sport	Public Health, Welfare and Sport
Wmo	Wet maatschappelijke ondersteuning	Social Support Act
WOR	Welzijn Op Recept	Wellbeing On Prescription
WYSIWYG	Wat je (voor)ziet is wat je krijgt	What You (Fore) See Is What You Get

Table 1: Overview of abbreviations in this report

The increasing waiting times in youth mental health care pose a significant challenge, driven by a shortage of specialists and external factors that complicate diagnosis and prolong treatment. Shoshin, a multidisciplinary strategic design and innovation agency, has developed a solution known as the Fit Op Weg Poli (FOWP) to address this issue for adult care at GGZ Delfland. This thesis aims to engage youth healthcare providers in the development of a youth FOWP.

To tackle the design challenge, the double diamond method is applied, involving extensive research and collaborative sessions. This process led to the development of LooS, a co-production framework tailored for young individuals aged between twelve and twenty-seven years old. Co-production for LooS leads to improved service delivery and increased efficiency, aiming to transform youth mental health care.

LooS incorporates several crucial elements to support youth mental health. An easily accessible well-being gym is provided, empowering young individuals to enhance their resilience and overall well-being. A walk-in centre offers a safe and non-judgmental space for peer interaction and support. The intake process involves a comprehensive assessment, and each young person is assigned a dedicated buddy who provides support throughout their recovery journey. Welcome packages are provided to manage expectations and offer essential resources, including e-health tools and information about the recovery process.

Recovery is facilitated through group sessions with a recovery coach, accompanied by the use of e-health tools for progress monitoring and exercises for continued growth. LooS aims to transition 20-30% of clients to a stage where therapy is no longer required, while those who still need therapy will receive specialised group therapy, after recovery.

In the case of a crisis, the program can be scaled up swiftly to provide immediate support. After a crisis, diagnosis-specific therapy will always be provided, and the recovery coach ensures continued aftercare. The aftercare is structured in layers, offering self-testing and a safety net for a smooth transition. Once individuals no longer require aftercare, they bid farewell to their buddy and continue working on their mental resilience in the well-being gym.

LooS is designed to be adaptable for implementation in multiple centres/locations across The Netherlands, allowing for widespread access to youth mental health care.

To support open discussions with healthcare providers, a visual aid called the "Praatplaat" and a brochure have been created. These tools

highlight the impact of LooS on the care pathway and waiting times to enable engagement among healthcare providers to co-produce their own LooS centres. A comprehensive blueprint has been developed, providing a clear and structured guide for the co-development process of Shosin with healthcare providers.

In conclusion, LooS is a new approach to youth mental health care, focusing on proactive work on mental resilience, accessible support services, and collaborative engagement. By implementing LooS, the aim is to transform the youth mental health care system, reduce waiting times, and provide holistic care for youth. LooS offers a path towards improved outcomes and well-being, ultimately creating a brighter future for the youth of The Netherlands.

Contents

Develop

Deliver

Wrap-up

INTRODUC

CTION

In this section, the focus is on the design aim and scope of the project, which revolves around transforming youth mental healthcare. The specific objectives and goals of this transformation will be thoroughly discussed. Furthermore, the methodology and approach employed, known as the double diamond method, will be elucidated. This method ensures a comprehensive exploration of the design questions. By reading the introduction, readers will gain a clear understanding of the project's purpose, scope, and the methodology employed.

1 | Project Aim And Scope: Transforming Youth Mental Healthcare

Youth mental healthcare in The Netherlands is facing significant challenges, including increasing waiting lists and a higher demand for services due to the COVID-19 pandemic (IGJ, 2021). To address these issues, this project aims to engage healthcare workers in the development of a new outpatient clinic that transforms youth mental healthcare.

Project aim

Engage youth healthcare providers in the development of a new outpatient clinic.

The project is based on the Fit Op Weg Poli (FOWP), a new approach implemented in adult mental healthcare at GGZ Delfland, created by Shoshin. Shoshin is a partner in this project and aims to investigate the potential of implementing the FOWP model for youth. This interest arises from the municipality of Eindhoven, which has expressed a desire for the establishment of a new youth outpatient clinic. However, despite the municipality's interest, engaging healthcare providers has proven to be challenging.

Problem statements

Two primary problems hinder the achievement of the project aim:

1 | Long waiting times in the current healthcare pathway for youth

Currently, young people experience significant waiting times at multiple stages of their healthcare path, see Figure 2. After experiencing problems and receiving a referral for JGGZ (youth mental health services), they have to wait for their intake appointment. Following the intake, another waiting period occurs before they can receive therapy. Even in crises, young people have to wait before they can access the necessary help. Once the youth finally gets the help they need, they often fall into a black hole. There is a lack of aftercare and support, leaving them to navigate their mental health journey alone. They are expected to become self-reliant immediately, and if setbacks occur, they are forced to restart the entire healthcare process.

2 | Diminished enthusiasm among healthcare workers for adopting new approaches

Healthcare workers are dedicated to providing the best care for young people. However, the existing workload and work pressure overwhelm them, leaving them with little energy and enthusiasm to adopt new approaches. The demanding nature of their current responsibilities and the strain of the healthcare system impede their ability to embrace innovative solutions that could improve the youth healthcare experience.
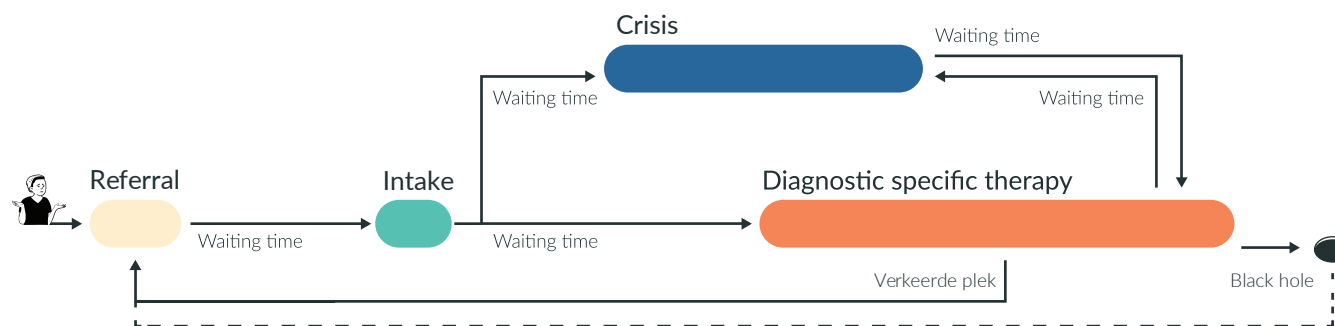
Figure 2: Current mental healthcare path of youth

Design goal 1

Design goals

For the two primary problems hindering the achievement of the project's aim, two separate design goals, Figure 3, have been established:

1 | Create a framework for the development of a new outpatient clinic for youth.

2 | Develop a strategy to engage healthcare workers and generate enthusiasm for the development of the framework.

Research questions

To address the design goals effectively, several research questions need to be explored:

For Goal 1 | How should a youth FOWP be shaped?

- What is the current situation in youth mental healthcare in The Netherlands?
- Which existing solutions or interventions have demonstrated success?
- What opportunities and threats should be considered?
- Which elements from the existing FOWP for adults should be incorporated into the youth framework?
- What are the priorities and preferences of youth healthcare workers?

For Goal 2 | How can youth healthcare workers be engaged in the development of the new outpatient clinic?

- For what collaborative approach should healthcare workers be engaged?
- What factors generate enthusiasm among healthcare workers?
- What branding strategy can be employed to facilitate effective communication?
- What specific deliverables should be created and for whom?

By addressing these research questions, this project aims to provide valuable insights and recommendations to shape the youth FOWP framework and engage healthcare workers in the development of the new outpatient clinic, ultimately transforming youth mental healthcare in The Netherlands.

Create **a framework** for the development of a **new outpatient clinic for youth**.

Design goal 2

Develop a **strategy to engage healthcare workers** and generate enthusiasm **for the development** of the framework.
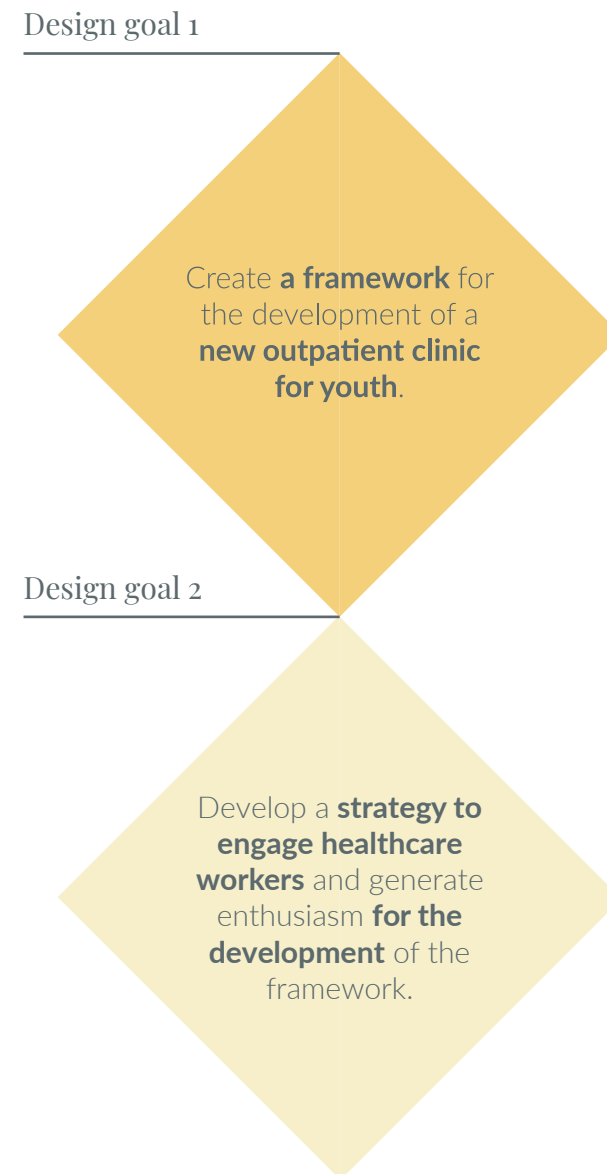
Figure 3: Design goals for this project

2 | Project approach: The Double Diamond Method

In this project the double diamond approach (Design Council, 2005) is utilised, as an applied method from the design thinking approach (Brown, 2009), to reach an effective result for the design goals established in the previous chapter. This approach allows for a human-centred solution (Buijs & Adriaanse, 2020) by empathising with the stakeholders and understanding their needs, before ideating and prototyping solutions that could effectively address the problem, see Figure 4.

This project aimed to achieve two main goals: (1) creating a framework for the development of a new outpatient clinic for youth and (2) developing a strategy to engage healthcare workers and generate enthusiasm for the development of the framework.

The double diamond method involves four distinct stages of problem-solving: Discover, Define, Develop, and Deliver (Design Council, 2005). The Discover and Define phases focus on the first design goal. In the Develop and Deliver phases, the focus shifts to the second design goal.

In Figure 6, a visual depiction of the double diamond method used for this project is provided. The subsequent chapters of this report follow these steps and provide a comprehensive overview of the scientific methodology utilised, along with a detailed account of the results obtained at each stage.

To gain the necessary insights for the project, various techniques are employed, including literature research, interviews, observations, and generative tools. This was done to not only understand what people say and think but also what they do and use, as well as what they know, feel, and dream. These techniques were used to make the implicit more explicit, as shown in Figure 5.

The various research and design activities conducted throughout this project are illustrated in Figure 7, showcasing the utilisation of different techniques.

Figure 4: Design Thinking the five activities (Hasso Plattner Institute of Design, 2019)

Figure 5: From explicit to latent needs (Kistemaker, 2010)

Introduction	Context	Discover	Define	Develop	Deliver	Wrap-up
		Research phase	Synthesis phase	Ideation phase	Implementation phase	

Diverge   Converge   Diverge   Converge

Discover   **Define**   **Develop**   **Deliver**

Doing the right things   Doing things right

Goal 1 | Define the framework   **Goal 2 | Deliver an engagement strategy**

Chapter 1
What is this project's aim and scope?

Chapter 2
What approach and methodology is used?

Chapter 3
What is the youth mental healthcare context?

Chapter 4
Who is Shoshin?

Chapter 5
What is the FOWP?

Chapter 6
For who and why is this project important?

Chapter 7
What is the current situation in youth mental healthcare in The Netherlands?

What to takeaways from successful solutions?

What opportunities and threats to take into account?

Chapter 8
What to take away from the adult FOWP from GGZ Delfland?

Chapter 9
What do healthcare providers find important for development?

Chapter 10
How would healthcare providers set up the youth framework?

Chapter 11
What does the envisioned youth healthcare path look like?

How does the youth framework compare to the adult FOWP?

Chapter 12
How can the framework guide future development?

What elements support the framework?

Chapter 13
For which collaborative approach do healthcare providers need to be engaged?

Chapter 14
Is a metaphorical approach desirable for communication?

What should the narrative be for engagement from healthcare providers?

Chapter 15
What branding strategies work for youth mental healthcare in The Netherlands?

Chapter 16
What should the brand canvas, brand DNA and brand visual identity look like?

Chapter 17
Which deliverables for which recipients need to be created for effective communication?

Chapter 18
How did the design and test process look like?

Chapter 19
How are the final communication tools designed?

Chapter 20
How can the framework be implemented?

Chapter 21
What is the conclusion of this project?

Chapter 22
What recommendations and further research are advised based on the reflection?

Figure 6: Representation of report structure based on conducted approach

Research activity

Chapter

Literature research
On youth mental healthcare in The Netherlands, successful interventions and trends — 7

Semi-structured interviews
With company design and project management employees (6x) — 8

Semi-structured interviews
With company founders and co-creators of FOWP (2x) — 8

Semi-structured interview
With two professionals from GGZ Delfland and co-creators of FOWP — 8

Observations
Initial conversation between municipality, one healthcare provider and company (2x) — 9

Observation
Follow up conversation between municipality, four healthcare providers and company — 9

Literature research
On collaborative approaches for co-development — 13

Literature research
On metaphorical approach for communcation to healthcare providers and youth — 14

Literature research
On brand strategies in youth mental healthcare in The Netherlands — 15

Design activity

Chapter

Generative session
On framework for youth outpatient clinic with two healthcare providers — 10

Team design sprint
On envisioned new healthcare path with four company employees — 11

Validation session
Of the blueprint for the framework with company employee and founder — 12

Generative session
On narrative and branding for the communcation of the framework with three healthcare providers — 14

Team design sprint
On the metaphor for the framework with four company employees — 14

Brand thinking session
On the brand thinking canvas with two company employees and one founder — 16

User test
Of the Praatplaat by company founder and employee at follow up meeting for co-development — 18

Validation session
Of the brochure with company employee and founder — 18

Figure 7: The research and design activities conducted throughout this project

Key takeaways

Objective and goals

- The project aims to engage youth healthcare workers in the development of a new outpatient clinic.

- The project addresses two main problems: long waiting times in the current healthcare pathway for youth and high work pressure among healthcare workers.

- Two design goals are established: creating a framework for the new outpatient clinic and developing a strategy to engage healthcare workers and generate enthusiasm.

Design approach

- The project utilises the double diamond approach, which is a method from the design thinking approach.

- The Discover and Define phases focus on the first design goal of creating a framework for the new outpatient clinic.

- The Develop and Deliver phases focus on the second design goal of developing a strategy to engage healthcare workers and generate enthusiasm.

Techniques and methods

- The project employs various techniques such as literature research, interviews, observations, and generative tools.

- These techniques are used to make implicit aspects explicit and gain insights into the needs and perspectives of youth and healthcare workers.

CONT

TEXT

The context section of this report offers valuable information about the youth mental healthcare landscape in The Netherlands. It introduces Shoshin, the company involved in the project, and provides an overview of the Fit Op Weg Poli, a lifestyle outpatient clinic developed by Shoshin and GGZ Delfland. The section also discusses the project's significance for different stakeholders, emphasizing the potential impacts and benefits for Shoshin, OZJ, youth, mental healthcare providers, municipalities, and TU Delft. By delving into this contextual background, the reader will gain a solid foundation for understanding the project and its relevance.

3 | The Landscape: Navigating Dutch Youth Mental Healthcare

Achterhoek
Amsterdam-Amstelland
Arnhem
Drenthe
Eemland
Flevoland
Foodvalley
Friesland
Gooi- en Vechtstreek
Groningen
Haaglanden
Haarlemmermeer
Holland-Rijnland
IJsselland
Kop van Noord-Holland
Lekstroom
Midden-Brabant
Midden-Holland
Midden-IJssel/Oost-Veluwe
Midden-Kennemerland
Midden-Limburg-Oost

Midden-Limburg-West
Noord-Kennemerland
Noord-Limburg
Noordoost-Brabant
Noord-Veluwe
Rijk van Nijmegen
Rijnmond
Rivierenland
Twente
Utrecht Stad
Utrecht-West
West-Brabant-Oost
West-Brabant-West
West-Friesland
Zaanstreek-Waterland
Zeeland
Zuid-Holland-Zuid
Zuid-Kennemerland
Zuid-Limburg
Zuidoost-Brabant
Zuidoost-Utrecht

Figure 8: The 42 youth healthcare regions

In The Netherlands, youth mental healthcare is a comprehensive system that aims to prioritize access and quality of care for children and young people. Collaborative efforts involving government entities, healthcare authorities, professionals, parents, and schools have been made to address the unique mental health needs of youth and enhance their overall well-being. However, the increasing demand for these services has led to longer waiting times, highlighting the need for effective strategies to reduce waitlists and improve access to high-quality mental healthcare for Dutch youth.

This chapter provides an overview of the preventive healthcare services offered by the JGZ, as well as an explanation of the Youth Act, the procurement process, and the stakeholders involved in the system of youth.

Preventive youth healthcare services

The government-funded JGZ offers preventive healthcare services to children and young people up to age 18, including health screenings, vaccinations, and health education (National Institute for Public Health and the Environment, 2019).

Mental healthcare services

A range of professionals, such as psychologists, psychiatrists, and social workers, provide mental healthcare services for young people with mental health issues (Ministry of Health, Welfare and Sport, 2020).

Youth mental health care via the youth act

Under the Youth Act, municipalities are primarily responsible for youth mental health care, including chronic conditions. Municipalities ensure the availability and quality of psychological help for young people. Pediatric mental healthcare provided in hospitals or treatment centres also falls under the Youth Act, covering conditions such as ADHD, eating disorders, autism, and depression.

Procurement process

Youth mental healthcare in The Netherlands is organised into 42 healthcare regions, see Figure 8, each with its own procurement process to ensure accessibility, affordability, and quality of services (Dutch Health Care Authority, 2020). These regions are responsible for coordinating healthcare services, including demand mapping, setting quality standards, selecting providers through competitive tenders, contracting, and performance monitoring. A detailed table of the municipalities per region can be found in Appendix A1.

Health insurance coverage

While municipalities predominantly cover youth mental healthcare, a small portion is covered by health insurance, including treatment of minor psychological complaints by general practitioners or POH GGZ and prescription medications for young people not in an institution.

Stakeholder inventory

Multiple stakeholders are involved in youth mental healthcare, with varying degrees of proximity to the young patient. The stakeholder identification (Mitchell et al., 1997) is visualised in Figure 9, in which the stakeholders are categorised based on their proximity to the primary stakeholder, the young patient. Referrals for youth care can be made by the GP, POH GGZ, and experts employed by or on behalf of the municipality, such as the neighbourhood team. The specific names of these teams may vary across municipalities (Regelhulp, n.d.).

This project specifically focuses on the regional care support ring, as they play a key role in the development of a new youth outpatient clinic.
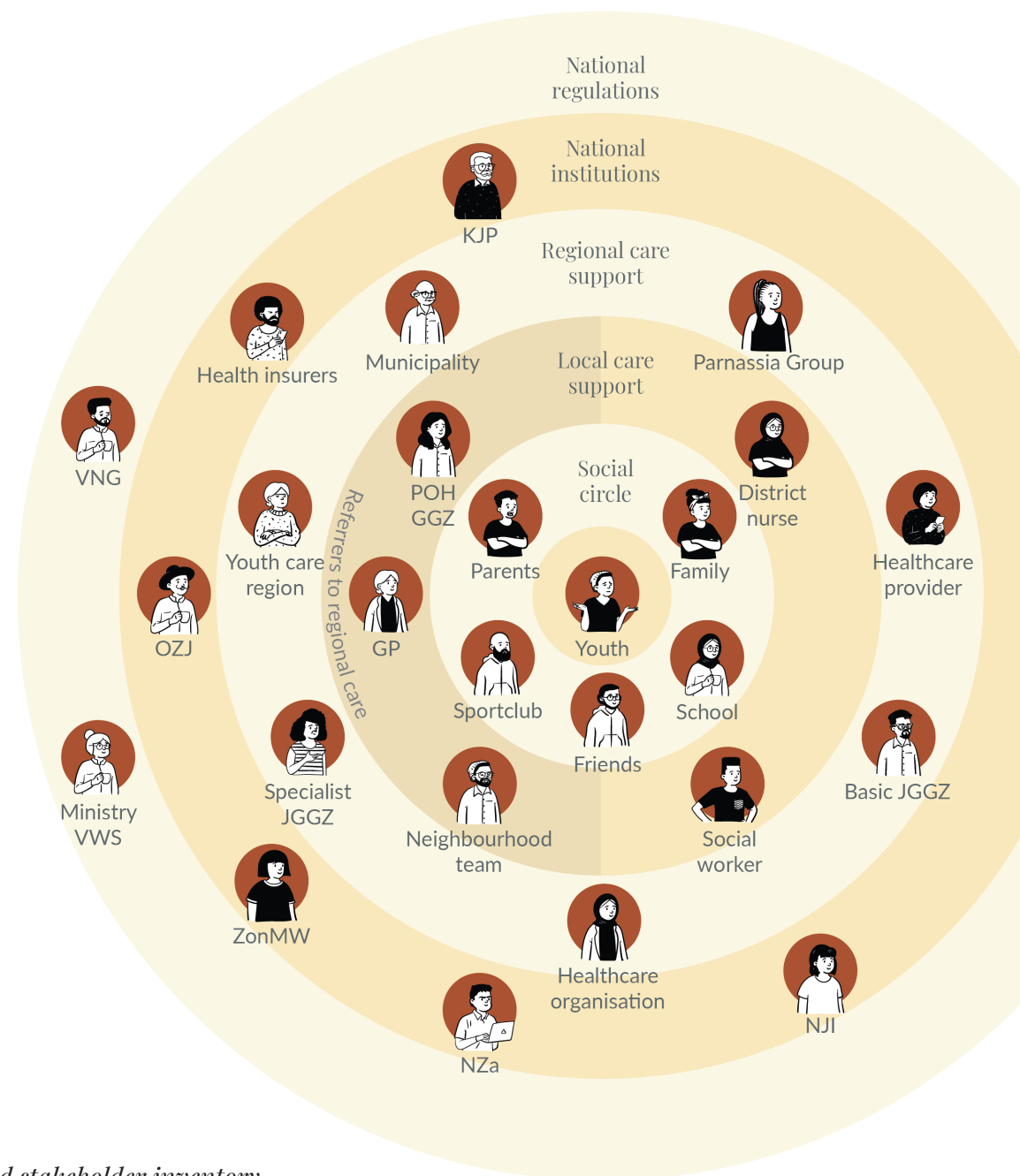
Figure 9: Youth-centred stakeholder inventory

4 | The Company Shoshin: Creator Of The FOWP

Shoshin

"The beginners mind"

9 Employees

Rotterdam office

Founded in 2020

Part of OZJ

Figure 10: The company Shoshin

Shoshin is a multidisciplinary strategic design and innovation agency, see Figure 10, based in Rotterdam, that focuses on the healthcare and social domain. Shoshin's philosophy is inspired by the Zen concept of 'Shoshin', which means the beginner's mind. As an agency, they approach systems, organisations, professionals and users with an open, curious and fresh mind (Shoshin, n.d.).

Shoshin actively works with various care organizations, youth care regions, municipalities, and national government entities like the Ministry of Health, Welfare, and Sport, as well as the VNG (Shoshin, n.d.). Their aim is to create tangible solutions that reduce waiting times and enhance mental healthcare services, contributing to the improvement of patients' and professionals'

experiences. By developing effective concepts, technology, and infrastructure, Shoshin strives to make a positive impact and foster a better world (Shoshin, n.d.).

Among Shoshin's successful projects is the 'Fit op Weg Poli' (FOWP), a solution designed to reduce waiting times at GGZ Delfland (De Brouwer, 2018). The FOWP project originated from a fortuitous encounter between Shoshin's founders and two individuals from GGZ Delfland during a design day at TU Delft. The success of the project led to the formal establishment of Shoshin in 2019. Subsequently, in 2020, Shoshin became a part of the Care for Youth Support Team, known as OZJ (Zorg voor de Jeugd, 2020), see Figure 11.

OZJ is a collaborative initiative that includes Shoshin and Ketenbureau i-Sociaal Domein (KB), alongside several freelancers with expertise in casuistry (Zorg voor de Jeugd, 2020), see Figure 12. OZJ aims to address waiting times in youth mental healthcare regions and contribute to the development of a learning youth system that fosters innovation and improvement in youth care.
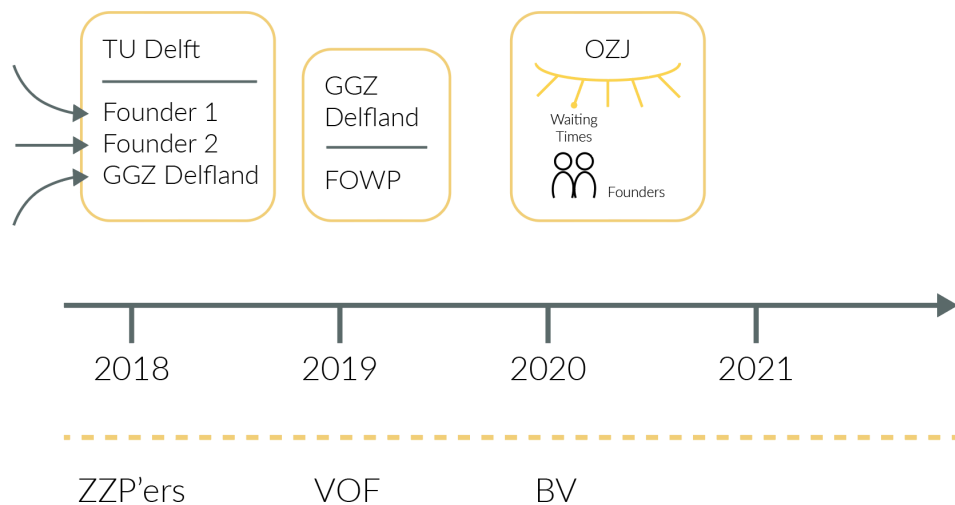
Figure 11: Origin of Shoshin, FOWP and OZJ
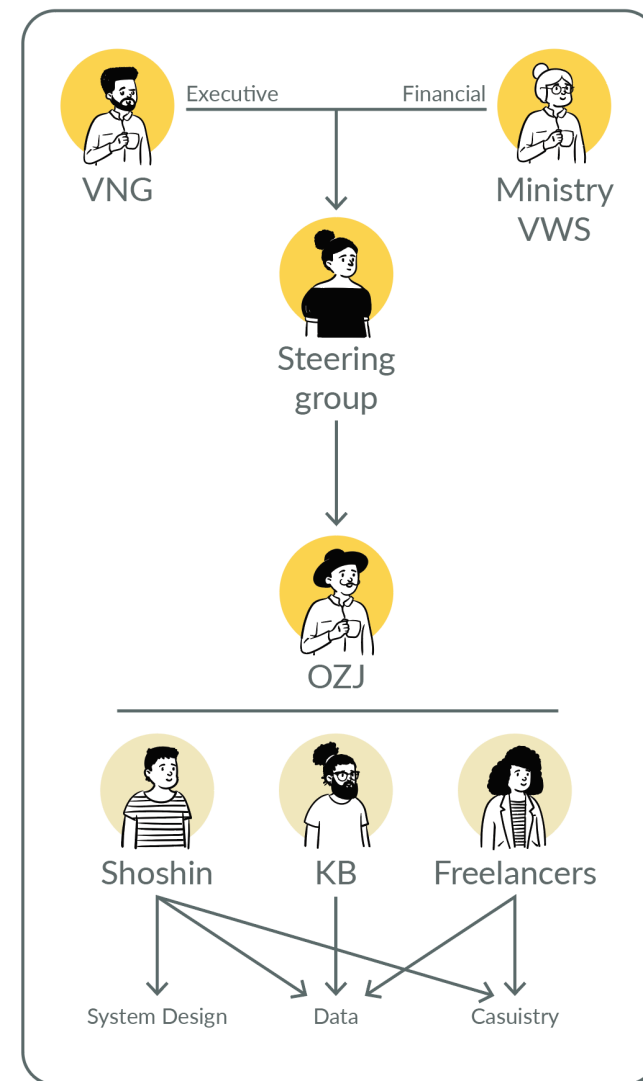
Figure 12: The structure OZJ from Shoshin's perspective

5 | The FOWP:
New Outpatient Clinic At GGZ Delfland

The Fit Op Weg Poli (FOWP) is a holistic lifestyle outpatient clinic designed by Shoshin for GGZ Delfland. It aims to improve mental health outcomes by addressing not only psychological issues but also lifestyle factors that can contribute to or worsen mental health symptoms, such as sleep deprivation, unhealthy routines, debt problems, or loneliness (Shoshin, n.d.). The clinic focuses on equipping clients with the necessary tools and resources for better mental health outcomes rather than solely relying on diagnosis-specific therapy.

