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soulspace: Integrated youth mental health care in Berlin, Germany—An introduction to the program and a description of its users

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Abstract

Aim: A substantial gap between young people's need for mental health care services and their actual access to such services led worldwide organizations (e.g., the WHO) to recommend the implementation of early intervention programs and youth mental health services. Some countries around the world have established structures to meet this recommendation. In this paper, we describe *soulspace* as the first integrated youth mental health service for young people aged between 15 and 35 years in Berlin, Germany.

Methods: We introduce *soulspace* as easily accessible mental health care for young people, and we characterize *soulspace* along the lines of the internationally established eight key principles of integrated youth mental health services (Killackey, et al., 2020, World Economic Forum). *Soulspace* is a cooperation between clinical outpatient units of psychiatric clinics for adolescents and young adults as well as a community-based counselling service. It provides initial contact, counselling, diagnostics, and treatment.

Results: Our analyses of the pathways to *soulspace* and the characteristics of the *soulspace* users suggest that the low threshold is a facilitator to help finding for young people in comparison to more conventional early intervention models. That is, having transferred the early intervention center in a youth-facing counselling service as was done in *soulspace* seems to have reduced the threshold to seek help for families and for young people in need for support.

Conclusions: In summary, with *soulspace*, an easily accessible mental health care service was established that integrates counselling and specialized psychiatric treatment if needed.

KEYWORDS
counselling, adolescents, psychiatric, young adults, youth mental health care

1 | INTRODUCTION

Young people are in need for access to mental health care services, as mental disorders often emerge during adolescence and early adulthood, and as early onset of mental disorders is associated with reduced socio-economic functioning across the entire lifespan (Gale et al., 2012; Gibb et al., 2010; Gore et al., 2011). Unfortunately, young people with mental health issues are much less like to be in contact with mental health services than other age groups (Burgess et al., 2009; Sadler et al., 2018). This gap between the need for treatment and the use of mental health care by young people has led the World Health Organization (WHO), the Organization for Economic Cooperation and Development (OECD) and the European Union (EU) to recommend the implementation of early recognition and intervention programs and youth mental health services (Barbato et al., 2016; OECD, 2014; WHO, 2002). Recently, the world economic forum suggested eight key principals of integrated youth mental health services relevant for such implementations: (1) Rapid, easy and affordable access, (2) Youth specific, (3) Awareness, engagement and integration, (4) Early intervention, (5) Youth partnership, (6) Family engagement and support, (7) Continuous improvement and (8) Prevention (Killackey et al., 2020).

One of the first programs that attempted to promote access to and engagement with services for young people by employing the principles suggested by the world economic forum was the Australian *Headspace* program. *Headspace* was established in 2006 and to date has over 160 centres across the country according to McGorry (personal communication, July 12, 2023, cf. McGorry et al., 2019). The centres aim to be a highly accessible, multidisciplinary "one-stop shop" in a primary care structure that provides a wide variety of social and transdiagnostic mental health services for young people between 15 and 25. Other countries such as Ireland, Denmark, Israel, the Netherlands and Singapore have adopted this model (McGorry et al., 2022), and first information on the service models as well as the user characteristics are available (Leijdesdorff et al., 2020; O'Reilly et al., 2022; Rickwood et al., 2023). This information indicates that the target group of young people can be reached well with the respective service models, that the services are highly accessible, and that young people seeking help mainly suffer from common mental disorders or early stages (stage 1a, 1b, or 2 according to Shah et al., 2020) of severe mental disorders.

In Germany, a national strategy for the implementation of integrated youth mental health care has yet to be established. However, some stakeholders have made efforts to provide programs that facilitate integrated youth mental health care. One of these programs is *soulspace*, a youth mental health service in Berlin that aims to provide integrated, easy accessible mental health care for young people between 15 and 35 years. In this article, we introduce the concept of the centre, present its users' characteristics, and compare them with those of internationally established youth mental health services.

