Mental health service transitions for young people

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Key messages

- Moving from child and adolescent mental health services to adult services is difficult for many young people, their parents and carers.

- Recurrent problems include limited participation of young people, high eligibility thresholds for entry into adult mental health services and inconsistent support during transition. This leads to some young people ceasing to use services until a crisis occurs.

- Service transition is a *process*, and needs to take account of the wider context of young people's lives, including education, employment, housing and overall health needs.

- Young people, their families and carers want their views to be taken seriously and to participate actively in the process of transition. They value good information, consistent support from a key worker and flexible, non-stigmatising community-based services appropriate for their age group.

- Good practice also involves collaborative flexible working between agencies, clear protocols and transparent planning meetings.

- There are limited adults' services for specific groups of young people, including those with attention-deficit hyperactivity disorder and autism spectrum disorders.

- Many practice developments and service models for improving transitions are at an early stage of development, and there are few robust effectiveness studies currently available. No research studies were found on costs or cost-effectiveness.

- Implications for service improvement are set out towards the end of this briefing. These include young people needing transitional support from CAMHS and voluntary sector agencies to help them adapt to the different culture of adults' services.

Introduction

This briefing looks at recent research literature (since 2000) on the move from child and adolescent mental health services (CAMHS) to adults' services for young people with psychological, emotional or behavioural problems, referred to as 'mental health service transitions'. Young people may move to adult mental health services (AMHS) or need alternative support in young adulthood. Despite evidence of some promising and innovative practice, this is an issue of longstanding concern to young people, their families, practitioners and policy-makers, both in the UK and abroad.[1–9]

This briefing asks:

- What do professionals, young people, parents, carers and families think about mental health service transitions and what has their experience been?

- What evidence is there for good practice and service models in supporting successful service transitions?

Mental health service transitions are understood to be a process, rather than an 'event' or a 'transfer', and this process needs to be understood in the broader context of young people's lives.[1,2,8–11] However, this briefing is specifically about service transitions. It does not focus on:

- other aspects of life transition at this age, such as the move from education into training or work, or the move into independent living

- therapeutic interventions for young people, except in the context of transitional arrangements by services.

The majority of the literature surveyed in this briefing is UK-based, but some literature from the USA and Australia has been included. Research findings are from the UK unless otherwise stated. In the light of previous reviews of this area,[2,5,11] literature since 2008 has been prioritised where it covers the same issues or groups of young people as earlier literature.

Who uses CAMHS?

Young people using CAMHS have a range of psychological, emotional or behavioural problems, such as early psychosis, emerging personality disorders, attention-deficit hyperactivity disorder (ADHD) and autism spectrum disorders (ASDs). Terms used in the literature include 'mental health difficulties', 'mental health problems', 'mental illness' and 'mental disorders' – reflecting different discourses and models of mental health. This briefing uses the term 'mental health problem(s)'.

CAMHS comprises targeted, specialist or highly specialised services for children and adolescents, in addition to primary care (e.g. general practitioners – GPs – school nurses and child health), along with other services based in non-health sectors. For example:

- youth offending teams

- behaviour and education support teams

- pupil referral units

- looked-after children's services

- secure and other residential settings including youth justice provision.

Voluntary sector services also provide mental health support to young people – for example, youth information advice counselling and support services (YIACS).

Discharge from CAMHS and a potential move to adults' services takes place at varying ages,[2,5,12] but most commonly when young people are aged between 16 and 18. The service transitions and youth mental health literature focuses on the age range 16–25, and may use the term 'young adults'. This briefing uses the term 'young people', while acknowledging the term 'adolescence' as a developmental stage with particular significance for young people's mental health.

Transitions from children's to adults' services differ between sectors:

- children's services are generally provided up to the age of 19

- the youth justice system works with children and young people aged between 10 and 17

- children in care can continue to receive services until the age of 21, or 25 if they are in education.