The FOWP implements various strategies, including immediate intake, expectation management, group sessions, E-health tools like Fitbit, and a dedicated treatment coach to guide and support clients throughout their treatment journey (GGZ Delfland, 2018; Shoshin, n.d.). The treatment coach plays a crucial role in assisting clients with a range of issues beyond treatment, such as managing debt, creating accounts, and completing homework tasks, in addition to providing support (GGZ Delfland, 2018; Shoshin, n.d.). The treatment coach is trained as a mental health care worker (GGZ Agoog in Dutch) who specialised in supporting the personal and social recovery of individuals with mental disorders. The availability of treatment coaches is relatively higher compared to the scarce professionals specialised in diagnostic-specific therapy.

The process at the FOWP, see Figure 13, begins with an immediate intake, followed by assessments and the provision of necessary tools and resources tailored to the client's unique needs. Clients then participate in group sessions for several weeks to address lifestyle factors impacting mental health.

Once the preconditions for effective therapy are established, clients receive diagnosis-specific therapy (Shoshin, n.d.).

While the primary goal of the FOWP is not to reduce waiting times, its efficient and effective approach has led to a reduction in waiting times for clients. This success has attracted interest from other mental healthcare providers, including the municipality of Eindhoven, collaborating with Shoshin to develop a similar outpatient clinic for youth. The FOWP represents an innovative approach to mental healthcare that considers holistic well-being and addresses lifestyle factors. Equipping healthcare providers with the necessary tools and resources enhances the preconditions for effective therapy and contributes to reducing waiting times (Shoshin, n.d.).

Intake
3 weeks

LODR
6 weeks (group)

Diagnostic specific therapy
Diagnostic dependent (mostly group)

Figure 13: Set-up Fit Op Weg Poli

6 | The Impact:
Why This Project Matters

This chapter explores the impact and significance of the project on key stakeholders involved. Their involvement is crucial for the development and implementation of effective solutions, contributing to the feasibility and success of the proposed approach to youth mental healthcare.

The mental healthcare domain
This project is important for the mental healthcare domain as it proposes solutions to improve the quality of care for youth mental health. By incorporating healthcare providers' perspectives, the proposed solution is expected to be feasible and effective. It highlights the need for a collaborative approach involving multiple stakeholders in the process, leading to better outcomes for patients and increased job satisfaction for providers.

Municipalities
This project's new holistic concept for youth mental healthcare can have important applications for municipalities. As providers of healthcare services to their residents, including mental healthcare for young people, municipalities can improve their mental healthcare services and meet the needs of young people more effectively by implementing this new concept. Additionally, by reducing waiting times, this project can have a positive impact on the mental health and well-being of young people, ultimately leading to better outcomes and a stronger community.

Shoshin
This project offers important insights for the company Shoshin by identifying key elements necessary for a lifestyle outpatient clinic for youth mental healthcare. These insights can be used as a building block for the development of future services. Additionally, the strategic implementation plan can help engage mental healthcare providers in the development process, leading to more meaningful and effective solutions. This project has the potential to benefit the company's future success in the mental healthcare market.

Ondersteuningsteam Zorg voor de Jeugd
The Ondersteuningsteam Zorg voor de Jeugd (OZJ) can benefit from gaining insights into a new approach to youth mental health care that involves multiple stakeholders. By utilising the found results condensed within this report, OZJ can make its initial steps in the direction of improved healthcare for young people.

Youth
This project aims to propose a new holistic concept for youth mental healthcare, to reduce waiting times and improve treatment effectiveness. By focusing on the needs of young people, this project has the potential to positively impact the well-being and mental health of youth in The Netherlands.

TU Delft
This project supports TU Delft's mission of tackling societal issues with design, engineering, and technology by proposing a new holistic approach to youth mental healthcare. It showcases the interdisciplinary nature of the Industrial Design Engineering program by combining psychology, healthcare, and design. The project's insights and findings provide a foundation for further research and development in mental healthcare design.

Key takeaways

Context of youth mental healthcare

- Demand for mental healthcare services for youth has led to prolonged waiting times, highlighting the need for effective strategies to reduce waitlists and enhance access to high-quality care.

- Mental healthcare services for young people with mental health issues are provided by various professionals, such as neighbourhood nurses, psychologists, psychiatrists, and social workers.

- Municipalities are primarily responsible for youth mental healthcare under the Youth Act.

- The procurement process for youth mental healthcare is organised into 42 healthcare regions.

Shoshin and the FOWP

- Shoshin is a strategic design and innovation agency focused on healthcare and the social domain.

- Fit Op Weg Poli (FOWP): The FOWP is an outpatient clinic designed by Shoshin for GGZ Delfland that has successfully reduced waiting times for adult GGZ.

- The FOWP utilises strategies such as immediate intake, expectation management, group sessions, E-health tools, and a treatment coach to support clients throughout their journey.

Significance

- This project is significant for the mental healthcare domain, municipalities, Shoshin, the Ondersteuningsteam Zorg voor de Jeugd (OZJ), youth, and TU Delft, each with unique benefits and implications.

You are now entering the Discover and Define phases, which focus on Goal 1: Creating a framework for the development of a new outpatient clinic for youth. In the first half of this report, an answer will be provided to the question: What should be the structure and shape of a youth FOWP?

You
are
here

Goal 1 | Define the framework

Discover
Research phase

Define
Synthesis phase

Diverge

Converge

Diverge

Converge
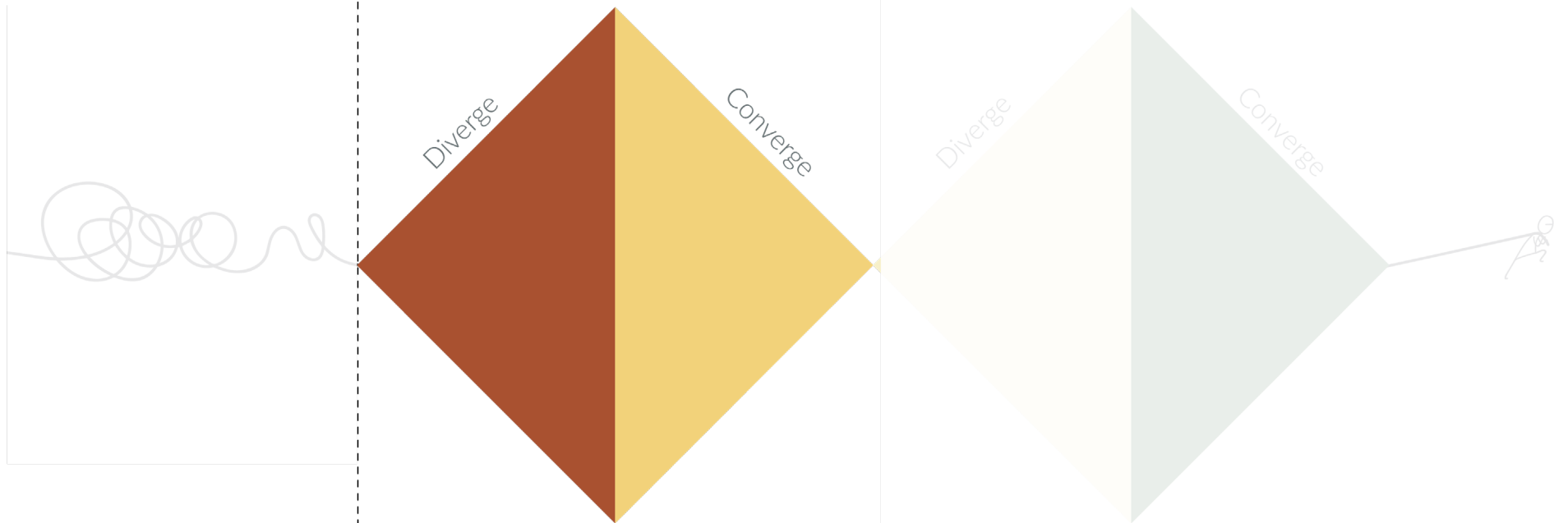
DISC

OVER

This section dives into the essential components required for the structure of a youth FOWP. By conducting literature research, gathering expert perspectives, and engaging in generative sessions, this section uncovers the current state of youth mental healthcare in The Netherlands, existing solutions or interventions, and identifies opportunities and threats. It goes beyond the contextual information provided in the previous section and examines specific details. Valuable data and perspectives are gathered on which elements from the existing FOWP for adults should be included in the youth framework and on what the preferences of youth healthcare workers are.

7 | In-Depth Analysis: Youth Mental Healthcare

Goal

Understanding youth mental healthcare in The Netherlands is crucial to address the challenge effectively. The research investigates waiting times, mental health characteristics in youth, contributing factors, relapse probability, and the effectiveness of group sessions. It also examines successful interventions and identifies trends as opportunities and threats.

Method

The literature research reviews academic articles, reports, and relevant publications on youth mental healthcare, interventions, and solutions in The Netherlands. The initial step was to identify relevant databases and search for keywords such as "youth mental healthcare," "waiting times," "mental health characteristics," "reducing waiting times," "trends in mental healthcare," and "group sessions in youth mental healthcare".
Publications in English and Dutch are included.
After relevance screening, articles are analysed, and findings are synthesised into a coherent narrative.

To identify key trends (Kotler et al., 2017), a DESTEP analysis is used. DESTEP stands for demographic, economic, social, technological, ecological, and political trends. By considering the opportunities and threats that are derived from the trends analysis, the strategic planning and decision-making of the framework for the outpatient clinic will be informed, leading to a more effective approach.

7.1 | Youth mental health in The Netherlands

Waiting times

Waiting times are a significant problem in Dutch youth care, affecting approximately 450,000 young people in need of care (Centraal Bureau voor de Statistiek, 2020; Voordejeugdenhetgezin, 2022). However, there are no nationally representative figures on the occurrence, course and consequences of mental disorders in young people up to the age of 18 (Schoemaker et al., 2019).

The complex nature of waiting times in youth care has been attributed to various underlying issues. One issue is that professionals look and act only symptom-oriented, without considering the underlying explanatory factors in the treatment (Spijk-de Jonge et al., 2022). Additionally, 62% of the processes in special education and care have shown little or no results (Spijk-de Jonge et al., 2022). People also regularly end up in mental health care with complaints that do not belong there (Melanie, 2019).

The large growth in youth care use and high work pressure for healthcare providers are additional factors contributing to the problem of waiting times (Voordejeugdenhetgezin, 2022). Moreover, waiting times are inherent to high work pressure,

and working even harder won't solve the problem, which makes it even more challenging to tackle (Voordejeugdenhetgezin, 2022).

Part of the waiting time problem is that in retrospective studies, 80% of cases showed that a diagnosis is made differently a second time based on the same information, and 80% of the care provided does not contribute to solving children's problems (Voordejeugdenhetgezin, 2022). Meaning that youth often does not get the right care at the right time, increasing the waiting lists and prolonging their needed care trajectory.

The Ministry of Health is taking steps to address the problem by simplifying the occupational structure in psychological care. Establishing the healthcare psychologist-generalist as the single basic profession under the Dutch Healthcare Professions Act (Wet BIG), from January 2025 (Rijksoverheid, 2022). This streamlines the profession, facilitating easier access to the right practitioner for clients' specific needs. The new clinic can align services and staff qualifications with these changes, providing efficient and targeted mental healthcare to support the well-being of young individuals.

Current state
Youth mental health is an important public health issue as the majority of mental disorders

commence before the age of 25 (Merikangas et al., 2010). Half of all lifetime cases start by the age of 14 years and three-fourths by the age of 24 years. (Kessler et al., 2005). The prevalence of mental health problems among Dutch youth aged 15-25 years is concerning, with the pressure to perform in school being a potential contributor (Schoemaker et al., 2019). Leijdesdorff et al. (2019) suggest that due to the common occurrence of comorbidities, a multidisciplinary and comprehensive approach to treatment may be more effective for youth than separate care paths for different disorders.

The age range of 12-25 years is particularly important for early intervention due to the significant physical, cognitive, social, and emotional changes that occur during this period (Arnett, 2013). Mental disorders account for almost half of the total disease burden among young people, with depression and anxiety disorders being particularly prevalent, see Figure 14, in individuals under the age of 25 (Pieris-Caldwell et al., 2007; Wellink, 2022). To address these issues, it is important to have a client-centred approach and continuity of care for the 15-25-year-old age group (Leijdesdorff et al., 2019). It is crucial to consider the frequency and combination of diagnoses in this age group to effectively provide appropriate care (Leijdesdorff et al., 2019).

Pie chart legend:
- Disorders usuaslly first diagnosed in infancy, childhood or adolescence
- Substance related disorders
- Mood disorders
- Anxiety disorders
- Eating disorders
- Additional codes
- Personality disorders
- Mental retardation/borderline intellectual functioning
- Other disorders
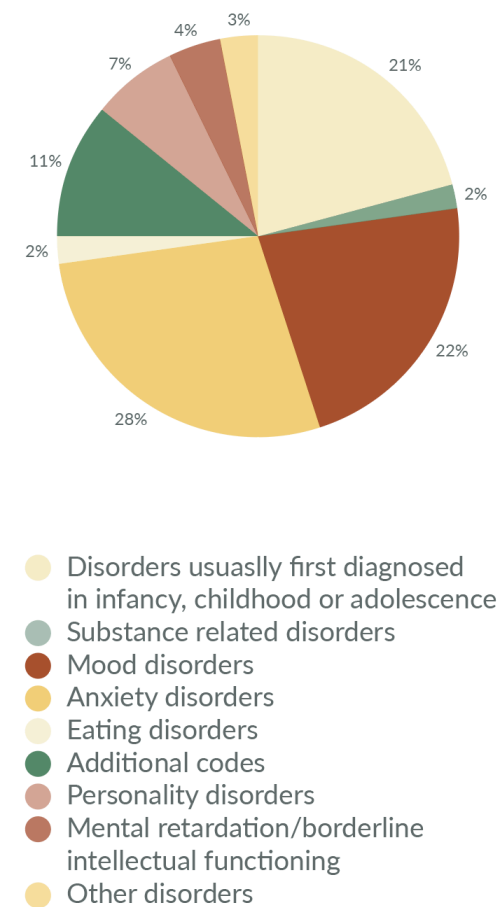
Figure 14: Mental health problems amongst youth between 15 and 25 years (Leijdesdorff et al., 2019)

Protective factors	Risk factors
Individual	**Individual**
- High self-esteem - Intelligence - Optimistic thinking style - Being able to generate positive emotions - Social-emotional Skills	- Gender (being female) - Heredity - Personality factors
Environmental	**Environmental**
- Warm safe family climate - Positive school climate - Good quality of social relationships	- Children from incomplete families - Children from low-income families - Children of parents with psychological problems or addiction problems (KOPP / KVO children) - Life events (Stressful life events, trauma, migration)

Figure 15: Risk and protective factors for psychological problems (Schoemaker et al., 2019)

Impacting factors
Various individual and environmental factors impact the mental health of young people, see Figure 15.

Schoemaker et al. (2019) suggest that protective and risk factors play a crucial role in the development of psychological problems in youth, and these roles can differ in different developmental stages. Education-related problems, which are frequent in this group, have far-reaching consequences for individuals (Leijdesdorff et al., 2019).

The continuum of well-being, psychological problems, and mental disorders, from left to right in Figure 16, is central to understanding youth mental health. The majority of Dutch youth score high on perceived happiness and life satisfaction, but a small proportion of young people experience depressive disorder, anxiety disorder, or burnout. The group that falls in between, not meeting the criteria for a disorder but still suffering from psychological problems, is the focus of much attention in the social debate (Schoemaker et al., 2019).
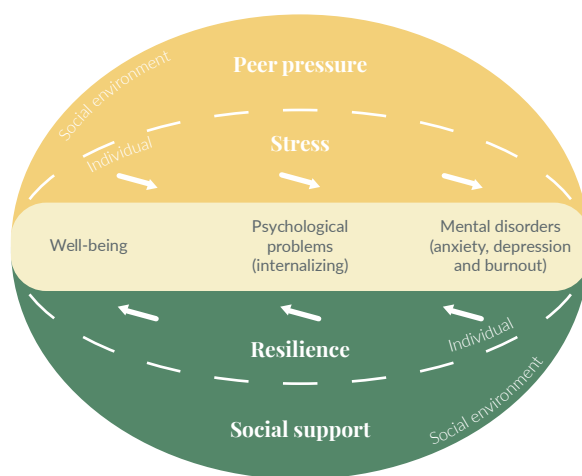
"Je moet voortdurend hogere doelen stellen voor je leven. Je moet jezelf optimaal ontwikkelen. Je móet hoge doelen stellen voor je carrière. Om daar te komen móet je de optimale studiekeuze maken. Je móet hoge cijfers halen. Je móet veel naast je studie doen om straks zo ver mogelijk te komen. En je móet een goed sociaal netwerk onderhouden omdat je anders buiten de boot valt..."
(Representative from NJR)

The quote from a representative of the NJR highlighted the frequent mention of the word "must," indicating the significant pressure experienced by some young people. This pressure stems from societal expectations of perfection, high standards, and the constant need to perform. Alongside these factors, tensions at home and concerns about broader societal issues contribute to feelings of restlessness, being rushed, a lack of genuine connection, and even insecurity. These stress-related factors can ultimately lead to emotional problems in young individuals (Schoemaker et al., 2019), as illustrated in the stress force field diagram, Figure 17. It is crucial to recognize the influence of these pressures on young people and their mental well-being. Creating a supportive environment that values active listening, understanding their experiences, and fostering a collaborative approach is essential for a new outpatient clinic.

Families with multiple and complex problems struggle with socio-economic and psychosocial problems in the family and children (Tuenter et al., 2020). However, parents may find it difficult to recognize and acknowledge their own problems due to the fear of being seen as incompetent parents (Spijk-de Jonge et al., 2022).

In therapy for young children, parents take a more central role in the treatment process, whereas in therapy for older children, while parents are still involved, the focus shifts more towards the child's active participation in the treatment (GGZ Standards, 2022). Vulnerable groups and minorities, such as young people with psychiatric problems, disabilities, migration backgrounds, or those who identify as LGBTIQ+, experience dimensions of stress and pressure that are still underexposed.

Figure 16: Social context (Schoemaker et al., 2019)

The perfect picture
- Beautiful, healthy, fun, nice life
- Successful
- Friendships / Large social network
- Relationship / A family

Government policy
- Loan system

Social norms and values
- Useful and successful

Events in the world
- Climate, War, Violence, Politics, Animal suffering

Societal context

Physical and social environment
(family, school, peers)

Social media and online life
- Imagery: beautiful, healthy, successful
- Peer comparison
- Addiction to stimuli and contact
- Lack of security and trust in friendship

Individual

Expectations
- Parents
- Teachers
- Friends
- School / Study
- Work
- Own

Tension and worry at home
- Sickness
- Divorce
- Fighting
- Financial issues

Figure 17: Force field stress-related factors (Schoemaker et al., 2019)

Preventative care

Prevention plays a key role in healthcare by reducing costs and improving outcomes. By focusing on preventive care, such as regular check-ups and early interventions, potential health issues can be addressed before they worsen (Vanneste et al., 2022). The Dutch Preventive Child and Youth Healthcare Service (CYH) is a prime example, with studies showing that every EUR 1 invested in the CYH yields EUR 11 in return (Vanneste et al., 2022). The CYH offers anticipatory information, screenings, and support, identifying care needs early and providing preventive measures. This approach promotes better health outcomes for children while minimising the burden on healthcare systems and the costs associated with advanced or chronic conditions (Vanneste et al., 2022).

Relapse and aftercare

About half of the young people experience a relapse of their psychological problems after recovery (Wellink, 2022). Relapse is predicted by residual symptoms, such as concentration problems or poor sleep (Wellink, 2022). Preventive treatment after recovery can reduce the risk of depression recurrence. Providing aftercare, such as through a strip card or lighter care elsewhere, can also reduce tension around transitioning out of care (Voordejeugdenhetgezin, 2022).

Transition to adult care

The transition to adult mental healthcare (GGZ) at 18 is a vulnerable phase. The separate funding and legal frameworks for youth and adult mental healthcare can compromise continuity of care. Previously, child and adult mental healthcare was governed by the same framework. Now, funding for youth mental healthcare (Jeugd-GGZ) up to 18 is under the Youth Act, while adult mental healthcare (Volwassen GGZ) falls under the Health Insurance Act (Zorgverzekeringswet), potentially leading to changes in coverage and patient deductibles (GGZ Standaarden, 2022).

Under the Youth Act, extended youth support services can be requested from the municipality. Some young adults (18-23) may receive care from youth mental healthcare if beneficial. Jeugd-GGZ institutions can have contracts with insurance companies for the care of patients aged 18 and older. Health insurance companies offer a bridging arrangement, allowing care for a year after turning 18, even with non-contracted providers (GGZ Standaarden, 2022).

7.2 | Successful programs and interventions

Program / Intervention	Success factors
Headspace Centre model Australia	Early intervention and multidisciplinary approach
@ease	Anonymous and accessible mental health support
Dreamschool	Fostering belonging, improving well-being
Wellbeing On Prescription	Addressing psychosocial issues
School-based interventions	Enhancing access and well-being
Online and mobile services	Increasing access to care
Family therapy	Enhancing communication and coping strategies
Community-based programs	Comprehensive care and connection to resources
Group sessions	Valuable social support when screening, supervision, and adaptation are implemented effectively
Positive Health	Holistic well-being and resilience
Positive Intelligence	Promoting mental fitness and well-being

Table 2: Overview of success factors behind the programs and interventions

Various programs and interventions have shown promising results in improving youth mental health outcomes. Table 2 provides an overview of the success factors behind different programs and interventions. As the reader can conclude from the table, the programs and interventions provide valuable information for the development of the framework for youth mental healthcare. Hence, this chapter dives into the different programs and interventions. If more in-depth information is desired, consult Appendix A2.

Headspace Centre model Australia

Headspace Centers in Australia provide comprehensive mental health services to young people aged 12-25 (Rickwood et al., 2015). Established in 2006 by the National Youth Mental Health Foundation, these centres focus on early intervention and provide a safe environment for seeking help (Headspace, n.d.). Research has shown that creating a safe and non-stigmatizing environment increases the likelihood of young people seeking mental health support (Jorm et al., 2005). Involving family and friends in the treatment process is also emphasised to improve outcomes (McGorry & Mei, 2018). The Headspace Centre model, see Figure 18, aligns with recommendations for youth care in The Netherlands (Sijbrandij et al., 2019).
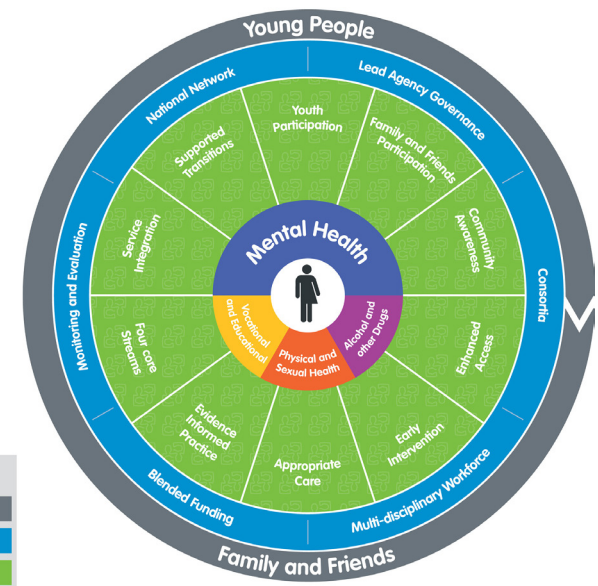
Figure 18: The Headspace centre model (Headspace, 2017)

@ease

The Dutch mental health support service @ease provides accessible and anonymous assistance to young people, Figure 19. It is the Dutch variant of the successful Australian organisation Headspace. @ease offers its services through online platforms and physical walk-in centres (van der Pol et al., 2020). This approach has proven successful in reaching a previously underserved population, increasing the number of young people seeking support by 55% compared to traditional mental health services (van der Pol et al., 2020). By providing a safe and judgment-free space, @ease reduces stigma and increases awareness of available support services (van der Pol et al., 2020).

Figure 19: @ease services (@ease, n.d.)

Dreamschool

Dreamschool, a Dutch television program, has had a significant impact on the education, life skills, and personal development of at-risk youth (Schoemaker & De Roos, 2019). The program focuses on providing a second chance for students between 16 and 23 years old who have faced challenges in traditional educational settings. By emphasising social and emotional learning, mindfulness practices, and personalised mentorship, Dreamschool has proven to be transformative for participating students. They experience improvements in self-esteem, reduced stress levels, and enhanced emotional regulation skills (Schoemaker & De Roos, 2019). The program creates a supportive environment that fosters a sense of belonging among its students, which is especially significant considering the vulnerability of at-risk youth to mental health challenges (Kessler et al., 2005).

Wellbeing On Prescription (WOR)

WOR is a method for addressing psychosocial issues by referring patients with non-medical complaints, such as loneliness and stress, to well-being coaches (GGD Amsterdam, 2021).

School-based

School-based mental health services provide counselling, therapy, and crisis intervention in schools, improving access to care, reducing stigma (Weist, 2018), and enhancing academic performance and emotional well-being (Splett, 2016).

Online and mobile services

Online and mobile mental health services, including apps, online counselling, and teletherapy, increase access to care for young people (Van Ameringen et al., 2018). Examples include Minddistrict e-health, Villa Pinedo, and online ACT workbooks.

Family therapy

Family therapy effectively addresses various mental health conditions in young people, including externalizing behaviour disorders (ADHD, ODD), internalizing disorders (anxiety, depression), and traumatic disorders (PTSD) (Kenny & Goodyear, 2011).

Community-based

Community-based interventions offer comprehensive mental health care to young people, including counselling, medication management, and support groups. They also connect young people to other community resources for job training and housing assistance (Whitley, 2016).

Group sessions

Group interventions can be effective in addressing youth mental health concerns, although potential risks such as negative peer influence should be considered. Strategies like screening, selection, trained facilitators, ground rules, and monitoring can be used to promote positive outcomes (McDermott et al., 2016; Kenny et al., 2015; Tolan et al., 2016; Whitaker et al., 2016). It is important to adapt interventions to the developmental stage of youth (Kaslow et al., 2017). Group interventions can provide valuable social support for youth, which is less relevant for adults with established social networks (McDermott et al., 2016).

Positive Health

Positive Health approach emphasises holistic well-being and resilience in young people, considering the physical, emotional, and social aspects of life. The My Positive Health tool, elaborating on six dimensions of health, empowers individuals to take control of their well-being, see Figure 20 and 21 (Schoemaker et al., 2019; Holt-Lunstad et al., 2010).

Positive Intelligence

Positive Intelligence promotes mental fitness and well-being by enhancing emotional regulation and focusing on strengths (Chamine, 2012). Positive Intelligence can be implemented through Positive Psychology interventions, mindfulness practices, resilience-building, creating a supportive environment, and utilizing technology (Chamine, 2012; Dweck, 2007; Seligman & Csikszentmihalyi, 2000; Shapira et al., 2020; Zenner et al., 2014).
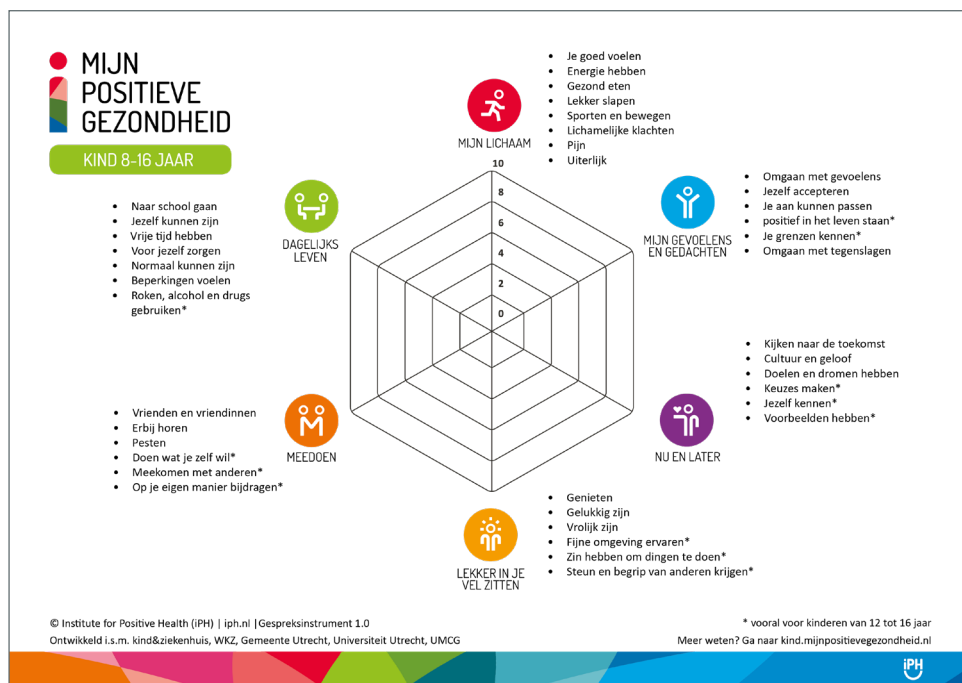
Figure 20: Positive Healthcare kids 8-16 years old (Institute for Positive Health, 2021)
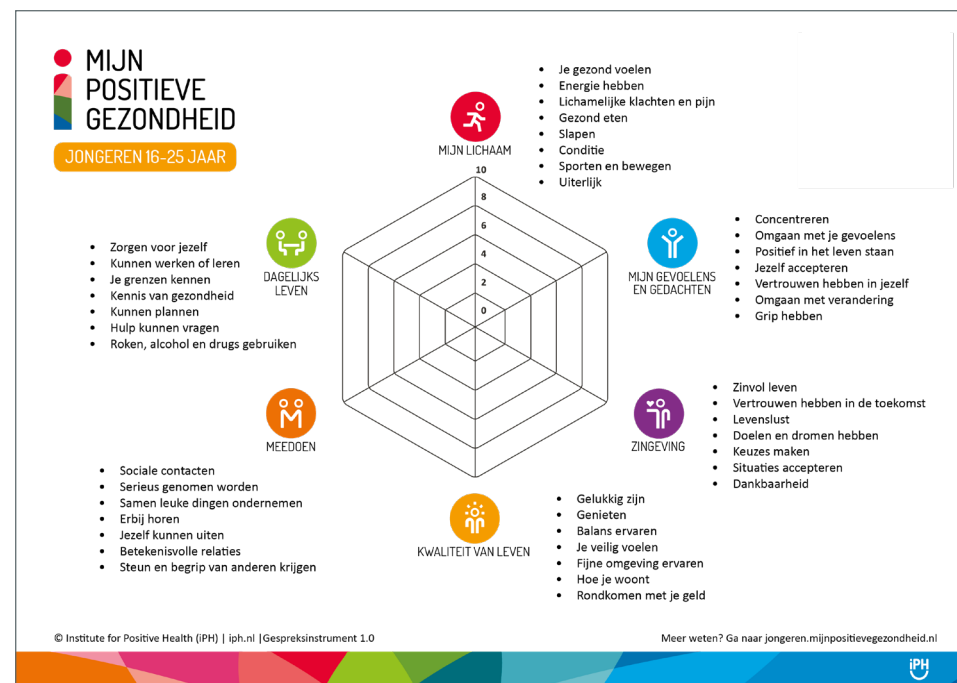
Figure 21: Positive Healthcare adolescents 16-25 years old (Institute for Positive Health, 2021)

7.3 | Trends, opportunities and threats

The key trends are represented in Figure 22 and explained in this chapter. A more detailed explanation of all the trends considered can be found in Appendix A3.

