



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Hawke, LD;Hayes, E;Iyer, S;Killackey, E;Chinnery, G;Gariépy, G;Thabane, L;Darnay, K;Alagaratnam, A;Tucker-Kilfoil, S;Moxness, K;Hachimi-Idrissi, N;Winkelmann, I;Henderson, J

Title:

Youth-oriented outcomes of education, employment and training interventions for upcoming youth: Protocol for a discrete choice experiment

Date:

2021-08-01

Citation:

Hawke, L. D., Hayes, E., Iyer, S., Killackey, E., Chinnery, G., Gariépy, G., Thabane, L., Darnay, K., Alagaratnam, A., Tucker-Kilfoil, S., Moxness, K., Hachimi-Idrissi, N., Winkelmann, I. & Henderson, J. (2021). Youth-oriented outcomes of education, employment and training interventions for upcoming youth: Protocol for a discrete choice experiment. *Early Intervention in Psychiatry*, 15 (4), pp.942-948. <https://doi.org/10.1111/eip.13039>.

Persistent Link:

<https://hdl.handle.net/11343/276317>

Hawke Lisa (Orcid ID: 0000-0003-1108-9453)
Henderson Joanna (Orcid ID: 0000-0002-9387-5193)

Youth not engaged in employment, education or training

Title: Youth-oriented outcomes of education, employment, and training interventions for upcoming youth: protocol for a discrete choice experiment

Running title: Youth not engaged in employment, education or training

Authors:

Lisa D. Hawke, lisa.hawke@camh.ca, Centre for Addiction and Mental Health
Em Hayes, em.hayes@camh.ca, Centre for Addiction and Mental Health
Srividya Iyer, srividya.iyer@mcgill.ca McGill University
Eóin Killackey, eoin.killackey@orygen.org.au Orygen
Gina Chinnery, gina.chinnery@orygen.org.au Orygen
Genevieve Gariepy, genevieve.gariepy@mail.mcgill.ca McGill University
Lehana Thabane, thabanl@mcmaster.ca McMaster University
Karleigh Darnay, Karleigh.darnay@camh.ca, Centre for Addiction and Mental Health
Akosua Alagaratnam, Executive.Director@firstwork.org First Work
Stephanie Tucker-Kilfoil, stephanie.tucker-kilfoil@gnb.ca
Katherine Moxness, katherine.moxness.comtl@ssss.gouv.qc.ca
Najia Hachimi-Idrissi, Najia.Hachimi-Idrissi.COMTL@ssss.gouv.qc.ca
Ina Winkelmann, Ina.Winkelmann.COMTL@ssss.gouv.qc.ca
Joanna Henderson, joanna.henderson@camh.ca, Centre for Addiction and Mental Health

Corresponding author:

Joanna Henderson, joanna.henderson@camh.ca

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: [10.1111/eip.13039](https://doi.org/10.1111/eip.13039)

Abstract

Aim. The issue of youth who are not engaged in education, employment, or training have been a focus of policy-makers for decades. While interventions exist for these youth, they often measure success in ways that fail to capture what youth seek to gain. The project aims to address this gap by assessing youth-oriented outcomes for interventions targeting upcoming youth. Acknowledging the stigma attached to the deficit-based notion of not engaged in education, employment, or training, hereafter we refer to “upcoming youth”, a term coined by youth partners on the project. This study asks what youth want to achieve by participating in an intervention for upcoming youth, with a view to guiding service and research design.

Methods. A mixed-methods discrete choice experiment will be conducted with youth engaged as partners. A qualitative (focus group) stage will be conducted to design discrete choice experiment attributes and levels. The experiment will be piloted and administered online to 500 youth (aged 14-29) across Canada to identify the outcomes that youth prioritize for interventions. Latent class analyses will then be conducted to explore clusters of outcomes that different groups of youth prioritize.

Conclusions. From a strengths-based recovery oriented framework, hearing the voices of the target population is important in designing and evaluating services. This youth-oriented research project will identify the intervention outcomes that are the highest priority for upcoming youth. Findings will inform

Youth not engaged in employment, education or training

the development, implementation and testing of interventions targeting relevant outcomes for youth who are not engaged in education, employment or training.