Clearly, age-related service moves are not confined to mental health services, and lessons can be learned from parallel experiences in other areas, including juvenile justice and child welfare.[10,12,13,14]

Adolescence and mental health problems

Adolescence is a period of intense change for young people. The move from CAMHS to adults' services is likely to coincide with other transitions, and good practice in this area will consider young people's social, educational and employment needs.[1,2,4,6,8,11,13,16–18] Young people emphasise the complexity of their lives and the multiple difficulties they may experience during this period. Housing costs and changing patterns of education mean that many young people now stay in the family home until their early twenties,[5,14] whereas the trend up to the 1980s was for them to leave home in their late teens. Pressures on young people may include:[2,5,16,19,20]

- relationships and friendships

- education and training

- pregnancy and childbirth

- employment

- housing

- accommodation

- money.

These can be 'risk' *or* 'protective' factors for mental health,[18] and the list highlights the importance of co-ordinated, multi-agency planning for transitions, involving a range of professionals from different disciplines.

To understand the issues involved in a move from CAMHS to AMHS it is important to consider what we know about mental health and adolescence. New mental health problems such as psychosis or eating disorders may emerge, or existing difficulties may become more complex or severe. We know that psychological and social changes in adolescence raise the incidence of mental health problems and risk-taking behaviours.[2,10,13,17] Recent studies have found that in children aged between 11 and 16, the rate of 'mental health disorders' is 12 per cent, while up to 20 per cent of those aged between 16 and 24 have a mental health problem, most commonly anxiety and depression.[2,5,21] There is evidence that the prevalence of problems such as anxiety and depression has increased for both girls and boys in the UK since the mid-1980s.[19,21]

> ‘Adolescents are a very special group of individuals requiring highly specialised skills’
> (p 78).[15]

Young people may have more than one problem – referred to as 'comorbidity' in the literature. The use and misuse of alcohol and drugs is a major issue for a high proportion of this age group:[16] for those receiving CAMHS, rates of substance misuse are especially high.[2,13,22]

For some groups – for example, young people with learning disabilities, ADHD, ASDs and eating disorders – long-term experiences and outcomes into adulthood are not well documented.[1,24–29] Diagnoses of these conditions have risen in the UK, however not all young people in these groups will require specialist support.[23,24] Of those for whom symptoms persist into adulthood, there is a greater likelihood that additional mental health problems will also be diagnosed.[24–26] These people will need ongoing

support as adults, but there is a lack of adult services to cater for them.[19,23]

What is the issue?

Policy concerns about mental health service transitions for young people are longstanding. The Coalition Government recently published a mental health outcomes strategy, *No health without mental health*,[30] which states that service transition from CAMHS to adult services can be improved by planning early, listening to young people, providing appropriate and accessible information to young people, and focusing on outcomes and joint commissioning.

An 18-year-old may find themselves without a service for various reasons.[1,2,4,5] Differences in referral thresholds in CAMHS and AMHS may result in a 16- or 17-year-old not being referred for AMHS on the grounds that CAMHS do not believe that person is eligible for services, or they may be referred but not be eligible for AMHS: 'We worked with a young person with a personality disorder who was receiving a service from CAMHS. He discharged himself from care at 16. He was then considered too old for CAMHS but too young for an adults' service. He slipped through the net and ended up engaging in criminal behaviour'.[31] Other young people may not make an age-related service transition as they stop using CAMHS before this takes place.

For other young people, a move to a range of adults' services may take place. Practice relating to these transitions is frequently inconsistent and often poor,[1–5,20] resulting in negative experiences for young people and their families. The National Advisory Council[4] reported few examples of adults' and children's services commissioners working together to provide appropriate transitional care. Difficulties included:

- poor understanding of mental health problems and how resilience can be developed

- administrative and legal processes, including service thresholds, which made services inflexible and unresponsive

- 'unacceptable' variations in the level and type of services available in different areas.

Several good practice guides have been published by government departments, professional bodies and voluntary sector organisations on health and social care service transitions (not all specific to mental health).[6,10,32–35] They agree on the broad principles that should underpin transitions services and the Social Exclusion Unit[6] has summarised these as:

- actively managing the transition from youth to adults' services

- taking thinking and behaviour into account, and building on it

- involving young adults, their families and carers in designing and delivering services

- giving effective information about services and sharing information between services

- offering young people a trusted adult who can support them through the process.

