

Youth Mental Health and Substance Use Service Transitions

Request:

What is the available evidence regarding transition planning related to youth mental health and substance use care?

Key References

Components & Processes of Transition Planning

1. Cleverley, K., Rowland, E., Bennett, K., Jeffs, L., & Gore, D. (2018). Identifying core components and indicators of successful transitions from child to adult mental health services: a scoping review. *European child & adolescent psychiatry*, 1-15.

Abstract:

The aim of this scoping review was to identify the core components of interventions that facilitate successful transition from child and adolescent mental health services to adult mental health services. In the absence of rigorous evaluations of transition program effectiveness for transitioning youth with mental health care needs, these core components can contribute to informed decisions about promising program and intervention strategies. This review examined data from 87 peer-reviewed and non-academic documents to determine the characteristics that support the transition process and to identify opportunities for system and program improvement. Data were extracted and synthesized using a descriptive analytic framework. A major finding of this review is a significant lack of measurable indicators in the academic and gray literature. This review did identify 26 core components organized within the framework of the six core elements of healthcare transitions. Policy makers, practitioners, and administrators can use the core components to guide decisions about transition program and intervention content. Confirmation of the impact of these core program components on youth outcomes awaits the conduct of rigorous randomized trials. Future research also needs to explicitly focus on the development of indicators to evaluate transition programs and interventions.

2. Cleverley, K., Gore, D., Nasir, S., Ashley, T., Rich, L., Brown, C., ... & Levy, M. (2018). Facilitating Effective Transitions from Hospital to Community for Children and Adolescent Mental Health Services: Overview of the Transition Support Worker Role and Function. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 27(4), 228.

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Abstract:

Transitions between hospital and community services and from child and adolescent to adult services have been identified as a priority for improvement in the child and adolescent mental health and addictions sector across Canada and internationally. Despite widespread recognition of the issue, there is very little in the way of evidence to guide policy and programming to improve transitions. Transition support workers have been identified as a promising intervention to facilitate successful transitions, and innovative programs involving transition workers are currently operating in the Canadian mental health sector. This commentary presents two case studies of existing transition worker programs in the Greater Toronto Area that link hospital and community mental health sectors for youth ages 12–18. We discuss program characteristics, the transition worker role, recommendations to organizations considering creating a similar service, and areas for future research. The goal of this commentary is to contribute to knowledge exchange and ultimately strengthen the evidence base for the transition worker role in child and adolescent mental health services.

3. Blum, R. W., Garell, D., Hodgman, C. H., Jorissen, T. W., Okinow, N. A., Orr, D. P., & Slap, G. B. (1993). Transition from child-centered to adult health-care systems for adolescents with chronic conditions: a position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health, 14*(7), 570-576.

Abstract:

N/A

4. Singh, S. P., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., ... & White, S. (2010). Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *The British Journal of Psychiatry, 197*(4), 305-312.

Abstract:

Background

Many adolescents with mental health problems experience transition of care from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).

Aims

As part of the TRACK study we evaluated the process, outcomes and user and carer experience of transition from CAMHS to AMHS.

Method

We identified a cohort of service users crossing the CAMHS/AMHS boundary over 1 year across six mental health trusts in England. We tracked their journey to determine predictors of optimal transition and conducted qualitative interviews with a subsample of

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users, their carers and clinicians on how transition was experienced.

Results

Of 154 individuals who crossed the transition boundary in 1 year, 90 were actual referrals (i.e. they made a transition to AMHS), and 64 were potential referrals (i.e. were either not referred to AMHS or not accepted by AMHS). Individuals with a history of severe mental illness, being on medication or having been admitted were more likely to make a transition than those with neurodevelopmental disorders, emotional/neurotic disorders and emerging personality disorder. Optimal transition, defined as adequate transition planning, good information transfer across teams, joint working between teams and continuity of care following transition, was experienced by less than 5% of those who made a transition. Following transition, most service users stayed engaged with AMHS and reported improvement in their mental health.

Conclusions

For the vast majority of service users, transition from CAMHS to AMHS is poorly planned, poorly executed and poorly experienced. The transition process accentuates pre-existing barriers between CAMHS and AMHS.

5. McNamara, N., McNicholas, F., Ford, T., Paul, M., Gavin, B., Coyne, I., ... & Barry, S. (2014). Transition from child and adolescent to adult mental health services in the Republic of Ireland: an investigation of process and operational practice. *Early intervention in psychiatry*, 8(3), 291-297.

Abstract:

Aim

Ensuring a seamless transition from child to adult mental health services poses challenges for services worldwide. This is an important process in the ongoing care of young people with mental illness; therefore, it is incumbent on all countries to probe their individual structures to assess the quality of mental health service delivery to this vulnerable cohort. To date, there have been no published studies on the transition from Child to Adult Mental Health Services in the Republic of Ireland. To this end, a nationwide survey of transition policies of community mental health teams in both services was conducted in order to compare best practice guidelines for transition with current process and experience in clinical practice.

Method

Structured interviews were conducted with 57 consultant psychiatrists (representing 32 CAMHS teams and 25 AMHS teams) to obtain information on annual transition numbers, existing transition policies and operational practice from the professional perspective.