Keywords: adolescents, education, employment, training, youth, patient-oriented outcomes

Strengths and limitations of this study(5 bullets related to methods)

- Focuses on specific outcomes of interventions that are identified as desirable by upcoming youth, rather than relying on researchers or policy makers to identify markers of a successful program
- Uses a mixed-methods approach to produce a rigorous understanding of youth-oriented outcome preferences regarding interventions for upcoming youth
- Partners with youth in the development of the study assessment tool, the collection and interpretation of data, and the dissemination of results
- Collects non-random samples and may miss certain special populations
- Will not identify intervention efficacy or cost-effectiveness, but will guide intervention development and measurement initiatives by identifying outcome targets

Introduction

When striving to transition from school into the workforce, some youth become disengaged from education, employment and training structures. This comes at a developmental period in which investment in skills and experience through work are foundational for their future (Social Exclusion Unit, 1999). This is traditionally described as not in education, employment, or training or “NEET.” However, this deficit-based lens is considered stigmatizing (Yates & Payne, 2006). We therefore refer to this population as “upcoming youth”, a term selected by a youth member of our research team.

Upcoming youth can experience disengagement due to a variety of barriers that make it difficult to enter the job market, including difficulties finding work, educational, or training opportunities; indecision about the next step for their future; disability; mental health or substance use challenges, or household or parenthood tasks and caring responsibilities (Gariépy & Iyer, 2019; Gutiérrez-García, Benjet, Borges, Méndez Ríos, & Medina-Mora, 2018). In 2018, 5.9% of youth between 15-19 years and some 13.4% of youth between 20-24 years of age in Canada were found to be disengaged from employment, education and training (Organisation for Economic Co-operation and Development, 2018). Disengagement has substantial impacts for individual youth during this life phase characterized by developmental milestones leading through to adulthood; it also has considerable economic repercussions.

Many social determinants of health intersect with disengagement risk factors. For example, upcoming youth are more likely to experience low academic achievement, parental unemployment, low familial socioeconomic status, precarious housing, and early parenthood (Henderson, Hawke, & Chaim, 2017; Lindemann & Gangl, 2019; Pitkänen, Remes, Moustgaard, & Martikainen, 2019; Public

Youth not engaged in employment, education or training

Health England, 2014). Also commonly found are increased rates of mental health and substance use challenges and a higher likelihood of criminal justice system involvement (Benjet et al., 2012; Garipey & Iyer, 2019; Henderson et al., 2017; O'Dea et al., 2014; Rodwell et al., 2017). Youth in care through the child welfare system also face risks with regard to employment, education and training success (Dixon, 2007). Furthermore, a single instance of disengagement from employment, education or training opportunities increases the risk of experiencing this again, highlighting potential longer-term repercussions (Public Health England, 2014).

In our team's national study, 26.8% of youth presenting for services across multiple youth-serving sectors (e.g., mental health, substance use, education, justice, housing, etc.) were disengaged from employment, education and training, pointing to the importance of widely implementing interventions (Henderson et al., 2017). We found risk factors across psychosocial domains among upcoming youth, including considerable mental health and substance use challenges. In a separate study, our team found high levels of disengagement among upcoming youth with early psychosis (Iyer et al., 2018); these upcoming youth experienced greater illness severity and more difficulty with daily functioning, and were slower to receive treatment than engaged youth with early psychosis. Our work has pointed to the vulnerability associated with being disengaged, the presence of upcoming youth in diverse service environments, the importance of providing targeted interventions, and the importance of considering diverse aspects of health and wellbeing beyond employment/education status.

Interventions and outcomes. A systematic review shows that available interventions for upcoming youth include social skill and vocational training, classroom-style learning opportunities, on-the-job training

Youth not engaged in employment, education or training

etc., with positive effects for more intensive interventions (Mawn et al., 2017). The most commonly measured outcomes were employment status, NEET status, earnings, and welfare payments. Few studies considered psychological distress, psychosocial indicators, or metrics reflecting the transition from adolescence to adulthood. None reported on the meaningfulness of the interventions to the upcoming youth served. The inconsistency of outcomes highlights the need to reflect on what these interventions should aim to achieve: what is the right outcome, for which youth, at which point in development?