A critical look at research findings is important when evaluating what is the best way to support young people during service transitions. This process requires a body of research in its own right. Otherwise, there is a danger that service models will spread throughout practice without a sufficiently strong evidence base.

Why is it important?

Poor service transitions make it more likely that young people will disengage from mental health services despite continuing need. This can seriously affect a young person's health and wellbeing, as well as that of their parents, carers and wider family. Adverse outcomes in mental health are associated with difficulties in many aspects of life, including being able to take advantage of education, training and employment opportunities.

A US study examined the use of mental health services by young people who were reported as

victims of maltreatment during adolescence. It found a significant drop in the use of services over time from adolescence into early adulthood, especially for black and minority ethnic (BME) young adults who lacked medical insurance.[37] This drop was not a reflection of levels of need, which remained high.

Conversely, a positive experience of service transition can open up opportunities and benefit young people. Case studies of the transitions of 11 young people[2] found that eight continued to be engaged with AMHS, and seven of these felt that their mental health had improved.

Mental health services for young people

Difficulties in providing good support during mental health service transitions are linked to broader issues in providing effective, age-appropriate, accessible mental health support to young people.[1,3,4–7,10,14,17,19,38–40] The mental health needs of this diverse group are distinct from those of both children and adults. The way in which CAMHS and adults' services are organised does not always fit easily with the ways in which mental health problems are experienced by young people.

There is a debate in the literature about whether better service transitions can best be achieved through a 'youth mental health service' model, or through better resourcing and targeting of the existing CAMHS/AMHS model. A new duty from April 2010 within the Mental Health Act 2007, amending the 1983 Act, is to admit and treat patients aged under 18 into an environment in hospital which is suitable in terms of their age (subject to their needs).

Early intervention services, particularly for psychosis, have developed over the past 10 years, on the basis that treating childhood mental health problems effectively may prevent or reduce the severity of problems in adulthood.[18,41] Early intervention in psychosis teams cover a

wide age range from 14 to 35, bridging CAMHS and AMHS, and service transitions can occur at older ages.

What does the research say?
Problems and challenges in transitions

Much of the research on mental health service transitions identifies problems and challenges, with little evaluation of good practice and service models. In the TRACK study,[2] only four out of 90 individuals transferring from CAMHS to AMHS had made an 'optimal' transition involving joint working, planning meetings, the transfer of information and continued engagement in AMHS. There are delays in accessing AMHS, difficulties in obtaining appropriate specialist expertise and varying quality of inter-professional working that can result in young people (especially those aged 16–18) 'falling through the gaps'.[1,2,4,10,42]

Young people, their families and carers, along with professionals, all express similar views on these difficulties. They report that moving to adults' services is confusing and difficult to negotiate. Progress made previously in CAMHS is diminished and even lost as young people disengage from services. Young people approach service moves with different needs and attitudes, which affect their perception of a move to adults' services.[5,43] They may have little understanding of, or expectation about, what this process means, and many lack the information they need.[41,44] Parents and carers have said that young people's voices are not heard, and therefore they have to advocate on their behalf.[8,25,44]

Some confusion results from longstanding differences in the culture and structure of CAMHS and AMHS. These reflect different professional cultures and training, and different theories of mental health informing service development and service eligibility criteria.[1,2,5,9,17] This has been complicated by varying mental

health services for children and young people across the country.

CAMHS include young people with emotional, relationship and behaviour difficulties and self-harm. CAMHS are seen to be more integrated in terms of working with other agencies, and more inclusive of the young person's parents, carers or other family members.[1,2,4,9] Conversely, AMHS are considered to be more individually focused and with higher thresholds for access, prioritising young people with severe and enduring mental illness. There are few services for young people with ADHD,[23] ASDs and learning disabilities.[19,25]

Professionals within CAMHS and AMHS have mixed views about which approach is preferable, especially as resources are limited. However, where new programmes have been tested (usually involving service integration, and often focused on early intervention in severe and enduring disorders such as psychosis), professionals value the wider net of colleagues engaged in the process.