2 | METHODS

The working method of *soulspace* is presented following the eight principles for youth mental health services (Killackey et al., 2020). Next, we report data collection procedures in *soulspace*, before providing user characteristics in the Results section (Figure 1).

2.1 | Working method of *soulspace*

Soulspace is a low-threshold, interdisciplinary youth mental health service that was founded in 2017. It is located in Friedrichshain-Kreuzberg, an inner-city district in Berlin, Germany. The catchment area comprises 280.000 inhabitants, with a high proportion of young people (45.1%), and high proportions of individuals with migration backgrounds. Additionally, poverty, and alcohol and substance use are rather frequent in that district (Jacobi et al., 2014; Senatsverwaltung für Gesundheit und Soziales, 2014; Siebert et al., 2022).

Soulspace is a cooperation between *transit*, a community-based counselling service for young adults (run by *ajb*), the outpatient unit of the Department of Psychiatry and Psychotherapy for young people from 18 up to the age of 35 of the Vivantes Klinikum am Urban (adult

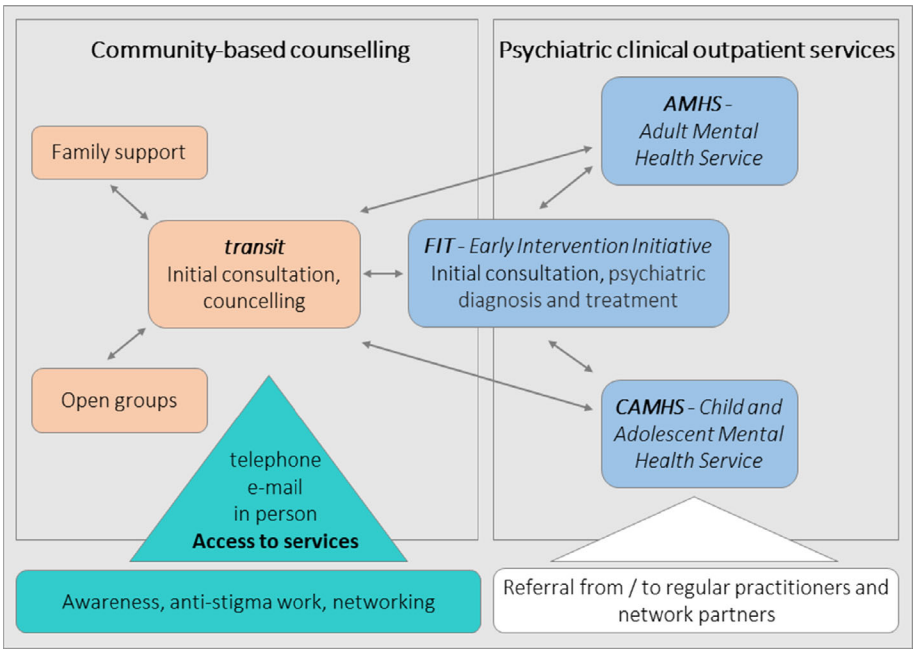

FIGURE 1 Concept of *soulspace*. *transit*: A community-based counselling service for young adults; AMHS and CAMHS are the outpatient units of the Department of Psychiatry and Psychotherapy for young people from 18 up to the age of 35 of the Vivantes Klinikum am Urban, and the Department of Child and Adolescent Psychiatry for adolescents aged between 15 and 18 of the Vivantes hospital trust, respectively.

mental health service, AMHS), and the outpatient unit of the Department of Child and Adolescent Psychiatry for adolescents aged between 15 and 18 of the Vivantes hospital trust (child and adolescent mental health service, CAMHS). The outpatient departments of AMHS and CAMHS conduct the initial clinical contacts with young help-seeking people, perform diagnostics and provide initial counselling and treatment—an initiative named Frühintervenetions IniTtaitive (early intervention initiative) (*FIT*). *Soulspace* applies the principles for youth mental health suggested by the world economic forum (Killackey et al., 2020) as follows:

