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IMPROVING TRANSITION FROM CHILD AND ADOLESCENT MENTAL HEALTH SERVICES TO ADULT MENTAL HEALTH SERVICES FOR ADOLESCENTS IN TRANSITION TO YOUNG ADULTHOOD: A LITERATURE REVIEW

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SUMMARY

Background: *These last years adolescents in transition to young adulthood (ATYA) have become a new matter of research. This population encounter specific issues and challenges regarding their mental health particularly when they have attained age boundaries and deal with the issue of transition from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS). Many key questions regarding how to sustain continuity of mental health care for ATYA during transition remain. The aim of this paper is to review recent literature in the domain to identify dimensions that should be considered to improve ATYA transition from CAMHS to AMHS.*

Subjects and methods: *A qualitative literature review was performed in Scopus-Elsevier database using the PRISMA method as reporting guidelines. Only papers discussing dimensions involved in the transition process from CAMHS to AMHS were considered. We restricted the review to researches published between 2010 and 2020.*

Results: *We identified 85 potential researches, after filtering; only 10 articles were finally included in the qualitative synthesis of the literature. Five main dimensions were identified: patient, professional, organization, policy, and ethic related. Those dimensions should be considered in order to improve ATYA transition process out of CAMHS to AMHS.*

Conclusion: *This work contributes to identify principal dimensions that should be considered by mental health professionals and organizations in order to improve ATYA transition from CAMHS to AMHS.*

Key words: *adolescents – transition - young adults - mental health services*

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INTRODUCTION

Adolescent mental health during transition to young adulthood is a critical issue for public health and has become a key challenge for health care systems and more specifically for mental health professionals. As stated is previous work, there are at least three main reasons to focus on the late adolescent developmental phase (19-24 years old), or also known as adolescents in transition to young adulthood (ATYA) (Lepièce et al. 2019). Firstly, transition to the young adulthood period is moment of significant psychological vulnerability. Prevalence of any mental illness is higher among late adolescents in comparison with younger teenagers (WHO 2013). Secondly, international literature shows that ATYA with a mental health disorder do not have sufficient access to appropriate care, moreover ad-hoc structures are lacking. Indeed, only one in four adolescents suffering from a significant mental disorder receives specialized services. Moreover, ATYA are often reluctant to seek help among mental health professionals and services (Malla et al. 2018). However, a rapid access to adequate care is fundamental. Around 50% of adult mental health conditions originate in adolescence (Kessler et al. 2007). Therefore, early intervention is recommended to avoid short and long-term negative consequences of early mental health problems. In the short-term, adequate care decreases the length of mental health disorders and prevents negative social consequences (e.g. premature termination of schooling, social exclusion), while in the long-term, relevant interventions help to reduce morbidity during adulthood and prevent socio-economic exclusion (Bees-do-Baum 2015). Finally, within healthcare systems and services, individuals aged 18 and more are considered as adults and therefore referred to different services than those who are younger than 18. This has considerable implications on care delivery; it jeopardizes continuity of care at a developmental turning point. In Belgium, the 2015 reform of mental healthcare argues for inclusion of youth until the age of 23 in child and adolescent mental health services (CAMHS) as well as the development of integrated care within enlarged network (primary care, social services, and mobile team) and community.

What is transition? According to Singh, a successful transition from CAMHS to Adult Mental Health Services (AMHS) relies on four specific criteria, which are: (a) information transfer (referral letter, case note); (b) period of parallel care (joint working between CAMHS and AMHS); (c) transition planning (meeting between service user and key professionals from both

CAMHS and AMHS prior to transfer); (d) continuity of care (at least three month post-transition) (Singh et al. 2010). A recent scoping review identifies six core components of successful transitions from child to adult mental health services: Transition policy; Transition tracking and monitoring; Transition readiness; Transition planning; Transfer of care; Transfer completion (Cleverley et al. 2018). This framework aims to develop an integrated pathway and care coordination to improve the transition experiences and outcomes. Despite this framework, one knowledge gap remains. Which dimensions should be considered by professionals to ensure an efficient transition out of CAMHS to AMHS? Transition from CAMHS to AMHS has many potential obstacles that can be classified in at least four dimensions, which are: patient, professional, organizational, and policy. All these dimensions should be considered in order to prevent from an inadequate or suboptimal transition process.