Results

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Numbers of young people considered suitable for transfer to adult services ($M = 7.73$, $SD = 9.86$, $n = 25$) were slightly higher than numbers who actually transferred ($M = 4.50$, $SD = 3.33$, $n = 20$). There is a lack of standardized practice nationwide regarding the service transition boundary, an absence of written transition policies and protocols, and minimal formal interaction between child and adult services.

Conclusions

The findings suggest that there are critical gaps between current operational practice and best practice guidelines. Future studies will investigate the impact this has on the transition experiences of young people, their carers and health-care professionals.

- Belling, R., McLaren, S., Paul, M., Ford, T., Kramer, T., Weaver, T., ... & Singh, S. P. (2014). The effect of organisational resources and eligibility issues on transition from child and adolescent to adult mental health services. *Journal of health services research & policy*, 19(3), 169-176.

Abstract:

Objectives

To investigate the organisational factors that impede or facilitate transition of young people from child and adolescent (CAMHS) to adult mental health services (AMHS).

Methods

Thirty-four semi-structured interviews were conducted with health and social care professionals working in child and adult services in four English NHS Mental Health Trusts and voluntary organisations. Data were analysed thematically using a structured framework.

Results

Findings revealed a lack of clarity on service availability and the operation of different eligibility criteria between child and adult mental health services, with variable service provision for young people with attention deficit hyperactivity disorder, autism spectrum disorders and learning disabilities. High workloads and staff shortages were perceived to influence service thresholds and eligibility criteria.

Conclusions

A mutual lack of understanding of services and structures together with restrictive eligibility criteria exacerbated by perceived lack of resources can impact negatively on the transition between CAMHS and AMHS, disrupting continuity of care for young people.

- Embrett, M. G., Randall, G. E., Longo, C. J., Nguyen, T., & Mulvale, G. (2016). Effectiveness of health system services and programs for youth to adult transitions in

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mental health care: a systematic review of academic literature. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(2), 259-269.

Abstract:

Youth shifting to adult mental health services often report experiencing frustrations with accessing care that adequately replaces the youth services they had received. This systematic review assesses the peer reviewed evidence on services/programs aimed at addressing youth to adult transitions in mental health services. Findings suggest little data exists on the effectiveness of transition services/programs. While the available evidence supports meetings between youth and youth caseworkers prior to transitions occurring, it also verifies that this is not common practice. Other identified barriers to effective transitions were categorized as logistical (ineffective system communication), organizational (negative incentives), and related to clinical governance.

8. Singh, S. P., Anderson, B., Liabo, K., & Ganeshamoorthy, T. (2016). Supporting young people in their transition to adults' services: summary of NICE guidance. *bmj*, 353, i2225.

Abstract:

Related link: <https://www.bmj.com/content/353/bmj.i2225.full>

9. Mulvale, G. M., Nguyen, T. D., Miatello, A. M., Embrett, M. G., Wakefield, P. A., & Randall, G. E. (2019). Lost in transition or translation? Care philosophies and transitions between child and youth and adult mental health services: a systematic review. *Journal of Mental Health*, 28(4), 379-388.

Abstract:

Background

Differences in care philosophies may influence transitions from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).

Aims

To review literature about CAMHS and AMHS care philosophies and their influence on transitions.

Method

MEDLINE, PsycINFO, Embase and CINAHL databases were searched electronically using keywords related to transitions, youth and mental disorders. Content relating to philosophies of care was searched manually. Descriptive themes were extracted and the analysis suggested four hypotheses of how care philosophies influence transitions.

Results

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Of the 1897 identified articles, 12 met eligibility criteria. Findings reveal consistent differences in care philosophies between CAMHS (developmental approach, involving families and nurturing) and AMHS (clinical/diagnosis-focus, emphasis on client autonomy and individual responsibility).

Conclusions

Better understanding of philosophical differences and collaborative planning and service delivery may foster shared approaches in CAMHS and AMHS to better meet the needs of transitioning youth.

10. Murcott, W. J. (2014). Transitions between child and adult mental health services: service design, philosophy and meaning at uncertain times. *Journal of psychiatric and mental health nursing*, 21(7), 628-634.

Abstract:

A young person's transition of care from child and adolescent mental health services to adult mental health services can be an uncertain and distressing event that can have serious ramifications for their recovery. Recognition of this across many countries and recent UK media interest in the dangers of mental health services failing young people has led practitioners to question the existing processes. This paper reviews the current theories and research into potential failings of services and encourages exploration for a deeper understanding of when and how care should be managed in the transition process for young people. Mental health nurses can play a vital role in this process and, by adopting the assumptions of this paradigm, look at transition from this unique perspective. By reviewing the current ideas related to age boundaries, service thresholds, service philosophy and service design, it is argued that the importance of the therapeutic relationship, the understanding of the cultural context of the young person and the placing of the young person in a position of autonomy and control should be central to any decision and process of transfer between two mental health services.

11. Nguyen, T., Embrett, M. G., Barr, N. G., Mulvale, G. M., Vania, D. K., Randall, G. E., & DiRezze, B. (2017). Preventing youth from falling through the cracks between child/adolescent and adult mental health services: a systematic review of models of care. *Community mental health journal*, 53(4), 375-382.

Abstract:

Optimizing the transition between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) is a priority for healthcare systems. The purpose of this systematic review is to: (1) identify and compare models of care that may be used to facilitate the transition from CAMHS to AMHS; and (2) discuss trends and implications to inform future research and practice. Results identified three models of care which move beyond healthcare services and incorporate a broader range of services that better meet the dynamic needs of transition-aged youth. Joint working

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among providers, coupled with individualized approaches, is essential to facilitating continuity of care.