Professionals are aware of gaps in partnership working between CAMHS and AMHS, and other services which may need to be involved. Adults' services may not be as integrated as children's services, which is problematic for young people who also require support with accommodation, education and training, employment and substance misuse issues.[2,12,13,20,22] A 2006 survey of all primary care trusts (PCTs)[19] found that primary care was not seen by commissioners as very accessible for young people needing mental health support. Similarly, research with 45 young people[42] found that GPs were often a barrier to getting the support needed.

Poor partnership working is sometimes related to organisational systems – for example, different computing systems and resulting difficulties in information exchange.[2,17,20] There are also different approaches to informal referrals, consent and confidentiality.[2,5] Organisational restructuring and a lack of time can make it

difficult to embed good working relationships. In addition, short-term funding in the voluntary sector can act as a disincentive to the establishment of effective cross-agency working.[45]

There is evidence that some young people (including 16- and 17-year-olds) are being placed in adult psychiatric beds because of a lack of age-appropriate community facilities or inpatient beds for adolescents, especially when in crisis.[31,46,47] Young people who have experienced this highlight the following:[46–48]

- being isolated and bored

- a confusing lack of information

- a lack of understanding of their age and situation – reflected in minimal educational support or alternative activities

- disorganised discharge arrangements

- at times a lack of safety, including serious physical and sexual abuse.

However, and by contrast, some young people say they fit in better with older people than with younger age groups.[48]

'There is nothing to do. You just sit there and think and worry all day. You want something to do instead of sitting there all day'
(p 13).[43]

The professional view is that adult inpatient wards are inappropriate for young people, especially in relation to activities, education and training. There can be difficult transitions for 16- and 17-year-olds placed on adult wards if they are discharged back to CAMHS community services[49] and there is a lack of appropriate placements for young people leaving secure provision.[14]

Social exclusion and mental health service transitions

Mental health service transitions should be informed by wider discussion of social exclusion and how this relates to mental health support. Some young people are multiply disadvantaged.[18] The following are disproportionately represented among young people with mental health problems:[5,9,10,12,13,18,50]

- those whose families are poor

- those who are from a BME group

- those who have experience of the care system or the youth justice system

- those who are homeless

- those who are unemployed

- those who have poor educational outcomes

- those who have physical health problems

- those who misuse drugs and alcohol

- those who are refugees.

Prior experiences of disadvantage, relationship difficulties and abuse will often have contributed to current circumstances. For example, young people who are homeless or those seeking asylum have typically experienced considerable trauma prior to leaving a family home or care placement.[12,14,22,50,51] Demographic factors are also significant, specifically the younger age structure of BME groups in the UK.[50]

These populations may be hidden, and their rates of mental health need are hard to determine. Vulnerable groups experiencing multiple problems may find it difficult to get support for their mental health needs.[42] Some young people may not have accessed CAMHS, or have a disrupted history of accessing services, yet may be in need of mental health support as adults.[5] Barriers vary between different groups, but will include stigma, lack of information about services, language difficulties and racism.[18,50–52]

Young people who are homeless, and those from minority ethnic groups with mental health problems, report anxieties about discrimination and racism when approaching mental health services.[51–53]

Services such as education, social care, housing and youth justice do not always provide a safety net.[14] Research into looked-after children living in residential care found that inconsistencies in the transition process in mental health services resulted in services being discontinued into adulthood, even where significant mental health problems were known to exist.[13,22,45] The mental health service transition is likely to coincide with a move from foster or residential placement to independent living, and a reduction in overall levels of support.

The cycle can then be perpetuated as young people from these groups gain negative perceptions of mental health services and are unwilling to access or engage with them in the future. US research into young people from minority ethnic groups supports the UK evidence. Appropriate services can only be designed and delivered with a proper understanding of the cultural and socioeconomic context in which some groups – for example, young black males – operate.[51–53] These issues will continue to be relevant throughout the process of mental health service transitions.

Good practice and service models

Listening to young people, their carers and families

A consistent message from the research literature is the importance of services and staff listening to and acting on the views of young people, their carers and families, with a non-judgemental approach which demonstrates respect and equality. This is not always translated into practice.[11,19,22,24,25,28,52] Often young people and their families feel excluded from the transition process.