The goal of this paper is to review recent literature in the domain to identify dimensions that should be considered to improve transition from CAMHS to AMHS for ATYA.

SUBJECTS AND METHODS

A qualitative literature review was performed in Scopus-Elsevier database. The following search equation was used: “adolescents” OR “young adults” OR “young persons” AND “child and adolescent mental health services” AND “adult mental health services” AND “transition”. Time frame was restricted to researches published between 2010 and 2020. The PRISMA method was used to structure the literature review (Moher et al. 2009).

RESULTS

Our literature review identified 85 papers, we exclusively focused on papers that have considered dimensions that improve or on contrary impede an efficient transition from CAMHS to AMHS. After scrutiny, only 10 articles met our inclusion criteria and therefore were included in our qualitative synthesis. Our PRISMA flow diagram is presented below (Figure 1).

The synthesis of our qualitative literature is presented in the table 1.

DISCUSSION

Our literature review points out five dimensions (i.e. patient, professional, organization, policy and, ethic) that should be considered in order to improve transition from CAMHS to AMHS. These dimensions are discussed below.

In the matter of the patient dimension, the nature of the disease should be considered during transition. For long term conditions and neurodevelopmental diseases (i.e. autism spectrum disorder), transition is often described as poor and difficult. Diagnosis predicts likelihood of transfer toward AMHS, consequently, more severe diagnoses (i.e. psychosis) were found to be more likely transferred to AMHS, compared to other diagnoses such as ADHD disorders. Many ATYA refuse to transfer to AMHS. One of the most common reasons for this refusal is the fear of relational discontinuity of care. From patients’ perspective, being encountered as a person, being encouraged to express feeling and, being maintained in a familiar environment, should facilitate transition process by decreasing care drop-out rate and, by avoiding ATYA rejection of transfer to AMHS.

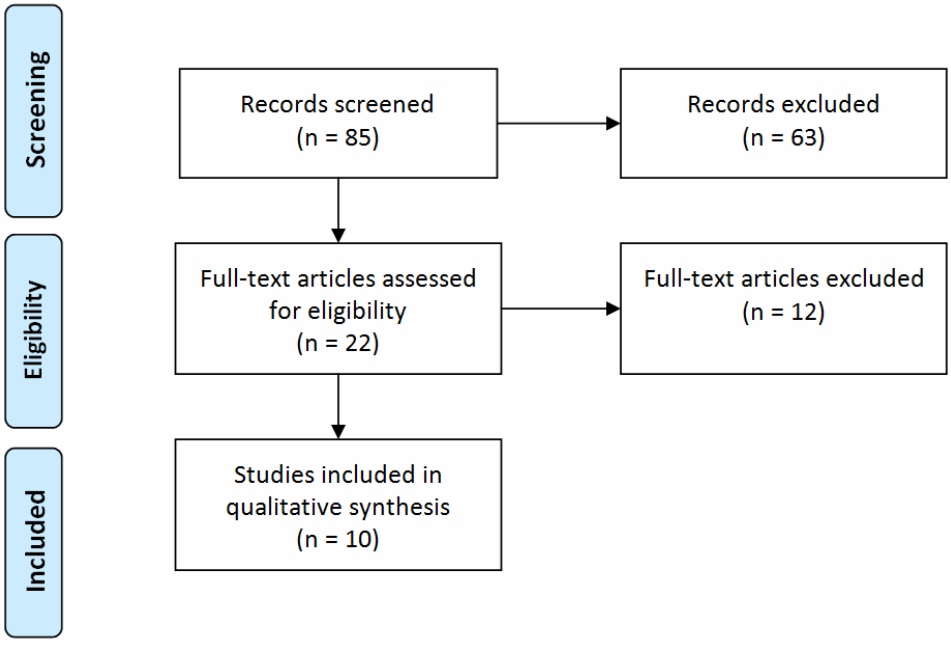

Figure 1. PRISMA flow diagram

Table 1. Dimensions to consider with ATYA for improving transition out of CAMHS to AMHS