Demographic
Mental health problems among young adults, particularly ages 18-24, are rising (RIVM, 2022). Concerns arise about mental health in girls pursuing higher education at a younger age (RIVM, 2022). The country also faces increased single-parent families, divorces (CBS, 2021; Sectorinstituut Openbare Bibliotheken, 2014), and their impact on children's care usage (Batterin & van Plaggenhoef, 2022). Furthermore, the healthcare industry predicts a worsening worker shortage (Sociaal Economische Raad, 2020).

Economic
The health and welfare sector in The Netherlands has experienced significant growth, leading to job opportunities (UWV, 2020). However, unemployment among fifteen- to twenty-five-year-olds is increasing, and a significant percentage of children are at risk of growing up in poverty (CBS, 2020; RIVM, 2022). The demand for mental healthcare is driven by individualisation, economisation, and market forces (Schrijvers, 2017).

Social
Young people face societal pressures to meet expectations and achieve optimal development (RIVM, 2022). Concerns about digital illiteracy and the need for improved digital education have been raised (Kennisnet, 2017). Education systems are encouraged to teach 21st-century skills to adapt to changing job market demands (SBB, 2019).

Technological
The Fourth Industrial Revolution brings disruptive technologies that reshape industries and societies (Nyagadza et al., 2022). The COVID-19 pandemic acts as a catalyst for changes in mental health care, leading to the adoption of e-health solutions (Wind et al., 2020). Social distancing measures prompt rapid adjustments, and online therapy shows promise in reducing anxiety and depression in adolescents (O'Dea et al., 2015). Mental health practitioners acquire digital skills and intend to combine digital tools with face-to-face care (Feijt et al., 2023). These developments revolutionise mental health care.

Ecological
The COVID-19 crisis has led to increased mental health concerns, requiring better collaboration between healthcare providers, social services, and insurance companies (Reep & Hupkens, 2021). The rise of digitalisation has resulted in the sharing economy, where ownership becomes less important (Kennisnet, 2017).

Political
Factors impacting mental well-being include doom scrolling and affective polarisation (Hoffman et al., 2023; Ytre-Arne et al., 2021). Government policies aim to curb self-employment growth and encourage collaboration and equality (Helder, 2022). Power dynamics are shifting towards individuals and communities, highlighting the importance of interpersonal connections and collaboration (Sectorinstituut Openbare Bibliotheken, 2014).

DEMOGRAPHIC

Increasing prevalence of mental health problems among young adults.

Concerning increase in mental health problems among girls, particularly in higher education levels.

Growing number of single-parent families and divorces, with children at higher risk for the need of care.

Healthcare industry facing a shortage of workers.

ECONOMIC

Significant growth in the health and welfare sector.

Increasing unemployment among fifteen- to twenty-five-year-olds.

Rising percentage of children at risk of growing up in poverty.

SOCIAL

Increasing emphasis on appearance and perfection.

Pressure on young people to meet societal expectations and achieve optimal development.

Concerns about digital illiteracy among young people.

Focus on teaching 21st-century skills in education.

TECHNOLOGICAL

Disruptive technologies expected from the Fourth Industrial Revolution.

Increased adoption of e-health in mental health due to COVID-19.

Rapid acquisition of digital skills by mental healthcare practitioners.

Shift to a blended approach in mental healthcare.

ECOLOGICAL

Increase in mental health concerns due to the COVID-19 crisis.

Rise of digitalisation and the sharing economy.

POLITICAL

Impact of doom scrolling and affective polarisation on mental well-being.

Changes in government policies regarding self-employment.

Shifting power dynamics and the importance of interpersonal connections and collaboration.

Figure 22: Key trends for developing a new youth outpatient clinic

OPPORTUNITIES

Growing demand for mental healthcare services.

Potential for collaboration between healthcare providers, social services, and insurance companies.

Technological advancements in e-health applications.

Adoption of e-health solutions in mental care with blended approach.

Incentives provided by the government for employers to provide training and development opportunities.

THREATS

Shortage of healthcare workers.

Capacity issues in meeting the increased demand for mental healthcare services.

Potential challenges in addressing mental health concerns arising from the COVID-19 crisis.

Negative impact of doom scrolling and affective polarisation on mental well-being.

Changes in government policies regarding self-employment.

Figure 23: Opportunities and threats derived from the trends

These trends provide valuable insights into the opportunities and threats present in the market for developing a new outpatient clinic for youth mental healthcare in The Netherlands, see Figure 23.

Opportunities
The increasing demand for mental healthcare services among young adults presents a significant opportunity for the development of a new youth outpatient clinic. By providing specialised and comprehensive care, the clinic can address the specific mental health needs of this population. Additionally, the collaboration between healthcare providers, social services, and insurance companies creates an opportunity for integrated care and a multidisciplinary approach. Leveraging technological advancements in e-health applications and blended care can enhance accessibility and client engagement, as well as contribute to mental health education programs within the clinic.

Threats
The development and sustainability of the outpatient clinic face challenges related to the shortage of healthcare workers and potential capacity issues. Addressing these threats is crucial to ensure the clinic's ability to meet the increasing demand for mental healthcare services. Furthermore, the COVID-19 crisis has amplified mental health concerns among young adults, highlighting the urgency and importance of providing accessible and effective care. Additionally, the negative impact of doom scrolling and affective polarisation on mental well-being poses a threat that needs to be addressed within the clinic's services and interventions. By recognizing and mitigating these threats, the clinic can better navigate the landscape and provide high-quality care to its target population.

7.4 | Literature discussion

The method
The method used for the literature study in this research is a common and effective approach for gathering information and understanding existing knowledge on a topic. By including various sources such as academic articles, reports, and relevant publications, the study ensures a comprehensive exploration of the subject matter. The use of specific keywords in the database searches further enhances the relevance and inclusiveness of the literature review.

The inclusion of publications in both English and Dutch is a strength as it broadens the scope of the review and prevents language-based biases. By analyzing and synthesizing the findings from the selected articles, the study provides a coherent narrative that identifies common themes, trends, and insights related to youth mental healthcare.

However, it is important to acknowledge the limitations of this method. Relying solely on published literature means that the study might not capture the most recent developments and advancements in the field. The selection and interpretation of articles can also introduce potential biases, as the researcher's subjectivity and preconceived notions may influence the choice of sources and the interpretation of the findings.

Additionally, the exclusion of literature in languages other than English and Dutch may limit the diversity and applicability of the identified solutions and interventions. Valuable insights from other countries or regions may be overlooked, potentially hindering a comprehensive understanding of the topic.

The findings
Youth mental health in The Netherlands
The current situation in youth mental healthcare in The Netherlands presents several challenges, including significant waiting times and a lack of nationally representative figures on mental disorders in young people. These challenges are influenced by factors such as symptom-oriented treatment, ineffective care processes, high work pressure for healthcare providers, and misdiagnosis. Additionally, there is a high prevalence of mental health problems among Dutch youth, with depression and anxiety disorders being particularly prevalent due to various individual and environmental factors.

Successful programs and interventions
Despite these challenges, there are opportunities for improvement in youth mental healthcare. Successful interventions such as Headspace, @ease, and Dreamschool have shown positive outcomes in improving youth mental health.

Implementing school-based mental health services, online and mobile mental health services, family therapy, community-based interventions, and positive health approaches can further enhance care. Prevention and aftercare measures, including regular check-ups, early interventions, and preventive treatment after recovery, also play a crucial role.

Opportunities and threats
The opportunities in youth mental healthcare include addressing the growing demand, fostering collaboration, embracing technological advancements, and integrating mental health education. These factors create a favourable environment for the development of a specialised outpatient clinic that offers targeted support, utilises digital tools, and promotes comprehensive care. However, there are threats to consider, such as healthcare worker shortages, capacity issues, challenges related to the COVID-19 crisis, and the negative impact of doom scrolling and affective polarisation. Additionally, specific attention is needed for the transition from youth to adult mental healthcare and addressing the needs of vulnerable groups. By effectively managing these threats, the youth mental healthcare system can provide high-quality care and support to those in need.

Seeking expert wisdom

This chapter has provided valuable insights into the current state of youth mental healthcare, including the opportunities and threats that exist. However, to fully address the question of incorporating elements from the existing FOWP for adults into the youth framework, further research is needed.

To dive deeper into this topic, the next chapter of this report will employ a qualitative interview study. By engaging with experts in the field of youth mental healthcare, the study aims to gather firsthand knowledge and perspectives that go beyond the existing literature. These interviews will provide a more comprehensive understanding of the potential elements and adaptations that can be beneficial for the development of an effective youth mental healthcare framework. Through this approach, the report seeks to bridge the gap between theoretical findings and practical insights, ultimately contributing to the improvement of youth mental healthcare services.

Goal

This qualitative interview study builds upon the performed literature research on youth mental healthcare in The Netherlands to gather insights and perspectives on developing a new mental healthcare outpatient clinic for youth. This study aims to identify the key elements from the existing FOWP for adults that should be incorporated into the youth FOWP. To achieve this, expert interviews will be conducted with Shoshin employees and healthcare professionals involved in the development of the FOWP. The interviews were immediately utilised as an opportunity to inquire about how the experts currently communicate about the FOWP, serving as foundational information for the second goal of this project.

Method

Participants and format
While there is one clear research question for this study, focusing on identifying the elements from the existing FOWP for adults that should be incorporated into the youth framework, it is important to consider different viewpoints. Therefore, a total of nine interviews were conducted, including six interviews with employees who held the roles of designers and project leaders, as well as two of the company's founders. In addition, one interview was conducted with two healthcare professionals who co-created the Fit Op Weg Poli alongside the founders.

The sample of interviewees consisted of two males and seven females. All interviews were conducted in Dutch, which is the native language of all participants. Prior to participating in the interviews, all interviewees signed informed consent forms, indicating their willingness to participate in the study and their understanding of the research goals and procedures, see Appendix A4.

The interviews were conducted in a semi-structured format, allowing for flexibility while still ensuring that key topics and questions were covered. The duration of the interviews ranged from 40 to 70 minutes. An interview guide was created for each interview, which provided a framework and guidance for the interviewer and interviewee, ensuring that key topics were covered consistently and systematically across the interviews, see Appendix A5, A6 and A7. This approach helped to reduce potential interviewer bias and ensured that the data collected was comprehensive and relevant to the research question at hand. Table 3 provides an overview of the key topics discussed during the interviews. The decision to discuss key topics with specific participants and not others was intentional and based on practical reasons. By selectively engaging participants based on their relevant expertise and involvement, the study aimed to gather comprehensive insights from those who had the most relevant knowledge and experience pertaining to the specific topics under investigation.

	Employee	Founder	Professional
Origin of the FOWP		X	X
Current JGGZ projects	X		
Outpatient clinic for youth	X	X	
Communication to stakeholders	X		X
Further development			X
Market position		X	

Table 3: Key topics discussed per expert perspective

Analysis

The qualitative interviews were audio recorded and transcribed verbatim for analysis, see Appendix A8 and A9. The transcriptions were coded to detect similarities and themes in the data. First initial codes were generated, which were then categorised into focused codes, see Table 4 for the coding structure.

This analysis resulted in a total of 77 codes. From these initial codes, 15 focus codes were identified, which are explained in detail in the codebook provided in Appendix A10.

Four focus codes (Causes waiting times, Development process, Introduction of employees, Uncertainties amongst Shoshin employees) are not discussed here because they were the result of introductory questions and either represent basic knowledge that is already discussed in the literature research or is irrelevant to this topic. The use of ATLAS.ti facilitated the organisation and management of the data, making it easier to navigate and analyse large amounts of qualitative data (Merriam, 2009).

Focus code	Initial code	Citation
Advantages for youth healthcare	Achieve objectives that are lagging behind	"Ik denk vooral ook over aan de ene kant dus het realiseren van een aantal doelstellingen die achterblijft"

Table 4: Coding structure example

8 | Expert Perspectives: Takeaways From The Adult FOWP

In this section, the findings related to insights and perspectives on creating a youth outpatient clinic are discussed.

Succesful elements of FOWP

Extensive intake

Participants identified several elements from the current FOWP that contribute to its success. One of the key elements mentioned by the interviewees is an extensive intake process.

> *Interviewee 8: "deze periode wordt de diagnose gesteld en daar wordt heel veel aandacht aan besteed ik denk dat het een van de werkzame elementen is nogmaals dat hier heel serieus wordt gekeken wat er aan de hand is en niet dat iemand maar begint"*

Hollistic approach

Part of this extensive intake process is the aspect of a holistic approach and incorporating a lifestyle module, as multiple participants explained.

> *Interviewee 3: "een nieuwe werkwijze in de GGZ om op een ja meer holistische manier met gezondheid bezig te zijn"*

> *Interviewee 4: "aan de slag kunt met leefstijl omdat dat ook heel veel invloed kan hebben op hoe jij je diagnose ervaart zeg maar en hoe je ermee kunt dealen"*

Welcome package and e-health

Expectations from clients also seemed to improve by providing a welcome package. In this package, the use of e-health and the expectation that clients had to work independently as part of the process were explained. One participant summarised these elements.

Interviewee 8: "maar dat welkomstpakket is wel een interessante en dat is van dit is wat we gaan doen dus mensen kunnen zich dan al voorbereiden dat hun proces er waarschijnlijk zo uitziet. Dat daar groepen inzitten dat is gewoon hoe we werken, dat e-health erbij hoor dat je huiswerk moet maken ook wie je behandelaar wordt dat je daar vast een beetje aan kan wennen"

Group sessions
The group sessions used within the therapy and offering a support group were perceived as successful elements at GGZ Delfland. According to the interviewees, these elements were successful because they did not require scarce specialists and the therapy itself was more effective.

Interviewee 8: "Het is in een groep dus het kost relatief weinig tijd, het hoeft niet alleen maar [...] het wordt door basispsychologen gedaan in plaats van GZ psychologen"

Interviewee 1: "Dat je een clubje of een team om je heen hebt. Ja, die jou een beetje versterkt."

Normalisation
Another underlying element of the FOWP that was mentioned is the normalisation of the process. One participant particularly mentioned that it requires a nationally wide movement to tackle waiting times.

Interviewee 4: "hoe je de wachtlijsten kunt oplossen en een daarvan is dan het normaliseren dat is niet per se iets wat wij bedacht hebben maar dat is gewoon een landelijke tendens dat dat nodig is"

Innovation hour
The fact that the FOWP is still standing is due to the weekly innovation hour, as mentioned by particularly the interviewed healthcare professionals. In that hour the team comes together and can discuss the issues they want to tackle and how to tackle them, so the FOWP keeps improving.

Professional 1: " dat je dus blijft innoveren want je wilt ook dat de nieuwste wetenschappelijke inzichten steeds dat zo'n poli zich kan blijven doorontwikkelen"

Advantages for healthcare providers
In addition to the working elements, a new outpatient clinic can offer advantages for healthcare providers. This is part of why the FOWP

is successful, according to the experts. Some advantages that the participants mentioned include achieving objectives that are lagging behind, experiencing job satisfaction again, and reducing work pressure.

Professional 2: "Ik denk vooral ook over aan de ene kant dus het realiseren van een aantal doelstellingen die achterblijft"

Professional 2: " het gaat om de achterliggende idee van dat het een plek is waar mensen met plezier werken"

Other advantages that were mentioned are an improved image of healthcare providers, reducing waiting times and that the referrer can help directly.

Interviewee 8: "wat we ook terugkregen van hoe is dit opgezet eindelijk ben ik bij een professionele organisatie terechtgekomen tot nu toe had ik altijd het idee dat er maar wat werd gedaan"

Interviewee 1: "Maar iemand staat eigenlijk bij jou aan de deur. Dus dat is wel een pijnpunt vanuit die ervaring want iemand staat eigenlijk bij jou aan de deur te wachten voordat die verder kan."

What a FOWP for youth should be

Framework for further development

Although the FOWP is designed for adults, participants were asked to describe what a new outpatient clinic for youth should look like. They agreed that it should not be a one-size-fits-all model.

> *Interviewee 1: "Dus het is niet één op één dat we het nu gebruiken."*

It should rather be a framework that allows healthcare providers to co-create services that meet the specific needs of their location, providers, and target group.

> *Interviewee 1: "Zou je hier nog een soort van basis elementen uit kunnen halen of zo? Het eigenlijk uhm? Dat het een soort constructie vormt voor het normale leven weet je wel."*

Age category

Participants in the study agreed that the age range for youth is too broad, as children have different needs and issues compared to adolescents. Participants suggested that children under the age of twelve would benefit more from a FOWP for parents rather than for themselves.

> *Interviewee 7: "voor die 4 tot 12 of zo of nog wat langer dan is eigenlijk het meer gericht op de ouder"*

The age range between twelve to eighteen was deemed more suitable for a youth FOWP as adolescents have more control over their lives.

> *Interviewee 4: " zo'n periode van 12 tot 18 wat echt gewoon een soort van jong volwassenen is eigenlijk"*

However, some participants also suggested that the age boundary of eighteen for youth healthcare in The Netherlands may be too young, and a FOWP for youth should have a wider age target group.

> *Interviewee 7: "18 is nog steeds zo jong dan ben je echt nog geen volwassene en dan gebeurt er nog zoveel in je leven eigenlijk een beetje misschien totdat het steady begint te worden dus misschien is 30 wel een goede"*

What should be taken into account for a youth FOWP

Earlier approach

Participants emphasised that an earlier approach is necessary for a successful youth FOWP. They suggested that the intake process should be immediate, and the inflow of patients should be restructured.

> *Interviewee 7: "het gevoel van snel van start of zo dat je een beetje dat gevoel hebt dat er een soort doorlopende lijn inzit"*

The interviewees also suggested that a focus on prevention and a good signalling plan are crucial to achieving real impact.

> *Interviewee 1: "ze noemen dat dan een signaleringsplan. Dat je.. je eigenlijk bij jezelf merkt wanneer het weer minder gaat. Dat je uhh dan aan de bel kan trekken."*

> *Interviewee 2: "preventief zonder dat je zware zorg of iets dergelijks nodig hebt"*

Network theory

Almost all participants noted that youth is highly dependent on their network, including family and school. Therefore, involving these networks in the treatment process is essential. Participants suggested that parents, in particular, should be involved, as they play a critical role in their children's lives.

> *Interviewee 4: "uiteindelijk zijn het de ouders die hun kinderen weet je wel een happy meal voorschotelen of een bord met groente daar heeft het kind zelf niet zoveel over te zeggen"*

Necessary elements lifestyle outpatient clinic

The participants highlighted several factors that should be taken into account when developing a youth outpatient clinic. These factors include collaboration among stakeholders, a dynamic team motivator and leader, and starting small before expanding.

> *Professional 2: "je moet wel ook een soort trekker hebben die dit echt kan overbrengen op mensen"*

Interviewee 8: " innovatie kan in mijn ogen alleen maar werken als je dat in het klein doet en dat je dus ook dingen in het klein fouten kan maken en niet meteen moet afsluiten omdat gewoon iets niet goed gaat."

Interviewees also emphasised the importance of creating ownership among youth healthcare providers, continuous learning, and having a feedback loop to make the outpatient clinic successful.

Interviewee 5: "ik denk dat het ook heel erg belangrijk is voor dit soort zaken dat het eigenaarschap dat wij niet een trucje komen doen zo van hier heb je het en ga het maar doen en dat het echt van hun is"

Other factors mentioned were expectation management for clients, creating a social map for healthcare professionals, and imposing no obligations in the development process, as the pressure on healthcare providers is already high.

Interviewee 8: "verwachtingsmanagement in het geheel is echt een stuk van de werkzame elementen want nou ja je komt binnen, black box super belangrijk voor jou en er wordt niks gecommuniceerd je krijgt echt kut berichten van dit zijn je rechten en plichten weet je dat niveau. Je moet opeens allerlei dingen invullen voor de 20e keer dan aan die weer precies hetzelfde verhaal"

Youth's needs

The participants noted that youth has specific needs that should be taken into account when developing such a new outpatient clinic. These needs include fitting the clinic to their personal development and making it part of their daily life, including a game or fun element, providing support through the process, and creating a safe base to fall back on.

Interviewee 4: "dat er ook een constante persoon is die ook wat beter op de hoogte is van de hele casus en als je dat [...] bij hun is dat bij afbouwen maar ik denk dat dat bij opbouwen ook waardevol kan zijn"

All participants also emphasised the need for aftercare, as many youth experience relapse after treatment.

Interviewee 1: "of een team om je heen hebt. Ja, die jou een beetje versterkt. Wanneer je weer wat neigt terug te vallen"

How healthcare providers can be engaged in the development

Unique Selling Points

The interviewees suggested several unique selling points for the FOWP, including connecting existing elements, treatment without scarce specialists, and transitioning from waiting time to recovery time.

Interviewee 7: "dat je echt eerder het gevoel hebt dat je iets aan het oplossen bent zeg maar dat je aan je herstelproces aan het werken bent en dat je niet aan het wachten bent"

Next to these, participants also noted the uniqueness of creating earlier outflow, a roof tiles construction, and a focus on positive health.

Interviewee 8: "dat er een deel uitstroomt zeg maar. En hier is dat een iets groter gedeelte en volgens mij is dat iets van 20-30% dat weet ik niet uit mijn hoofd"

Interviewee 4: "zeg maar het overgaan van de ene naar de andere zorg of het nou opbouwend is of afbouwend gaat altijd heel erg een soort van zwart wit zeg maar. [...] dus dat je wat meer een dakpan constructie hebt dus dat er ook een constante persoon is die ook wat beter op de hoogte is van de hele casus"

Interviewee 7: "al die belangrijke dingen van hoe zorg je voor jezelf, hoe zorg je voor elkaar, hoe trek je aan de bel dat je dat leert. Dat je daar al heel veel aan gaat hebben en dan veel kan voorkomen"

First mover advantage

The founders noted that being a first mover in the market provides a knowledge advantage that is attractive to new healthcare providers.

Interviewee 8: "kijk we hebben wel een kennisvoorsprong want we hebben het al gedaan"

They also noted that this advantage creates a certain trust in the first meetings that leads to more engagement from healthcare providers.

> *Interviewee 6: "Ja en dat we blijkbaar in staat zijn in de eerste gesprekken om een bepaald soort vertrouwen of wat dan ook te wekken waardoor mensen denken o dit is wel daar willen we mee samenwerken."*

Engaging stakeholders
Interviewed employees emphasised the importance of engaging stakeholders in the development process of a FOWP. They suggested explaining the advantages for each stakeholder and highlighting the financial benefits for the paying stakeholders.

> *Interviewee 1: "dat je het bekijkt vanuit alle... Want het is natuurlijk een service met heel veel stakeholders. Wat voor iedere stakeholder eigenlijk de win is ofzo van wat je eruit kan halen."*

The interviewed professionals emphasised that healthcare providers must perceive the need for a solution to engage them in the development process. Merely attempting to convince them will be ineffective if they do not feel compelled to work on a new approach.

> *Professional 1: "Dat is het enige je hoeft ze alleen maar te overtuigen dat ze een probleem hebben en dan heb jij uiteindelijk de oplossing maar daar moeten ze eerst om vragen."*

Discussion

The method

Interviews allow for in-depth exploration of the research question, providing detailed insights. However, the method of conducting qualitative interviews in this study has strengths and limitations. The semi-structured format ensures key topics are covered while allowing for flexibility. However, the small sample size and composition mainly consisting of employees and founders may limit generalizability and introduce bias. Additionally, the analysis being conducted solely by the author raises concerns about researcher bias. Acknowledging these limitations, future research could expand the sample and employ a more transparent analysis approach to enhance credibility and validity.

The findings

The objective of this study was to gain insights into expert perspectives regarding a FOWP for youth. The results revealed a combination of similarities and differences in their responses. A unanimous agreement was observed among all interviewees regarding the effectiveness of the existing FOWP and the necessity of creating a flexible framework tailored to the location, target group, and healthcare providers. Additionally, there was a consensus that the clinic should primarily focus on the age group of twelve to eightee
n, or even up to thirty years old.

Although the perspectives of the interviewees were not contradictory, there were variations in the emphasis placed on certain aspects. The founders were the only ones to mention the first-mover advantage, while the employees highlighted the importance of integrating existing elements within the clinic. On the other hand, the professionals stressed the significance of problem recognition by healthcare providers and emphasised the clinic's role in transitioning from work pressure to job satisfaction, addressing previously unmet goals. Furthermore, they emphasised the value of the innovation hour.

Overall, the employees and founders tended to concentrate more on the aspects of the outpatient clinic that were visible and relevant to the youth, whereas the professionals underscored the significance of factors that may not be immediately apparent but play a crucial role in engaging healthcare providers. According to the professionals, once healthcare providers are actively involved, other benefits, such as reducing waiting times, will naturally follow.

Seeking needs and priorities

The expert perspectives emphasise the significance of comprehending the target group, as well as the needs and preferences of youth healthcare providers, in the development of a successful FOWP for youth. The scope of this project is specifically focused on youth healthcare providers, yet it is essential to incorporate youth perspectives into the recommendations outlined in Chapter 22. The upcoming two chapters will provide a more in-depth exploration of the priorities and preferences of youth healthcare workers in the development of a FOWP specifically designed for youth.

Goal

This observational study aims to gather firsthand information and understanding of the needs and priorities of youth healthcare workers for the development of a youth FOWP. The expert perspectives highlighted the importance of understanding the needs and priorities of youth healthcare providers. Therefore, observing interactions between youth healthcare providers, a municipality, and Shoshin can provide valuable insights into those needs (Bryman, 2015). Observing the initial conversations can help identify key questions and factors that influence engagement (Creswell, 2013).

Method

The method employed in this study involved observing the initial meetings between the healthcare providers and Shoshin. Three observations were conducted, aiming to gain valuable insights into the perspectives of Shoshin, the municipality of Eindhoven, and youth healthcare providers regarding the development of a FOWP specifically tailored for youth. Two online observations involved Shoshin, the municipality of Eindhoven, and a youth healthcare provider, while the third observation was conducted in person in Eindhoven with four different youth healthcare providers, the municipality of Eindhoven, and Shoshin. The observations were conducted using the guidelines Merriam and Tisdell (2015) suggested. Namely, the purpose and objectives of the observations were clearly defined, ensuring a focused approach. As well as selecting an appropriate observation method, which is a naturalistic observation that allows for an authentic understanding of the interaction. Additionally, detailed notes were taken during the observations to ensure the capture of relevant information and maintain data quality.

9 | Observing Initial Conversations: The Needs Of Healthcare Providers

After conducting various observations, several noteworthy elements emerged that need to be considered in developing a lifestyle clinic for youth. These can be divided into aspects related to the clinic itself and aspects related to the engagement of the stakeholders to develop such a clinic.

Aspects new youth outpatient clinic

Elements of the outpatient clinic include involving the family, involving the school, and providing clients with their agency. According to healthcare providers, the family has a significant impact on what the client can and cannot control, and should therefore be involved from the beginning. Schools also play a major role because they are such a large part of the client's daily life and can assist with early detection. The present healthcare providers indicated to be aware of the significant amount of pressure on schools and not everything can be delegated to them.

Healthcare providers also emphasised the importance of giving clients agency ('eigen regie' in Dutch) and allowing them to feel like they have control over their treatment. However, providers can guide their choices, such as offering a choice between group sessions A and B, but not offering a choice for individual sessions.

Healthcare providers were particularly drawn to the idea of starting the recovery process earlier, rather than having to wait for diagnostic-specific therapy. However, there was still ongoing discussion on how to achieve this. Healthcare providers also stressed the importance of involving primary care physicians and improving the referral process to ensure that clients are directed to the appropriate services as quickly as possible.

Overall, it is evident that involving the family and school, giving clients agency, involving primary care physicians, and improving the referral process are crucial elements for the development of a successful lifestyle clinic for youth

Dynamics and engagement

Response from stakeholders varied, with the municipality's representative and healthcare providers having different roles and approaches. Healthcare providers were more resistant to what they perceived as the municipality's demands. Healthcare providers are under significant pressure, and there was little room to add more tasks. The municipality was enthusiastic about finding a new solution but had little practical knowledge.