1. *Rapid, easy and affordable access*: Access to *soulspace* is provided in a low threshold, non-stigmatizing setting in the community for no costs for users. Thus, a young people can access the service without a referral or other administrative barrier to cross. Self-referrals and referrals by parents or teachers are possible; referrals by health professionals or others are not needed. Information and contact details are available online (http://www.soulspace-berlin.de). Contact can be made via toll-free telephone numbers, internet or walking-in within a reasonable time frame. The setting and the design of the service aims at engaging users that are at particularly high risk of mental health problems in the local context like young people with migration background or LGBTQIA+ young people.
2. *Youth-specific care*: *soulspace* is designed to make the service and treatment as youth-specific and inclusive as possible and aims to engage young people as active participants in their treatment from the first contact until they no longer need the service. The *soulspace* team can be described as a hybrid multidisciplinary team consisting of professionals from CAMHS and AMHS as well as specialists in low threshold counselling. It serves as a primary health care and secondary mental health care service. *soulspace* focuses on the remediation of mental health symptoms and also takes into account the functional impacts of mental illness on educational and employment development, social relationships, housing and physical health. The multi-professional team consists of psychiatrists, psychologists, nurses, social workers, supported employment/education workers, and peer support workers. Continuity of care is performed when diagnoses or patient needs change or when patients turn 18, allowing the complete treatment to be performed by the same, multidisciplinary team of professionals and with different fields of expertise. Moreover, close relationships and personal continuity with the AMHS and CAHMS staff at Frühinterventions- und Therapiezentrum (early intervention and therapy center) (*FRITZ*); Bechdolf et al., 2021; Siebert et al., 2022) at the nearby hospital ensures that service users can receive specialized assertive outreach treatment, day clinic and inpatient care if needed.
3. *Awareness, engagement and integration*: The early intervention initiative *FIT* is integrated in a community counselling service for young people (*transit*) in order to foster engagement of users and integration in the community by incorporating the expertise of other groups and organizations in the community. Awareness campaigns and workshops are performed in school classes, with liason teachers, in employment offices and in job centres (for awareness activities refer to section 8).
4. *Early intervention*: Self-referrals and referrals by others get first assessed by the social workers and psychologists of the low threshold counselling service *transit*. *transit* deals with stress-related, interpersonal, school- or work-related problems mainly corresponding to stage 1a according to Shah et al. (2020). In case a young person presents with a problem likely to be associated with a psychiatric diagnosis (stage 2, Shah et al., 2020) or an at-risk mental state for a severe mental disorder (stage 1b, Shah et al., 2020), an assessment by the *FIT* staff or with private

practices outside *soulspace* is arranged. *FIT* staff performs thorough assessments regarding stage 1b and stage 2 conditions and will provide multi-professional team treatment if needed. Thus, in *soulspace*, the early intervention initiative *FIT* is nested within a generic counselling service for young people in the community. However, *FIT* can also be contacted by young people, families and professionals directly. The differences regarding social characteristics and pathways to of the young people who first presented *transit* and those who first presented to *FIT* are presented in the Results section. Moreover, the clinical diagnoses of those assessed at *FIT* are provided.

5. *Youth partnership*: Young people were involved in co-designing and setting up the model and the physical space of *soulspace*. Young people are partners in their own treatment through the use of shared decision-making principles, and *soulspace* was hosting the recovery college Berlin as long as there was funding available.
6. *Family engagement and support*: People close to the young person seeking support, whether they are related or not, are involved in care if important to the young person and accepted by her/him. Close relationships with the carers' self-help organisations are established and families and carers are linked with counselling and psychoeducational offers of these services.
7. *Continuous improvement*: The ongoing evaluation of the service, partly presented here, allows a continuous improvement of the program. We ensure that staff has access to supervision and professional development, and take the opinions of young people and families into consideration.
8. *Prevention*: Awareness campaigns and workshops are performed in school classes, with liason teachers, in employment offices and in job centres. Regular film screenings and other social events in relation to mental health are organized in the community by *soulspace* in order to reduce stigma, via community education and awareness.