Dimensions related to	Dimensions to consider with ATYA for improving transition out of CAMHS to AMHS	Source
Patient	Nature of the disease	Merrick et al. 2015
	Refusal to be referred to AMHS	McNicholas et al. 2015
	Motivation to continue care	Lindgren et al. 2015
	Encountered as a person	
	Encouraged to express feelings	
	Maintain a familiar environment that fosters development of relationship with both professionals and other patients	
	Experiencing discontinuity of care	Cleverley el al. 2020a
Professional	Training and support of workforce and primary caregiver	Munro & Simkiss 2020
	Understanding specific needs and expectations of ATYA	
	Ensure partnership with ATYA in transition-related decision making	Cleverley et al. 2020b
	Ensure access to transition-related information	
	Ensure relational continuity between CAMHS and AMHS	
Organization	Accessibility to AMHS	
	Waiting list, places availability	Munro & Simkiss 2020
	Rules governing access to service create additional barriers	
	High thresholds for access to AMHS	
	Absence of a formal diagnostic	
	Not being ill enough for AMHS	Appleton et al. 2020
	Put off accessing further care	
	Fragmentation and variability among AMHS services	Cleverley el al. 2020a
	Non-referral by CAMHS to AMHS	McNicholas et al. 2015
	Continuity of care	
	Inadequate service provision after CAMHS	Appleton et al. 2020
	Lack of joined-up care between services	
	Not prepared for CAMHS care to end	
	Improve working relationships between services	Hill et al. 2019
	Improve communication and joint working between CAMHS and AMHS	
	Accompany issue of leaving secure relationships for new one	
	Cultural gap between CAMHS and AMHS	
	Flexibility in timing of transition	Memarzia et al. 2015
	Quality of care	
	Not receiving appropriate care	Appleton et al. 2020
	Service resources and gaps (guidelines, knowledge, and training)	Hill et al. 2019
Policy	Lack of international transition guidelines	Cleverley el al. 2020a
	Heterogeneity of practices and policies among healthcare institutions	
	Timing of transition based on developmental and clinical readiness	Cleverley et al. 2020b
Ethic	Stigma, autonomy and decision making	O'Hara et al. 2020

Regarding the professional dimension, training concerning issues related to transition should be reinforced in future for both CAMHS and AMHS staffs. Professionals should consider ATYA as a specific group with particular needs and expectations such as; receiving adequate transition related information and being involved, with their family, in transition-related decision making. CAMHS and AMHS staffs are described as being two separate and independent worlds; this situation jeopardizes relational continuity of care. It is recommended that CAMHS and AMHS work together in order to support the transition process; creating a new specific role such as case management may facilitate the transition.

A successful transition from CAMHS to AMHS must particularly consider organizational dimensions involved in the process. Indeed, our literature review shows that many key factors of a successful transition depend on services organization. The first sub-dimension identified is accessibility to AMHS: long waiting list, and thresholds creating additional barriers such as requirement to be in stable accommodation or to have desisted from substance misuse. Transfer to AMHS is driven by the formal diagnostic rather than ATYA specifics needs. AMHS services supply is perceived as fragmented and heterogeneous by most CAMHS staffs. That situation contributes to uncertainty about how and where to continue the most suitable care for ATYA when

they attain age boundaries. Thus it exacerbates stress for the staff, patient and his family. This fragmentation may explain why CAMHS are sometimes reluctant to transfer youth to AMHS.