Youth-oriented outcomes. Understanding stakeholder perspectives is essential in designing and enhancing social services (Brownlie, Chaim, Heffernan, Herzog, & Henderson, 2017). When services fit with service users' preferences, service users are more likely to continue to receive services and benefit from them (Swift & Callahan, 2009; Swift, Callahan, & Vollmer, 2011). From a youth-oriented and patient-reported outcome measures (PROMs) stance (Staniszewska, Haywood, Brett, & Tutton, 2012), youths' goals for a program take precedence over researcher-defined outcomes. This is consistent with strengths-based and recovery-oriented models of mental health and wellness, which have been applied to employment support (Secker, Membrey, Grove, & Seebohm, 2010), where the goal should be to establish meaning as part of an ongoing recovery process rather than striving to eliminate clinically defined impairment (Rapp & CGoscha, 2012). From this perspective, obtaining a job or entering an educational or training program may not be the primary goal of recovery-oriented programming for upcoming youth. The outcome goals of interventions for upcoming youth should be defined by and with the target population.

Youth not engaged in employment, education or training

Objective. To systematically examine youth perspectives regarding the preferred outcomes of interventions for upcoming youth not engaged in education, employment or training, with a view to guiding service and research design.

Methods

This study employs a mixed-methods focus group and discrete-choice experiment (DCE) design. The DCE is a quantitative approach derived from marketing research that elicits consumer preferences regarding products or services with complex sets of hypothetical characteristics (Bridges et al., 2011). DCE puts different characteristics (“attributes”) of a service or product, each with different “levels,” head to head in hypothetical scenarios and asks the respondent to choose between them; the DCE leads to complex decisions that provide more information than traditional surveys regarding the relative importance of certain priorities over others, and makes it possible to identify subgroups with different preference sets (Bridges et al., 2011; Phillips, Johnson, & Maddala, 2002). DCEs are enriched by qualitative data to effectively capture users’ experiences of complex interventions (Lewin, Glenton, & Oxman, 2009), conducted to support DCE tool development (Creswell & Clark, 2007). This study was designed following the International Society for Pharmacoeconomics and Outcomes Research taskforce’s report on Good Research Practices for Conjoint Analysis (Bridges et al., 2011).

Youth engagement in the design, development and execution of research about youth-relevant issues has many benefits for the quality of the research (Heffernan et al., 2017; Viswanathan et al., 2004). This study engages youth in all stages of the study, consistent with the McCain Model of Youth Engagement (Heffernan et al., 2017). A youth was engaged during the grant development process. The

Youth not engaged in employment, education or training

team also includes another youth as a core research team member and co-author on this manuscript. The progressive development of the project, including DCE level and attribute development, will be informed by discussions with additional youth members of the Youth Engagement Initiative at the Centre for Addiction and Mental Health (CAMH).

Phase 1. Draft DCE Tool Development: The research team will develop a draft of possible DCE attributes and levels, including diverse NEET outcomes identified in previous research (Mawn et al., 2017), the broader literature, and by our expert research team (which currently includes one youth). The process will combine in-person meetings with the circulation of an iteratively refined selection of attributes and levels to team members in survey format for team ranking and commenting.

Phase 2. Focus group consultations for primary qualitative data and DCE refinement: Previous studies have used approximately three stakeholder consultations per stakeholder group for efficient DCE tool development, e.g., (Cunningham et al., 2008; Cunningham et al., 2012). We will conduct approximately four consultations, one in each of four Canadian provinces (Ontario, Quebec, New Brunswick, Alberta), in large and small urban settings for geographical diversity. Consultations will include approximately 8 youth per group (total $N=32$). Additional consultations will be held if saturation is not reached.

Participant recruitment. We will recruit directly through youth-serving agencies across sectors, ensuring that the sample consists of the types of youth who would access services for upcoming youth.

Procedure. Two-hour focus group discussions will explore preferred outcomes for interventions for

Youth not engaged in employment, education or training

upcoming youth and narrow the pre-developed list to the attributes and levels most relevant to youth (Bridges et al., 2011). Focus groups will be co-facilitated by youth and adult researchers. They will first explore preferences broadly using a semi-structured focus group guide, then use a prioritization and ranking activity to refine, or add to, the list of attributes/levels obtained in Phase 1. Participants will provide informed consent and receive an honorarium. Focus groups will be audio recorded.