2.2 | Data collection and procedures

Every first visit at the *transit-initial consultation* (June 2018–December 2021) and *FIT-initial consultation* (2016–December 2021) was documented via a self-developed questionnaire. There were no exclusion criteria for initial consultation. During users' first appointment, staff members filled out the questionnaire on demographic characteristics, the pathway to *soulspace*, the reason for the initial contact as well as information on prior use of professional mental health services. For service users at *FIT-initial consultation*, additional data on their history with mental health services as well as results from their diagnostic evaluation were collected.

3 | RESULTS

3.1 | Characteristics of service users

We report answers from subsamples varying in numbers, which is due to anonymous data collection desired by some service users, or due to deviations from regular procedures in routine care. Subsample sizes are either reported in the tables or in the text.

During the study period, 899 young people had an initial contact with *transit*, and 558 with *FIT*. On average, they were 24.7 years old in *transit* (sd = 5.1; range = 14–50; $n = 627$) and 23.6 years old in *FIT* (sd = 4.9, range = 17–49; $n = 505$). At *transit*, the majority of users were female (57.4%; male = 41.8%, other = 0.9%; $n = 891$), while it was the opposite at the *FIT* (male = 63.7%, female = 35.6%, other = 0.7%; $n = 528$). Education was only administered in *FIT*-initial consultation ($n = 303$); 36% of *FIT* users had a general qualification for university entrance, 18.5% had completed a university degree, 26.4% had a primary or secondary school certificate, 8.9% completed vocational training, and 7.6% had not finished school (yet).

3.2 | Prior contact to mental health care, pathways to and reasons for contacting *soulspace*

Table 1 reports prior contact with mental health care and pathways to *soulspace*. In case of *transit-initial consultations*, 53.5% of the users never had a prior contact to mental health care. The remaining users had either been treated previously or were in treatment at the time they contacted *transit*. In case of *FIT-initial consultation*, 84.9% of users had received professional care for mental health issues before.

As detailed in Table 1, the majority of users at both services became aware of *soulspace* through the internet, followed by recommendation by others or flyers distributed in the catchment area. If they were recommended by others, *transit* service users heard about *soulspace* from family members or friends, followed by the recommendation from some other counselling centres. The users of *FIT* had mainly been referred to the service by other counselling centres, followed by recommendations from family members or psychotherapists. Table 1 provides further details of the pathways to *soulspace*.

Table 1 also provides details on reasons for contacting *soulspace*, whereas multiple answers were possible. Most users consulted *transit*- or *FIT* because of mental health problems. The most prevalent additional reasons of *transit* users were problems with work / education and friends/family. *FIT* users, instead, reported problems with substance use relatively often, followed by problems with friends/family and daily routines. For further details, please see Table 1.

3.3 | Prior treatment and diagnoses of *FIT* service users

As reported in Table 2, from the *FIT* users with prior mental health treatment, about half was in outpatient psychotherapy; 26.1% were in outpatient psychiatric treatment, and 20.8% had been treated at a child and adolescent mental health care facility. Diagnostic evaluation at *FIT* revealed that 84.1% of users had any manifest Axis-I disorder; 29.6% showed signs of an Axis-II disorder (non-exclusive diagnostic evaluation); in 23.3%, symptoms seem to have been caused by substance abuse or physiological genesis. The prevalence of the ICD-10 categories (Axis I and II) can be obtained from Table 2.

TABLE 1 Pathways to *soulspace*, separately for *transit* and *FIT*.