There were also different opinions among the healthcare providers. Some were immediately enthusiastic about setting up something new to address the urgent problem of waiting times, while others were more cautious and felt they should have been involved earlier by the municipality. The question arose about how this would be different from all the other interventions that have been tried. Is this just another trendy idea? According to healthcare providers, the biggest challenge was providing a concrete example without making it feel like they were no longer in charge of the development. They want to be involved from start to finish and take the lead in the project.

It is clear that addressing the concerns and resistance of stakeholders is crucial. It is important to involve them throughout the development process and provide a concrete example that maintains their sense of ownership. In light of this, the idea of using a metaphor as a concrete example emerged, allowing stakeholders to create their vision within it. This insight will be taken into account in the second part of the project, focusing on effectively communicating the framework.

Discussion

The method

The observational method provided valuable insights into interactions between youth healthcare providers, the municipality of Eindhoven, and Shoshin. However, the small sample size of three observations limits generalisability. The dynamic between municipalities and healthcare providers emerged as significant, highlighting the need to consider context-specific dynamics. Future studies should include observations from multiple municipalities or regions to capture a broader range of perspectives. This would enhance credibility, validity, and the understanding of priorities in developing a youth FOWP across different contexts.

The findings

This observational study provided valuable insights into the needs and priorities of youth healthcare providers regarding the development of a youth FOWP. The identified aspects of the new outpatient clinic, such as involving the family and school, giving clients agency ('eigen regie' in Dutch), involving primary care physicians, and improving the referral process, highlight key considerations for a successful clinic. The dynamics and engagement among stakeholders revealed variations in responses, with resistance from healthcare providers towards perceived demands from the municipality and a need for their active involvement and ownership throughout the development process. That need sparked the idea of using a metaphor. The metaphor can serve as a concrete example while still allowing stakeholders to create their vision within it, aligning with their sense of ownership. This consideration will be taken into account for the second goal of this project.

Seeking the latent needs

This chapter provided valuable insights into the tacit needs of youth healthcare workers regarding the development of a FOWP for youth. However, due to the naturalistic approach of the observations, direct interaction with the youth healthcare providers was limited. To further explore their perspectives and gain a deeper understanding of their aspirations for a youth FOWP, a generative session with youth mental healthcare providers is conducted. The next chapter uncovers the dreams and visions of youth healthcare providers, allowing for an exploration of their ideas and input.

10 | Unspoken Desires Of Providers: Collaboration, Empowerment & Proactivity

Goal

After observing the tacit needs, it is important to dig deeper and identify the latent needs of healthcare providers regarding a new youth FOWP during a generative session. The session encouraged participants to generate ideas, share their perspectives, and collaborate to create ideas for the development of a youth FOWP.

Method

A two-hour design thinking workshop was conducted with two participants from different youth mental healthcare organisations. The participants had diverse roles, providing varied insights for the research. Prior to the session, they performed sensitising exercises to reflect on their needs and challenges related to waiting times in youth mental healthcare, which helped generate more focused discussions during the workshop. The session was designed to be beneficial for both the researcher and participants, and using the design thinking methodology facilitated the generation of creative solutions and valuable insights into the needs of the youth healthcare providers. The setup can be found in Appendix A11. Sensitisation exercises are crucial in engaging participants in the design process and identifying their needs and expectations, as noted by Schuler and Namioka (2010). Design thinking methodology also fostered collaboration and co-creation among participants. This is crucial for developing solutions meeting the needs of all stakeholders (Sanders and Stappers, 2014).

The generative session with youth healthcare providers proved to be a fruitful endeavour, revealing valuable insights that are vital for the development of a new working method in youth mental healthcare addressing the pressing issue of waiting times. The session was characterised by active participation, collaborative discussions, and innovative ideas generated by the participants. Some results are endorsed by quotes from the participating healthcare providers.

Crises
One of the key results that emerged from the session was the importance of avoiding re-enrollment on waiting lists during crises, emphasising the need for timely and immediate support to individuals in need.

Beyond diagnoses
The participants highlighted the significance of providing mental health support without strict reliance on specific diagnoses, and instead offering assistance based on individual needs, regardless of diagnostic criteria.
"Hulp kunnen bieden zonder diagnose oogmerk."

Group therapy considerations
The session revealed the need to exercise caution when considering group therapy for youth, taking into account their ongoing process of identity formation.

"Groepsessies klinkt goed maar kan wel gevaarlijk zijn aangezien jongeren snel gedrag nadoen. Dit zou ik goed uitzoeken."

Involving the living environment
The role of the individual's living environment in the treatment process was also emphasised, with participants stressing the importance of involving the family and other relevant stakeholders in the care plan.

"Samenvoegen met de leefomgeving van de client inclusief scholen, familie en vrienden."

Proactive approaches
Preventive measures for psychological development were deemed crucial, underlining the significance of early intervention and proactive approaches to mental health care.

Targeting the critical age group (12-27)
The age group of twelve to twenty-seven years old was identified as a critical focus for targeted interventions. The healthcare providers indicated the unique challenges and needs of young people in this developmental stage. Gathering comprehensive background information from schools, previous interventions, and family was highlighted as an essential element for a holistic approach to youth mental healthcare.

"Het brein is pas uit ontwikkeld op je 27e, zolang als je nog aan het ontwikkelen bent zou je op de locatie terecht moeten kunnen."

Demand-driven interventions
The participants also emphasised the importance of demand-driven modular interventions, tailored to the individual needs of the young people seeking mental health support. Long-term and personalised coaching, delivered by dedicated healthcare professionals, was identified as a valuable approach to ensure continuity and consistency in care.

" Het moet aansluiten bij de behoeften en de belevingswereld van de jongeren."

Promoting emotional well-being
The incorporation of emotion regulation and assertiveness training in interventions was seen as crucial in promoting emotional well-being and resilience among youth.

Empowering youth
Aligning interventions with the perspective and experiences of young people, and empowering them to take ownership of their treatment process, was emphasised as an important aspect of youth mental healthcare.

Pedagogical training
Pedagogical training for healthcare professionals and recovery coaches was also deemed essential to effectively address the unique needs of youth in mental health care.

"Voor iedereen ook pedagogische training!"

Collaboration and cooperation
The generative session highlighted the significance of collaboration and cooperation among all stakeholders involved, including youth, families, healthcare providers, municipalities, and other relevant parties, to ensure a comprehensive and coordinated approach to youth mental healthcare. More detailed results from the session can be found in Appendix A12.

Location
An important aspect mentioned was the location of the clinic. It was important to involve the school to help gain a low threshold, but the clinic (or parts of the clinic) should never be located inside schools. As school is not always a safe place for everyone, the clinics should be situated near schools or sports fields for easy accessibility.

Discussion
The method
The aim was to uncover the latent needs of youth healthcare providers through a design thinking workshop. It provided a structured and collaborative environment for diverse insights. Sensitizing exercises helped focus discussions on waiting time challenges. However, limitations include a small sample size (n=2) and the hybrid format (online and in-person), hindering effective co-creation. Different modes of participation (paper vs. online) may have limited their collaboration. Future research should address the limitations by including a larger and more diverse sample and

Figure 24: The generative session at TU Delft

exploring alternative methods for collaboration in hybrid settings.

The findings

The generative session yielded valuable insights and ideas from two participants, an experienced expert and a division manager, with differing perspectives on youth mental healthcare. The experienced expert emphasised the empowerment of clients, drawing on the expertise of experienced experts, and improving collaboration among healthcare providers. The division manager highlighted the importance of social recovery, normalisation, and online accessibility. Despite these differences in emphasization, there were numerous themes emphasised by both participants. These included the empowerment of clients to take ownership of their treatment process, the need for demand-driven interventions, and involving the network of the individual in the care plan. These shared findings highlight the importance of addressing the identified needs and challenges in youth mental healthcare.

Seeking the elements

After examining the current state of youth mental healthcare in The Netherlands, including successful interventions, opportunities, and threats, and uncovering the needs of healthcare providers, the next step is to synthesise this information into a clear framework for a youth FOWP. This is tackled in the two here on following chapters in the Define section.

Key takeaways

Youth mental health in The Netherlands
- Challenges in youth mental healthcare in The Netherlands include waiting times, lack of nationally representative figures, symptom-oriented treatment, and misdiagnosis.

- The prevalence of mental health problems, particularly depression and anxiety disorders, is high among Dutch youth.

Successful programs and interventions
- Interventions such as Headspace, @ease, and Dreamschool have shown positive outcomes in improving youth mental health.

- School-based mental health services, online and mobile mental health services, family therapy, and community-based interventions can enhance care.

- Prevention and aftercare measures play a crucial role in youth mental healthcare.

Opportunities and threats
- Opportunities include addressing demand, collaboration, embracing technology, and integrating mental health education.

- Threats include healthcare worker shortages, capacity issues, and negative impacts of doom scrolling and affective polarisation.

- Transitioning from youth to adult mental healthcare and addressing the needs of vulnerable groups require specific attention.

Working elements of FOWP
- The extensive intake process and holistic approach contribute to the success of the FOWP.

- Welcome package explaining the use of e-health and client independence improves expectations.

- Group sessions and support groups are perceived as successful elements.

- Normalisation of the process and a weekly innovation hour contribute to the FOWP's success.

Advantages for healthcare providers
- FOWP offers advantages such as achieving lagging objectives, job satisfaction, and reducing work pressure.

- Improved image of healthcare providers, reduced waiting times, and direct help from referrers are also mentioned.

Important for a youth FOWP
- A framework allowing for the co-development of a specific outpatient clinic to fit the target group and location.

- Emphasis on earlier approaches, prevention, involving networks (family, school), and aftercare.

- How healthcare providers can be engaged in the development:

- Unique selling points include connecting existing elements, treatment without scarce specialists, and transitioning from waiting time to recovery time.

Preferences and needs for a youth FOWP
- Involving family, school, and providing client agency.

- Early start of the recovery process, involvement of primary care physicians, and improving the referral process.

- Dynamics and engagement among stakeholders require addressing concerns, involvement throughout, and providing a concrete example without undermining ownership.

Desires of healthcare providers
- Importance of avoiding re-enrollment during crises.

- Providing mental health support beyond diagnoses and based on individual needs.

- Considerations for group therapy, involvement of the living environment (family, stakeholders), and proactive approaches.

- Targeting the critical age group of 12-27 and demand-driven, personalised interventions.

- Promoting emotional well-being, empowering youth, and pedagogical training for healthcare professionals.

- Collaboration and cooperation among stakeholders for a comprehensive approach to youth mental healthcare.

DEF

FINE

Having thoroughly explored the current landscape of youth mental healthcare in The Netherlands, including successful solutions, interventions, opportunities, and threats, as well as identifying the tacit and latent needs of youth healthcare providers, the next crucial step is to integrate this wealth of information. In the define phase, the aim is to combine these findings and delineate the essential elements for a youth FOWP. This phase will consolidate the knowledge gained and provide a clear framework for the development of an effective youth FOWP so that the first goal of this project is reached.

11 | Achieving Goal 1: The Framework For A Youth FOWP
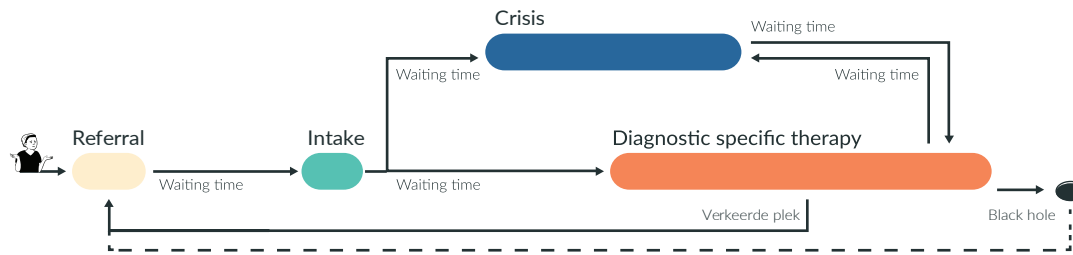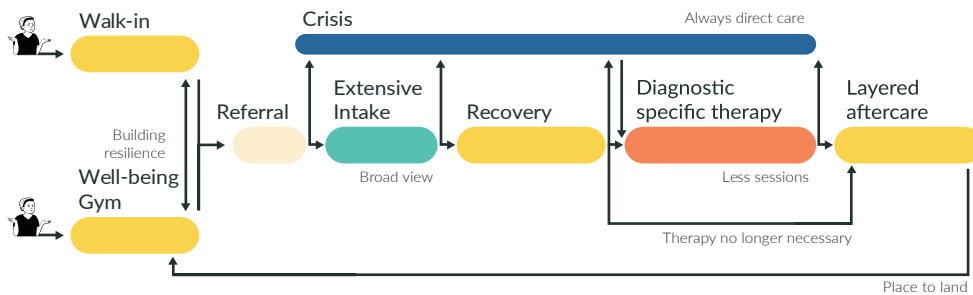
To address the first problem statement of long waiting times in the current healthcare pathway for youth, a framework for a youth FOWP is defined in this chapter. The framework aims to introduce a new healthcare path that addresses the identified gaps in the current system.

Gaps in the current healthcare path

Upon evaluation of the current healthcare path for youth, several crucial phases were found to be missing. These include proactive mental health interventions, insufficient intake procedures, and a lack of aftercare support. Based on the information gathered during the discovery phase, several changes are proposed for the envisioned healthcare path illustrated in Figure 25.

CURRENT

Crisis
Waiting time
Waiting time
Waiting time

Referral
Intake
Diagnostic specific therapy

Waiting time
Waiting time
Verkeerde plek
Black hole

ENVISIONED

Walk-in
Crisis
Always direct care

Referral
Extensive Intake
Recovery
Diagnostic specific therapy
Layered aftercare

Building resilience
Well-being Gym
Broad view
Less sessions
Therapy no longer necessary
Place to land

Figure 25: Current and envisioned mental healthcare path of youth

Proposed changes in the new healthcare path

Firstly, it is crucial to incorporate a proactive element for building resilience, which will be referred to as the "well-being gym." Additionally, the inclusion of a walk-in centre where individuals can seek support and discuss their problems with peers is essential. In case of mental health complaint a referral can be given by either the neighbourhood team or the GP and POH GGZ. Following a referral, a comprehensive intake process should be conducted, considering the entire system of the youth. At the beginning of the intake, a welcome package containing e-health resources should be provided. Moreover, the youth should be connected to a consistent point of contact, known as a "buddy," who will accompany them throughout their healthcare journey. It is important to note that both the youth and their parents should receive separate welcome packages to ensure the right information is provided to each individual, recognizing the need for youth aged 12+ to feel independent.

After the intake, it is recommended that the youth immediately engage in group sessions to commence their recovery process. This has proven to be a key driver for the successfulness of the FOWP. The sessions should involve the youth's support system, including their family. This recovery period provides an opportunity to

address underlying lifestyle issues such as sleep, social relationships, and healthy habits. A recovery coach, trained as a mental health care worker (GGZ Agoog in Dutch) similar to the treatment coach in the FOWP, will guide the youth and their support system during this phase.

For approximately 20-30% of youth, the recovery period may be sufficient (similar to adult FOWP), eliminating the need for diagnostic-specific therapy. For those requiring specialised therapy, they will continue working with specialists in group sessions. Since they have already addressed underlying problems during the recovery phase, fewer therapy sessions will likely be necessary. In case of a crisis, immediate help will always be available, as timely intervention is crucial in preventing worst-case scenarios.

Following either the recovery period or diagnostic-specific therapy, a layered aftercare system will be implemented. This allows the youth to gradually reduce their reliance on care, with ongoing support from the recovery coach. Within the aftercare phase, youth will have the opportunity to perform self-assessments to determine their readiness for independent functioning. Once they are confident in their ability to rely on themselves again, they will bid farewell to their buddy and continue their resilience journey in their everyday life, with continued support in the well-being gym.

Persona for envisioned healthcare path

Figure 26 visually represents the essential needs of the target group, young individuals aged 12 to 27, within the framework of the new healthcare path. It highlights their fundamental requirements, including the need for positive and personal support, a comprehensive understanding of their care process, a reliable companion who stands by their side, and a safety net during challenging times. The significance of accessible and secure spaces where they can seek immediate assistance is also emphasized. Moreover, the framework prioritizes empowering young individuals with agency ("eigen regie" in Dutch), ensuring seamless integration into their daily lives.

Youth FOWP compared to adult FOWP

The framework for the youth FOWP is based on the FOWP designed for adults at GGZ Delfland. While it incorporates some important elements from the adult framework, the youth FOWP is more intricate and includes additional phases.

Similarities with slight alterations

The broad intake process is similar to that of adults, including the provision of a welcome package and the use of e-health. However, in the case of youth, separate welcome packages are provided for the client and their parents to ensure relevant information is tailored to each recipient.

Aandachtspunten die ik nodig heb

WAT

Een positieve aanpak

Focus op persoonlijk ontwikkeling

Overzicht, inzicht en uitzicht in mijn zorgtraject

HOE

Eigen regie over mijn leven

Aansluiting bij mijn dagelijkse leven

WIE

Iemand die naast mij staat

Een vangnet voor als het (toch) niet goed gaat

WANNEER

Direct terecht kunnen als ik het nodig heb

Altijd een veilig basis om terecht te kunnen

12- 27 jaar oud

Figure 26: Persona for youth FOWP visualised in Dutch

The recovery time with a recovery coach, known as the treatment coach in GGZ Delfland, follows a similar setup. However, the youth FOWP considers specific lifestyle aspects and involves parents in decisions related to, for example, the youth's diet. While depths might be less of a topic for younger youth, social relationships tend to hold greater importance. These adaptations reflect the unique characteristics of the target age group.

Group sessions are utilised both in the recovery phase and diagnostic-specific therapy, similar to the adult FOWP. However, for youth, these sessions can offer even more valuable support. It is important to address the potential risks of negative peer influence, which can be mitigated through strategies such as screening, selection, trained facilitators, establishing ground rules, and implementing monitoring mechanisms to foster positive outcomes.

Differences are add-ons
The youth FOWP introduces new elements that are crucial for youth but not present in the adult FOWP. These include the well-being gym, the walk-in centre, and the layered aftercare. Additionally, the youth FOWP emphasises considering the entire system of the young person during the intake process, recovery phase, and aftercare. Recognizing that youth are more dependent on their support system, this holistic

approach ensures their needs are addressed throughout the healthcare journey.

Another significant addition for youth is the connection to a buddy, who serves as a stable factor in their healthcare path. The buddy provides reliable support, answers their questions, and understands their unique experiences. It is beneficial for the buddy to be an experienced individual who can empathise with the youth.

Seeking guidance for co-development
Numerous underlying factors have been identified that support the success of the youth FOWP phases and are the first steps in achieving goal 1. These factors have to be considered when Shoshin collaborates with healthcare providers in the co-development process. It is essential to present this complex information in a clear visual format to guide the co-development effectively and achieve the first goal of this project completely.

12 | The Blueprint:
Guiding Future Co-Development

This new healthcare path is the basis for the co-development of this framework for Shoshin with youth mental healthcare providers. Because the elements supporting the phases are very complex, a blueprint will serve as guidance for Shoshin.

In the blueprint, the horizontal phases align with the phases of the envisioned healthcare path. The vertical axis categorises the information into the following areas: a description of each phase, the primary benefits for the youth, the key contact points for the young people, the elements that need to be developed, the individuals who need to be involved (both from the client and professional side), the underlying success factors for both the client and professional, the techniques that can be used in each phase, and the relevant topics for young people. The designed blueprint with all the defined elements is visualised on the following page.

It is important to note that the blueprint serves as an overview of the possibilities, rather than a prescriptive model. Each location where such a youth outpatient clinic is developed will need to assess what elements are already present and how they can be utilised effectively. For example, if an @ease drop-in centre is available in the location, it can be incorporated into the clinic as a walk-in centre.

The blueprint is based on the research, from the Discover phase, and can provide support for the development of essential elements and offer an overview of the possibilities for each phase. The blueprint can serve as a reminder to essential elements during the development process and help facilitate later conversations with healthcare providers as they delve deeper into the specifics of their youth outpatient clinic design.

The first versions of the blueprint were tested with the company mentor of this project, thereafter a new version was created and tested individually with an employee of Shoshin and a founder of Shoshin in half-hour sessions. The test version and test questions for the blueprint can be found in Appendix A13.

This blueprint is intended primarily as a tool for design employees of Shoshin rather than for direct use by healthcare providers. This is because it could hinder the co-development process with healthcare providers if healthcare providers feel pressured or overwhelmed by the information. The blueprint can be used by Shoshin to identify the necessary elements for each location and target group together with the healthcare providers.

Seeking a communcation strategy
With the establishment of the new healthcare path and the development of a detailed blueprint, the project has successfully achieved its first goal. A clear framework for the youth FOWP is now in place, serving as a solid foundation for effective communication with healthcare providers. However, engaging healthcare providers requires a tailored approach, considering their existing heavy workloads. Hence, the project's second goal is to create a targeted strategy that specifically addresses their engagement needs.

	Welzijns Gym	Inloop plek	Verwijzing	Brede intake	Werken aan herstel	Diagnose specifieke therapie	Crisis situatie	Gelaagde nazorg	Innovatie plek
Zorgniveau	Basis op orde	Basis op orde	Basis op orde	Leefstijlinterventies	Leefstijlinterventies	GGZ behandeling	GGZ behandeling	Leefstijlinterventies	
Fase (beschrijving)	Een veilige en vrije ruimte voor jongeren om te leren over belangrijke thema's en het opbouwen van veerkracht.	Een inloopcentrum voor ondersteuning, counseling en hulpmiddelen van de ggz.	Eerstelijnszorg die een officiële verwijzing kunnen geven als dat nodig is.	Een uitgebreide intake met buddyverbinding en verwachtingsmanagement.	Een groepsprogramma gericht op veranderingen in levensstijl om mentaal en fysiek welzijn te bevorderen.	Een intensief poliklinisch programma met groepstherapie, medicatiemanagement en casemanagement.	Een 24/7 noodhulpteam dat zorgt voor crisisinterventie en stabilisatie.	Een bemoedigende plek voor afbouwende nazorg, zelfredzaamheid te ontwikkelen en te oefenen voor onafhankelijkheid.	Een plek om samen ideeën te bedenken, uit te proberen en de nieuwste wetenschappelijke inzichten toe te passen.
Voordeel	Stigma verandert van een ziekte naar persoonlijke ontwikkeling	Laagdrempelig en toegankelijke plek voor ondersteuning	Instroom in jggz traject wordt duidelijker en beter	Overzicht en inzicht in zorgtraject voor cliënten en professionals	Uitstroom of uiteindelijk minder tijd nodig voor diagnose specifieke therapie	Doelen bereiken die achterblijven die effectiever en efficiëntere therapie	Onmiddellijke crisishulp om verergering te voorkomen	Voorkomen van terugval in zorg	Van werkdruk naar werkplezier
Client contactpunten	Bezoek met school; Workshops volgen; Vroegsignalering	Vragen kunnen stellen; Ouderavonden; Vroegsignalering	Problematiek overleg; Verwijsbrief krijgen	Welkomstpakketten; Match met buddy; Netwerk betrokken; Start e-health	Gesprek herstelcoach; Herstel groepsessies	Therapie groepsessies	Crisis opvang	Gelaagde zorgafbouw; Zelftest met vangnet; Afscheid van buddy	
Elementen voor ontwikkeling – Must have	Fysieke inloop locatie; Online vindbaarheid	Fysieke inloop locatie; Online vindbaarheid	Sociale kaart; Ouders betrekken	Uitgebreide directe intake; Welkomstpakket jeugd	Groepsessies herstel; Leefstijl module	Groeps-therapie	Directe intake	Nazorg traject; Fysieke inlooplocatie	Innovatie uurtje
Elementen voor ontwikkeling – Nice to have	Bezoek met school; Modules bij jeugdthema's	Ouderavond		Welkomstpakket ouder	Support clubje; Scheiding module			Online vindbaarheid	Sociale kaart
Betrokken mensen – Cliënt	Jongere; School; Familie; Vrienden	Jongere; School; Familie; Vrienden	Jongere; Familie; Vrienden	Jongere; Familie	Jongere; Familie	Jongere; Familie	Jongere; Familie	School; Familie; Vrienden	
Betrokken mensen – Professional	Ervaringsdeskundige; Wijkteam; Huisarts / POH	Ervaringsdeskundige; Wijkteam; Huisarts / POH	Ervaringsdeskundige; Huisarts / POH	Ervaringsdeskundige buddy; Herstelcoach; Specialist	Ervaringsdeskundige buddy; Herstelcoach; Specialist	Specialist	Specialist	Herstelcoach	Specialist; Huisarts / POH; Wijkteam; Innovatie manager
Succes factoren – Cliënt	Stigma verdwijnt; Eigen regie voor cliënt	Eigen regie voor cliënt	Gehoord worden	Verwachtings-management; Professionele organisatie	Eigen regie voor cliënt; Maatschappelijk herstel	Eigen regie voor cliënt	Directe hulp	Geleidelijke afbouw; Vangnet beschikbaar	
Succes factoren – Professional	Vroeg-signalering	Werkdruk naar plezier; Direct hulp kunnen bieden	Overzicht van de zorg; Direct hulp kunnen bieden	Duidelijkheid problematiek	Werkdruk naar plezier	Doelen behalen; Kortere behandelduur	Crisis in de crisis centra	Terugval voorkomen	Samenwerking organisaties; Eigenaarschap
Inzetten	Positieve gezondheid; Positieve intelligentie	Zorg overzicht creëren; Ervaringswerkers & ervaringsdeskundigen	Eerstelijnszorg; Netwerk theorie	E-health; Verwachtingen managen; Netwerk theorie	E-health; Groepstherapie; Huiswerkopdrachten	E-health; Groepstherapie; Diagnose specifieke therapie	Diagnose specifieke therapie	Dakpan constructie; Zachte landing	Co-productie; Nieuwste wetenschappelijke inzichten
Thema's	Seksualiteit; Identiteit; Assertiviteit; Opkomen voor een ander; Alcohol, roken en drugs; Gamen, gokken en digitale balans; Mijn toekomst	Is dit wat ik voel normaal; Wat kan ik hieraan doen; Hoe kan ik hiermee omgaan; Vrienden in de problemen	Wat is er aan de hand; Hoe word ik geholpen	Wat staat me te wachten; Bij wie kan ik terecht	Scheiding; Eten; Slapen; Sociale relaties; Mentale weerbaarheid; Bewegen; Omgaan met geld; Zingeving	Vooruitgang bepalen; Lotgenoten contact; Klachtgerelateerde ondersteuning in plaats van diagnose specifieke	Zelfbeschadiging; Suïcide; Gevaarlijke gezinssituatie	Zelfredzaamheid; Onafhankelijkheid; Grenzen herkennen	Innoveren; Collegiale verbintenis; Eigenaarschap; Frustraties kwijt kunnen

Key takeaways

Gap identification in current healthcare path for youth

- Long waiting times and crucial phases missing in the current system.

- Proactive mental health interventions, intake procedures, and aftercare support are lacking.

The framework for the youth FOWP

- Incorporation of a proactive element: "Well-being gym" for building resilience.

- Inclusion of a walk-in centre for seeking support and peer discussions.

- Comprehensive intake process considering the entire system of the youth.

- A welcome package with e-health resources for youth and separate packages for parents.

- Assignment of a consistent point of contact ("buddy") throughout the healthcare journey.

- Immediate engagement in group sessions after intake for the recovery process.

- Involvement of the youth's support system, including family, during the recovery period.

- Addressing underlying lifestyle issues and guidance from a recovery coach.

- Specialised therapy for those who require it, with fewer sessions needed after the recovery phase.

- Availability of immediate help in crises.

- Implementation of a layered aftercare system with ongoing support from the recovery coach.

- Self-assessments for determining readiness for independent functioning.

Comparison with adult FOWP

- Similarities with slight alterations in the intake process, recovery time, and group sessions.

- Differences include new elements specific to youth, such as the well-being gym and walk-in centre.

- Emphasis on considering the entire system of the young person and the involvement of parents.

Blueprint for co-development

- The blueprint serves as guidance for Shoshin in co-developing the framework with healthcare providers.

- Horizontal phases align with the envisioned healthcare path, and the vertical axis provides an overview benefits, contact points, elements to develop, and involved stakeholders. Considers success factors, techniques, and relevant topics per phase.

- The blueprint is flexible and adaptable to each location's resources and needs.

- Intended for design employees of Shoshin, not direct use by healthcare providers.

Achieved the first goal

- Framework for youth FOWP is established with new healthcare path and blueprint. Now focus shifts to developing a targeted strategy to engage healthcare providers.

You are now entering the Develop and Deliver phase, with the primary design goal to create a strategy that actively engages healthcare workers and fosters enthusiasm for the development of the framework. Building upon the comprehensive framework established for the youth FOWP in the previous section, it becomes evident that effective communication and involvement of youth healthcare providers are of utmost importance in the evolution of the new outpatient clinic. Thus, the central question addressed in this second part of the report is: How can youth healthcare workers be engaged in the development of the new outpatient clinic?