12. Abidi, S. (2017). Paving the way to change for youth at the gap between child and adolescent and adult mental health services. *The Canadian Journal of Psychiatry*, 62(6), 388-392.

Abstract:

By 2020 mental illness will be one of the 5 most common illnesses causing morbidity, mortality and disability among youth. At least 20% of Canadian youth have a psychiatric disorder the impact of which can dramatically alter their life trajectory. Focus on the factors contributing to this problem is crucial. Lack of coordination between child and adolescent mental health systems (CAMHS) and adult mental health systems (AMHS) and consequent disruption of care during this vulnerable time of transition is one such factor. Reasons for and the impact of this divide are multilayered, many of which are embedded in outdated, poorly informed approaches to care for this population in transition. This paper considers the etiology behind these reasons as potential foci for change. The paper also briefly outlines recent initiatives ongoing in Canada and internationally that reflect appreciation of these factors in the attempt to minimize the gap in service provision for youth in transition. The need to continue with research and program development endeavours for youth with mental illness whereby access to services and readiness for transition is no longer determined by age is strongly supported.

13. Tuomainen, H., Schulze, U., Warwick, J., Paul, M., Dieleman, G. C., Franić, T., ... & Santosh, P. (2018). Managing the link and strengthening transition from child to adult mental health Care in Europe (MILESTONE): background, rationale and methodology. *BMC psychiatry*, 18(1), 167.

Abstract:

Background

Transition from distinct Child and Adolescent Mental Health (CAMHS) to Adult Mental Health Services (AMHS) is beset with multitude of problems affecting continuity of care for young people with mental health needs. Transition-related discontinuity of care is a major health, socioeconomic and societal challenge globally. The overall aim of the Managing the Link and Strengthening Transition from Child to Adult Mental Health Care in Europe (MILESTONE) project (2014–19) is to improve transition from CAMHS to AMHS in diverse healthcare settings across Europe. MILESTONE focuses on current service provision in Europe, new transition-related measures, long term outcomes of young people leaving CAMHS, improving transitional care through ‘managed transition’, ethics of transitioning and the training of health care professionals.

Methods

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Data will be collected via systematic literature reviews, pan-European surveys, and focus groups with service providers, users and carers, and members of youth advocacy and mental health advocacy groups. A prospective cohort study will be conducted with a nested cluster randomised controlled trial in eight European Union (EU) countries (Belgium, Croatia, France, Germany, Ireland, Italy, Netherlands, UK) involving over 1000 CAMHS users, their carers, and clinicians.

Discussion

Improving transitional care can facilitate not only recovery but also mental health promotion and mental illness prevention for young people. MILESTONE will provide evidence of the organisational structures and processes influencing transition at the service interface across differing healthcare models in Europe and longitudinal outcomes for young people leaving CAMHS, solutions for improving transitional care in a cost-effective manner, training modules for clinicians, and commissioning and policy guidelines for service providers and policy makers.

14. Dowdney, L., & Bruce, H. (2014). Transiting Out of Child and Adolescent Mental Health Services—Influences on Continuities and Discontinuities in Mental Health Care. *Early Intervention in Psychiatry: EI of Nearly Everything for Better Mental Health*, 79-91.

Abstract:

Developmental trajectories demonstrate continuities in psychopathology through childhood to adolescence and into early adult life, implying the need for an equivalent continuity in mental health and social care provision. While research, clinical experience and feedback from service users combine to indicate the importance of continuity of care, serious obstacles are found at the interface between services. In this chapter, we discuss the influences impinging upon service user transitions between Child and Adolescent and Adult Mental Health Services. We illustrate how professional communication difficulties, discontinuities in care and user disengagement can co-occur with developmental and life transitions, so heightening the risk of deterioration in mental health and wellbeing at this time. We suggest ways in which service transitions could be managed more effectively so that young people and their families experience optimal transition experiences.

15. Forbes, A., While, A., Ullman, R., Lewis, S., Mathes, L., & Griffiths, P. (2001). A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability. *Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO) London, England.*

Abstract:

N/A

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16. While, A., Forbes, A., Ullman, R., Lewis, S., Mathes, L., & Griffiths, P. (2004). Good practices that address continuity during transition from child to adult care: synthesis of the evidence. *Child: care, health and development*, 30(5), 439-452.

Abstract:

Background

Effective transition to adult services is required by an increasing number of children with ongoing needs.

Aim

To identify practices that promote continuity at transition between child and adult services.

Methods

Systematic examination of the evidence from two search strategies yielding 5319 items.

Results

Only three of the 126 appraised items had strong external validity. A large range of different practices, which focused on the service, the young person and the family, were identified. Practices within the service addressed structural, process and outcome components.

Conclusion

Four transition models are proposed for testing.

17. Kennedy, A., Sloman, F., Douglass, J. A., & Sawyer, S. M. (2007). Young people with chronic illness: the approach to transition. *Internal medicine journal*, 37(8), 555-560.