	Transit		*FIT*	
	n[a]	%	*n*[a]	%
Prior contact to mental health care	**649**		**482**	
No prior contact	303	53.3	73	15.1
Prior contact (in the past or current)	346	46.7	409	84.9
The client became aware of *soulspace* through	**396**		**104**	
Internet	170	42.9	55	52.9
Personal recommendation	114	28.8	12	11.5
Flyer	50	12.6	8	14.4
Word of mouth	32	8.1	7	6.7
Other	30	7.6	22	21.2
Someone else recommended *soulspace* to the client	**509**		**389**	
Family	122	24	52	13.4
Friends	115	22.6	15	3.9
Counselling center	99	19.4	89	22.9
General practitioner	33	6.5	23	5.9
Partner	22	4.3	4	1
Teacher/supervisor	20	3.9	7	1.8
Job agency	17	3.3	12	3.1
Other doctor	13	2.6	13	3.3
Psychotherapist	12	2.4	48	12.3
Psychiatrist	11	2.2	33	8.5
Social services	7	1.4	15	3.9
Employer	4	0.8	1	0.3
Other	34	6.7	18	4.6
Transit			20	5.1
KJP			8	2.1
FRITZ			7	1.8
Emergency Care Unit (Clinic)			16	4.1
Clinic			8	2.1
Reason for contacting *soulspace*[b]	**896**		**555**	
Mental health problems	762	85	531	95.7
Problems at work/place of education	112	12.5	111	20
Problems with friends/family	103	11.5	88	15.9
Problems with daily routine	44	4.9	58	10.5
Problems in the marriage/relationship	40	4.5	29	5.2
Substance use	37	4.1	195	35.1
Physical health problems	24	2.7	38	6.8
Other	115	12.8	14	2.5

[a]Varying *n*'s for the different questions; numbers in bold indicate the number of available reports for the subsequent answering categories.
[b]Multiple answers possible; *transit*: youth specific counselling service, *FIT*: youth-specific clinical service.

4 | DISCUSSION

In this paper, we introduced the working method of *soulspace*, a low-threshold, interdisciplinary mental health service for young people in Berlin, Germany, and provided data on its users' characteristics.

The working method of *soulspace* follows the eight key principals of integrated youth mental health services (Killackey et al., 2020). In addition, the main characteristics of *soulspace* are that the multidisciplinary early intervention initiative (*FIT*) is nested in a youth-facing counselling service in the community (*transit*), that continuity of care around the age of 18 is organized by a collaboration between the

TABLE 2 Prior treatment and diagnoses of *FIT* service users.

	FIT	
	n[a]	%
Prior mental health treatment by		
Outpatient psychotherapist (***n* = 396**)	213	53.8
Outpatient psychiatrist (***n* = 391**)	102	26.1
Child and adolescent mental health care facility (***n* = 383**)	74	19.4
Diagnostic evaluation[b]		
Axis I disorder (***n* = 290**)	244	84.1
Axis II disorder (***n* = 255**)	76	29.8
Symptoms caused by substance use or physical genesis (***n* = 249**)	58	23.3
Axis I disorder (*n* = 226)		
F10.-F19.	22	9.7
F20.-F29.	18	8.0
F30.-F39	81	35.8
F40.-F49.	92	40.7
F50.-F59.	2	0.9
F80.-F89.	1	0.4
F90.-F99.	2	0.9
Other/unclear	8	3.5
Axis II disorder (*n* = 71)		
F60.2	3	4.2
F60.3	49	69.0
F60.4	3	4.2
F60.5	4	5.6
F60.6	6	8.5
F60.8	1	1.4
F60.9	1	1.4
Other/unclear	4	5.6

[a]Varying *n*'s for the different questions; numbers in bold indicate the number of available reports.
[b]Multiple answers possible; *FIT*: youth-specific clinical service.

clinical outpatient units AMHS or CAMHS and *transit*, and that close relationships and personal continuity with the AMHS and CAHMS staff at FRITZ at the nearby psychiatric department ensures that service users can receive specialized assertive outreach treatment, day-clinic and inpatient care, if needed.