The second sub-dimension is the continuity of care. One of the most important factors is to guarantee continuity of care. CAMHS and AMHS organisations should improve communication, develop more precise joint working procedures, prepare ATYA for a potential transfer much far before attaining age boundaries, and consider as well as discuss with ATYA the best way and the best service to continue care after transition. At that critical age, care implies providing additional specific supportive advices and services (i.e. social, housing, educational, and working). Those services are not always integrated in medical care even though they are essential, particularly for ATYA who are facing the stake of social integration. Cultural gap between services refers to important differences between CAMHS and AMHS. Indeed, CAMHS tend to be more nurturing, protective, comprehensive, and family oriented in contrast with AMHS, which are more autonomous, individualised and diagnostic led. Organizational flexibility in timing of transition consists of transferring ATYA when they are personally, socially and psychologically able to succeed. Decision of transfer must not only be based on age boundaries or diagnostic.

The third and final sub-dimension is quality of care. Cares for ATYA in AMHS are described as not appropriate enough and not encountering ATYA specific needs and expectations. Significant gaps remains between CAMHS and AMHS, services should develop guideline and protocol to improve quality of care for ATYA in AMHS services. CAMHS staffs lack knowledge about AMHS services structures and availability, AMHS staff need training regarding transition issues.

Regarding the policy dimension, literature point out that, currently international validated transition guidelines are clearly lacking. Policies should support the development of structures and services that based transition on developmental and clinical readiness rather than on age boundaries. Transition and its outcomes are new concerns in research. Future researches on that topic will allow filling in this gap and developing more coherent, evidence-based recommendations to nurture transition health policies and institutional practices. This knowledge will be useful in educating the professionals and the trainees from CAMHS and AMHS. Two tools (i.e. "TRAM" for Transition Readiness and Appropriateness Measure and "TROM" for Transition Related Outcome Measure) were recently developed by the Milestone group (Santosh et al. 2020). TRAM aims to assess youths' readiness and appropriateness for transition whereas TROM measures outcome related to transition. These tools may be considered as a significant contribution to futures research in the domain of transition. This will allow a better understanding of the trajectory of care for ATYA, shedding light on factors involved in the transition process in relation with long term outcomes.

The ethic dimension is the last dimension of our literature review. It is important to consider that dimension in order to have an effective transition from CAMHS to AMHS. Therefore, professionals should always keep ATYA involved in the decisional process of a potential transfer and, must support ATYA autonomy and empowerment. The transfer to AMHS could happen automatically without an appropriation to the case. Sometimes, despite the presence of mental health symptoms, the transfer may not be in the best interest of the patient. Alternative models of care may be more appropriate and should be discussed with ATYA. Stigma and labels attached to mental health and subsequent fear of chronic mental health difficulties are often cited by ATYA as reason for care avoidance or disengagement. This should be taken into account when considering options of care continuity and trajectory.

CONCLUSION

ATYA are dealing with a major developmental stage of their life. Some of them are currently benefiting or will need mental health care during this critical life stage. Transition from CAMHS TO AMHS is at risk of exacerbating mental illness and creating unnecessary challenges for ATYA. Our work contributes to identify dimensions that should be considered by professionals in order to facilitate transition for ATYA. Transition should be based on developmental and clinical readiness rather on age boundaries. Organization of services should ensure continuity of care and improve communication as well as joint-working between CAMHS and AMHS. In addition, involve ATYA in transition related decision-making, develop supportive services along with advices that meet ATYA specifics needs, issues, and challenges that they are dealing with.

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Contribution of individual authors:

Brice Lepiece conceived the study, performed the qualitative literature review, and drafted the manuscript.

Pierre Patigny, Thomas Dubois, Denis Jacques & Nicolas Zdanowicz made substantial contributions to interpretation of data and revision of the manuscript.

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