Abstract:

As increasing numbers of young people with chronic illness reach adulthood, their ongoing medical care must evolve to be delivered in an adult rather than paediatric setting, a process known as transition. Towards this goal, increasing numbers of paediatric and adult hospitals are engaging in processes to promote the continuity of care for young people with chronic illness. Increasing evidence shows that adverse health consequences occur when inadequate transition arrangements are in place. This article draws from the experience of a transition programme emanating from the Royal Children's Hospital, Melbourne and describes the preparation that can ensure effective transition of young people with chronic illness to adult institutions. In paediatric settings, this includes opportunities for young people to be seen medically on their own to encourage independence with health-care goals and ensuring that adequate health information is transferred to the adult service. In adult institutions, understanding the concept of adolescent development will encourage young people's engagement with the new health-care providers to improve health outcomes. Joint clinics between paediatric

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and adult health-care teams can improve the transfer of individual patient knowledge, promote a collaborative approach to patient care, facilitate continuity of care and build confidence from both medical and patient perspectives. Including patients in decision-making processes around transition services will encourage youth-focused service developments that will help achieve optimal outcomes in young people with chronic illness.

18. Freeman, G., Weaver, T., Low, J., De Jonge, E., & Crawford, M. (2002). Promoting continuity of care for people with severe mental illness whose needs span primary, secondary and social care. *A report for the NCCSDP. London: SDO.*

Abstract

N/A

19. Paul, M., Street, C., Wheeler, N., & Singh, S. P. (2015). Transition to adult services for young people with mental health needs: a systematic review. *Clinical child psychology and psychiatry, 20*(3), 436-457.

Abstract

Background

Young people's transition from child and adolescent (CAMHS) to adult mental health services (AMHS).

Objectives

To systematically review evidence on the effectiveness of different models of CAMHS–AMHS transitional care, service user and staff perspectives, and facilitators of/barriers to effective CAMHS–AMHS transition.

Data sources

A systematic search in May 2012 of Medline, PsycINFO, CINAHL, EMBASE, AMED, Health Business Elite, HMIC, Cochrane Database, Web of Science and ASSIA; ancestral searches; and consultation with experts in the field.

Study selection

Qualitative, quantitative and mixed-methods primary research on the CAMHS–AMHS health-care transition of young people (aged 16–21 years) with mental health problems.

Data extraction

Two reviewers independently completed a standardised data extraction form and critically evaluated identified documents using a validated appraisal tool for empirical studies with varied methodologies.

Results

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A total of 19 studies of variable quality were identified. None were randomised or case-controlled trials. Studies incorporating service user/carer perspectives highlighted the need to tackle stigma and provide accessible, age-appropriate services. Parents/carers wanted more involvement with AMHS. Transitional care provision was considered patchy and often not prioritised within mental health services. There was no clear evidence of superior effectiveness of any particular model.

Conclusions

High-quality evidence of transitional care models is lacking. Data broadly support the development of programmes that address the broader transitional care needs of 'emerging adults' and their mental health needs but further evaluation is necessary. Developing robust transitional mental health care will require the policy–practice gap to be addressed and development of accessible, acceptable, responsive, age-appropriate provision.

20. Singh, S. P., & Tuomainen, H. (2015). Transition from child to adult mental health services: needs, barriers, experiences and new models of care. *World Psychiatry, 14*(3), 358-361.

Abstract:

N/A

21. Muñoz-Solomando, A., Townley, M., & Williams, R. (2010). Improving transitions for young people who move from child and adolescent mental health services to mental health services for adults: lessons from research and young people's and practitioners' experiences. *Current Opinion in Psychiatry, 23*(4), 311-317.

Abstract:

Purpose of review

The importance of ensuring robust arrangements for young people's transitions from specialist child and adolescent mental health services to specialist mental health services for adults is well documented in the international literature. Nonetheless, according to young people, there remains great variation in the quality of services in respect of their transitions. Furthermore, the problems that we report are by no means confined to single continents. This review examines recent literature and explores the themes that emerge from it with a view to finding solutions.

Recent findings

Our findings from the literature suggest a clear strategic direction to improve the quality of the care of young people who need to move from specialist child and adolescent mental health services to specialist mental health services for adults. Our examination of the literature identifies a number of themes that have been recognized by practitioners and we have used them to define a model of care and aspects of good practice. We

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think they should be included within all evidence-based policies, protocols and care pathways for young people. There is little literature available that documents the personal experiences of young people in transition and their families, but consistent themes emerge from what is available.

Summary

There are a number of topics that require active consideration when preparing young people for transition between services. Despite the limited volume of research, and particularly that which has directly involved young people and families, we know from anecdote, experience and local audit and research that improvements in service design and practice are required. These matters inform the solutions that we suggest. We see as pivotal involving young people directly in planning their own care and setting quality standards for healthcare and other services.

22. Watson, R., Parr, J. R., Joyce, C., May, C., & Le Couteur, A. S. (2011). Models of transitional care for young people with complex health needs: a scoping review. *Child: care, health and development*, 37(6), 780-791.

Abstract:

Background

Young people with complex healthcare needs (CHNs) face the challenge of transferring from child to adult health services. This study sought to identify successful models of transitional care for young people with CHNs. Three conditions were used as exemplars: cerebral palsy, autism spectrum disorders and diabetes.

