

TRANSITION FROM CHILD TO ADULT MENTAL HEALTH SERVICES: MAPPING NEEDS

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INTRODUCTION

When adolescents treated in mental health services reach the upper age limit they are transferred from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS). The transition pathway between both services may eventually have an impact on clinical outcome as it influences follow-up and treatment adherence¹. Transition from CAMHS to AMHS should be planned in advance, have correct patient information transference, include a period of parallel care and assure continuity of care. However only the 4% of the CAMHS-AMHS transitions fulfill these features² and while the best transition model is yet to be defined it is estimated that one third of young people are lost from care in the change of mental health service¹.

OBJECTIVES

The aim of this study is to assess the socio-demographic and clinical characteristics of the CAMHS-AMHS transition population in the community mental health system in Sant Martí Sud neighbour in Barcelona between 2018 and 2019.

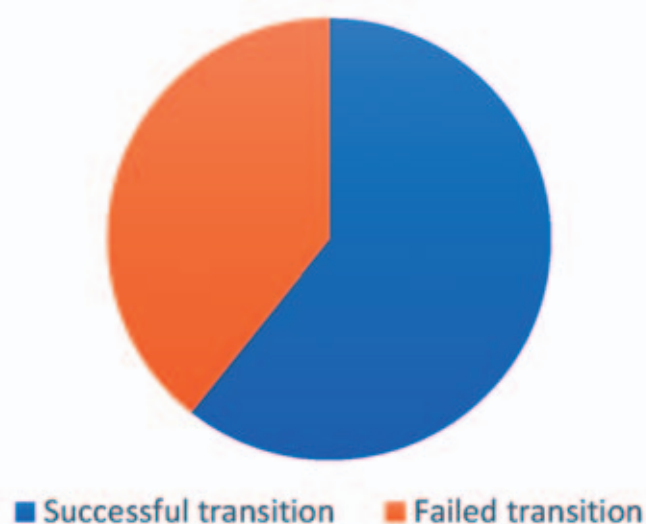
METHODS

We carry on a cross-sectional descriptive analysis of a 28 patient sample of adolescents who attended CAMHS and were referred to our AMHS examining socio-demographic data, success in continued follow-up, clinical and therapeutic features and timing of the transition.

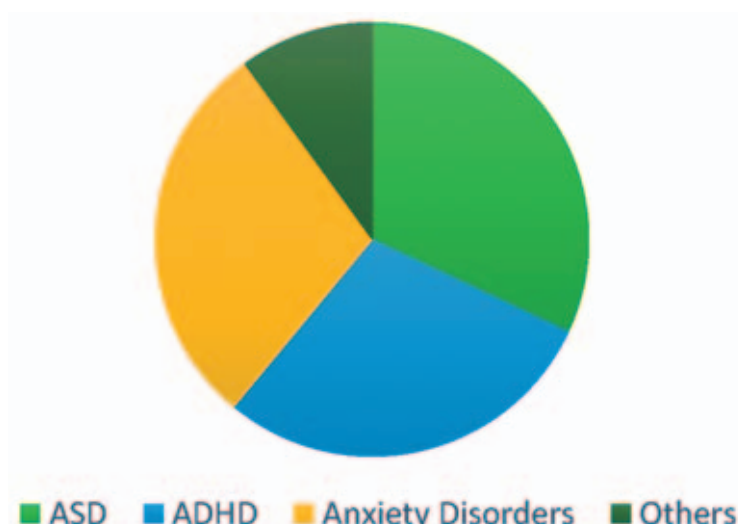
RESULTS

Our sample included a greater proportion of male patients (64,3%). The percentage of patients that effectively made the transition to AMHS was slightly higher (60,7%) while the 39,3% of the patients were lost after finishing CAMHS ([graphic 1](#)). Of the group of patients who did not reach a satisfactory adherence to adult mental health service, seven did attend to the first appointment in AMHS. Parallel care was only applied to one of the patients. Nearly half of the patients (46,4%) who were referred to AMHS from CAMHS were diagnosed with a severe mental disorder, a third of them were lost of care during transition. The average time for a transition appointment in AMHS was 47,7 days. The most common disorders in the referred patients were ASD (32%), ADHD (29%) and anxiety disorders (29%) ([graphic 2](#)). Pharmacological treatment was present in part of the sample, being antidepressants the most frequent (32%), followed by antipsychotics (21%) and psychostimulants (18%).

Graphic 1: Transition from CAMHS to AMHS



Graphic 2: referred disorders



CONCLUSIONS

While a parallel model of transition is currently advised, in our population the transition from CAMHS to AMHS was made in nearly all cases following a sequential model plus coordination between services. Assessing the potential barriers that may hinder the transition such as service access and differences in conceptual views of diagnosis and treatment may help soften the transition to adult mental health care. Further research is needed in order to establish the best transition model between CAMHS and AMHS to minimize the loss of care and optimizing the mental health care continuity.

REFERENCES

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