Data analysis. Data analysis will take two forms: (1) thematic analysis in NVivo software (Braun & Clarke, 2006; Harper & Thompson, 2011); (2) identification of the core preferred outcomes for refinement of the DCE tool, through the prioritization and ranking exercise. For the thematic analysis, the Braun & Clarke (Braun & Clarke, 2006) methodology will be employed. Initial codes will be produced on transcribed interviews in NVivo software. Two team members will read through several transcripts independently to identify codes, which will then be organized into tentative themes. Themes will then be reviewed and refined. Once completed on the pilot transcripts, this process will be applied to the remaining focus groups to verify if our thematic map accurately reflects the whole data set. We will conduct a detailed analysis for each theme to articulate the theme's 'story' and how that story fits into the overall conception of the data. For the DCE tool (2), outcomes identified as priorities across groups, using the frequency of rankings, will be retained as the outcome for Phase 3. Emergent themes will be used to refine the attribute grid in an iterative process, as per standard DCE development procedures (Coast & Horrocks, 2007). Data sharing not applicable – no new data generated, or the article describes entirely theoretical research

Youth not engaged in employment, education or training

Phase 3.DCE Pilot.DCEs typically include a small pilot of the quantitative data collection tool to ensure the clarity of the wording and process(Bridges et al., 2011). The revised DCE tool will therefore be programmed and pilotedamong approximately 30% of Phase 2 participants. Youthwill complete the DCE with a research staff member in person or by phone, with cognitive interviewing to collect feedback on the instructions, format, items, and overall process. Feedback will be discussed among the team to further refine the items and create a final version.

Phase 4.Final DCE study.We will target $N = 500$ participants across Canada.We will work with our partners to reachyouth with diverse experiences, largely via community-based youth-serving agencies of various sizes, with varying youth demographics, and with varying support needs. Youth will be recruited via email through: 1) the CAMH McCain Centre's National Youth Action Council (NYAC), 2) each partner's respective youth engagement groups and networks,3) invitations through our network of youth-serving agencies, 4) other activities to be identified by our youth engagement team.*Inclusion criteria:* youth must be aged 14 to 29 and self-identify as having experienced employment/education/training challenges; previous service use is not an inclusion criterion, as the feedback of youth who have never used services due to barriers is also valued.

DCE design.The final DCE will contain approx. 10 attributes, each with 2 to 4 levels, as established in Phases 1 to 3. For a preliminary sample item representing 3 attributes and 3 levels,see *Figure 1*. Each participant will complete approx. 10 to 12 tasks(Bridges et al., 2011), in which they choose from one of 3 options, as well as an opt-out option if none of the attribute combinations are desirable. Using algorithms, Sawtooth software builds blocks of tasks presented to each respondent to maximize task

Youth not engaged in employment, education or training

balance: all attributes and their levels appear a similar number of times in the whole task and with each level of each other attribute. This balance allows efficient estimation of utilities at the respondent and aggregated levels (Kuhfeld, 1997). The design provides as many blocks as respondents, so each respondent sees a different set of tasks to guarantee an overall balance for precise population-level estimates.

Procedure. The DCE will be housed on Sawtooth software on a secure CAMH server. Potential participants will receive an email invitation to participate by clicking on a link. Upon informed consent, participants will complete a demographic form, a practice exercise, and the DCE. Participation will take approximately 20 minutes. After completing the survey, respondents will have the option of providing their email address to receive an honorarium. Recruitment will take place over a 4 month period.

Sample size. Given the above specifications, a sample size of 200 respondents would guarantee that each level of every attribute would be shown at least 500 times, which should result in a margin of error of $\pm 4.4\%$ assuming the estimation of a proportion of 50% in an independent sample and 95% confidence level. Such sample size calculation is suggested in the literature (Bridges et al., 2011; de Bekker-Grob, Donkers, Jonker, & Stolk, 2015; Orme, 1998). However, lack of independence between classes, the use of covariates, sample diversity (e.g., four provinces, gender, experienced vs. did not experience services) and the configuration of the final attribute set is expected to increase the required sample size. To be conservative, we will initially target approx. 500 participants, which is considered a feasible and statistically sound tentative target. However, the final sample size will be determined using simulation analyses. Upon finalization of the DCE tool, we will use Sawtooth Software's Advanced Test Design

Youth not engaged in employment, education or training

module to compute standard errors reflecting the precision of main effect parameter estimates for simulated (random) data sets with sample sizes varying from 200 to 2000. Ensuring that all levels are estimated with precision of +/-5%, the final target sample size will be established accordingly.