Methods

Scoping review: using search terms concerning transitional care, four databases were systematically searched for papers published in English between 1980 and April 2010. Additional informal search methods included recommendations from colleagues working with young people with each of the three conditions and making contact with clinical and research teams with expertise in transitional care. Inclusion and exclusion criteria were applied to define the papers selected for review. A separate review of policy documents, adolescent health and transition literature was also undertaken; 10 common summary categories for the components of high-quality services were identified. All papers were coded using a framework analysis which evaluated the data in two ways using the 10 transition categories and four elements of Normalization Process Theory that are important for successful implementation and integration of healthcare interventions.

Results

Nineteen papers were selected for review. A very limited literature of models of service provision was identified for young people with cerebral palsy and diabetes. No models were identified for young people with autism spectrum disorders. Furthermore most

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publications were either descriptions of new service provision or time-limited pilot studies with little service evaluation or consideration of key elements of effective implementation.

Conclusions

Despite agreement about the importance of effective transitional care, there is a paucity of evidence to inform best practice about both the process of and what constitutes effective transitional care. There is therefore an urgent need for research to evaluate current transitional care practices for young people with CHNs.

23. McLaren, S., Belling, R., Paul, M., Ford, T., Kramer, T., Weaver, T., ... & Singh, S. P. (2013). 'Talking a different language': an exploration of the influence of organizational cultures and working practices on transition from child to adult mental health services. *BMC health services research*, 13(1), 254.

Abstract:

Background

Organizational culture is manifest in patterns of behaviour underpinned by beliefs, values, attitudes and assumptions, which can influence working practices. Cultural factors and working practices have been suggested to influence the transition of young people moving from child to adult mental health services. Failure to manage and integrate transitional care effectively can lead to young people losing contact with health and social care systems, resulting in adverse effects on health, well-being and potential.

Methods

The study aim was to identify the organisational factors which facilitate or impede transition of young people from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS) from the perspective of health professionals and representatives of voluntary organisations. Specific objectives were (i) to explore organizational cultures, structures, processes and resources which influence transition from child to adult mental health services; (ii) identify factors which constitute barriers and facilitators to transition and continuity of care and (iii) make recommendations for service improvements. Within an exploratory, qualitative design thirty four semi-structured interviews were conducted with health and social care professionals working in CAMHS and AMHS in four NHS Mental Health Trusts and four voluntary organizations, in England.

Results

A cultural divide appears to exist between CAMHS and AMHS, characterized by different beliefs, attitudes, mutual misperceptions and a lack of understanding of different service structures. This is exacerbated by working practices relating to communication and information transfer which could impact negatively on transition, relational, informational and cross boundary continuity of care. There is also evidence of a cultural shift, with

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some positive approaches to collaborative working across services and agencies, involving joint posts, parallel working, shared clinics and joint meetings.

Conclusions

Cultural factors embodied in mutual misperceptions, attitudes, beliefs exist between CAMHS and AMHS. Working practices can exert either positive or negative effects on transition and continuity of care. Implementation of shared education and training, standardised approaches to record keeping and information transfer, supported by compatible IT resources are recommended, alongside management strategies which evaluate the achievement of outcomes related to transition and continuity of care.

24. Cappelli, M., Davidson, S., Racek, J., Leon, S., Vloet, M., Tataryn, K., ... & Lowe, J. (2016). Transitioning youth into adult mental health and addiction services: an outcomes evaluation of the youth transition project. *The journal of behavioral health services & research*, 43(4), 597-610.

Abstract:

The Youth Transition Project was designed to provide youth with mental health and addiction issues with individualized transitional care plans as they transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). Over an 18-month period, a total of 127 (59.1%) youth were transitioned and seen by an AMHS provider, 41 (19.1%) remained on a waitlist for services and 47 (21.8%) canceled services. The average time to transition was 110 days (SD = 100). Youth exhibited a wide range of diagnoses; 100% of the population was identified as having serious psychiatric problems. Findings demonstrate that the Youth Transition Project has been successful in promoting continuity of care by transitioning youth seamlessly from youth to adult services. Inconsistencies in wait times and service delivery suggest that further model development is needed to enhance the long-term sustainability of the Youth Transition Project.

25. Carver, J., Cappelli, M., & Davidson, S. (2015). *Taking the next step forward: Building a responsive mental health and addictions system for emerging adults*. Mental Health Commission of Canada= Commission de la santé mentale du Canada.

Abstract:

N/A

26. Youth Mental Health Transition Protocol Agreement between Ministry for Children and Family Development and Ministry of Health and Health Authorities to Facilitate a Collaborative Approach to Transitioning Youth Young Adults from Child and Youth Mental Health Services to Adult Mental Health and Substance Use Services (2011).

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https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/y2a_protocol.pdf

Abstract:

N/A

27. CMHO (2013). Easing Transition for Children, Youth, and Emerging Adults.

https://www.cmho.org/documents/transitions_final_jan2013.pdf

Abstract:

N/A

28. CAPH National Transitions Community of Practice (2016). A guideline for Transition From Paediatric to Adult Health Care for Youth with Special Health Care Needs: A National Approach.

https://www.childhealthbc.ca/sites/default/files/caphc_transition_to_adult_health_care_guideline_may_2017.pdf

Abstract:

N/A

Gaps in Transitions between Child/Youth and Adult Mental Health and Substance Use Care

1. Lindgren, E., Söderberg, S., & Skär, L. (2013). The gap in transition between child and adolescent psychiatry and general adult psychiatry. *Journal of Child and Adolescent Psychiatric Nursing*, 26(2), 103-109.