> *Young people's points of view are important and they can communicate with other young people and that can make more of a difference than older people talking to you*
>
> (p 30).[53]

A participative approach is important in terms of working with individual young people, and also in the design and modification of services.[2,16,24,25,39,40,42,46] While research and consultation have shown that young people have well-developed proposals for improving services,[4,38,42] meaningful participation of young people in service development is often limited.[4,8,12,38,44] This makes it less likely that services responsive to the needs of young people are developed.

Professionals need to recognise young people's expertise, and also that of carers, parents and other family members in terms of mental health problems. They need to respect confidentiality, while addressing the concerns of parents and other adults close to the young person.[31,40,41,44,45] Local transition protocols may acknowledge the principle of participation, but they also need to specify ways of preparing young people or parents and carers for the transition.[2,20]

Listening to young people is associated with understanding their needs, including the broader context of their lives such as their home and

> *An alternative to hospital … would have been good … just somewhere/ someone to talk to who can communicate at our level – someone who is willing to change they way they work rather than expecting that we communicate in their way*
>
> (p 68).[46]

family situation, their broader social networks, leisure interests, and education and employment.[8,39,40] Friendship networks are important sources of support to young people and need to be maintained.[16,19,39] Listening to young people and acting on what they say should mean that they receive a service that is appropriate to their age and situation, with opportunities for self-discovery, having fun and developing skills.[39] This requires awareness and appropriate skills on the part of the professionals involved.[44]

Accessible and flexible services

A range of services should be available to support the mental health needs of young people leaving CAMHS. While some young people will move to AMHS, mental health support needs to be available through other services, including non-health settings. This means new problems can be picked up, and provides a safety net for those who are not eligible for, or have difficulties in making a transition to, AMHS.

> *There's no point having a service available between nine and three on a Monday, Wednesday and Thursday. I need to know where to go for help when it's just me and four walls on a Sunday night*
>
> (p 64).[16]

Services aimed at supporting transitions or specific to young people vary in objectives, structure and the treatment and interventions they offer.[38–40] Some focus on a particular age group or gender, others on particular ethnic or cultural groups. Research has shown that young people and professionals would welcome the following:[2,5,38,39–42,44]

- community-based resources which are friendly, informal, flexible, accessible and non-stigmatising

- flexibility in venues and meeting times (including out of hours, and drop-ins without appointments), plus telephone support

- adults' services to demonstrate flexibility and perseverance if appointments are missed

- services that respond to unexpected changes in the young person's mental health and other aspects of their lives.

There is a small evidence base relating to the effectiveness and accessibility of mental health support for young people in non-health service settings.[13] A small-scale evaluation of mental health support provided to young people living in foyer accommodation found that this was generally well perceived. Foyers are temporary accommodation services combined with personal support, training and employment opportunities, and are aimed at young homeless people aged between 16 and 25. Important features were that the service was in-house, informal and accessible, and support was offered after the young person had left.[54]

A US evaluation of five community-based transition programmes for young people aged 14–21 with serious mental health problems demonstrated the complexity of evaluating such interventions.[56] The service model required programmes to be collaborative, including young people, their families, direct care providers and other stakeholders. The interventions used and how these were to be implemented varied according to the local context. Outcomes were measured in relation to employment, education, criminal justice involvement, mental health and substance use. While some improvement was identified on outcomes relating to education, employment and criminal justice involvement, the impact varied across the different subgroups in the sample. Outcomes were affected by age, with the older programme participants experiencing greater improvement. Outcomes were also affected by gender, with females doing better than males. African-American young people showed relatively better progress on most outcomes, excepting employment.

A multi-agency approach

Evidence strongly supports coordinated working between professionals and agencies, with signposting from one service to another. Professionals from different agencies need to be alert to young people's needs for mental health support in *all* their work. Although some professionals in non-mental health services have a good understanding of mental health issues,[9,19,50] others report a lack of knowledge or confidence and say they need training.[22] Better information and training among professionals in further and higher education, youth services and employment services could assist with earlier intervention and support, and encourage effective information exchange. Some health professional training programmes look at the issue of transitions.[10] However, constraints of time often seem to prevent gathering of information and comprehensive assessment in practice.[13]

'Young people have a lot of problems and it is easier for them to walk into a place that deals with young people … it is good to come to just one place where they sort everything out. I wouldn't want to keep explaining my situation over and over again. It is just too difficult and upsetting' (p 1).[40]

Support provided during mental health service transition that includes attention to broader outcomes in education, employment and housing may benefit mental health outcomes for the young person.[16,19,40,51,52] This may often involve both formal service providers and 'informal' support within the community – for example, in terms of employment opportunities.