Data analysis. We will use descriptive statistics to analyze participant characteristics. Sawtooth Software will be used to fit a Choice Based Conjoint Hierarchical Bayes (CBC/HB) mixed multinomial logit model to the stated choice data. Model coefficients are zero-centered and interpreted as utilities, that is, the effect of each attribute level on decision-making, where higher scores reflect stronger preference. Importance scores will be calculated, indicating the relative influence (rank) of importance of the attributes on participant's preferences. Mixed effect models calculate individual level utilities to generate preference estimates for each attribute within each subject. Latent class analysis (LCA) is a finite mixture model that can use the heterogeneity across subjects to estimate unobserved segments of participants, where each segment differs in relation to which attributes drive their preference. Using maximum likelihood criterion, LCA will estimate the probability that each participant is a member of each segment. Latent class solutions with different numbers of classes will be estimated and model selection will be based on fit indices (i.e., Akaike Information Criterion [AIC], Bayesian Information Criterion [BIC]; the model with fewest classes and the lowest AIC and BIC will be selected), segment size and interpretability. Lastly, χ^2 tests will examine associations between demographics and latent class segments. Multivariate analysis of covariance (MANCOVA) will be used to assess significance of utilities and importance scores across segments, including demographic covariates that might influence class membership. When MANCOVAs are statistically significant, univariate ANCOVAs and post-hoc Dunnett's C adjustment for multiple comparisons will be used. Randomized first choice simulations will

Youth not engaged in employment, education or training

specifically compare preferences for the typically measured outcomes, i.e., employment/education rates and income stability, versus psychosocial outcomes as an alternative set of outcomes that may be important to youth, determined from Phase 2 results.

Limitations. 1) A non-random sample will be recruited, which may lead to non-generalizability.

However, since we are recruiting through community-based youth-serving agencies, participants are

likely to reflect diverse types of youth, including those likely to use such services. 2) Special

populations, such as youth in extremely remote areas and Indigenous youth, will not be systematically

reached, although such demographic information will be collected. These groups may have different

needs to be explored in future research. 3) This project will not derive conclusions regarding the efficacy

or cost-effectiveness of interventions. However, it will identify preferred outcomes; models targeting

these outcomes can then be developed and tested in future research.

Ethics & dissemination. The project has been approved by the CAMH Research Ethics Board, in

Toronto, Canada (protocol #124-2019). Data will be kept confidential in full compliance with Research

Ethics Board requirements. We will employ an integrated knowledge translation and exchange (KTE)

approach, as well as robust end-of-grant KTE. Conventional KTE activities will include open-access

peer-reviewed journal articles and presentations at international, national, and local conferences with

diverse audiences. Consistent with the McCain Centre's youth engagement strategy, youth-friendly

reports will be developed by youth representatives on our team. Discrepancies in the preferences of

different subgroups of youth will invite important KTE dialogue among stakeholders to encourage

appropriate service adaptations to maximize youth service engagement and uptake. Results will enable

Youth not engaged in employment, education or training

us to develop tailored messaging for the employment/education sector. Results also will be used to pursue federal research funding, to guide intervention development and testing, and ultimately implementation efforts.

Discussion

It is essential to understand youth perspectives when designing, enhancing and evaluating health and social services (Brownlie et al., 2017). Strong alignment between youth preferences and services increases the likelihood that youth will access services and remain in the services longer (Swift & Callahan, 2009; Swift et al., 2011). This youth-engaged study will provide robust, youth-oriented perspectives on the highest priority outcomes of interventions for upcoming youth, guiding future research. By engaging youth as partners in all phases of the project and soliciting qualitative and quantitative feedback of a diverse youth, these results will guide researchers and implementation specialists as they design and identify the interventions for upcoming youth that hold strong potential to engage youth in real-world settings.

Among the diverse contexts in which interventions for upcoming youth might be successfully implemented are integrated youth service hubs (IYSHs). IYSHs are a growing focus of research and implementation around the world (Hetrick et al., 2017; Settapani et al., 2019). They hold tremendous promise in serving vulnerable upcoming youth through holistic, collaborative services addressing their physical, mental, and psychosocial wellbeing. Like community service agencies in general (Dea et al., 2014; Henderson et al., 2017), Canadian IYSHs see many upcoming youth who are not engaged in employment, education, or training opportunities (in as of yet unpublished data). Discussions are

Youth not engaged in employment, education or training

therefore ongoing on how to optimize employment, education, and training interventions as a critical component of supporting youth wellbeing and their successful transition to adulthood.