Abstract:

Background

During transition from child and adolescent psychiatry (CAP) to general adult psychiatry (GenP) young adults with mental illness face multilevel transitions along with a risk for disruption in continuity of care. The aim of this study was to describe professionals' experiences and views of the transition process from CAP to GenP.

Method

Data were collected through six focus group discussions with professionals from both CAP and GenP and analyzed by content analysis.

Results

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The results showed a gap in transition between CAP and GenP when different perspectives and care cultures meet in a complex process.

Conclusions

Cooperation, transition planning, and a mutual understanding of care can support young adults in transition from CAP to GenP.

2. Islam, Z., Ford, T., Kramer, T., Paul, M., Parsons, H., Harley, K., ... & Singh, S. P. (2016). Mind how you cross the gap! Outcomes for young people who failed to make the transition from child to adult services: the TRACK study. *BJPsych bulletin*, 40(3), 142-148.

Abstract:

Aims and method

The Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health Services (TRACK) study was a multistage, multicentre study of adolescents' transitions between child and adult mental health services undertaken in England. We conducted a secondary analysis of the TRACK study data to investigate healthcare provision for young people (n = 64) with ongoing mental health needs, who were not transferred from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).

Results

The most common outcomes were discharge to a general practitioner (GP; n = 29) and ongoing care with CAMHS (n = 13), with little indication of use of third-sector organisations. Most of these young people had emotional/neurotic disorders (n = 31, 48.4%) and neurodevelopmental disorders (n = 15, 23.4%).

Clinical implications

GPs and CAMHS are left with the responsibility for the continuing care of young people for whom no adult mental health service could be identified. GPs may not be able to offer the skilled ongoing care that these young people need. Equally, the inability to move them decreases the capacity of CAMHS to respond to new referrals and may leave some young people with only minimal support.

3. Signorini, G., Singh, S. P., Marsanic, V. B., Dieleman, G., Dodig-Ćurković, K., Franic, T., ... & O'Hara, L. (2018). The interface between child/adolescent and adult mental health services: results from a European 28-country survey. *European child & adolescent psychiatry*, 27(4), 501-511.

Abstract:

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Transition-related discontinuity of care is a major socioeconomic and societal challenge for the EU. The current service configuration, with distinct Child and Adolescent Mental Health (CAMHS) and Adult Mental Health Services (AMHS), is considered a weak link where the care pathway needs to be most robust. Our aim was to delineate transitional policies and care across Europe and to highlight current gaps in care provision at the service interface. An online mapping survey was conducted across all 28 European Countries using a bespoke instrument: The Standardized Assessment Tool for Mental Health Transition (SATMEHT). The survey was directed at expert(s) in each of the 28 EU countries. The response rate was 100%. Country experts commonly (12/28) reported that between 25 and 49% of CAMHS service users will need transitioning to AMHS. Estimates of the percentage of AMHS users aged under 30 years who had has previous contact with CAMHS were most commonly in the region 20–30% (33% on average). Written policies for managing the interface were available in only four countries and half (14/28) indicated that no transition support services were available. This is the first survey of CAMHS transitional policies and care carried out at a European level. Policymaking on transitional care clearly needs special attention and further elaboration. The Milestone Study on transition should provide much needed data on transition processes and outcomes that could form the basis for improving policy and practice in transitional care.

- Schandrin, A., Capdevielle, D., Boulenger, J. P., Batlaj-Lovichi, M., Russet, F., & Purper-Ouakil, D. (2016). Transition from child to adult mental health services: a French retrospective survey. *The Journal of Mental Health Training, Education and Practice*, 11(5), 286-293.

Abstract:

Purpose

Adolescents and young adults' mental health problems are an important health issue. However, the current organisation of the care pathway is not robust enough and transition between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) has been identified as a period of risk. The paper aims to discuss these issues.

Design/methodology/approach

A retrospective survey was conducted in Montpellier University Hospital concerning transitions organised between CAMHS and AMHS between 2008 and 2009. The aim was to assess if transitions met four criteria identified in literature as warranting an optimal transition.

Findings

In total, 31 transitions were included. Transition was accepted by AMHS in 90 per cent of cases but its organisation was rarely optimal. Relational continuity and transition planning were absent in 80 per cent of cases. The age boundary of 16 often justified the

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triggering of the transition regardless of patient's needs. Discontinuity was observed in 48 per cent of transition cases, with an average gap of three months without care. Psychiatrists reported difficulties in working together. Finally, at the moment of the survey (one to three years later), 55 per cent of patients were lost to follow-up.

Research limitations/implications

This is a retrospective study on a small sample but it reveals important data about transition in France.

Practical implications

Transition process should include collaborative working between CAMHS and AMHS, with cross-agency working and periods of parallel care.

Social implications

Transition-related discontinuity of care is a major socioeconomic and societal challenge for the EU.

Originality/value

Data related to the collaboration between CAMHS and AMHS services are scarce, especially regarding the transition in France.

5. Singh, S. P. (2009). Transition of care from child to adult mental health services: the great divide. *Current opinion in psychiatry*, 22(4), 386-390.

Abstract:

Purpose of Review

Adolescents with mental health problems often require transition of care from child and adolescent to adult mental health services. This review is a synthesis of current research and policy literature on transition to describe the barriers at the interface between child and adolescent mental health services and adult mental health services and outcomes of poor transition.