You
are
here

Goal 2 | Deliver an engagement strategy

Develop

Ideation phase

Deliver

Implementation phase

Diverge

Converge

Diverge

Converge

DEVE
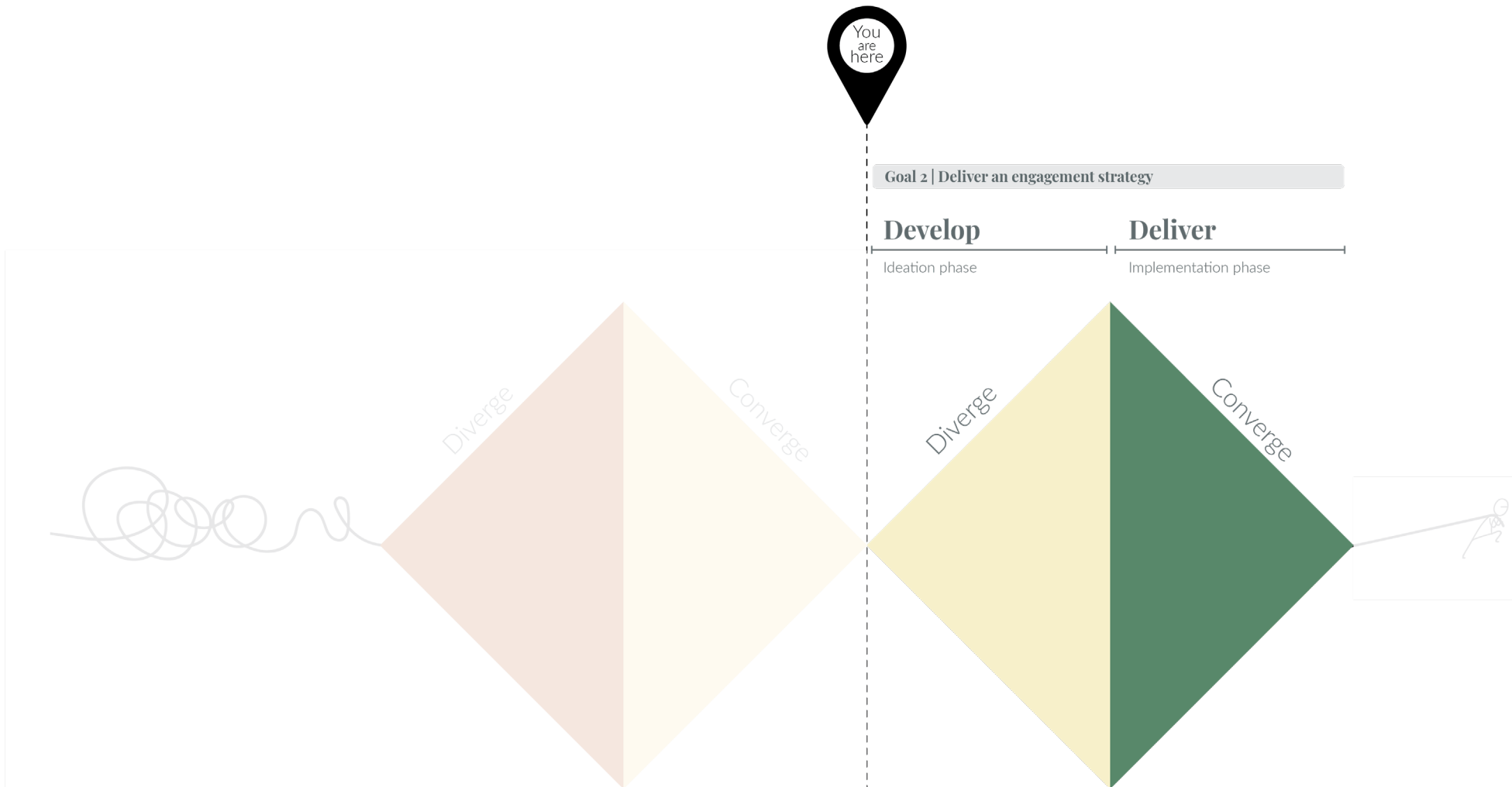
ELOP

In this phase, the primary focus is on crafting a compelling narrative that effectively communicates the complex framework to healthcare workers in an engaging manner. This section serves as the ideation phase for the communication strategy, where careful consideration is given to the best collaborative approach based on existing literature research. To gather valuable insights into the factors that generate enthusiasm among healthcare workers, a second generative session is conducted. Additionally, further literature research explores various branding strategies to maximise the impact of the communication strategy. Ultimately, these steps aim to create a solid foundation for the final deliverables of the communication strategy in the Deliver phase.

13 | Collaborative Approach: Co-Production Instead Of Co-Creation

Goal

Before diving deeper into the communication strategy, it is important to gain a better understanding of the collaborative approach needed for engagement. Specifically, the aim is to distinguish between co-creation and co-production to communicate with stakeholders effectively and tailor engagement strategies accordingly. This understanding will help the company in using the most appropriate approach for the co-development process.

Method

A literature research is performed,   focused on co-creation and co-production, drawing information from peer-reviewed articles and academic journals. Theoretical frameworks, characteristics, and applications of these approaches are analysed, synthesising information from multiple sources to identify key differences and similarities. The findings are presented concisely and coherently, providing a clear overview of co-creation and co-production.

Co-creation and co-production are both valuable collaborative approaches used across various sectors such as public services, healthcare, and business. Although often used interchangeably, they have distinct differences worth exploring, see Table 5 for an overview.

Co-production: collaborating for service design and delivery
According to Durose, Richardson, and Todd (2018), co-production involves the collaboration of service users and providers in the design and delivery of public services. It is a joint process aimed at creating and delivering services, with the intention of enhancing their quality and effectiveness.

Co-creation: exploring innovation through stakeholder collaboration
In contrast, co-creation is a more exploratory and open-ended approach, involving a wider range of stakeholders, such as clients, employees, and external partners, working together to generate value and create new products or services (Floh et al., 2014).

Distinctions: Scope and focus
Co-creation and co-production differ in terms of the scope of involvement and focus of collaboration. Co-production focuses on specific stakeholders, tailoring the collaboration to their needs and preferences, while co-creation involves

a broader range of stakeholders, resulting in diverse perspectives and unpredictable outcomes (Pestoff, 2017). Co-production emphasizes delivering specific outcomes, such as improved service delivery or increased efficiency, while co-creation prioritizes generating new ideas and fostering innovation and growth (Durose et al., 2017). However, both approaches share a commitment to collaboration and the involvement of multiple stakeholders, aiming to create inclusive and participatory processes for effective and sustainable outcomes (Pestoff, 2017).

Co-creation for the very first clinic

The initial development of a new youth outpatient clinic should follow the co-creation approach this approach allows for a collaborative and inclusive development process that is exploratory and has an open-ended approach. This is particularly important in the early stages of development.

Given that the co-development is already underway in Eindhoven, it is ideal to continue there with a co-creation approach for the initial clinic development. This will enable active involvement and collaboration with stakeholders in the local context.

Co-production for all future clinics

For the subsequent development of new youth outpatient clinics at different locations, a co-production approach is recommended. This approach allows for a more effective outcome, as it tailors the collaboration to the needs and preferences of specific stakeholders.

Once the framework is refined through the co-creation process, it can be adapted and utilised with a co-production approach for future clinics.

Co-production approach for this project

The communication strategy, the second goal of this project, should therefore focus on engaging healthcare providers for co-production development, emphasising the benefits of collaborative service design and delivery to achieve effective and sustainable outcomes.

Aspect	Co-creation	Co-production
Definition	Exploring innovation through stakeholder collaboration	Collaborating for service design and delivery
Stakeholder involvement	Involves a wider range of stakeholders	Primarily focuses on specific stakeholders
Scope of involvement	Embraces a broader range of stakeholders	Tailored collaboration to specific stakeholder needs
Focus of collaboration	Generating new ideas and possibilities	Delivering specific outcomes
Emphasis	Fostering innovation and growth	Enhancing service quality and effectiveness
Outcomes	Varied and unpredictable outcomes	Improved service delivery and increased efficiency
Advise from author	First youth clinic	Future youth clinics

Table 5: Aspects of Co-creation vs. Co-production

Discussion

The method

The method used in this literature research is appropriate for gaining a better understanding of collaborative approaches. By drawing information from peer-reviewed articles and academic journals, the study ensured the use of credible and reliable sources. The synthesis of information from multiple sources allowed for a comprehensive analysis of theoretical frameworks, characteristics, and applications of co-creation and co-production. However, it would have been beneficial to include a systematic review or meta-analysis of the literature to strengthen the study's findings.

The findings

The study's findings provide valuable insights into the distinctions between co-creation and co-production. The clear explanations of scope and focus contribute to understanding the unique characteristics. However, limitations include the absence of a discussion on potential challenges and conflicts.

The suggestion to adopt a co-creation approach for the initial development phase aligns with an exploratory and open-ended approach, allowing for the generation of diverse ideas and possibilities. On the other hand, the recommendation to transition to co-production in future clinics acknowledges the advantages of tailoring the collaboration to specific needs and preferences. Since co-creation is already underway in Eindhoven, the company stands to benefit the most from implementing an engagement strategy focused on co-production. However, due to the time limitation of this project, further justification regarding the effectiveness and implications of this decision is not feasible.

Seeking the narrative

Now that the framework and co-production approach for the engagement strategy have been established, the focus shifts to understanding the narrative that can generate enthusiasm among healthcare workers. To address this question, a new study will be conducted, aiming to explore the narrative elements that effectively engage and inspire healthcare professionals in the following chapter.

Goal

The idea of using a metaphor for communication emerged from the observed initial conversations, as discussed in Chapter 9. Building upon this, the primary goal of this study is to explore the potential effectiveness of using a metaphor in conveying the complexity of the framework. By utilising a metaphor, the study aims to create a relevant and creative narrative that aligns with the preferences of youth mental healthcare professionals. The objective is to develop a narrative that not only enhances understanding but also fosters enthusiasm among healthcare providers for the establishment of a new youth outpatient clinic.

Method

Literature research provides valuable insights into the effectiveness of using metaphors, while a generative session allows for a deeper understanding of what the narrative conveyed by the metaphor should be.

Literature
The literature research is conducted to explore the effectiveness of using metaphors in healthcare communication for healthcare providers and adolescents. Relevant studies focusing on the advantages and disadvantages of using metaphors were identified using specific search terms. The review included studies that examined metaphors in healthcare communication for these target audiences. The identified advantages and disadvantages were categorised and compared across studies.

Generative session
Insights from professionals in the field were obtained through a two-hour design thinking workshop. The session included brand thinking exercises and a preparatory task where participants reflected on their experiences and challenges with new initiatives in their work field. Prior to the session, the three participants (all female, with one participating online) completed the sensitising task at home, which involved reflecting on their personal experiences and identifying the challenges. The task was included in the information letter, see Appendix A14. During the session, the participants engaged in a series of brand thinking exercises that helped to uncover what type of metaphor and corresponding story. The participants (n=3), representing different roles (behavioural scientist registration team, experienced worker, and a child & adolescent psychologist / cognitive behavioural therapist) within their respective organisations, co-created during the session. The design thinking methodology and preparatory task promoted collaboration and ensured focused and meaningful discussions. The set-up of the session can be found in Appendix A15.

14 | Gaining Enthusiasm: The Metaphor Of A House

14.1 | Use of a metaphor

Effective communication in healthcare requires conveying complex information clearly. Metaphors are powerful tools to simplify concepts and enhance understanding (Gibbs, 2007). They engage cognitive processes, connecting abstract and concrete ideas for better retention (Gibbs, 2007).

For healthcare professionals
Healthcare providers benefit from metaphors by relating complex services to familiar experiences, making information accessible and memorable (Bridges et al., 2011). Metaphors also foster collaboration among providers and boost engagement, leading to improved knowledge acquisition (Demjén & Semino, 2016). However, metaphors are subject to interpretation, potentially causing misconceptions (Semino, 2008). Oversimplification can occur, leading to an incomplete understanding (Charteris-Black, 2004).

For youth
For adolescents, metaphors captivate attention, stimulate curiosity, and create an engaging learning environment (Carter, 2015). They bridge the gap between abstract concepts and adolescents' experiences, aiding comprehension and retention (Hampe, 2017). Metaphors can empower adolescents to participate in their

healthcare decisions actively, improving health literacy. However, the effectiveness of metaphors varies based on age, cognitive abilities, and developmental stage, necessitating appropriate metaphor selection (Carriedo et al., 2016)). Some adolescents may perceive metaphors as patronising or manipulative (Steen, 2011).

Figure 27: Second generative session at TU Delft

14.2 | Engaging narrative

The generative session with youth healthcare providers, Figure 27, underscored the significance of connection, collaboration, and support in shaping the narrative of the new outpatient clinic. An overview of all the findings can be found in Appendix A16.

Connecting the phases
Participants emphasized their enthusiasm for the established connections between different phases of care in the new concept. They stressed the need to consider the entire healthcare system and highlighted the significance of a well-being gym as a safe space for young people to work on their resilience and psychological development. Additionally, they emphasized the value of a buddy, someone who can serve as a single point of contact and accompany young people throughout their journey.

The metaphor of a house
The metaphor chosen for the clinic should evoke a sense of safety, and coherence, and provide an overview of the layered approach to care. It should also represent the presence of a proactive space for well-being and aftercare. After considering multiple metaphors, see Appendix A17, the metaphor of a house emerged as the most fitting. For healthcare professionals it signifies that the clinic's framework acts as the foundation of the house, incorporating the same essential elements in different clinic locations. However, the interior of the house can vary, adapting to the specific needs of the resident. Similar to the clinic that can be co-produced to fit the preferences and needs of each location and target group.

The house mirrors the notion that a house is constantly evolving and serves as a foundation for further construction. It represents strength, adaptability, and preparedness for what lies ahead. As the outpatient clinic may consist of multiple physical locations, it is important to (visually) clarify that the house metaphor does not represent one physical location but refers to the different spaces in various locations.

This metaphor has diverse applications for multiple stakeholders, not just healthcare workers. Table 6 provides an overview of how the metaphor can be utilised for each stakeholder.

For healthcare workers, as mentioned earlier, it represents the opportunity to build their own clinic, reflecting their unique approach and values. For youth, it symbolises the coherency and integration of the different layers of care, providing a comprehensive and holistic experience. Shoshin can use it to guide new employees or clients, illustrating the step-by-step process and structure of the clinic. Additionally, the house metaphor facilitates a shared understanding and communication between healthcare providers and municipal employees, fostering a common language and promoting collaboration.

Stakeholder	Use of metaphor
Healthcare workers	Inspire clinic development with adaptivity
Youth	Reflect coherence and integrated care layers
Shoshin	Guide through the clinic's development process
Healthcare providers & Municipality	Establish a common language for collaboration

Table 6: Use of metaphor per stakeholder

Brand foundation

During the session, participants also worked on establishing the foundation for the clinic's branding, including its mission, vision, brand promises, and visual brand style. The problem of young people being placed too late in the appropriate care was identified as a crucial concern, leading to the mission of becoming a compass for young people's development. The vision was created to support everyone in the right place and at the right time, with humanity and togetherness at the forefront. The participants suggested brand promises centred around collaboration with clients, working together with them instead of talking about them and supporting them instead of taking over. In terms of visual style, the brand should utilise warm colours and human illustrations, avoiding the use of photographs.

The buddy

As the session built upon the designed framework for the youth outpatient clinic, participants also reflected on the role of the buddy and how it could be integrated. They recommended the use of experts by experience as buddies to ensure relatability with the youth. They emphasised the importance of increasing contact with peers and experts by experience while considering the distinction between experts by experience and by profession. It was suggested that for every five experts by profession, one healthcare professional should be available to support young people, see Figure 28.

Participant: "Langdurige ondersteuning van dezelfde hulpverlener, zoals een ervaringsdeskundige is enorm belangrijk."
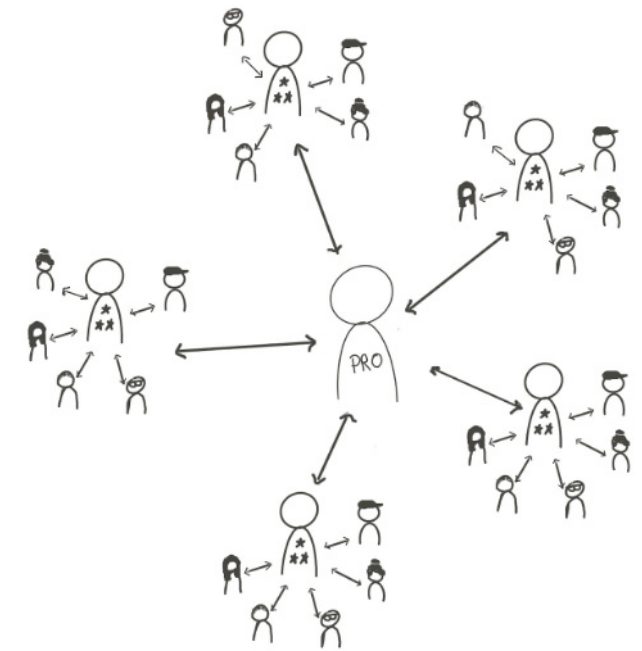
Figure 28: Efficient use of experienced experts and healthcare professionals to support youth in their development process

Discussion

The method

The method employed in this study involved conducting a literature review, followed by a generative session using design thinking methodology, to gain insights from youth healthcare providers and understand their perspectives on developing a new youth outpatient clinic. The combination of these approaches provided a comprehensive understanding of the topic, drawing on existing research and engaging directly with professionals in the field.

The literature review was an important step in exploring the effectiveness of using metaphors in healthcare communication for healthcare providers and adolescents. The generative session facilitated meaningful conversations and enabled the participants to co-create ideas and solutions. However, there are certain limitations to consider. Firstly, the small sample size, with only three participants, may limit the generalizability of the findings. Additionally, the absence of male participants may introduce a gender bias in the perspectives gathered. Another limitation is the hybrid nature of the session, with one participant joining online. This could have potentially affected the dynamics of the workshop and the level of participation and engagement from the online participant.

The findings

Both the literature review and the generative session with youth healthcare providers provided valuable insights into gaining enthusiasm for the development of a new youth outpatient clinic. The literature highlighted the advantages of using metaphors in healthcare communication, such as simplifying complex concepts and enhancing engagement. However, it cautioned about potential misinterpretations and oversimplification. The generative session reinforced the importance of connection, collaboration, and support in shaping the narrative of the clinic. Participants expressed enthusiasm for the established connections between different phases of care, the inclusion of a well-being gym, and the role of a buddy as a single point of contact. They emphasized the need to co-produce the clinic's design to fit the preferences and needs of each location and target group. The session also informed the establishment of the clinic's brand foundation, focusing on collaboration with clients and utilising warm colours and human illustrations. Overall, the findings provide valuable considerations for the design and development process of the clinic, ensuring its relevance and effectiveness in engaging youth and healthcare providers.

Seeking JGGZ branding insights

Building on the insights gained from healthcare professionals, it became evident that their enthusiasm for the new framework is closely tied to how well it resonates with the targeted youth rather than with themselves. Understanding the perspective of the youth is crucial in tailoring the branding to enhance their engagement with healthcare services. To accomplish this, it is essential to explore and gain insights into the existing brand strategies employed in youth mental healthcare in The Netherlands.

15 | Branding Strategies: Emphasising Positive Aspects

Goal

The goal of this study is to gain a comprehensive understanding of branding strategies in the context of youth mental healthcare in The Netherlands. Building upon the insight that youth mental healthcare providers are more enthusiastic about a brand strategy that directly targets youth, this research aims to identify effective branding strategies. These will be instrumental in developing a communication strategy for the framework of the new youth outpatient clinic, ensuring its effectiveness and resonance with the intended youth audience.

Method

Literature research explored the effectiveness of branding strategies in promoting help-seeking behaviours and reducing mental health stigma among youth in The Netherlands. By exploring this, the new youth outpatient clinic can better address young people's mental health needs and contribute to positive outcomes in the field. Four studies were analysed to provide insight into the use of branding for youth mental health services in this context.

The studies reviewed in this research highlight the significance of branding as a valuable tool for promoting positive health among youth in The Netherlands. In this context, 'branding' refers to the development and implementation of communication strategies and messaging that effectively engage and resonate with young individuals. To maximise the positive impact of branding, the studies suggest several key strategies that can be employed.

Involving young people
It is important to involve young people in the development of branding strategies to ensure that the branding is tailored to their needs and preferences. As noted in the study by Kok et al. (2020), young people who were involved in the branding process were more likely to use mental health services and less likely to experience stigma surrounding mental health issues.

Informative and relevant branding
The branding should be informative and relevant to young people's needs. The study by Brouwer et al. (2021) found that young people wanted the branding to be positive and informative, with clear messaging that emphasised the importance of seeking help for mental health concerns.

Leveraging digital platforms

It is important to consider the use of digital platforms in branding strategies. The study by van der Zanden et al. (2014) found that web-based interventions can be effective in promoting positive behaviours related to mental health, such as seeking help for mental health concerns. Similarly, the study by Kok et al. (2020) noted that social media campaigns can be an effective way to reach young people and promote positive attitudes toward mental health.

Emphasising resilience and strength

The studies suggest that branding should focus on promoting resilience and strength rather than just addressing problems or deficits. By emphasising the positive aspects of mental health and well-being, branding can help reduce stigma and promote positive attitudes towards mental health care.

Harnessing the power of branding

The use of branding in youth mental health services in The Netherlands can be an effective way to promote positive help-seeking behaviours and reduce mental health stigma. Key strategies include involving young people in the branding process, providing clear and informative messaging, utilising digital platforms, and emphasising resilience and strength.

Discussion

The method

While the literature research is a valuable approach for gathering existing knowledge, it is important to acknowledge that the findings are based on only a few studies included in the review due to the time limitation of this project. This method relies on the availability and selection of relevant studies, which may introduce bias and limit the comprehensiveness of the findings. However, the chosen studies provide valuable insights into branding strategies for promoting help-seeking behaviours and reducing mental health stigma among youth in The Netherlands.

The findings

The findings suggest that branding can be an effective tool for promoting positive help-seeking behaviours and reducing mental health stigma among youth in The Netherlands, especially by emphasising the positive aspects of mental well-being. The studies highlight several key strategies for effective branding, including involving young people in the branding process, providing informative and relevant messaging, utilising digital platforms, and emphasising resilience and strength. These findings contribute to the understanding of branding in youth mental health services and provide practical recommendations for mental health professionals.

In this project, the scope is limited to healthcare providers, excluding youth as participants due to the limited time available. The next steps will be guided by the insights gained from the healthcare providers. It is crucial to validate the branding with the targeted youth before implementing it. While the brand might be perceived as effective by healthcare professionals if they believe it resonates with their clients, the primary focus is to test, validate, and potentially refine the brand with the youth themselves. These considerations regarding the validation and involvement of youth in the branding process will be incorporated into the recommendations discussed in Chapter 22.

Seeking a brand

Having gained a clear understanding of effective brand strategies in youth mental healthcare and the importance of emphasising positive aspects, the next crucial step is to develop a brand for the new youth outpatient clinic. This process entails translating the narrative and strategies into a cohesive brand that will facilitate effective communication.

Goal

The goal is to develop a brand for the new youth outpatient clinic that aligns with the narrative derived from the generative session and the branding strategies. By creating a distinct and compelling brand, the clinic aims to establish a strong identity and effectively communicate its mission and values to the target audience. The ultimate objective is to create a brand that resonates with youth and therefore also with healthcare providers, increasing their engagement and enthusiasm for the clinic's development.

Method

The brand development process began with a brainstorming session, see Appendix A18, led by the project author to define the core values and concept of the outpatient clinic, based on project insights. Using the Brand Thinking Canvas framework (Miltenburg, 2018), a draft version was created. A brand thinking session with three designers from Shoshin refined the canvas, following the steps from 'Brand the Change' (Miltenburg, 2018). The session's assignments gathered input for each canvas component, resulting in a new brand core, vision, mission, values, and promises. Participant feedback guided further development. The session set-up is presented in Figure 29, a more detailed set-up can be found in Appendix A19. A final version of the Brand Thinking Canvas, brand DNA, and visual identity is created in Dutch, reflecting the specific target market and company's request.

The brand discussed here is specifically for the youth outpatient clinic, which is a standalone service offered by Shoshin. It requires its unique branding, separate from Shoshin as a whole.

16 | The Brand:
The Creation Of LooS

Brands have an inner core that shapes their identity, influencing perception, like humans (Miltenburg, 2018) as visualised in Figure 30. The brand core is created in the brand thinking canvas and the brand DNA, thereafter the identity is visualised in the brand visual identity.
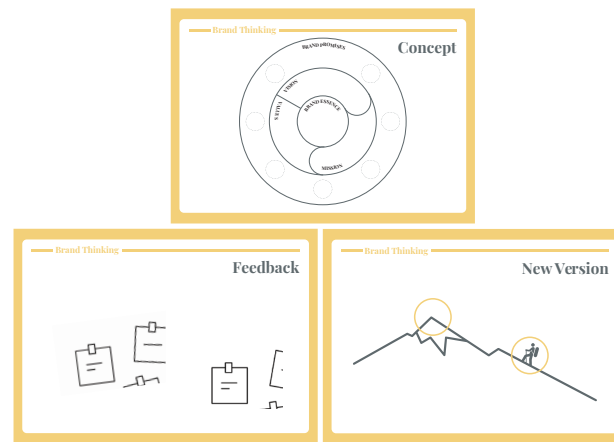
Figure 29: Set-up of brand thinking session
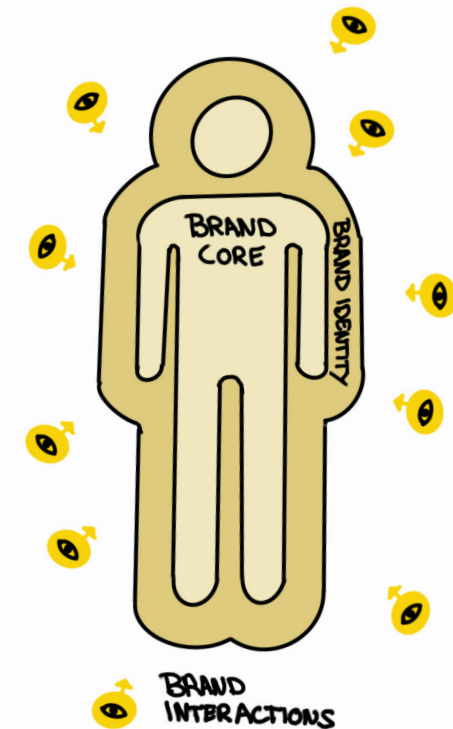
Figure 30: Brands are built like humans (Miltenburg, 2018)

Effective communication starts with understanding the "why" of the outpatient clinic's service, as emphasised by Lewrick (2018) and Sinek's Golden Circle (Sinek, 2009) in Figure 31. The why is answered by the brand essence and the brand purpose. The "how" of the youth outpatient clinic involves implementing tailored treatment approaches, evidence-based practices, and therapy techniques to empower young adults. The "what" encompasses the specific mental healthcare services provided to meet the unique needs of young adults. While this project has established a framework and will establish the brand essence in this chapter, the further development of the "how" and "what" aspects will be carried out separately in the co-production process of the clinic.

The forthcoming subchapters will present the brand canvas, brand DNA, and brand visual identity that were developed during the brand thinking session.

"Looking good attracts the eyes, personality attracts the heart."
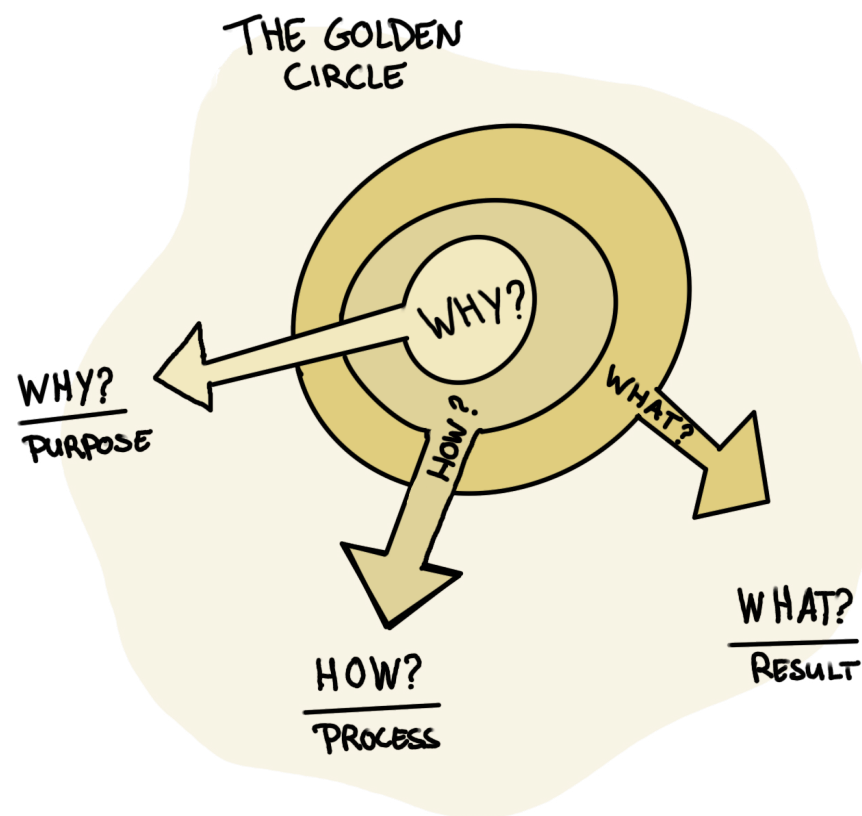
Figure 31: The Golden Circle (Sinek, 2009)

16.1 | Brand thinking canvas

The brand thinking canvas created is shown in Figure 32. The elements are defined in Dutch as requested by the company. Each separate section is explained here in English.

BRAND PROMISES

Samen Ontdekken
Een overzicht bieden van alle mogelijkheden om aan je (mentale) welzijn te werken en deze samen te verkennen.

MISSION

We streven ernaar **escalatie van welzijns problematiek te voorkomen** door overzicht, inzicht en uitzicht te creëren in het ontwikkelpad van jongeren. Onze missie is om **jongeren in staat te stellen hun eigen veerkracht te ontwikkelen** door laagdrempelig positieve, proactieve en persoonlijke ondersteuning te faciliteren.