Upcoming youth constitute a vulnerable group affected by multiple psychosocial risk factors and social determinants of health, in a bidirectional manner. Interventions that engage upcoming youth successfully have the potential of supporting them in their transition to adulthood, with possible long-term benefits.

By listening to youth and identifying outcomes that youth deem most relevant, this study will provide guidance in identifying interventions and intervention targets with the most potential to achieve this goal, while guiding measurement choices in this area of research. This type of innovation can also advance future health and social service design research by illustrating a scientifically robust method of engaging with youth.

Acknowledgements

Not applicable

Declarations

- Ethics approval and consent to participate: This project is governed by the Research Ethics Board of the Centre for Addiction and Mental Health. Informed consent will be sought from all

Youth not engaged in employment, education or training

participants.

- Consent for publication: Not applicable
- Availability of data and materials: Not applicable
- Competing interests: None of the authors have any competing interests to declare.
- Funding: This project is funded by the Social Sciences and Humanities Research Council of Canada. The funder has no role in the design of the study, data collection, data analysis, interpretation of the data, or the writing of the manuscript.
- Authors' contributions:
 - LH contributed to the study design and drafted the manuscript.
 - EH contributed to the study design and supported the writing of the manuscript.
 - SI contributed to the study design and supported the writing of the manuscript.
 - EK contributed to the study design and supported the writing of the manuscript.
 - GC contributed to the study design and supported the writing of the manuscript.
 - GG contributed to the study design and supported the writing of the manuscript.
 - LT contributed to the study design and supported the writing of the manuscript.
 - KD contributed to the study design and supported the writing of the manuscript.
 - AA contributed to the study design and supported the writing of the manuscript.
 - STK contributed to the study design and supported the writing of the manuscript.
 - KM contributed to the study design and supported the writing of the manuscript.
 - NH contributed to the study design and supported the writing of the manuscript.
 - IW contributed to the study design and supported the writing of the manuscript.
 - JH leads the project, contributed to the study design and supported the writing of the manuscript.
 - All authors read and approved the final manuscript.

References

- Benjet, C., Hernandez-Montoya, D., Borges, G., Mendez, E., Medina-Mora, M. E., & Aguilar-Gaxiola, S. (2012). Youth who neither study nor work: mental health, education and employment. *Salud Pública de México*, 54(4), 410-417.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Bridges, J. F., Hauber, A. B., Marshall, D., Lloyd, A., Prosser, L. A., Regier, D. A., . . . Mauskopf, J. (2011). Conjoint analysis applications in health--a checklist: a report of the ISPOR Good Research Practices for Conjoint Analysis Task Force. *Value Health*, 14(4), 403-413. doi:10.1016/j.jval.2010.11.013
- Brownlie, E. B., Chaim, G., Heffernan, O., Herzog, T., & Henderson, J. (2017). Youth services system review: Moving from knowledge gathering to implementation through collaboration, youth engagement, and exploring local community needs. *Canadian Journal of Community Mental Health*, 36(2), 133-149. doi:10.7870/cjcmh-2017-018
- Coast, J., & Horrocks, S. (2007). Developing attributes and levels for discrete choice experiments using qualitative methods. *Journal of Health Services Research & Policy*, 12(1), 25-30. doi:10.1258/135581907779497602
- Creswell, J. W., & Clark, V. L. P. (2007). Designing and conducting mixed methods research.
- Cunningham, C. E., Deal, K., Rimas, H., Buchanan, D. H., Gold, M., Sdao-Jarvie, K., & Boyle, M. (2008). Modeling the information preferences of parents of children with mental health

Youth not engaged in employment, education or training

problems: a discrete choice conjoint experiment. *Journal of Abnormal Child Psychology*, 36(7), 1123-1138. doi:10.1007/s10802-008-9238-4

Cunningham, C. E., Henderson, J., Niccols, A., Dobbins, M., Sword, W., Chen, Y., . . . Schmidt, L. (2012). Preferences for evidence-based practice dissemination in addiction agencies serving women: a discrete-choice conjoint experiment. *Addiction*, 107(8), 1512-1524. doi:10.1111/j.1360-0443.2012.03832.x

de Bekker-Grob, E. W., Donkers, B., Jonker, M. F., & Stolk, E. A. (2015). Sample size requirements for discrete-choice experiments in healthcare: a practical guide. *The Patient-Patient-Centered Outcomes Research*, 8(5), 373-384.