The average age of the help- seeking young persons of *soulspace* was 24 years, which falls well within the targeted group at both services and does not differ greatly between *FIT* and *transit*. As intended, young people who initially contacted *transit* had fewer prior contact to mental health services than those who initially contacted *FIT*. Young people mostly became aware of *soulspace* (*transit* and *FIT*) through the internet or recommendations by friends, which stresses the importance of online access to youth mental health services (Stephens-Reicher et al., 2011). In case young people were referred by others, initial contacts of *transit* were mainly initiated by family members and friends, whereas first *FIT* consultations were mainly initiated by professionals (psychotherapists, psychiatrist and counselling services). This finding again supports the notion that transferring early intervention centres in a youth-facing counselling service reduces the threshold to seek help for families and young people in need of support. *soulspace* was mainly approached by young people because of self-perceived mental health problems, followed by work-, school and interpersonal problems. This supports the suggestion by the world economic forum (Killackey et al., 2020) to broaden the focus of youth mental health services beyond mental health issues in order to meet young people's needs. In terms of diagnoses, depression, anxiety and other common mental disorders were particularly prevalent in the *FIT* users, supporting the notion that the threshold to seek help was lower in *soulspace* compared to generic psychiatric outpatient departments where young people usually present with severe mental disorders.

In comparison to the working method of the international models (Leijdesdorff et al., 2020; O'Reilly et al., 2022; Rickwood et al., 2023), which also followed most suggestions by the world economic forum, the availability of a multidisciplinary psychiatric team including psychiatrists without further referral for stages 1b, 2 and 3 cases (Shah et al., 2020) might be a particular strength of the *soulspace* model.

In comparison to the users of other international youth mental health models, users of *soulspace* are with 24 years of age on average older (19 years, Leijdesdorff et al., 2020; 17 years, Rickwood et al., 2023). This might be due to the fact that the majority of the resources at *soulspace* is directed to young adults rather than adolescents, because the majority of the staff is employed at AMHS or a counselling service for young adults (*transit*) rather than by CAMHS. The majority of help seeking young people at the low threshold part of *soulspace* (*transit*) were females, in correspondence to the international models (Leijdesdorff et al., 2020; O'Reilly et al., 2022; Rickwood et al., 2023) and the literature on gender-specific help-seeking behaviour due to mental health problems of the population in general (Burgess et al., 2009). The self-referrals were higher in *soulspace* than in the *jigsaw* programme, where most referrals came from parents (O'Reilly et al., 2022). This may reflect the older age range of *soulspace* users, where relations with relatives become less relevant. However, this finding might also indicate a particular low threshold for help-seeking for young people, which might be associated with the *soulspace* model. The scope of psychiatric diagnoses with the main focus on anxiety and depression seen at *FIT* corresponds to the findings of the international services (Leijdesdorff et al., 2020; Rickwood et al., 2023) and also to the prevalence of these disorders around the world and in Germany (Jacobi et al., 2014).

4.1 | Limitations

Our findings are limited by the lack of a control design. Superiority of the *soulspace* approach needs to be demonstrated by comparing the characteristics of the *soulspace* population with the characteristics of a population who contacted the mental health service for the first time in a catchment area where no low threshold youth specific service is available. A follow-up study measuring long-term effects of

soulspace in comparison to a control group would be further needed. In addition, a further development of *soulspace* may integrate services for substance use disorder, because of the high prevalence of these disorders in young people.

In summary, the working method of *soulspace* follows the recommendations by the world economic forum (Killackey et al., 2020), and the service model is in line with internationally developed youth mental health services. The preliminary evaluation of the pathways and characteristic of the *soulspace* users indicate that the threshold for help-seeking is indeed reduced in comparison to more conventional early intervention models.

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CONFLICT OF INTEREST STATEMENT

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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