Plan Je Beste Route
Inzichten en ondersteuning bieden om je weg te vinden in het mentale zorgsysteem en je optimale pad te plannen.

VALUES

BRAND ESSENCE

Samen met jongeren hun eigen **mentale veerkracht versterken.**

Samenwerken

Persoonlijk

Ontwikkelen

Versterken

Eigen regie

Respect voor variatie

Brede en positieve blik

Zet De Eerste Stap
Jou in staat stellen om de eerste stap te zetten naar het op orde krijgen van je leven, met onze ondersteuning.

Positief en Persoonlijk Welzijn
Een wereld waarin ruimte is voor iedereen om op een positieve, proactieve en persoonlijke manier aan je (mentale) welzijn te werken.

Altijd Beschikbaar
De online en offline ondersteuning bieden die je nodig hebt, wanneer je het nodig hebt.

VISION

Gepersonaliseerd Partnerschap
Samen werken aan het verbeteren van je welzijn en het creëren van een gepersonaliseerd plan dat aan jouw individuele behoeften voldoet.

Figure 32: Brand thinking canvas (Miltenburg, 2018) for youth FOWP

Brand essence "Why"

The brand essence is the brand's reason for being. The "Why" is expressed in a simple and compelling sentence (Miltenburg, 2018). For the clinic, it is important that the essence is positive and focuses on the idea of "together," while emphasising resilience. The aim is to strengthen young people's mental resilience and help them become who they want to be.

"Together with young people, strengthen their own mental resilience."

Brand vision

The brand vision is the change that the brand wants to see in the world (Miltenburg, 2018). For the clinic, the vision is a world where there is space for everyone to proactively work on their health, where positive health is the norm, and everyone is helped to develop a suitable personal approach. It envisions a world where not all mental health problems can be prevented, but where everyone can work on their well-being and resilience.

"A world in which there is space for everyone to work on their (mental) well-being in a positive, proactive, and personal manner."

Brand mission

The brand mission describes what the brand does to realise its vision and work towards its idea for change (Miltenburg, 2018). The mission is to contribute to achieving the vision by providing an accessible place, facilitating a space to work on one's well-being, and preventing the escalation of problems.

"The outpatient clinic aims to prevent the escalation of well-being issues by providing an overview, insights, and perspective on the developmental journey of young people. Our mission is to empower young people to develop their own resilience by facilitating accessible, positive, proactive, and personalised support."

Brand values

Values are the principles that drive human beings, instilled in us through family and culture when we are young. Like individuals, organisations also have values, often the most consistent aspect of their nature (Miltenburg, 2018). For the clinic, the following values all play a crucial role.

"Collaboration. Respect for variation. Broad and positive perspective. Personalisation. Development. Empowerment. Agency ('eigen regie')."

Brand promises

Brand promises are the commitments that the brand delivers to its audience, the value it adds, and how it empowers them. For the clinic, the promises are to explore options together, plan the best route, take the first step together, offer a personalised partnership, and always be available for online and offline support. The clinic will offer the following promises to the youth.

"Explore Together: Providing an overview of all possibilities for working on your (mental) well-being and exploring them together."

"Plan Your Best Route: Offering insights and support to help you navigate the mental healthcare system and plan your optimal path."

"Take the First Step: Empowering you to take the first step towards getting your life in order, with our support."

"Personalised Partnership: Working together to enhance your well-being while creating a personalized plan that meets your individual needs."

"Always Available: Providing the online and offline support you need, whenever you need it."

PURPOSE
Strengthening young people's
(mental) resilience, together.

Youth
FOWP

PERSONALITY
Familiy-oriented | Sincere | Friendly | Exciting
(Aaker, 1997)

Traits
Empathetic | Proactive | Positive | Supportive | Authentic

Archetypal mix
70 % Caregiver | 30 % Sage
(Mark & Pearson, 2001)

POSITIONING
We help young adults who are seeking
support in managing their well-being
to achieve an overview, insight, and
perspective in their care path. Unlike
alternatives that provide reactive care
after problems have emerged, our
solutions empower young adults to
proactively work on their resilience
with confidence and support.

Figure 33: Brand DNA for youth FOWP

16.2 | Brand DNA

Brand DNA is a holistic view of a brand's identity (Kapferer, 2012). It refers to the foundational elements of the youth clinic, including Purpose, Positioning, and Personality, and serves as a summary of the Brand Thinking Canvas (Chernev, 2018). The purpose is the reason why the brand exists and what it aims to achieve, while positioning refers to how the brand is positioned in the minds of its target audience and how it differentiates itself from competitors. Personality is the set of characteristics that make the brand unique and relatable to its audience (Aaker, 2010).

The Brand DNA is visualised in Figure 33, and its focus is on strengthening young people's resilience together. The clinic positions itself as a proactive and empowering solution for young adults seeking support in managing their well-being. The clinic's personality traits are family-oriented, sincere, friendly, and exciting while embodying traits such as empathy, proactivity, positivity, supportiveness, and authenticity. The brand archetype mix is primarily 'caregiver' (70%) with a touch of 'sage' (30%).

By understanding the Brand DNA, a cohesive and consistent approach to the messaging and brand experience can be developed for the new youth clinic.

16.3 | Brand visual identity

The brand visual identity is a powerful tool that enables a brand to convey its DNA and desired perception visually. The visual identity, see Figure 34 is designed to speak to young adults and a modern, fresh, and positive look is chosen and translated through the name, logo, composition, and text.

"Identity is the silent ambassador of each brand"

#fcd9be	#fbd452	#5cc4b7	#f5865d	#2e6698

#ffffff	#253235	**Name** Title Text	**Source sans variable** Lato Regular Lato Light
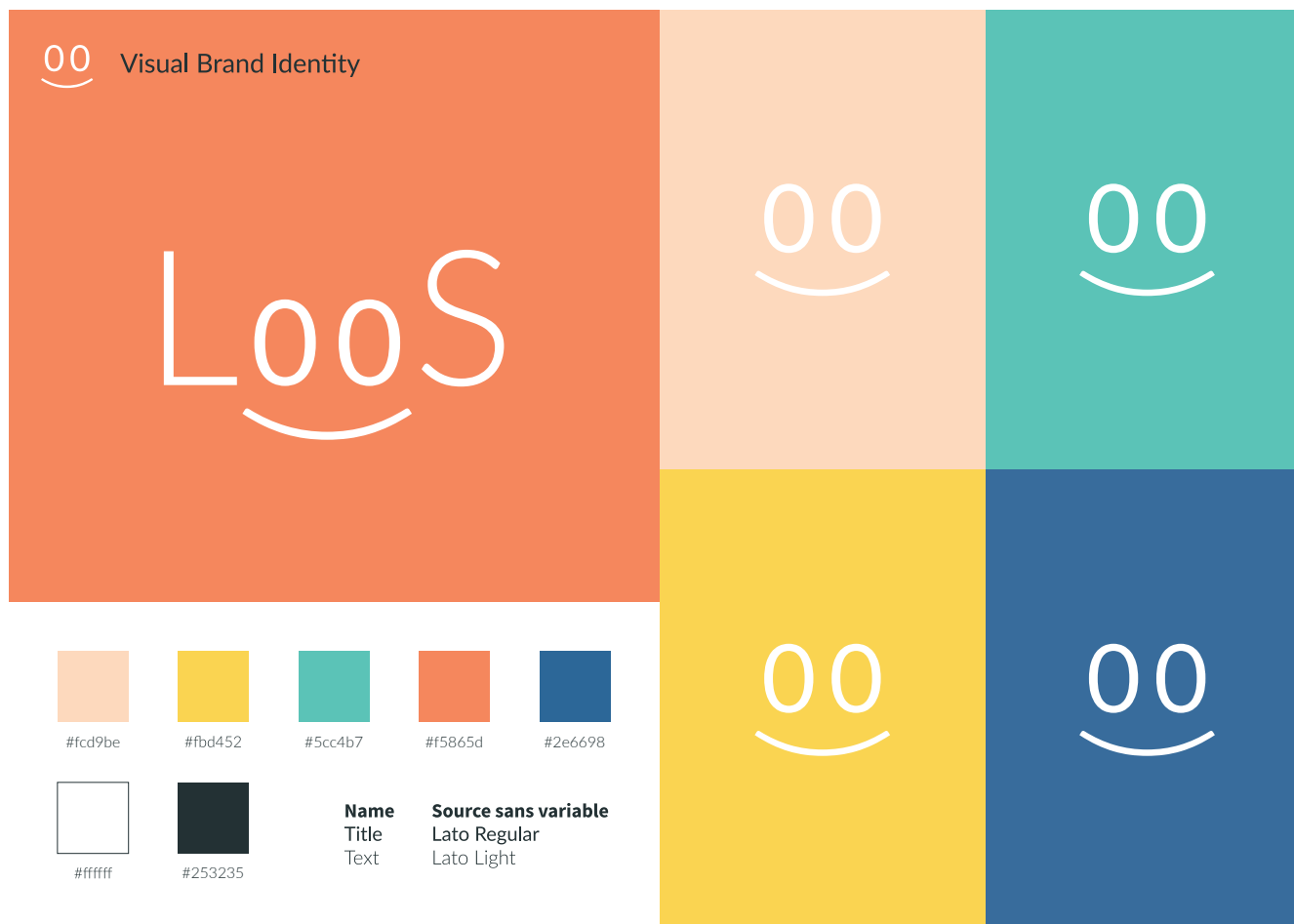
Figure 34: Brand visual identity LooS

#f5865d

Red coral: Red is a stimulating color that represents passion, energy, and excitement. Coral is a color that is associated with warmth, friendliness, and approachability. Together, red coral is a color that suggests enthusiasm, confidence, and extroversion.

#fcd9be

Warm light pink: Pink is a color that is often associated with femininity, tenderness, and sweetness. Warm light pink, in particular, conveys a sense of comfort, nurturing, and love. It is a soothing and calming color that promotes feelings of relaxation and security.

#fbd452

Gold yellow: Yellow is a bright and cheerful color that symbolizes happiness, positivity, and optimism. Gold, on the other hand, is a color that represents wealth, prosperity, and luxury. Together, gold yellow is a color that suggests success, confidence, and abundance.

#5cc4b7

Medium turquoise: Turquoise is a color that is associated with calmness, balance, and harmony. It is a refreshing and rejuvenating color that promotes feelings of tranquility and serenity. Medium turquoise is a more muted version of the color, but still conveys the same sense of calmness and relaxation.

#2e6698

Steel blue: Blue is a color that represents stability, trust, and loyalty. Steel blue is a shade of blue that is more cool and detached than other shades of blue. It is a color that suggests professionalism, efficiency, and reliability. It is often used in corporate branding and design to convey a sense of authority and competence.

Figure 35: Colour explanation (Avoleoo, 2014)

Name

The main purpose of the name is to bring across a positive place for support with a low threshold to help youth improve their resilience. The name "LooS" was chosen as it is easy to remember, pronounce, and sounds like a place to hang out. It also allows for funs to be made. It is a uniform name for multiple centres on a national level. For different centre locations, other words can be added if healthcare providers wish to incorporate them, such as LooS Eindhoven, LooS Twente, or LooS Herstel. However, to ensure recognisability, it is crucial to have LooS named the same for each centre. As multiple stakeholders collaborate in LooS centres, it is also essential that LooS is an independent name and does not incorporate specific neighbourhood teams or healthcare provider names or references.

Logo

A combination of a word mark and a pictorial mark is chosen for the logo. The pictorial mark is a minimalistic representation of a smiley with an open view, referring to feeling better and the systematic and open view of LooS. The combination mark is a versatile choice as young people will associate the name LooS with the minimalistic smiley right away. The use of both symbol and text creates a more distinct image, making it easier to trademark than a pictorial mark alone (Morr, 2019)

Colour

The colours used represent the positive, exciting, and friendly character that LooS aims to bring to young adults while also showing its sincere character. A split complementary colour palette is chosen to emphasise certain aspects without losing coherency. The colours used include red coral, warm light pink, gold yellow, medium turquoise, and steel blue. The colours are explained with the colour meaning and psychology of Avoleoo (2014), see Figure 35.

Typography

The wordmark is written in a thin font, representing the openness and easy accessibility of LooS. The fonts used are Source Sans Variable and Lato, sans-serif fonts, for a modern but effective look. The name 'LooS' is written with a capital for the first letter and last letter to put stress on the two o's for the pictorial mark. The typography used is to

Manifestation

A brand manifestation was made to show how to translate this brand visual identity, as seen in Figure 36.

"Hey, wat is er LooS?"

"van uitzichtLoos naar zorgeLooS"

"van machteLooS naar moeiteLooS"

"labelLooS herstellen bij LooS"

Figure 36: Brand manifestation LooS

Discussion

The method

The brand thinking study successfully developed a distinct and compelling brand for the youth outpatient clinic. The brand essence, vision, mission, values, and promises were refined through an iterative process based on participant feedback. The brand's visual identity effectively conveyed a positive, modern, and friendly image. However, a limitation was the absence of direct youth involvement in the development process, which research has shown to be crucial. Additionally, the potential for biases in participant input should be considered. The brand created provides a strong starting point but should be further tested and refined with a broader target audience.

The findings

The brand thinking study successfully developed a distinct and compelling brand for the youth outpatient clinic, named LooS. LooS represents a positive and welcoming place for youth to improve their resilience and personal growth. The study's findings revealed that LooS's brand essence emphasizes mental resilience and its vision aims for a world where proactive health efforts are the norm. The mission of LooS is to provide accessible support and prevent problems, guided by the core values of collaboration, transparency, and facilitation. LooS's brand promises include personalised support and the commitment to exploring options together. The visual identity effectively conveys a modern and friendly image. Further refinement of the LooS brand will be crucial to engage the stakeholders.

Seeking communication tools

To engage healthcare providers in the co-production of the framework for the youth outpatient clinic, specific communication tools need to be delivered. Given the complexity of youth mental healthcare delivery and the involvement of multiple stakeholders, it is essential to determine what the specific deliverables are and who their intended recipients are. This will be addressed in the Deliver section, where the final deliverables will be outlined and explained.

Key takeaways

Recommended collaborative approach

- Co-production emphasizes delivering specific outcomes, while co-creation focuses on generating new ideas and fostering innovation.

- Initial clinic development: Adopt a co-creation approach involving service users and providers in the design and delivery process of the new youth outpatient clinic.

- Subsequent clinic developments: Transition to a co-production approach for future clinics at different locations, incorporating diverse perspectives and expertise.

- For communication, the focus will be on the future and therefore on communicating the co-production approach.

Metaphor for communication

- Metaphors are powerful tools for simplifying complex information and enhancing understanding in healthcare communication.

- Metaphors benefit healthcare professionals by relating complex services to familiar experiences and fostering collaboration.

- Metaphors captivate attention, aid comprehension, and empower adolescents to actively participate in their healthcare decisions.

- The metaphor of a house is suitable for the clinic, representing safety, coherence, and flexibility across different physical locations.

Positive brand strategy

- In healthcare branding, involving young people, providing informative and relevant messaging, leveraging digital platforms, and emphasising resilience and strength are key strategies.

- Positive help-seeking behaviours and reduced mental health stigma can be promoted through effective branding strategies.

LooS as the new youth clinic

Brand Elements	Summary
Brand Essence	"Samen met jongeren hun eigen mentale veerkracht versterken" (Strengthening young people's mental resilience together)
Brand Vision	"Een wereld waarin ruimte is voor iedereen om op een positieve, proactieve en persoonlijke manier aan je (mentale) welzijn te werken"
Brand Mission	"De poli streeft ernaar escalatie van welzijns problematiek te voorkomen door overzicht, inzicht en uitzicht te creëren in het ontwikkelpad van jongeren"
Brand Values	Samenwerken, Respect voor variatie, Brede en positieve blik, Persoonlijk, Ontwikkelen, Versterken, Eigen regie
Brand Promises	- Samen ontdekken - Zet de eerste stap - Gepersonaliseerd partnerschap - Altijd iemand beschikbaar - Altijd beschikbaar - Plan je beste route
Brand Visual Identity	Name: LooS Logo: Word mark + Minimalistic smiley pictorial mark Colour: Split complementary colour palette

DEL

IVER

This section outlines and explains the final deliverables aimed at effectively communicating the complex framework to youth healthcare providers. These deliverables include creative designs for communication tools that utilise the house metaphor and the brand LooS, facilitating collaboration and participation among healthcare providers. The section presents the final designs for the clinic, such as the 'Praatplaat' (visual aid), brochure, and brand concepts. Additionally, a strategic implementation roadmap for LooS is provided, offering guidance for the company's future steps. These deliverables serve to engage healthcare providers and support the successful implementation of the framework.

17 | Communication Tools:
Praatplaat, Brochure, Brand Concepts & Roadmap

Specific deliverables have to be outlined to effectively communicate the LooS framework to various stakeholders in youth mental healthcare delivery. Recognizing the complexity of the project and the involvement of multiple parties, this chapter's objective is to give an overview of the intended recipients per deliverable.

Shoshin, the company behind LooS, aims to engage youth healthcare providers by conveying the framework's purpose and the potential for collaborative co-production to enhance the youth healthcare path and reduce waiting times. The communication tools needed to do this are tailored to specific target audiences. An overview of this can be found in Table 7.

A Praatplaat and brochure will be created for youth healthcare providers, enabling Shoshin to present the LooS concept and generate interest. The brochure serves as a pre-meeting tool, providing healthcare providers with an overview of what LooS entails. The Praatplaat, on the other hand, is a visual aid for initial conversations among Shoshin, healthcare providers, and even municipal representatives. It facilitates discussions about the foundational elements required and how they can be tailored to meet specific needs. The Argumentenplaten provide Shoshin with backup arguments for the framework. It serves as an overview of the most important argumentation.

The branding of LooS is also an essential component of communication tools. Designed to be attractive to youth, the brand identity will be incorporated into the communication materials, such as the brochure and Praatplaat, to maintain visual consistency and promote unity.

Lastly, a strategic implementation roadmap for LooS will be developed to guide Shoshin's future steps. Drawing insights gained from this project, the roadmap will provide a comprehensive guideline for effectively implementing LooS, allowing Shoshin to make a national impact in the youth healthcare sector.

Seeking iterative design
An iterative design process needs to be employed to enhance the effectiveness of the communication tools for conveying the LooS framework, engaging stakeholders, and facilitating collaboration. Through continuous testing and validation, the tools will be refined based on feedback and insights, ensuring optimal results in conveying the desired message.

Deliverable	Target Audience	Purpose	Chapter
Praatplaat	Youth healthcare providers, Shoshin	Facilitate conversations and discussions on foundational elements of LooS.	19.1
Argumentenplaten	Shoshin	Provide an overview of the research arguments supporting the Praatplaat.	19.2
Brochure	Youth healthcare providers	Generate interest and provide an overview of the LooS framework.	19.3
Brand Concepts	Youth	Create an attractive and cohesive brand identity for LooS.	19.4
Strategic Implementation Roadmap	Shoshin	Provide a guideline for future steps in developing LooS and achieving national impact.	20

Table 7: Overview of deliverables

18 | The Design Process: Ensuring Success

In the design process, an iterative approach was followed to develop the communication tools for LooS, including the 'Praatplaat', brochure, and brand concepts. Each tool underwent a cycle of design, testing, validation, and redesign, based on feedback received from youth mental healthcare providers and company employees. Figure 37 illustrates the design process, showcasing the various versions created and refined throughout the iterative journey.

While direct feedback from young people was not obtained, the insights and recommendations provided by youth mental healthcare providers were informed by their experiences working with young people. Their needs and preferences were carefully considered during the design process.

Testing primarily centred around the Praatplaat and the brochure, as these were the main communication tools under scrutiny. While no separate test was conducted specifically for branding, it was applied to the concepts of the Praatplaat and the brochure. This approach ensured consistency and coherence in the overall visual identity and messaging across the communication tools.

Praatplaat user test
The Praatplaat, a visual tool, was tested by the founder of Shoshin in conversation with healthcare providers in Eindhoven. Positive reactions focused on the envisioned healthcare path, sparking in-depth discussions. The healthcare providers expressed enthusiasm for the separate innovation island dedicated to themselves. They also identified three layers of healthcare: basics in order, lifestyle interventions, and GGZ treatment, aligning with the layers depicted in the Praatplaat. However, it was noted that the Praatplaat was too complex for quick presentations on a big screen and required further explanation to fully grasp its intricacies. It was recommended to utilize the Praatplaat as a tool for elaborate discussions rather than a quick show-off. During the meeting, participants also expressed a desire for a circle diagram illustrating the stakeholders involved around the youth, complementing the stakeholder inventory created in Chapter 7.
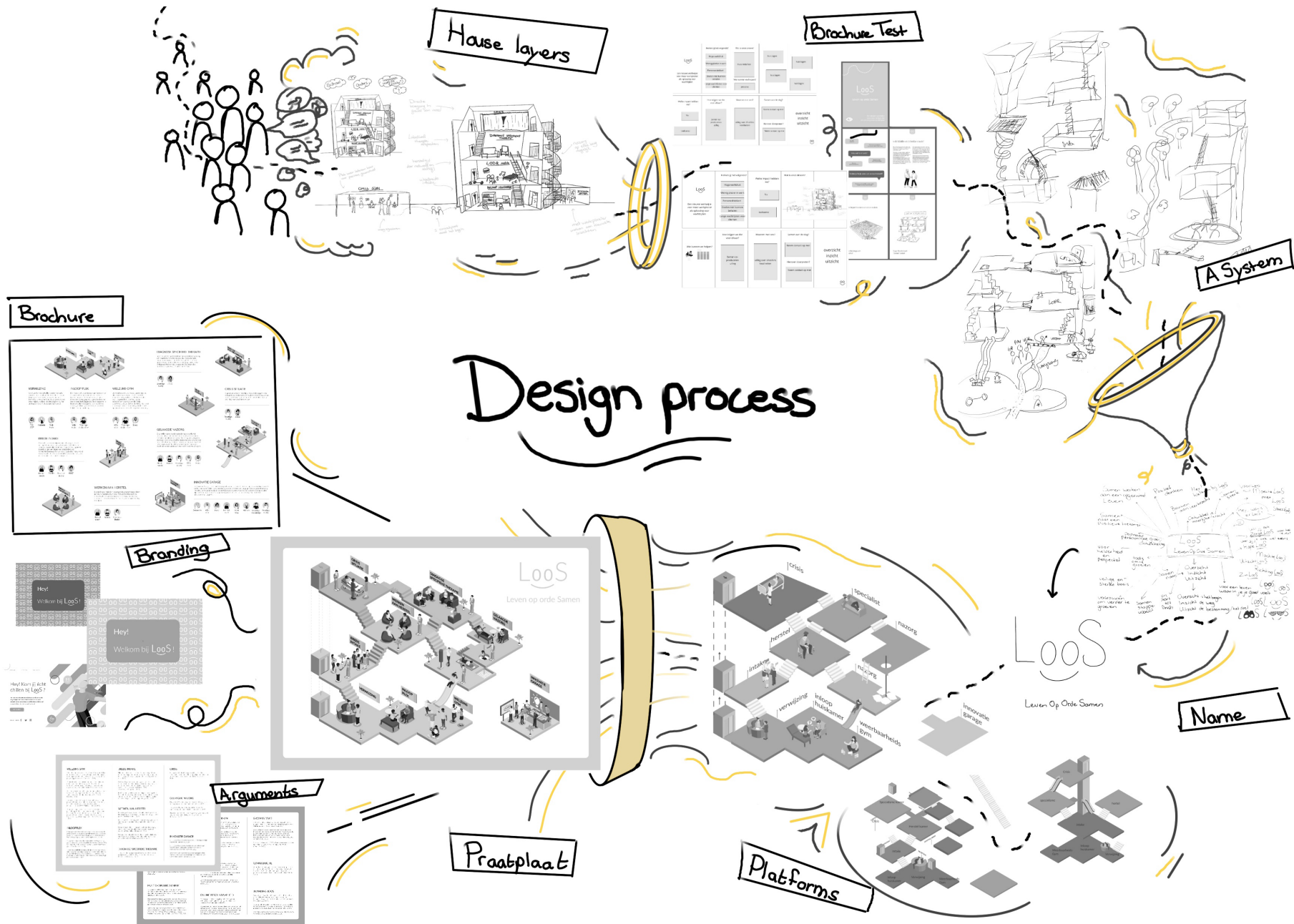
Figure 37: Visual representation of the design iterations

Brochure validation

After the initial version of the brochure was created, it underwent further review within the company, see Appendix A20. This provided valuable insights for improvement. The concept of the house, which symbolised the LooS framework, had become less cohesive and unclear. The explanation of the situation carried a negative tone, inadvertently assigning blame to healthcare providers. It was essential to shift the focus to the opportunities presented by the current situation. Although participants appreciated the visual demonstration of the impact that can be made, it required greater clarity. All the feedback received was carefully incorporated into a final version of the brochure.

During the validation session, it was suggested to incorporate the SCQA structure into the brochure. Therefore the SCQA framework, illustrated in Figure 38, is adopted to effectively structure the information and enhance communication and storytelling (Analytic Storytelling, n.d.). The brochure begins by presenting the situation, highlighting the long waiting times and scarce specialised care available for youth mental health. This sets the stage for the complication, emphasising the increasing demand for youth mental healthcare and the anticipated growth of the problem. The question arises: How can we change the care path to address these challenges? The brochure then provides the answer through the introduction of the new framework. This approach helps readers understand the proposed solution and its potential impact on improving the youth mental healthcare system.

Situation: Functions as a starting point and a common basis. Therefore it primarily contains recognizable and agreed points.
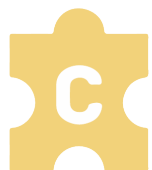
Complication: Spells the reason for acting now. It contains threats / opportunities and the hurdles that need to be overcome.

Question: Asks the question how the hurdles of the C can be overcome. How can prevent the threat or seize the opportunity?

Answer: Provides the answer on how to overcome the hurdles. Explains how this will help deflect the threats or seize the opportunities.

Shaping the final designs

Through the iterative design process, each communication tool was refined and enhanced, ensuring that the intended messages were effectively conveyed to the target audience of youth mental healthcare providers. The valuable input and recommendations from stakeholders and employees played a crucial role in shaping the final versions of the Praatplaat, brochure and brand concepts.

Figure 38: SCQA framework for structuring information (Analytic Storytelling, n.d.)

19 | The Final Designs:
Praatplaat, Brochure, & Brand Concepts

All final designs were created in Dutch to ensure clear communication with Shoshin's employees and clients, who are all native Dutch speakers. The use of English in designs could potentially hinder effective communication, which is why it was decided to stick with Dutch for all designs.

19.1 | Praatplaat

The "Praatplaat" is a visual aid, see Figure 39, that is used to support and provide structure (Huis van Verbeelding, 2023) in the initial conversations and further discussions between Shoshin and youth healthcare providers about the (possible) development of LooS. It is an image that presents LooS in a logical order, following the different phases of the new healthcare path. The Praatplaat can be used to communicate the complex framework, emphasise the key elements, and guide the conversation about LooS. It can also serve as a memory aid for youth mental healthcare providers, helping them better remember and understand the information.

Figure 39: The LooS Praatplaat

CRISIS SITUATIE

DIAGNOSE SPECIFIEKE THERAPIE

WERKEN AAN HERSTEL

GELAAGDE NAZORG

BREDE INTAKE

INNOVATIE GARAGE

VERWIJZING

INLOOP PLEK

WELZIJNS GYM

LooS

Leven op orde Samen
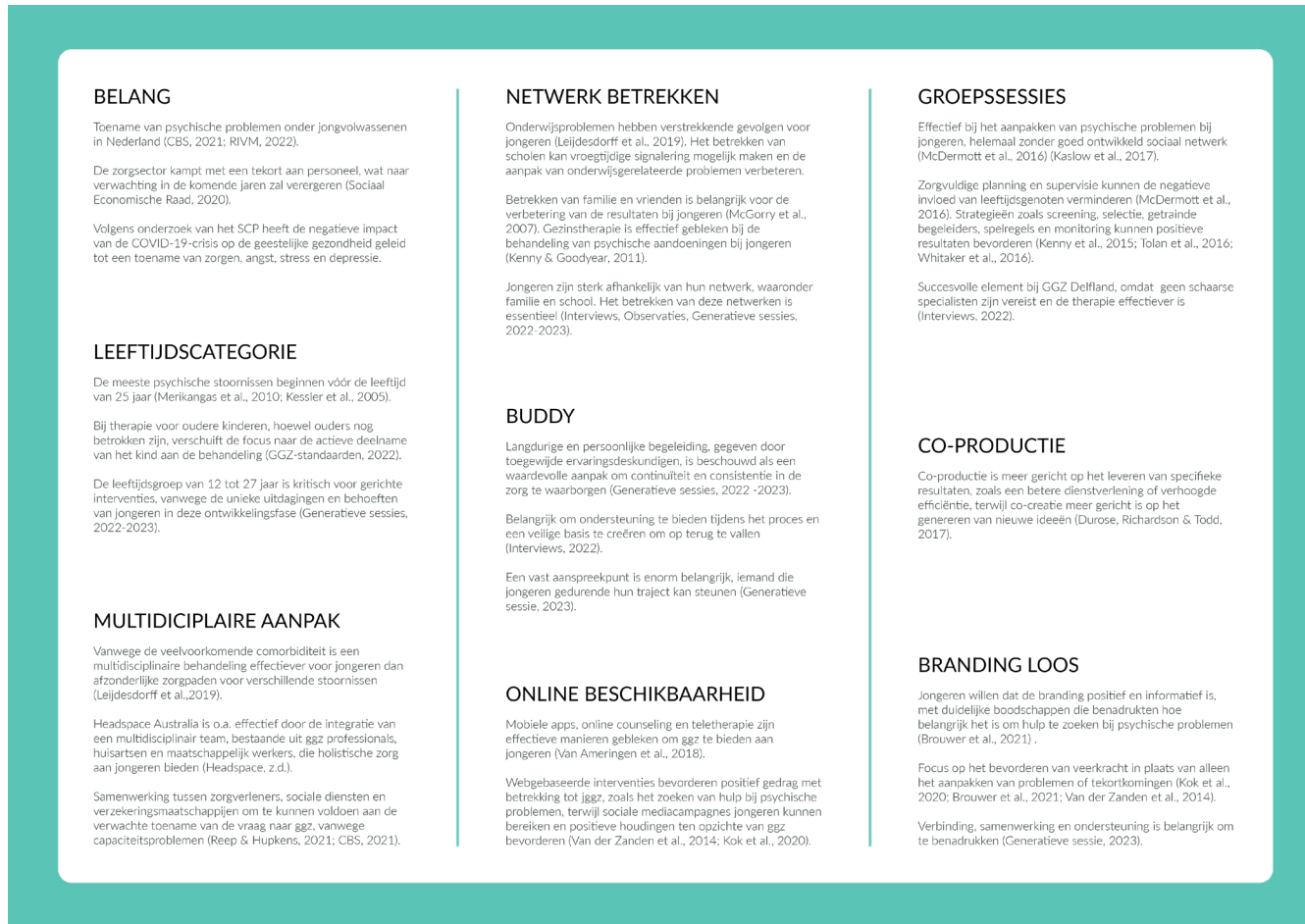
19.2 | Argumentenplaten

The "Argumentenplaten" are two comprehensive overviews that support the Praatplaat presented in the previous chapter. They assist employees in having persuasive conversations with healthcare providers. The Praatplaat framework is based on extensive research conducted in this project. The Argumentenplaten provide a summary of the key research arguments.