The quality of relationships between different professionals is key to the success of mental health service transition. The evidence indicates that good practice in addressing this includes dialogue and transparency in planning meetings, attention to building relationships with colleagues in different agencies, and good liaison.[5]

Formal transition protocols and overviews of services for practitioners can be helpful.[2,17,19] The TRACK study[2,57] found that most CAMHS in the sample had protocols, but that these differed in the amount of joint working between CAMHS and AMHS, and whether the protocol was shared at the trust or locality level. A major omission from protocols was procedures to ensure continuity of care for young people not accepted by AMHS. In addition, the basic principles of protocols weren't always implemented.

Voluntary service projects[39] can provide support to young people through their transition from CAMHS to AMHS. However, one report[42] raised issues about statutory and voluntary sector services working together to provide crisis assistance for young adults, with voluntary sector staff perceived as having less status than statutory staff at meetings.

Emerging evidence from an independent evaluation, using validated tools, of voluntary sector services combining psychological therapies, social welfare services and GP interventions[40] suggests improved mental health outcomes and reduced visits to GPs, medication and hospitalisation.

Leaving one service such as foster care can result in decreased use of mental health services overall, as young people become detached from systems and may lack individual support.[44,58] A recent study included interviews with 10 care-leavers,[22] who reported a high level of satisfaction with care-leaving services and felt they had been supported and well cared for. CAMHS received a relatively high rating, though

problems were identified. These included difficulties in accessing mental health services, feelings of stigma and problems in establishing positive relationships with staff in AMHS. There was evidence of improved mental wellbeing, and serious mental health problems had been prevented from escalating. The study identified good practice as:

- enhanced support during major transitions
- designated mental health services for young people, including those in care
- involving the young person in service development
- ensuring practitioners are supported and trained in mental health issues.

Service models
Young people, parents, carers and other family members stress the individual nature of the service transition process. Their experiences depend on the diagnosis of the mental health problem, as well as their individual characteristics and histories.[9] Therefore, no one service model can fit the needs of all young people.

'Before I moved here, I didn't go to anyone for help … when I did try to go to someone for help, they would turn me away, so I ended up drinking, cutting myself, finding myself in arguments. But since I've been here, my key worker, she's brilliant, I love her to bits and I could go to her about anything'
(p 30).[50]

However, young people agree about the features of acceptable service transitions. A key strand in their accounts is the need for consistent emotional support from a

professional. Young people would like greater continuity in staffing and key worker support during the mental health service transition process. They want staff who take their problems seriously and respond.[5,19,39,43]

The TRACK study[2,20] defined an 'optimal transition' as involving:

- information transfer from CAMHS to AMHS (referral letter, case notes, risk assessment)

- a period of parallel care during the transition

- transition planning with at least one meeting involving the young person, parent/carer, CAMHS and AMHS

- the young person continuing to be engaged in AMHS after three months.

Young people said that early awareness of the transition and planning meetings were helpful,[2,20] but there was wide variation in the amount of parallel care or joint working. Solutions may include specific transition services, designated transition teams or workers within services, or designated staff trained in working with young people who are seconded to adult services.[2,17] Advocates may play an important role in this process.[50]

Where continuity is not possible, young people ask for clear information about what is going to happen and who will be working with them. This information should be given both verbally and in writing, and presented in an attractive and jargon-free way.[38] For young people, service transition is strongly linked to whether mental health services are suited to the needs of older adolescents:[2,5]

'Blend the age group – don't make it so distinct. As long as it wasn't 9–20, because an 18-year-old doesn't want to be sitting with a 9-year-old'
(p 9).[43]

Current age boundaries between CAMHS and AMHS are viewed as arbitrary, and reflect the relatively recent development of adolescent psychiatry as a discipline.[54] It has been argued that youth mental health services should be created which are specific to the 12–25 or 16–25 age group, on the grounds that this both recognises the changing context of young people's lives, and takes account of the varied experience of transitions for individual young people.[51] although some commentators disagree.[55] This would not remove age-related service transitions – in fact, it would create *two* transitions, one at age 12 or 16 and another at age 25, into and out of the youth mental health service.