Dea, B., Glozier, N., Purcell, R., McGorry, P. D., Scott, J., Feilds, K.-L., . . . Hickie, I. B. (2014). A cross-sectional exploration of the clinical characteristics of disengaged (NEET) young people in primary mental healthcare. *BMJ Open*, 4(12).

Dixon, J. (2007). Obstacles to participation in education, employment and training for young people leaving care. *Social Work and Social Sciences Review*, 13(2), 18-34. doi:10.1921/19648

Gariépy, G., & Iyer, S. (2019). The mental health of young Canadians who are not working or in school. *Canadian Journal of Psychiatry*, 64(5), 338-344. doi:10.1177/0706743718815899

Gutiérrez-García, R. A., Benjet, C., Borges, G., Méndez Ríos, E., & Medina-Mora, M. E. (2018). Emerging adults not in education, employment or training (NEET): socio-demographic characteristics, mental health and reasons for being NEET. *BMC Public Health*, 18(1), 1201. doi:10.1186/s12889-018-6103-4

Youth not engaged in employment, education or training

Harper, D., & Thompson, A. R. (2011). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*: John Wiley & Sons.

Heffernan, O., S., Herzog, T. M., Schiralli, J. E., Hawke, L. D., Chaim, G., & Henderson, J. L. (2017). Implementation of a youth-adult partnership model in youth mental health systems research: challenges and successes. *Health Expectations*, 20(6), 1183-1188. doi:10.1111/hex.12554

Henderson, J., Hawke, L. D., & Chaim, G. (2017). Not in employment, education or training: Mental health, substance use, and disengagement in a multi-sectoral sample of service-seeking Canadian youth. *Children and Youth Services Review*, 75, 138-145. doi:10.1016/j.childyouth.2017.02.024

Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., . . . McGorry, P. D. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *Medical Journal of Australia*, 207(10), S5-s18.

Iyer, S., Mustafa, S., Gariépy, G., Shah, J., Joobar, R., Lepage, M., & Malla, A. (2018). A NEET distinction: youths not in employment, education or training follow different pathways to illness and care in psychosis. *Social Psychiatry and Psychiatric Epidemiology*. doi:10.1007/s00127-018-1565-3

Kuhfeld, W. F. (1997). Efficient experimental designs using computerized searches. *Research Paper Series*, SAS Institute, Inc.

Lewin, S., Glenton, C., & Oxman, A. D. (2009). Use of qualitative methods alongside randomised controlled trials of complex healthcare interventions: methodological study. *BMJ*, 339. doi:10.1136/bmj.b3496

Youth not engaged in employment, education or training

Lindemann, K., & Gangl, M. (2019). The intergenerational effects of unemployment: How parental unemployment affects educational transitions in Germany. *Research in Social Stratification and Mobility*, 62, 100410. doi:<https://doi.org/10.1016/j.rssm.2019.100410>

Mawn, L., Oliver, E. J., Akhter, N., Bambra, C. L., Torgerson, C., Bridle, C., & Stain, H. J. (2017). Are we failing young people not in employment, education or training (NEETs)? A systematic review and meta-analysis of re-engagement interventions. *Systematic Reviews*, 6(1), 16. doi:10.1186/s13643-016-0394-2

O'Dea, B., Glozier, N., Purcell, R., McGorry, P. D., Scott, J., Feilds, K. L., . . . Hickie, I. B. (2014). A cross-sectional exploration of the clinical characteristics of disengaged (NEET) young people in primary mental healthcare. *BMJ Open*, 4(12), e006378. doi:10.1136/bmjopen-2014-006378

Organisation for Economic Co-operation and Development. (2018). Youth not in employment, education or training (NEET). Retrieved from <https://data.oecd.org/youthinac/youth-not-in-employment-education-or-training-neet.htm>