The turquoise Argumentenplaat, see Figure 40, presents general arguments highlighting the importance, targeted age group, multidisciplinary approach, and co-production process of the framework. It also includes arguments for important elements within the framework such as the buddy system, network involvement, online accessibility, group sessions, and LooS branding. The yellow Argumentplaat, see Figure 41, provides arguments for the phases in the new healthcare path, including the well-being gym, walk-in centre, broad intake, recovery-focused work, diagnostic-specific therapy, crisis situation, layered aftercare, and innovation location.

BELANG

Toename van psychische problemen onder jongvolwassenen in Nederland (CBS, 2021; RIVM, 2022).

De zorgsector kampt met een tekort aan personeel, wat naar verwachting in de komende jaren zal verergeren (Sociaal Economische Raad, 2020).

Volgens onderzoek van het SCP heeft de negatieve impact van de COVID-19-crisis op de geestelijke gezondheid geleid tot een toename van zorgen, angst, stress en depressie.

LEEFTIJDSCATEGORIE

De meeste psychische stoornissen beginnen vóór de leeftijd van 25 jaar (Merikangas et al., 2010; Kessler et al., 2005).

Bij therapie voor oudere kinderen, hoewel ouders nog betrokken zijn, verschuift de focus naar de actieve deelname van het kind aan de behandeling (GGZ-standaarden, 2022).

De leeftijdsgroep van 12 tot 27 jaar is kritisch voor gerichte interventies, vanwege de unieke uitdagingen en behoeften van jongeren in deze ontwikkelingsfase (Generatieve sessies, 2022-2023).

MULTIDICIPLAIRE AANPAK

Vanwege de veelvoorkomende comorbiditeit is een multidisciplinaire behandeling effectiever voor jongeren dan afzonderlijke zorgpaden voor verschillende stoornissen (Leijdesdorff et al.,2019).

Headspace Australia is o.a. effectief door de integratie van een multidisciplinair team, bestaande uit ggz professionals, huisartsen en maatschappelijk werkers, die holistische zorg aan jongeren bieden (Headspace, z.d.).

Samenwerking tussen zorgverleners, sociale diensten en verzekeringsmaatschappijen om te kunnen voldoen aan de verwachte toename van de vraag naar ggz, vanwege capaciteitsproblemen (Reep & Hupkens, 2021; CBS, 2021).

NETWERK BETREKKEN

Onderwijsproblemen hebben verstrekkende gevolgen voor jongeren (Leijdesdorff et al., 2019). Het betrekken van scholen kan vroegtijdige signalering mogelijk maken en de aanpak van onderwijsgerelateerde problemen verbeteren.

Betrekken van familie en vrienden is belangrijk voor de verbetering van de resultaten bij jongeren (McGorry et al., 2007). Gezinstherapie is effectief gebleken bij de behandeling van psychische aandoeningen bij jongeren (Kenny & Goodyear, 2011).

Jongeren zijn sterk afhankelijk van hun netwerk, waaronder familie en school. Het betrekken van deze netwerken is essentieel (Interviews, Observaties, Generatieve sessies, 2022-2023).

BUDDY

Langdurige en persoonlijke begeleiding, gegeven door toegewijde ervaringsdeskundigen, is beschouwd als een waardevolle aanpak om continuïteit en consistentie in de zorg te waarborgen (Generatieve sessies, 2022 -2023).

Belangrijk om ondersteuning te bieden tijdens het proces en een veilige basis te creëren om op terug te vallen (Interviews, 2022).

Een vast aanspreekpunt is enorm belangrijk, iemand die jongeren gedurende hun traject kan steunen (Generatieve sessie, 2023).

ONLINE BESCHIKBAARHEID

Mobiele apps, online counseling en teletherapie zijn effectieve manieren gebleken om ggz te bieden aan jongeren (Van Ameringen et al., 2018).

Webgebaseerde interventies bevorderen positief gedrag met betrekking tot jggz, zoals het zoeken van hulp bij psychische problemen, terwijl sociale mediacampagnes jongeren kunnen bereiken en positieve houdingen ten opzichte van ggz bevorderen (Van der Zanden et al., 2014; Kok et al., 2020).

GROEPSSESSIES

Effectief bij het aanpakken van psychische problemen bij jongeren, helemaal zonder goed ontwikkeld sociaal netwerk (McDermott et al., 2016) (Kaslow et al., 2017).

Zorgvuldige planning en supervisie kunnen de negatieve invloed van leeftijdsgenoten verminderen (McDermott et al., 2016). Strategieën zoals screening, selectie, getrainde begeleiders, spelregels en monitoring kunnen positieve resultaten bevorderen (Kenny et al., 2015; Tolan et al., 2016; Whitaker et al., 2016).

Succesvolle element bij GGZ Delfland, omdat geen schaarse specialisten zijn vereist en de therapie effectiever is (Interviews, 2022).

CO-PRODUCTIE

Co-productie is meer gericht op het leveren van specifieke resultaten, zoals een betere dienstverlening of verhoogde efficiëntie, terwijl co-creatie meer gericht is op het genereren van nieuwe ideeën (Durose, Richardson & Todd, 2017).

BRANDING LOOS

Jongeren willen dat de branding positief en informatief is, met duidelijke boodschappen die benadrukten hoe belangrijk het is om hulp te zoeken bij psychische problemen (Brouwer et al., 2021) .

Focus op het bevorderen van veerkracht in plaats van alleen het aanpakken van problemen of tekortkomingen (Kok et al., 2020; Brouwer et al., 2021; Van der Zanden et al., 2014).

Verbinding, samenwerking en ondersteuning is belangrijk om te benadrukken (Generatieve sessie, 2023).

Figure 40: Argumentenplaat general

WELZIJNS GYM

Effectief component van het Headspace Centre-model. De centra bieden een veilige en niet-stigmatiserende omgeving voor jongeren om hulp te zoeken, wat de kans vergroot dat jongeren ggz hulp zoeken (Jorm et al., 2005).

Dreamschool richt op sociaal/emotioneel leren, mindfulness-oefeningen en mentorschap, wat heeft geleid tot verbetering van zelfbeeld, stressniveaus en emotionele regulatievaardigheden (Schoemaker & De Roos, 2019).

Helpt zorg verbeteren, het stigma rond het zoeken van hulp verminderen en jongeren verbinden met andere hulp, zoals training voor werk of hulp huisvesting (Weist, 2018) (Whitley, 2016).

Positieve gezondheid bevordert veerkracht en welzijn bij jongeren. Benaderen vanuit een positief perspectief draagt bij aan het verbeteren van emotionele regulatie (Schoemaker et al., 2019; Holt-Lunstad et al., 2010).

Door focus op positieve emoties en het ontwikkelen van geestelijke gezondheid, kunnen interventies bijdragen aan het bevorderen van emotioneel welzijn en veerkracht bij jongeren (Chamine, 2012; Dweck, 2007; Seligman & Csikszentmihalyi, 2000; Shapira et al., 2020; Zenner et al., 2014).

INLOOPPLEK

Grote groep met 'mentale problemen' die tussen tussen de groep 'gezond' en de groep 'mentale stoornissen' valt. Deze groep is al lange tijd onderdeel van sociaal debat omdat er tot nu toe geen plek voor is (Schoemaker et al., 2019).

De @ease inloopcentra bieden anonieme en toegankelijke ggz aan jongeren, wat heeft geleid tot een toename van 55% van jongeren die hulp zoeken in vergelijking met traditionele ggz (van der Pol et al., 2020).

Het moet gemakkelijk toegankelijk zijn, maar niet per se op scholen worden gevestigd, aangezien scholen niet altijd een veilige plek zijn voor iedereen. Het zou bijvoorbeeld in de buurt van scholen of sportvelden moeten worden gevestigd (Generatieve sessie, 2023).

BREDE INTAKE

Uitgebreid intakeproces is effectief om rekening te houden met de onderliggende oorzaken van problemen bij jongeren, in plaats van alleen naar symptomen te kijken (Spijk-de Jonge et al., 2022).

80% van de geboden zorg in de ggz draagt niet bij aan het oplossen van problemen bij jeugd, waardoor jongeren vaak niet op het juiste moment de juiste zorg krijgen en wachtlijsten langer worden (Melanie, 2019; Voordejeugdenhetgezin.nl, 2022).

In 80% van de gevallen wordt een diagnose anders gesteld bij een herbeoordeling op basis van dezelfde informatie, wat aantoont dat het belangrijk is om verder te kijken dan alleen de initiële diagnose (Voordejeugdenhetgezin.nl, 2022).

WERKEN AAN HERSTEL

Een cliëntgerichte aanpak en continuïteit van zorg voor de leeftijdsgroep van 15-25 jaar is belangrijk om hun ggz aan te pakken (Leijdesdorff et al., 2019).

Sociale factoren, zoals opgroeien in armoede, dragen vaak bij aan emotionele problemen bij jongeren (Schoemaker et al., 2019).

Behandeling zonder schaarse specialisten en de overgang van wachttijd naar hersteltijd wordt als zeer succesvol ervaren bij GGZ Delfland (Interviews, 2022).

Belangrijk om hulp te bieden zonder strikte afhankelijkheid van diagnoses, in plaats daarvan hulp bieden op basis van individuele behoeften (Generative sessie, 2022).

DIAGNOSE SPECIFIEKE THERAPIE

Therapie is door groepsessies effectiever en efficienter en groepsessies zijn al bekend bij cliënten door werken aan herstel fase (Interviews, 2022)

CRISIS

Belangrijk om herinschrijving op wachtlijsten tijdens crisissituaties te verkomen, focus op tijdige en onmiddellijke ondersteuning aan mensen in nood (Generative sessie, 2023).

GELAAGDE NAZORG

Ongeveer 50% van de jongeren ervaart een terugval van hun psychische problemen na herstel (Wellink, 2022).

Terugval wordt voorspeld door restsymptomen, zoals concentratieproblemen of slecht slapen (Wellink, 2022).

Nadruk op de behoefte aan nazorg voor jeugd, omdat veel jongeren na de behandeling een terugval ervaren (Interviews, 2022).

INNOVATIE GARAGE

Bij GGZ Delfland de reden dat de FOWP bestaat en blijft verbeteren (Interviews, 2022).

Bij GGZ Delfland heeft dit geleid tot het behalen van doelstellingen, verbeterde werktevredenheid en verminderde werkdruk (Interviews, 2022).

Het creëren van eigenaarschap onder jggz aanbieders, continu leren en een feedback zijn van belang om LooS succesvol te maken (Interviews, 2022).

Figure 41: Argumentenplaat phases

19.3 | Brochure

The brochure that has been created, see Figure 43, makes use of two important models in marketing: the SCQA structure and the AIDA model. These models were utilised to craft a compelling and captivating narrative that grabs the reader's attention and effectively communicates the key message. The core message revolves around the notion that amidst the prevailing challenges lies an opportunity to mitigate waiting times and alleviate work pressure through the implementation of the LooS framework.

The SCQA structure, illustrated in Chapter 18, is a framework that helps to create a clear and compelling narrative (Analytic Storytelling, n.d.). By first presenting the situation, then introducing a complication or problem, and following up with a question that arouses curiosity, the reader is drawn into the story and eager to learn more. Finally, the answer provides a satisfying conclusion to the story. The brochure effectively guides readers, enabling clear and concise communication.

In addition to the SCQA structure, the brochure also employs the AIDA model, which stands for Attention, Interest, Desire, and Action (Lewis, 1899). This model,

see Figure 42, is designed to create a persuasive story that motivates the reader to take action. By first grabbing the reader's attention, and then arousing their interest with a compelling narrative, the brochure stimulates the reader's desire to learn more about the service or product being offered. Finally, the brochure concludes with a compelling call to action. Urging the reader to take the next step by initiating conversations with Shoshin to explore the possibility of co-producing their own LooS centre.

By combining these two models, the brochure is able to create a compelling story that is both engaging and persuasive. The result is a brochure that is not only informative but also motivates the reader to take action. The brochure is provided as a separate handout from this report. However, the pages including the explanations of the Praatplaat are shown in Figure 44.

AIDA MODEL

Attention	What is it?
Interest	I like it.
Desire	I want it.
Action	I'm getting it.

Figure 42: AIDA model (Kotler & Keller, 2016)

Hoe we dat voor ogen zien

Stel je voor, een plek waar jongeren op elk moment kunnen werken aan hun mentale weerbaarheid. Dit kan bij LooS.

LooS is een vernieuwende werkwijze binnen de jeugd-ggz, waarbij de focust ligt op het verbinden van bestaande onderdelen zodat jongeren op elk moment aan hun welzijn kunnen werken.

We zien LooS als een huis met verschillende platformen, die allemaal aan elkaar verbonden zijn en onder een geheel vallen. Er zijn verschillende platformen binnen LooS, zoals de gym waar jongeren workshops kunnen volgen, de inloopkamer waar ze laagdrempelig hulp kunnen krijgen en de intakekamer waar ze worden gekoppeld aan een ervaringsbuddy. Het herstelplatform is een belangrijk onderdeel van LooS, waar jongeren in groepsessies werken aan verschillende aspecten van hun mentale gezondheid, zoals slaap, eten, sport, muziek en

het sociale leven. Hierbij worden ze begeleid door een herstelcoach. In geval van spoed kunnen jongeren altijd direct door naar crisis en als er verdere therapie nodig is, gaan ze door naar het specialistenplatform. De nazorg bouwt geleidelijk af en de Innovatiegarage is een belangrijke plek voor zorgaanbieders om samen te werken en het stelsel te verbeteren.

Door het creëren van overzicht en inzicht ontstaat er uitzicht voor zowel de jongeren als de professionals in een onhoudbare situatie. LooS zorgt ervoor dat de instroom, doorstroom en uitstroom beter verdeeld zijn en jongeren op de juiste plek terechtkomen voor de juiste hulp.

LooS zal gezamenlijk moeten worden ingericht door co-productie. Op de volgende pagina is de LooS praatplaat te vinden, die als gespreksbasis dient voor het co-productie proces. Daarna is uitgebreide uitleg van elk platform en wie waarbij betrokken is te vinden.

LooS voor overzicht, inzicht en uitzicht

Met inzet van een 'Herstelcoach' en 'Ervaringsbuddy'

Ervarings Buddy

De ervaringsbuddy is een belangrijke schakel in het zorgtraject voor jongeren. Deze deskundige biedt steun gedurende het hele traject, van intake tot nazorg, en begrijpt als geen ander wat de jongere doormaakt door eigen ervaringen. De buddy heeft meerdere jongeren onder zich en is altijd beschikbaar om hen bij te staan en oplossingen te vinden. Door ervaring kan de buddy zorgen voor een veilige omgeving voor de jongere om open te zijn en laten zien dat herstel mogelijk is.

De herstelcoach is een expert in het helpen van jongeren om hun welzijn te verbeteren door te kijken naar factoren zoals slaap, beweging en sociale relaties. Ze werken in groepssessies met jongeren om deze omliggende factoren aan te pakken en te verbeteren, waardoor jongeren sneller kunnen herstellen en beter voorbereid zijn op specifieke therapie.

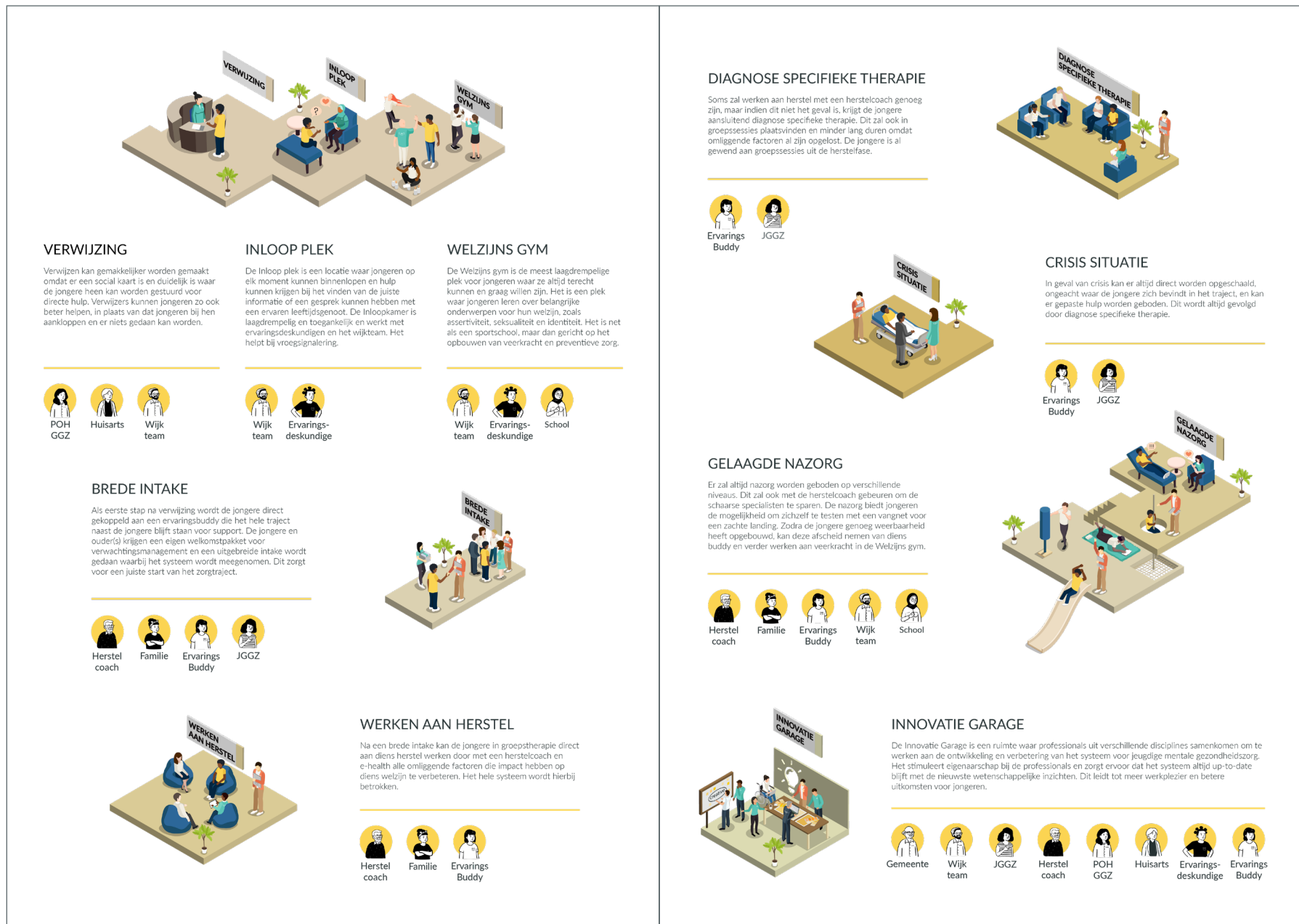### Herstel coach

Figure 43: The LooS brochure

VERWIJZING

Verwijzen kan gemakkelijker worden gemaakt omdat er een social kaart is en duidelijk is waar de jongere heen kan worden gestuurd voor directe hulp. Verwijzers kunnen jongeren zo ook beter helpen, in plaats van dat jongeren bij hen aankloppen en er niets gedaan kan worden.

POH GGZ · Huisarts · Wijk team

INLOOP PLEK

De Inloop plek is een locatie waar jongeren op elk moment kunnen binnenlopen en hulp kunnen krijgen bij het vinden van de juiste informatie of een gesprek kunnen hebben met een ervaren leeftijdsgenoot. De Inloopkamer is laagdrempelig en toegankelijk en werkt met ervaringsdeskundigen en het wijkteam. Het helpt bij vroegsignalering.

Wijk team · Ervarings-deskundige

WELZIJNS GYM

De Welzijns gym is de meest laagdrempelige plek voor jongeren waar ze altijd terecht kunnen en graag willen zijn. Het is een plek waar jongeren leren over belangrijke onderwerpen voor hun welzijn, zoals assertiviteit, seksualiteit en identiteit. Het is net als een sportschool, maar dan gericht op het opbouwen van veerkracht en preventieve zorg.

Wijk team · Ervarings-deskundige · School

BREDE INTAKE

Als eerste stap na verwijzing wordt de jongere direct gekoppeld aan een ervaringsbuddy die het hele traject naast de jongere blijft staan voor support. De jongere en ouder(s) krijgen een eigen welkomstpakket voor verwachtingsmanagement en een uitgebreide intake wordt gedaan waarbij het systeem wordt meegenomen. Dit zorgt voor een juiste start van het zorgtraject.

Herstel coach · Familie · Ervarings Buddy · JGGZ

WERKEN AAN HERSTEL

Na een brede intake kan de jongere in groepstherapie direct aan diens herstel werken door met een herstelcoach en e-health alle omliggende factoren die impact hebben op diens welzijn te verbeteren. Het hele systeem wordt hierbij betrokken.

Herstel coach · Familie · Ervarings Buddy

DIAGNOSE SPECIFIEKE THERAPIE

Soms zal werken aan herstel met een herstelcoach genoeg zijn, maar indien dit niet het geval is, krijgt de jongere aansluitend diagnose specifieke therapie. Dit zal ook in groepssessies plaatsvinden en minder lang duren omdat omliggende factoren al zijn opgelost. De jongere is al gewend aan groepssessies uit de herstelfase.

Ervarings Buddy · JGGZ

CRISIS SITUATIE

In geval van crisis kan er altijd direct worden opgeschaald, ongeacht waar de jongere zich bevindt in het traject, en kan er gepaste hulp worden geboden. Dit wordt altijd gevolgd door diagnose specifieke therapie.

Ervarings Buddy · JGGZ

GELAAGDE NAZORG

Er zal altijd nazorg worden geboden op verschillende niveaus. Dit zal ook met de herstelcoach gebeuren om de schaarse specialisten te sparen. De nazorg biedt jongeren de mogelijkheid om zichzelf te testen met een vangnet voor een zachte landing. Zodra de jongere genoeg weerbaarheid heeft opgebouwd, kan deze afscheid nemen van diens buddy en verder werken aan veerkracht in de Welzijns gym.

Herstel coach · Familie · Ervarings Buddy · Wijk team · School

INNOVATIE GARAGE

De Innovatie Garage is een ruimte waar professionals uit verschillende disciplines samenkomen om te werken aan de ontwikkeling en verbetering van het systeem voor jeugdige mentale gezondheidszorg. Het stimuleert eigenaarschap bij de professionals en zorgt ervoor dat het systeem altijd up-to-date blijft met de nieuwste wetenschappelijke inzichten. Dit leidt tot meer werkplezier en betere uitkomsten voor jongeren.

Gemeente · Wijk team · JGGZ · Herstel coach · POH GGZ · Huisarts · Ervarings-deskundige · Ervarings Buddy

Figure 44: Brochure pages explaining the Praatplaat

Figure 45: LooS posters

19.4 | Brand concepts

Branding is a crucial aspect of LooS as it helps clients recognise and connect with the LooS centres. Healthcare providers are more likely to choose a brand they're familiar with, which is why LooS needs to establish a recognisable brand to generate new client interest through word-of-mouth advertising.

LooS needs to ensure that its brand concepts reflect a positive and enjoyable environment for youths to work on their resilience. Posters can be displayed in cities, and T-shirts can be created to increase brand awareness and encourage open discussion about mental health. The T-Shirts can also be worn by the people providing support at the LooS centres. Examples of these brand concepts can be seen in Figure 45 and Figure 46.

The welcome package is an important aspect of the intake so the expectations are rightly managed. LooS will offer welcome packages for both youths and families. Getting their own welcome package is necessary for young adults, as this age group seeks independence and control over their care path. Families also need to be involved in the care trajectory and will receive a tailored welcome package outlining what to expect from them. See Figure 47 and 48 for examples of these different, yet similarly branded, welcome packages.

Online accessibility is crucial for the LooS centres to effectively reach out to the youth. Therefore, as the development process progresses, it becomes essential to create a dedicated website. Figure 49 illustrates how the branding elements can be seamlessly integrated into the website design, ensuring a cohesive and impactful online presence.

*Figure 46: LooS T-Shirts
worn by the buddies*
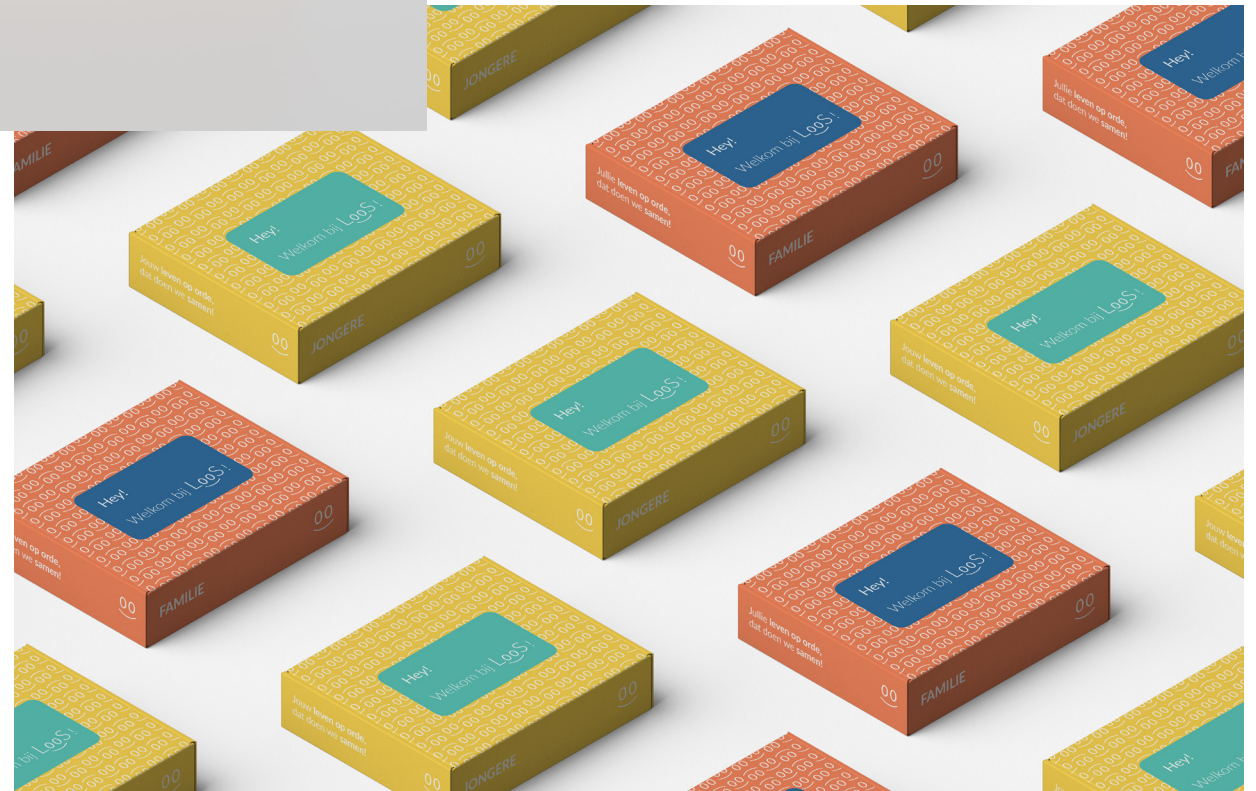
*Figure 47 & 48: LooS welcome packages
for youth and their families*
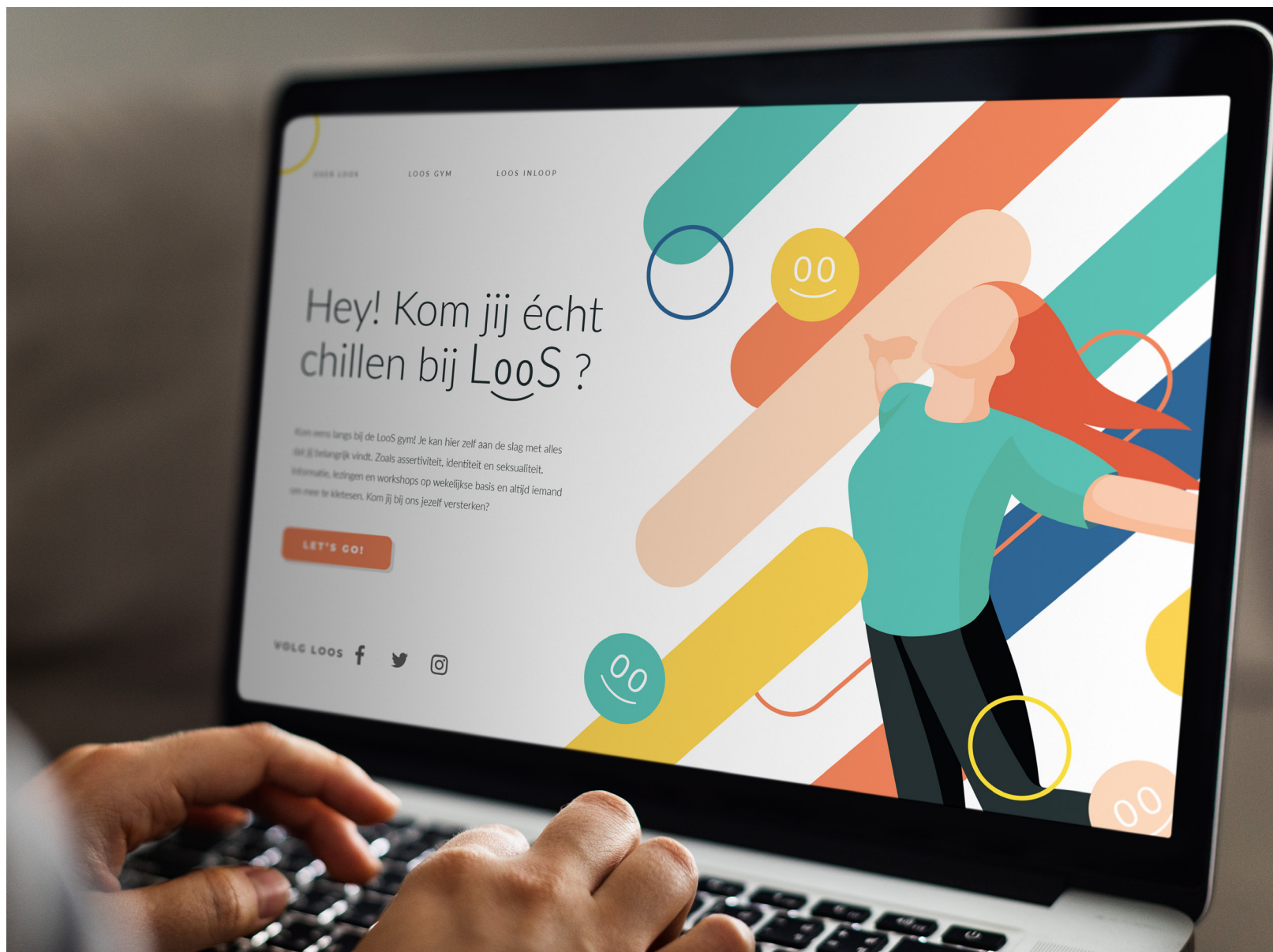
Figure 49: LooS website concept

20 | Forging Ahead:
Strategic Implementation Of LooS

As mentioned in Chapter 17, next to the final designed communication tools a strategic implementation roadmap for LooS needs to be developed for internal communication in the company about future steps. The roadmap will create a bridge from the designed concept LooS to a scalable solution, see Figure 50. The purpose of a roadmap is to provide guidance on how to execute a strategy, including the necessary steps and key performance indicators (KPIs) to measure success.