A 2005 survey of all PCTs[19] found that 40 per cent of CAMHS commissioners and 26 per cent of AMHS commissioners wanted to develop new services for young adults, but only about 15 per cent actually provided age-specific services. One Australian academic argues that 'youth friendly' mental health services[59] should be grounded in an understanding of the nature of the many different mental health needs of young people, including those young people encountering mental health services for the first time. This latter group is more vulnerable to relapse as these young people have not had the time to learn about their illness and how to manage it successfully, and are more likely to have comorbid substance use disorders.

An evaluation of eight voluntary sector support and information services for 16–25-year-olds[39] chosen as examples of positive practice, interviewed young people and staff. There was a wide choice in the type of support and therapies offered, such as social activities in different venues including people's homes. Young people using the services had a range of ways to make contact, including text messaging and emails. There were appointment times which fitted with young people's other commitments. However, out-of-hours support was often restricted by the resources available. Outcomes reported by

young people included increased confidence and self-awareness, improved relationships, better coping strategies and life skills, education and career development, and preventing crises.

Limitations of published research

Transition has received a considerable amount of attention from researchers for several years. A range of important studies and reviews of the research literature have taken place.[2,5,25] One of the most recent primary studies – the TRACK study[2] – took place in London and the West Midlands. It aimed to identify the organisational factors that either help or impede effective transitions between CAMHS and AMHS and to make recommendations about the organisation and delivery of services that promote good continuity of care. A range of methods were used, including document analysis, case studies and qualitative interviews with young people and professionals. However, further research knowledge would be helpful in the following areas:

- Post-transition outcomes and service use for different groups of young people, including those not moving to AMHS.[2,5]

- The experiences of parents, carers and families. In studies that have included parents and carers, samples may not be representative and those experiencing most difficulties may be least visible in the research.[14,24,38]

- The experiences of practitioners from different disciplinary and professional backgrounds working with young people and their families during transition.[2]

- The effectiveness of practices and different service models to improve transition.[2,5]

- Costs and cost-effectiveness, on which no papers specific to service transitions were found.

- How service transitions relate to certain conditions – for example, ASDs[24,25] or specific groups of young people.

These gaps can be explained in part by methodological problems in carrying out research into service transitions, especially measuring the impact of practices and interventions in terms of outcomes for young people. It can be challenging to generate sufficiently-sized samples because of problems involved with engaging young people, their families and professionals.[2,60] Tracking young people over time is difficult due to frequent changes of accommodation, and organisational and personnel changes within services.[2]

Many practice developments and service models to improve transitions are at an early stage, making it difficult to assess their effectiveness. Evaluation studies may lack control groups, and findings should be interpreted with caution. Evaluations also struggle to control for differences in the consistency with which interventions have been implemented, known as 'programme fidelity'.

Implications from the research

Implications for young people, their families and carers

- Accessible age-appropriate information is needed.

- Young people may need advocacy and mentoring to enable them to negotiate appropriate care in young adulthood, and to have well planned service transitions.

- Young people may need transitional support from CAMHS and voluntary sector agencies to help them adapt to the different culture of adult services.

Implications for the policy community and commissioners

- Performance frameworks could include service transition outcomes.

- There may need to be co-ordinated commissioning of multi-agency services

(including the voluntary sector) to support service transitions, including for those young people who do not meet the criteria for AMHS.

- Young people need age-specific, age-appropriate, flexible, inter-agency services, including dedicated inpatient beds and environments.

- Young people with ADHD and ASDs whose needs continue in young adulthood need appropriate adults' services to which they can move when they become too old for CAMHS.

- Where possible, services could be flexible concerning age of transition.

Implications for practitioners and service managers

- Practitioners should listen to young people, involve them fully and could plan service transitions early.

- Statutory and voluntary sector professionals could implement co-ordinated multi-agency planning of young people's service transitions, with inter-agency protocols.