Recent Findings

Adolescence is a risk period for emergence of serious mental disorders. Child and adolescent mental health services and adult mental health services use rigid age cut-offs to delineate service boundaries, creating discontinuities in provision of care. Adolescent mental health services are patchy across the world. Several recent studies have confirmed that problems occur during transition in diverse settings across several countries. In physical health, there are emerging models of practice to improve the process and outcomes of transition, but there is very little comparable literature in mental healthcare.

Summary

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Poor transition leads to disruption in continuity of care, disengagement from services and is likely to lead to poorer clinical outcomes. Some young people, such as those with neurodevelopmental disorders and complex needs, are at a greater risk of falling through the care gap during transition. Services need robust and high-quality evidence on the process and outcomes of transition so that effective intervention strategies can be developed.

6. Singh, S. P., Evans, N., Sireling, L., & Stuart, H. (2005). Mind the gap: the interface between child and adult mental health services. *Psychiatric Bulletin*, 29(8), 292-294.

Abstract

Adolescents with mental health problems are poorly served by mental health services, since responsibility for care often falls between child and adult services. Within the UK, there is no consensus on how service boundaries should be delineated. Some services use an age cut-off at some point between 16 and 18 years, whereas others consider child services to be appropriate only for those in full-time education. The Audit Commission (1999) reported that nationally 29% of health authorities commissioned child and adolescent mental health services for young people before their 16th birthday only, although adult services were not considered suitable for those under 17 years old. The report highlighted the poor development of adolescent services and their inadequate links with other agencies, including adult mental health services.

7. Paul, M., Ford, T., Kramer, T., Islam, Z., Harley, K., & Singh, S. P. (2013). Transfers and transitions between child and adult mental health services. *The British Journal of Psychiatry*, 202(s54), s36-s40.

Abstract

Background

Transfer of care from one healthcare provider to another is often understood as a suboptimal version of the process of transition.

Aims

To separate and evaluate concepts of transfer and transition between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS).

Method

In a retrospective case-note survey of young people reaching the upper age boundary at six English CAMHS, optimal transition was evaluated using four criteria: continuity of care, parallel care, a transition planning meeting and information transfer.

Results

Of 154 cases, 76 transferred to AMHS. Failure to transfer resulted mainly from non-referral by CAMHS (n = 12) and refusal by service users (n = 12) rather than refusal by

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AMHS (n = 7). Four cases met all criteria for optimal transition, 13 met none; continuity of care in (n = 63) was met most often.

Conclusions

Transfer was common but good transition rare. Reasons for failure to transfer differ from barriers to transition. Transfer should be investigated alongside transition in research and service development.

8. Davidson, S. I., & Cappelli, M. (2011). *We've got growing up to do: transitioning youth from child and adolescent mental health services to adult mental health services*. Ontario Centre of Excellence for Child and Youth Mental Health.

Abstract:

N/A

Experiences of Transition by Youth and Parents/Caregivers

1. Betz, C. L., Nehring, W. M., & Lobo, M. L. (2015). Transition needs of parents of adolescents and emerging adults with special health care needs and disabilities. *Journal of Family Nursing*, 21(3), 362-412.

Abstract:

The period of health care transition (HCT) for adolescents and emerging adults with special health care needs and disabilities involves a complex realignment of the parent-child relationship, including alterations in role responsibilities and decision making. The purpose of this systematic review was to analyze the research designs, methodology, and findings reported in studies of parents during this transition period to provide new insights for research and clinical practice. Results showed that parents were unable to clearly envision what the future held for their children and were not well prepared by the service system to anticipate future prospects. These parents have a myriad of needs that are not yet fully understood, as HCT research is in the early stages of development.

2. Lindgren, E., Söderberg, S., & Skär, L. (2014). Managing transition with support: experiences of transition from child and adolescent psychiatry to general adult psychiatry narrated by young adults and relatives. *Psychiatry journal*, 2014.

Abstract

Young adults with mental illness who need continuing care when they turn 18 are referred from child and adolescent psychiatry to general adult psychiatry. During this process, young adults are undergoing multiple transitions as they come of age while they transfer to another unit in healthcare. The aim of this study was to explore expectations and experiences of transition from child and adolescent psychiatry to general adult psychiatry as narrated by young adults and relatives. Individual interviews were conducted with three young adults and six relatives and analysed according to

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grounded theory. The analysis resulted in a core category: managing transition with support, and three categories: being of age but not mature, walking out of security and into uncertainty, and feeling omitted and handling concerns. The young adults' and relatives' main concerns were that they might be left out and feel uncertainty about the new situation during the transition process. To facilitate the transition process, individual care planning is needed. It is essential that young adults and relatives are participating in the process to be prepared for the changes and achieve a successful transition. Knowledge about the simultaneous processes seems to be an important issue for facilitating transition.

3. Burnham Riosa, P., Preyde, M., & Porto, M. L. (2015). Transitioning to adult mental health services: Perceptions of adolescents with emotional and behavioral problems. *Journal of Adolescent research*, 30(4), 446-476.

Abstract:

Longitudinal studies have demonstrated that youth with mental health problems tend to have poor outcomes in adulthood. Moreover, many young adults do not make the transition from child- to adult-focused care even when they acknowledge their need for support. This study is an investigation of the needs and experiences of late adolescents with emotional and/or behavioral problems who accessed mental health services at a local child and adolescent clinic. In general, participants did not appear ready for an institutional transition. Adolescents disclosed their fears, underscoring the importance of supportive relationships, and stated the negative expectations they had concerning adult-focused care. The implementation of clinical supports to increase adolescents' mental health self-efficacy may promote successful service transitions.