WYSIWYG
For a good implementation, it is vital to know the effect of a possible future. The idea of "What You (Fore)See Is What You Get" (WYSIWYG, Figure 51) is a popular way to create a preview of the future. WYFIWYG illustrates that expectations have an impact on what will happen in the future. What we foresee and intuit also influences the result (Lewrick et al., 2018). The roadmap will help to foresee the future of LooS.

Problem to growth & scale framework
LooS must undergo further testing and validation before being launched and executed to achieve growth. These steps are crucial and are explained by Lewrick et al. (2018) in the 'problem to growth and scale' framework, as illustrated in Figure 52, which has been applied to LooS. A strategic implementation roadmap is subsequently created to provide guidance and direction for Shoshin in the next steps of implementation
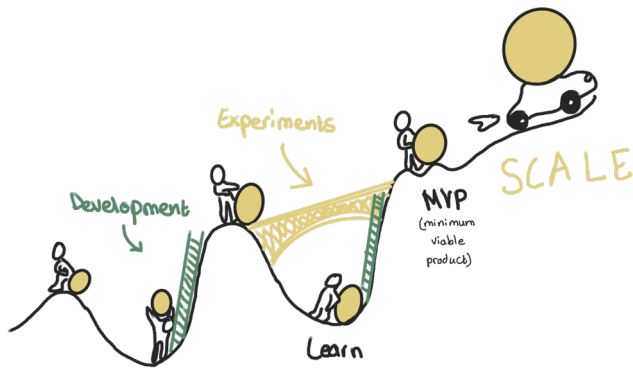
Figure 50: From concept to a scalable solution
(Lewrick et al., 2018)

WHAT
YOU
(**F**ORE) **S**EE
IS
WHAT
YOU
GET

Figure 51: WYSIWYG
(Lewrick et al., 2018)

This project

Next steps for implementation

Problem

Solution

Test & Validate

Launch & Execute

Growth

?

Build

MVP   Measure

Learn

MVE
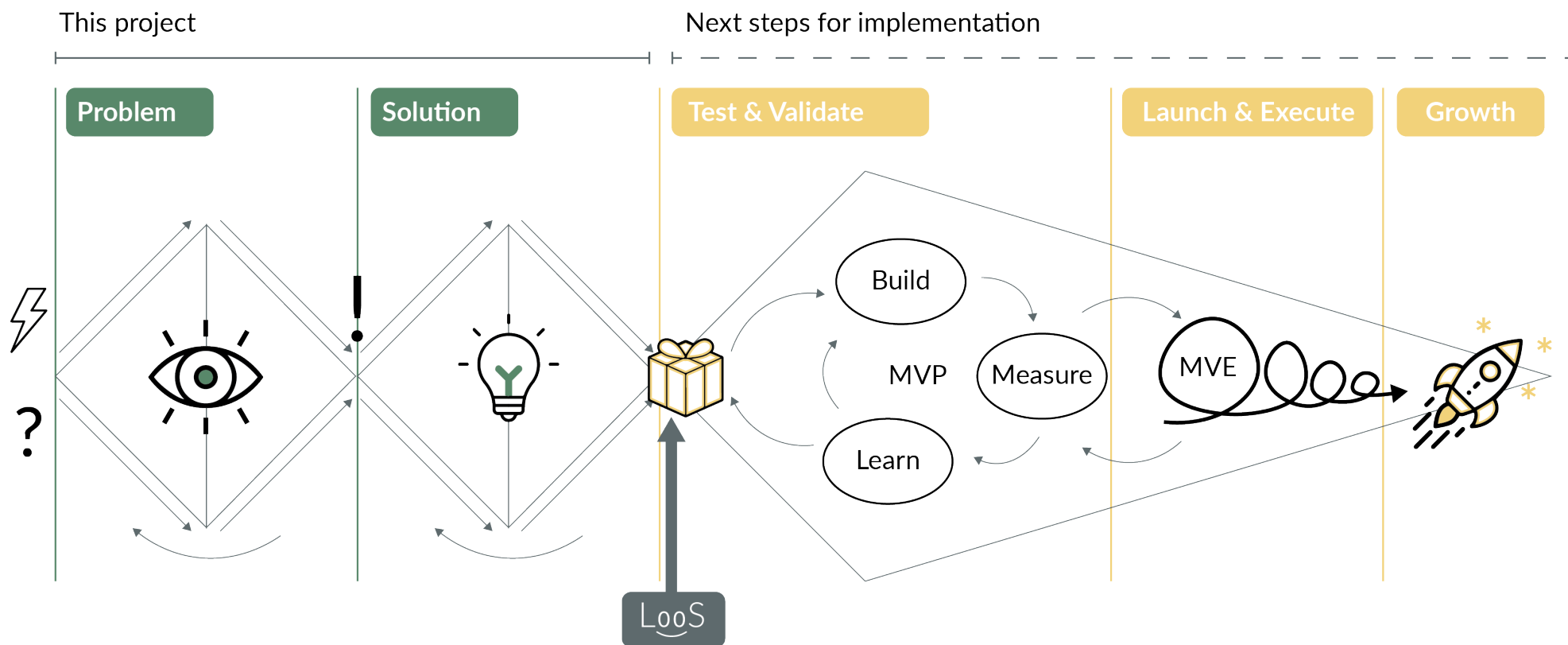
LooS

*Figure 52: Problem to growth & scale framework for LooS
(Lewrick et al., 2018)*

The roadmap

The roadmap, depicted in Figure 53, is a crucial tool for Shoshin as it outlines the goals, objectives, and action steps needed to successfully bring the new youth outpatient clinic, LooS, to fruition. This clear and concise plan ensures that all stakeholders involved in the implementation process are aligned and working towards the same goals.

By following the roadmap, Shoshin can stay on track and ensure a smooth implementation process. It provides a framework for decision-making, helping Shoshin prioritise and focus its efforts on critical areas. Additionally, the roadmap enables Shoshin to monitor progress, make necessary adjustments, and continue moving forward.

The strategy roadmap effectively communicates Shoshin's vision and goals to its staff and partners involved in the implementation process. It serves as a guide, ensuring everyone is aware of the path forward and their roles in achieving the desired outcomes.

The roadmap is divided into four horizons, each with specific goals, objectives, and action steps.

Horizon 1 (2023) focuses on generating local enthusiasm for development. The pilot launch in Eindhoven serves as the initial step, involving municipality and JGGZ executives. Shoshin acts as a liaison for local entities.

Horizon 2 (2024) aims to establish the local setup of the LooS centre. Feedback from stakeholders helps refine the service, while collaboration between healthcare providers, social services, and insurance companies is encouraged. The involvement of the network and the creation of online accessibility are important aspects, with the participation of GPs/POHs and schools. Shoshin takes on the role of a local co-creation facilitator and designer.

Horizon 3 (2025) targets the establishment of a region without waiting time, by incorporating a recovery module. Expansion to a region and continuous evaluation and improvement are key steps. The growing demand for mental healthcare services and the simplified occupational structure in psychological care need to be considered. The region manager and JGZ professionals play vital roles, and Shoshin acts as a regional co-production facilitator and iterative designer.

Horizon 4 (2030) envisions proactive well-being everywhere in the nation. Partnering with national centres that cover multiple regions and launching a national campaign are the core objectives. The focus on prevention and early intervention, as well as diversity and inclusivity, are notable trends. Region managers and the Ministry VWS will have to be involved, while Shoshin serves as a national co-production facilitator and iterator on the national framework.

	Horizon 1 | 2023	Horizon 2 | 2024	Horizon 3 | 2025	Horizon 4 | 2030
Timespacing	Horizon 1 | 2023	Horizon 2 | 2024	Horizon 3 | 2025	Horizon 4 | 2030
Goal	Local enthusiasm for development	Local setup of LooS centre	Region without waiting time due to recovery module	Everywhere a place to proactively work on well-being
Level of impact	Local		Regional	National
Target age group	12 - 18 years old	12 - 18 years old	12 - 23 years old	12 - 27 years old

Actions

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7
Pilot launch in Eindhoven	Refine the service based on feedback	Involve network and create online accessibility	Expand to the region and phase out the maintenance	Continuously evaluate and improve	Partner with national centers that cover multiple regions	Launch a national campaign for proactive well being
Develop a pilot program for LooS in collaboration with mental health professionals in Eindhoven. Identify potential clients and reach out to them through various channels such as mental health clinics, social media, and community organisations. Launch the pilot program simultaneously with multiple providers and the municipality and gather feedback from clients and mental health professionals.	Establish a feedback loop where all feedback from the LooS centre comes back to Shoshin for analysis. Refine the service based on the feedback received to improve its effectiveness and user experience. Dive deeper into the specific needs of vulnerable groups, such as youth transitioning from youth to adult mental healthcare or individuals from marginalised communities. Simultaneously launch the pilot program in Twente with multiple providers and the municipality.	Collaborate with schools to create a monthly visit to the LooS gym for students. Develop a website for LooS to make the service accessible online.	Once the pilot program is successful, expand the service to other regions in the Netherlands. Identify potential clients in these regions and reach out to them through various channels such as mental health clinics and community organisations. Develop an app for LooS to further increase accessibility and user experience.	Continuously evaluate the effectiveness and user experience of the service and make necessary improvements. Gather feedback from clients and mental health professionals and use it to inform future development of LooS centres.	Once LooS has been successfully implemented in multiple regions, partner with a national mental health center to expand the reach of LooS and offer training and support to the centre's staff. Collaborate and establish a feedback loop with the center's mental health professionals to promote LooS and ensure its success. Focus on extending the extended youth law up to 27 years instead of up to 23 years via connections (OZJ).	Launch a national campaign to promote LooS as a place to relax and build psychological well-being for youth. Continue to gather feedback and make necessary improvements to the service to ensure its effectiveness and user satisfaction.

Trends

Increase in psychological unhealthiness amongst youth.	More collaboration between healthcare providers, social services, and insurance companies.	Technological advancements in e-health applications	Growing demand for mental healthcare services. — Greater focus on evaluating the effectiveness of mental health interventions.	Greater focus on prevention and early intervention. — Continued emphasis on diversity and inclusivity.

Team

Municipality executives, JGGZ executives	Neighbourhood team, JGGZ professionals, GP / POH, School	Region manager, JGZ	Region managers, Ministry VWS

Role of Shoshin

Liaison for local entities	Local co-creation facilitator and designer	Regional co-production facilitator and iterative designer	National co-production facilitator and iterater of the national framework

KPI's

Number of youth health care providers reached. Number of municipalities reached. Satisfaction rate of youth healthcare providers with the development of LooS.	Number of primary care providers who refer youth to the mental health service. Number of youth health care providers engaged in co-production process for LooS. Number of youth accessing LooS. Satisfaction rate of youth and their families with LooS.	Number of counseling sessions delivered with LooS. Number of digital tools or technologies implemented in LooS. Number of youth accessing LooS compared to previous year. Improvement in the effectiveness of LooS as intervention. Reduction in the wait time for accessing mental health care.	Number of diverse cultural groups reached and served. Number of youth accessing prevention and early intervention services via LooS. Improved long-term outcomes for youth in LooS care. Increased proportion of youth accessing LooS via primary care providers compared to previous years.

Figure 53: LooS' strategic implementation roadmap for Shoshin

Key takeaways

The communication tools
- The objective of the communication tools is to effectively convey the LooS framework. The specific deliverables include the Praatplaat, brochure, brand concepts, and strategic implementation roadmap.

- The Praatplaat facilitates conversations and discussions on the foundational elements of LooS among youth healthcare providers and Shoshin.

- The brochure generates interest and provides an overview of the LooS framework for youth healthcare providers.

- Brand concepts create an attractive and cohesive brand identity for LooS, targeting youth.

- The strategic implementation roadmap serves as a guideline for executing LooS as a service and achieving scalability.

Iterative design process
- An iterative design process was employed to refine the communication tools based on feedback and insights from healthcare providers in Eindhoven and employees of Shoshin.
- Testing primarily focused on the Praatplaat and brochure, ensuring consistency and coherence in the branding across all communication tools.

Praatplaat
- The Praatplaat employs a deconstructed house metaphor to emphasize the interconnectedness of different phases of the new healthcare path, while also highlighting the distinctions between various levels of care. It encompasses the fundamental aspects necessary for the concept but allows for design adaptations based on specific location requirements.

- The Praatplaat received positive feedback but was considered complex for quick presentations and required further explanation.

Brochure
- The Praatplaat is featured in the brochure, providing a detailed explanation of each phase of the new healthcare path and outlining the stakeholders involved at each stage.

- The brochure follows the SCQA structure and AIDA model to create a compelling and persuasive narrative.

Brand concepts
- Branding concepts aim to establish a recognizable and positive image for LooS, including posters, T-shirts, and welcome packages.

The roadmap
- The roadmap helps foresee the future of LooS and provides a clear plan for implementation and decision-making, to achieve go from local, regional, to even national impact.

- The roadmap ensures alignment and focus among stakeholders and allows for flexibility and adaptation during the implementation process.

As the end of this project is being approached, it is crucial to reflect on our achievements in accomplishing Goal 1: Creating a framework for the development of a new outpatient clinic for youth, and Goal 2: Developing a strategy to engage healthcare workers and generate enthusiasm for the framework's development. In light of these accomplishments, it is now essential to outline recommendations and identify areas for future research that will propel this project forward. Let's dive into the final wrap-up of this master thesis.

You are here

Wrap–up

Diverge

Converge

Diverge

Converge

WRA
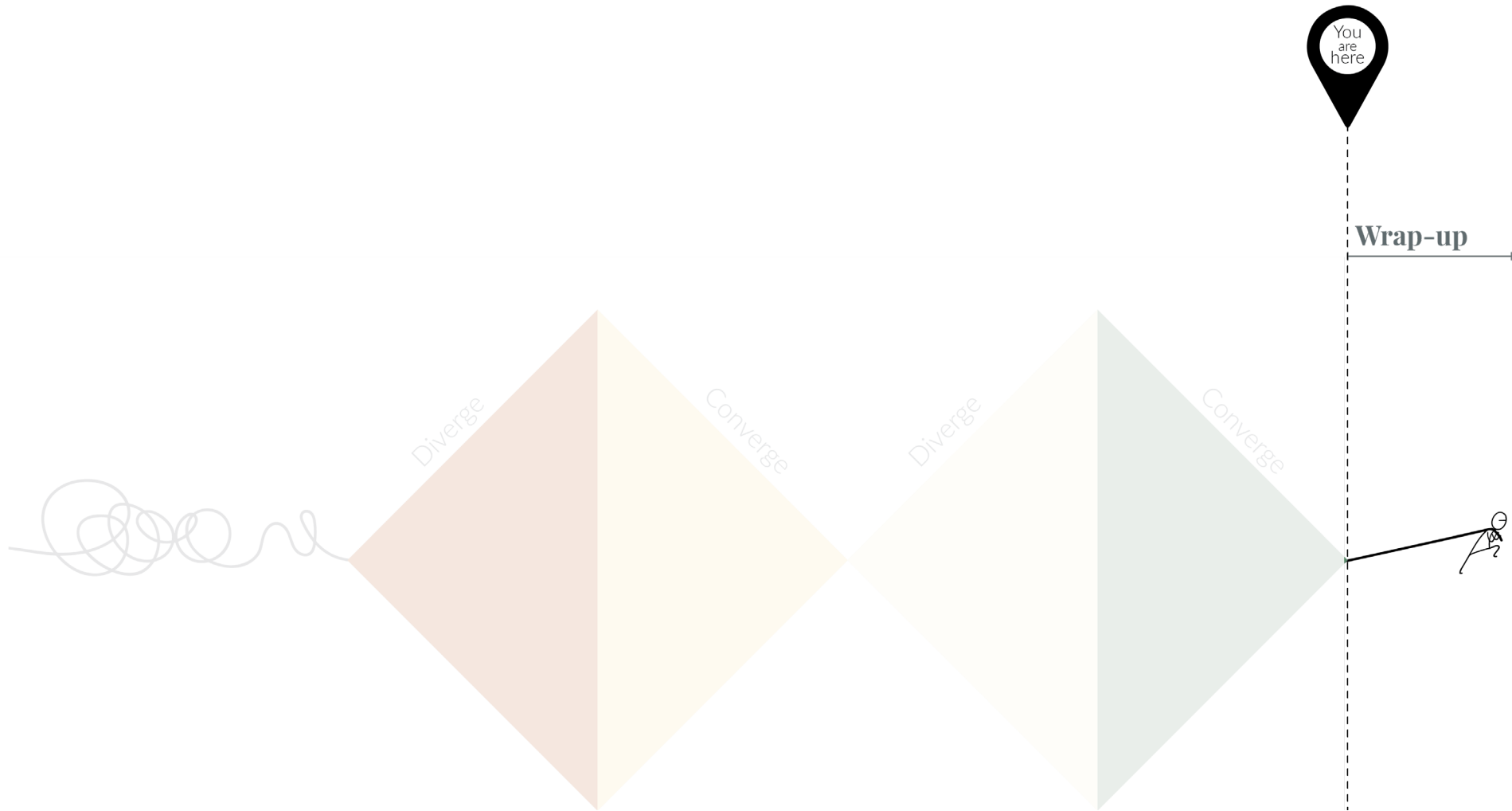
AP-UP

The final wrap-up section encompasses concluding remarks on the project, emphasising the achieved outcomes. It serves as a valuable platform for deriving meaningful conclusions about LooS, drawing upon the evidence gathered throughout the project. Furthermore, this section provides insightful reflections on the project journey, offering recommendations and advice for future research. Additionally, a comprehensive list of sources utilised throughout the project will be included in the final chapter of this report, enabling readers to trace the project's development and enhance their understanding of the information presented.

21 | Concluding Remarks: Moving Forward

This project has successfully developed a framework for the creation of a new outpatient clinic for youth, and a strategy to engage healthcare workers in the development process. Through extensive research and collaboration, key insights and conclusions have emerged, guiding the path towards LooS, the youth FOWP.

Promising programs and interventions such as Headspace, @ease, and Dreamschool have demonstrated positive outcomes in improving youth mental health. By adopting a Positive Health approach that considers physical health, social connections, and emotional well-being, the new clinic can promote holistic well-being among young people. Involving the family and school, giving clients agency ('eigen regie' in Dutch), involving primary care physicians, improving the referral process, addressing stakeholder concerns, and providing concrete examples while maintaining healthcare providers' ownership are crucial for success.

The envisioned healthcare path for youth encompasses various phases to provide comprehensive and personalised support. Proposed changes include incorporating a proactive element through a "well-being gym" to build resilience, establishing a walk-in centre for seeking support and peer discussions, and implementing a comprehensive intake process that considers the youth's entire system. Welcome packages and assigned buddies ensure expectation management and personalised plus consistent support throughout the healthcare journey. Group sessions and involvement of the support system facilitate recovery and address underlying lifestyle issues. Specialised therapy is provided as needed, with fewer sessions needed after the recovery phase. A layered aftercare system supports ongoing recovery and self-assessment, empowering youth to become more self-reliant.

The blueprint created for Shoshin provides a comprehensive guide for the development of such a youth FOWP, with each phase clearly outlined. The metaphorical approach of using a "house" as the communication basis offers a structured and cohesive understanding of the framework. A collaborative approach, starting with co-creation and transitioning to co-production, is recommended for developing the first clinic and subsequent other clinics at various locations.

The branding strategy for the youth FOWP, now named LooS, focuses on promoting resilience and strength. By leveraging a positive brand image, LooS aims to engage healthcare providers for development. Whereas, with some brand refinement, the future aim is to reduce the mental health stigma and encourage help-seeking behaviours among youth.

While the framework and strategies developed in this project are promising, it is essential to continually test and refine them to ensure they align with the preferences and needs of both youth and healthcare providers. An ongoing feedback loop will be crucial for Shoshin to learn and improve the development process.

With the foundation laid by this project, LooS presents a promising framework for new youth mental health centres in The Netherlands. The roadmap for growth and scaling is clear, and by continually iterating and collaborating with stakeholders, Shoshin can effectively address the challenges and gaps in youth mental healthcare, ultimately improving outcomes and well-being for young people in The Netherlands.

22 | The Discussion:
Reflection, Recommendations, & Future Research

The purpose of this project was to engage youth healthcare providers in the development of a new outpatient clinic. By (1) create a framework for the development of a new outpatient clinic for youth and (2) develop a strategy to engage healthcare workers and generate enthusiasm for the co-development of the framework. Here a reflection on the project's progress in achieving that aim is provided, as well as recommendations for improvement and identifying areas for future research.

Reflection
The design process for the new outpatient clinic involved input from Shoshin employees and various youth healthcare providers. However, to capture the perspectives and needs of youth and their families more comprehensively, direct feedback on LooS, the proposed concept, is crucial. Although the project has made significant progress through a comprehensive research approach encompassing a literature review, interviews, observations, and generative sessions, there are missed opportunities to deeply understand youth perspectives and needs, as highlighted in Chapter 8. Actively involving youth in the research phase would enrich the project's insights. Additionally, the incomplete involvement of youth in the branding process, as mentioned in Chapter 15, raises concerns about the brand's validity. To enhance the project, future iterations should prioritise involving youth in

research and branding, creating a more tailored and authentic experience. Continuous feedback, stakeholder engagement, and a focus on meeting the needs of young people will be crucial for achieving the project's goal of improving Dutch youth's mental well-being.

Design to improve
This project focused on inventing LooS, and now Shoshin needs to improve it (Osterwalder et al., 2014), see Figure 54. By incorporating the following recommendations and conducting future research, LooS can be enhanced, and effectively developed, and its impact on youth mental well-being can be maximised (Osterwalder et al., 2014).

Design to invent   **Design to improve**
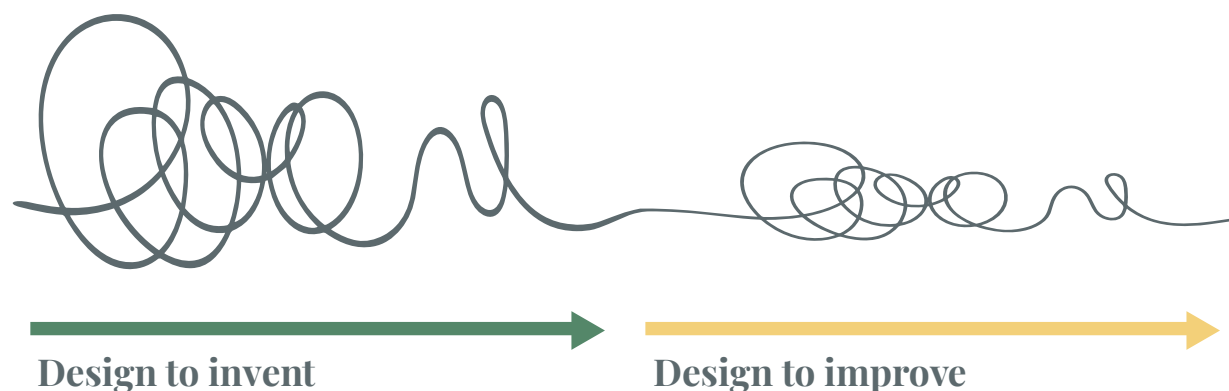
*Figure 54: Design to invent, followed by design to improve
(Osterwalder et al., 2014)*

Recommendations

1. Gather feedback from key stakeholders: Engage potential customers, healthcare providers, youth care regions, and municipalities, to gather their feedback on the designs. This ensures that LooS can be tailored to the needs of the target population and aligned with the goals of healthcare providers and local authorities.

2. Actively involve youth in the research process: To gain a deeper understanding of youth perspectives and needs, actively involve them through focus groups, surveys, or co-design workshops. This ensures their voices are heard and incorporated into the framework.

3. Develop the golden circle for LooS: proceed with the further development of the "how" and "what" aspects of the golden circle (Sinek, 2009) through the co-production process of LooS.

4. Include youth in the branding and validation process: Involve youth in the branding and validation process using participatory design methods. Incorporate their ideas, feedback, and preferences for the visual identity and messaging of the new outpatient clinic, enhancing the brand's validity and resonance with the target audience.

5. Involve general practitioners and POH GGZ professionals: Engage general practitioners and POH GGZ professionals in the development process. Their insights into help-seeking youth and referral practices are valuable for optimising LooS's effectiveness.

6. Co-create the first LooS centre: Co-create the first LooS centre, leveraging the insights gained in this project. This approach allows for refinement based on the experience of the first centre and sets the stage for collaborative implementation.

7. Establish an update mechanism: Consider a mechanism to easily update the Praatplaat and brochure. This ensures that the latest insights are incorporated into the design, keeping the care path up-to-date.

Future research

1. Explore the specific needs of vulnerable groups: Delve deeper into the specific needs of vulnerable groups, such as youth transitioning from youth to adult mental healthcare or individuals from marginalized communities. Understanding their unique challenges and developing tailored approaches will contribute to a more inclusive and equitable healthcare system.

2. Asses the development process phasing out: While the project focused on setting up LooS with healthcare providers, it is important to consider how to phase out the development process. The ownership of LooS ultimately lies with the healthcare provider. Shoshin needs to determine its role and responsibility in maintaining LooS in the long term.

3. Evaluate the implementation of LooS in different locations: Establish a feedback loop to learn from the implementation of LooS in various locations. This evaluation should assess the effectiveness of the framework, identify challenges, and gather feedback from stakeholders to refine and optimise the model.

Key takeaways

Conclusion

- The project successfully developed a framework for a new youth outpatient clinic and a strategy to engage healthcare workers in its development.

- The envisioned healthcare path for youth includes proactive elements, walk-in centres, comprehensive intake processes, and layered aftercare.

- The blueprint provides a comprehensive guide for co-developing LooS centres, with a metaphorical "house" approach to communication.

- The branding strategy focuses on resilience and reducing mental health stigma among youth.

Reflection

- Direct feedback from youth is crucial to capture their perspectives and needs comprehensively.

- Actively involving youth in research and branding enriches the project's insights and creates a tailored experience.

- Continuous feedback and stakeholder engagement are crucial for improving Dutch youth's mental well-being.

Recommendations

- Gather feedback from key stakeholders to tailor the outpatient clinic to the target population's needs.

- Involve general practitioners and POH GGZ professionals to optimise the clinic's effectiveness.

- Co-create the first LooS centre for refinement and collaborative implementation.

- Establish an update mechanism to keep the care path up-to-date.

Future research

- Explore the specific needs of vulnerable groups for a more inclusive healthcare system.

- Evaluate the implementation of LooS in different locations for optimisation.

- Determine Shoshin's role in maintaining LooS in the long term.

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