- Accessible age-appropriate information needs to be provided to young people and their families to reduce any confusion related to transitions.

- Young people need a consistent key worker to manage their service transition, who could continue to support them for a period after the move to adults' services.

- Staff training for working with young people could be beneficial, especially in adults' services.

- CAMHS and adults' services may need information-sharing agreements and compatible information systems to allow data to be shared and outcomes to be tracked.

- Services and individual practitioners could follow up transition outcomes for individuals, and monitor and evaluate the support they receive.

Implications for researchers

- Further research would be beneficial to follow up transition outcomes for cohorts of individuals and explore outcomes for young people who do not move to AMHS.

- Different models of support for service transitions need to be evaluated in terms of their effectiveness, accessibility and acceptability for young people.

- Studies could more proactively engage young people and practitioners, and research their views with participative methods.

Useful links

Children's Commissioner for England
Promotes the views and best interests of children and young people in England.
www.childrenscommissioner.gov.uk

Department for Education (DfE)
The DfE is responsible for education and children's services.
www.education.gov.uk

Department of Health (DH)
The DH exists to improve the health and wellbeing of people in England.
www.dh.gov.uk

National CAMHS Support Service (NCSS) (archive)
Active content added until 31 March 2011, as a national service improvement and development programme by the DH and the DfE. Has produced good practice resources on mental health service transitions, as a project partner with NMHDU and the Social Care Institute for Excellence (SCIE).
www.chimat.org.uk/camhs

National Mental Health Development Unit (NMHDU) (archive)
Active content added until 31 March 2011.
A range of programmes funded by both the DH and the National Health Service (NHS) to provide national support for implementing mental health policy. Has produced good practice resources on mental health service transitions, as a project partner with NCSS and SCIE.
www.nmhdu.org.uk/nmhdu/

Right Here
A joint project between the Mental Health Foundation and the Paul Hamlyn Foundation to improve the mental health of young people aged 16 to 25 living in the UK.
www.right-here.org.uk

Royal College of Psychiatrists
A professional and educational body for psychiatrists in the UK. Produced a professional guidance document on working at the CAMHS/adult services interface.
www.rcpsych.ac.uk

Transition Information Network
An alliance of organisations and individuals who come together to improve disabled young people's experience of the transition to adulthood.
www.transitioninfonetwork.org.uk/home1.aspx

Transition Support Programme
Raising standards in services for disabled young people in the transition to adult life. The Council for Disabled Children and partners are working as the National Transition Support Team for the Programme.
www.transitionsupportprogramme.org.uk

Young Minds
A national charity committed to improving the mental health and emotional wellbeing of all children and young people and empowering their parents and carers. Runs Young Mind's Parents' Helpline which provides confidential support for anyone worried about the emotional problems or behaviour of a child or young person. Has published resources for young people and parents on mental health service transitions in partnership with NMHDU and NCSS.
www.youngminds.org.uk

Youth Access
A national membership organisation supporting youth information, advice, counselling and support services (YIACS) for 13–25-year-olds.
www.youthaccess.org.uk/directory

Related SCIE publications

SCIE research briefing 27: Factors that assist early identification of children in need in integrated or inter-agency settings
www.scie.org.uk/publications/briefings/ briefing27/index.asp

SCIE research briefing 17: Therapies and approaches for helping children and adolescents who deliberately self-harm (DSH)
www.scie.org.uk/publications/briefings/ briefing17/index.asp

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About the development of this product

This work was part of the Young People's Mental Health Transitions Project, funded by the DH, and joint between SCIE, the National Mental Health Development Unit and National CAMHS Support Service. Other products include a practice enquiry, a guide for frontline services, legal guides for practitioners, young people and parent/ carers, a guide for commissioners, e-learning and a self-assessment tool.

Scoping and searching

Scoping and searching was carried out in April 2010, with further searching between June and August 2010.

Peer review and testing

The briefing was peer reviewed internally for methodology. It was peer reviewed externally by two topic experts, Dr Cathy Street and Dr Moli Paul. Comments were also received from the SCIE mental health service transitions advisory group which included practitioners and young people.

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