4. Broad, K. L., Sandhu, V. K., Sunderji, N., & Charach, A. (2017). Youth experiences of transition from child mental health services to adult mental health services: a qualitative thematic synthesis. *BMC psychiatry*, 17(1), 380.

Abstract

Background

Adolescence and young adulthood is a vulnerable time during which young people experience many development milestones, as well as an increased incidence of mental illness. During this time, youth also transition between Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). This transition puts many youth at risk of disengagement from service use; however, our understanding of this transition from the perspective of youth is limited. This systematic review aims to provide a more comprehensive understanding of youth experiences of transition from CAMHS to AMHS, through a qualitative thematic synthesis of the extant literature in this area.

Method

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Published and unpublished literature was searched using keywords targeting three subject areas: Transition, Age and Mental Health. Studies were included if they qualitatively explored the perceptions and experiences of youth who received mental health services in both CAMHS and AMHS. There were no limitations on diagnosis or age of youth. Studies examining youth with chronic physical health conditions were excluded.

Results

Eighteen studies, representing 14 datasets and the experiences of 253 unique service-users were included. Youth experiences of moving from CAMHS and AMHS are influenced by concurrent life transitions and their individual preferences regarding autonomy and independence. Youth identified preparation, flexible transition timing, individualized transition plans, and informational continuity as positive factors during transition. Youth also valued joint working and relational continuity between CAMHS and AMHS.

Conclusions

Youth experience a dramatic culture shift between CAMHS and AMHS, which can be mitigated by individualized and flexible approaches to transition. Youth have valuable perspectives to guide the intelligent design of mental health services and their perspectives should be used to inform tools to evaluate and incorporate youth perspectives into transitional service improvement.

5. Hovish, K., Weaver, T., Islam, Z., Paul, M., & Singh, S. P. (2012). Transition experiences of mental health service users, parents, and professionals in the United Kingdom: a qualitative study. *Psychiatric rehabilitation journal*, 35(3), 251.

Abstract

Objective

The aim of this study was to describe the experiences of child and adolescent mental health service (CAMHS) users, parents and professionals in relation to transition between CAMHS and adult mental health services (AMHS) in the United Kingdom.

Methods

Young people were sampled from an observational study population of people reaching the transition boundary between CAMHS and AMHS. We thematically analyzed qualitative interviews with service users, parents and clinicians.

Results

Eleven service users were interviewed and linked interviews were completed with parents (n = 6), and responsible clinicians in CAMHS (n = 3) and AMHS (n = 6). Informal and gradual preparation, transfer planning meetings, periods of parallel care, and consistency in key-workers promoted positive experiences of transition. Transfers

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between AMHS, changes of key-worker and waiting lists were viewed negatively. Other life transitions, including changes in housing, pregnancy, physical illness, and the involvement of parents or other services were sometimes powerful extraneous influences on transition experiences.

Conclusions and Implications for Practice

The cumulative effect of multiple transitions is a complex and unsettling experience for many service users. Service user experiences are more likely to be positive if healthcare transition is a gradual process, tailored to the young person's needs and managed in the context of the other simultaneous practical, developmental and psychosocial transitions. Transfer planning meetings and parallel care were valued by all parties and should be standard practice at transition. CAMHS and AMHS need to work jointly to improve the transition process in these ways in order to enhance the outcomes for young people.

6. Betz, C. L., Lobo, M. L., Nehring, W. M., & Bui, K. (2013). Voices not heard: A systematic review of adolescents' and emerging adults' perspectives of health care transition. *Nursing Outlook*, 61(5), 311-336.

Abstract

Background

A better understanding of the needs of adolescents and emerging adults with special health care needs (AEA-SHCNs) is essential to provide health care transition services that represent best practices. The purpose of this systematic review was to evaluate the research on health care transition for AEA-SHCNs from their perspectives.

Methods

A comprehensive literature review of research publications since 2005 was performed using the PubMed, Cumulative Index to Nursing and Allied Health Literature, and EBSCO databases. Thirty-five studies met the final review criteria.

Results

The process of transition from child to adult for AEA-SHCNs is complex. Individuals experiencing the transition desire to be a part of the process and want providers who will listen and be sensitive to their needs, which are often different from others receiving health care at the same facility.

Conclusions

More research that considers the voice of the AEA-SHCNs related to transition from pediatric to adult care is needed.



Rapid Response Reference List: Youth Mental Health and Substance Use Service Transitions



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Response Search Strategy

Frayme scanned white and grey literature, and conducted a search of relevant organizational websites.

Recommended Citation:

Frayme (2019). Rapid Response Reference List: Youth Mental Health and Substance Use Service Transitions. Ottawa, Ontario: Meriem Benlamri.

The Frayme Rapid Response Service undertakes a streamlined approach to collecting, reviewing, and synthesizing available evidence from white and grey literature, and from content experts. This approach aims to provide evidence-informed responses that help inform decision making in a timely manner. Responses are the result of non-systematic searches, and thus are limited in their ability to capture all the available evidence. Although responses may present findings from a variety of programs or interventions, Frayme does not directly endorse any particular program.