Orme, B. (1998). Sample size issues for conjoint analysis studies. *Sawtooth Software Research paper Series. Squim, WA, USA: Sawtooth Software Inc.*

Phillips, K. A., Johnson, F. R., & Maddala, T. (2002). Measuring what people value: a comparison of "attitude" and "preference" surveys. *Health Services Research*, 37(6), 1659-1679. doi:10.1111/1475-6773.01116

Pitkänen, J., Remes, H., Moustgaard, H., & Martikainen, P. (2019). Parental socioeconomic resources and adverse childhood experiences as predictors of not in education, employment, or training: a

Youth not engaged in employment, education or training

Finnish register-based longitudinal study. *Journal of Youth Studies*, 1-18.

doi:10.1080/13676261.2019.1679745

Public Health England. (2014). *Local action on health inequalities: Reducing the number of young people not in employment, education or training*. Retrieved from

Rapp, C. A., & CGoscha, R. J. (2012). *The strengths model: A recovery-oriented approach to mental health services*. New York, US: Oxford University Press.

Rodwell, L., Romaniuk, H., Nilsen, W., Carlin, J. B., Lee, K. J., & Patton, G. C. (2017). Adolescent mental health and behavioural predictors of being NEET: a prospective study of young adults not in employment, education, or training. *Psychological Medicine*, 48(5), 861-871.

doi:10.1017/S0033291717002434

Secker, J., Membrey, H., Grove, B., & Seebohm, P. (2010). Recovering from Illness or Recovering your Life? Implications of Clinical Versus Social Models of Recovery from Mental Health Problems for Employment Support Services. *Disability & Society*, 17(4), 403-418.

doi:10.1080/09687590220140340

Settipani, C. A., Hawke, L. D., Cleverley, K., Chaim, G., Cheung, A., Mehra, K., . . . Henderson, J. (2019). Key attributes of integrated community-based youth service hubs for mental health: a scoping review. *International Journal of Mental Health Systems*, 13, 52. doi:10.1186/s13033-019-0306-7

Social Exclusion Unit. (1999). *Bridging the gap: New opportunities for 16-18 year olds not in education, employment or training*. Retrieved from London, UK:

<http://dera.ioe.ac.uk/15119/2/bridging-the-gap.pdf>

Youth not engaged in employment, education or training

Staniszewska, S., Haywood, K. L., Brett, J., & Tutton, L. (2012). Patient and public involvement in patient-reported outcome measures. *The Patient - Patient-Centered Outcomes Research*, 5(2), 79-87. doi:10.2165/11597150-000000000-00000

Swift, J. K., & Callahan, J. L. (2009). The impact of client treatment preferences on outcome: a meta-analysis. *Journal of Clinical Psychology*, 65(4), 368-381. doi:10.1002/jclp.20553

Swift, J. K., Callahan, J. L., & Vollmer, B. M. (2011). Preferences. *Journal of Clinical Psychology*, 67(2), 155-165. doi:10.1002/jclp.20759

Viswanathan, M., Ammerman, A., Eng, E., Gartlehner, G., Lohr, K. N., Griffith, D., . . . Whitener, L. (2004). *Community-based participatory research: Assessing the evidence*. Retrieved from Rockville, MD:

Yates, S., & Payne, M. (2006). Not so NEET? A critique of the use of "NEET" in setting targets for interventions with young people. *Journal of Youth Studies*, 9(3), 329-344.

Figures

Figure 1. Tentative sample choice item to be employed in the DCE task, pending the advancement of the DCE item development phase

Question 1. If you were seeking services to help you get back to employment, education or training, what would you want to get out of it?		
Option 1	Option 2	Option 3
Identify what my short term career goals might be. Better manage the impact of my mental health and/or substance use on work or school. Learn to write a resume or job or school application.	Take steps toward my short career term goals. Communicate with an employer or school about my mental health and/or substance use concerns. Get placed directly in a job or school program and be supported in this new role.	Identify what my long term career might be. No connection with any mental health & substance use services. Think through whether I'm ready to start looking for a job or school.
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	None of these would be what I would want to achieve.	

Abbreviations

NEET: Not in education, employment or training

IYSH: Integrated youth service hub

Youth not engaged in employment, education or training

KTE: Knowledge translation and exchange

LCA: Latent class analysis

DCE: Discrete choice experiment

Author Manuscript