

Ensuring continuity of care for young people transitioning to adult mental health services: issues faced and promising approaches

Rebecca Appleton discusses the issues that young people face when moving from child and adolescent mental health services to adult mental health services, and what approaches are being introduced to help with this transition.

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Introduction

In England, 23% of 17- to 19-year-olds and 22% of 20- to 25-year-olds have a probable mental disorder, with young women aged between 17 and 25 years being twice as likely as young men to have poor mental health (Newlove-Delgado et al, 2022). Research has indicated that the COVID-19 pandemic had a negative impact on the mental health of young people (Bell et al, 2023), which may have accelerated this increase in mental health problems in this population (Newlove-Delgado et al, 2022).

Despite young adulthood being a time for the onset of the majority of mental illnesses (Kessler et al, 2005), young people are the age group least likely to access mental health support (Babajide et al, 2020), and the majority of young people do not access mental health care when needed (Knapp et al, 2016). One reason for this disparity between rates of mental illness and access to services can be explained by the current structure of mental health services.

The problem of transition

Mental health services, like physical health care, are traditionally divided into separate specialist services for children and adults. Child and adolescent mental health services (CAMHS) typically have an upper age boundary of 16–18 years (Singh et al, 2005). If a young person requires ongoing support when they reach this age, then care should be transferred to an adult mental health service (AMHS) through a therapeutic process known as transition (Paul et al, 2013). Around a quarter of young people transition to AMHS after reaching the CAMHS age boundary, with some experiencing multiple service transitions during this time (Appleton et al, 2019). CAMHS and AMHS are often described as having different cultures and treatment philosophies (Murcott, 2014; Mulvale et al, 2016), which can make the transition between them difficult and mean that some young people do not meet the illness threshold for care at AMHS (Paul et al, 2015). As CAMHS and AMHS have different illness thresholds, it is likely that, for some young people, other types of mental health support, such as counselling or wellbeing services, might be more appropriate than AMHS. It is also important to note that not all young people will require further mental health care after leaving CAMHS, as most show improvements in mental health in the following period (Gerritsen et al, 2022). However, it has been widely shown that some young people require ongoing mental health support after leaving CAMHS, but are not able to access it (Broad et al, 2017). These young people are said to have ‘fallen through the gap’ between services (Singh and Tuomainen, 2015).

Some clinical groups are more likely than others to fall through the gap between services (McNicholas et al, 2015). Comparing characteristics between those who transitioned and those who fell through the gap, it was found that only the most severely ill transitioned to AMHS (Appleton et al, 2023), which is in line with findings from other studies (Singh et al, 2008; McNicholas et al, 2015; Gerritsen et al, 2022). Findings from a qualitative interview study showed that young people fell through the gap because of a variety of systemic factors, such as a lack of joined-up care between services, not meeting the illness

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threshold to be eligible for care at AMHS, and a lack of alternative available forms of support (Appleton et al, 2021). Not being able to access timely and appropriate mental health care had a significant impact on the participants, with some struggling to manage their mental health without specialist support. A novel finding from this study was that all of the young people who were on medication when reaching the CAMHS transition boundary experienced difficulties in either getting a new prescription, changing their dosage or stopping their medication after leaving the service (Appleton et al, 2021).

Solutions and innovations

There is no one accepted model of transition which has been shown to result in improved mental health outcomes for young people when they reach the CAMHS age boundary (Fusar-Poli, 2019). However, there are a number of promising approaches, which, if used in combination, could help to increase access to mental health services and improve the mental health and wellbeing of young adults in the UK.

Improvements to the existing transition process have been tested, such as the MILESTONE study (Singh et al, 2023), which trialled an intervention of ‘managed transition’ to improve clinician’s decision making when a young person reached their CAMHS transition boundary. A few months before the boundary, the young person, their parent or carer and their clinician completed the Transition Readiness and Appropriateness Measure (TRAM) (Santosh et al, 2020). The results of each measure were compiled into a report that was sent to the CAMHS clinician to help inform their transition decision. Findings from this cluster-randomised controlled trial indicated that participants who received this intervention showed improved mental health and wellbeing after the follow-up period compared to those in the control group who received usual care (Singh et al, 2023). This intervention is relatively easy and cheap to implement in practice; however, it should be noted that the overall effects on mental health were small.

One approach that has been trialled is extending the CAMHS age boundary and removing the traditional age boundary of around 18 years. While one criticism of this model is that this risks just delaying the problem of transition, there are potential benefits associated with transition occurring later in young adulthood and thus avoiding a time of increased vulnerability (Singh and Tuomainen, 2015). Extending the CAMHS age boundary has occurred in various services across the country. One example is in Norfolk, where an evaluation found that raising the age boundary resulted in fewer young people falling through the transition gap (Wilson et al, 2018). However, the service reported that extending the age boundary had a negative impact on their ability to accept new referrals because of a lack of resources.

Another model that has extended the upper age limit are integrated youth mental health services. These are an enhanced model of primary care, aiming to provide early intervention support and reduce barriers to access (McGorry et al, 2019). One example is Forward Thinking Birmingham, an integrated mental health partnership offering a variety of mental health support for 0–25-year-olds, ranging from inpatient care to a drop-in service (Forward Thinking Birmingham, 2024). Headspace services in Australia are a model of integrated youth mental health services (Rickwood et al, 2019), which have received the most research interest to date. Headspace services provide holistic support for young people aged between 12 and 25 years, encompassing mental, physical and sexual health. They also provide support on drugs and alcohol and for issues relating to employment and education (Rickwood et al, 2023). Evaluations of these services have indicated that the majority of young people access the service for support with symptoms of anxiety and depression, and that around a third show significant improvements in psychological distress and psychosocial functioning (Rickwood et al, 2015). Just over two-thirds of service users show significant improvements in either psychological distress, psychosocial functioning or self-reported quality of life (Rickwood et al, 2023).

Another potential approach is involving mental health nurses based in primary care. Currently, GPs can be involved in a young person’s mental health care when they are discharged from CAMHS ‘by default’, as young people are often just discharged back to their GP with limited handover of notes or patient information (Newlove-Delgado et al,

2019). Mental health nurses based in primary care could help to support these young people, as a systematic review found that nurse-based mental health interventions in primary care results in improved patient outcomes and satisfaction with care (Halcomb et al, 2019). There is also evidence to indicate that nurse-led interventions can result in shorter waiting times to access services and reduced stigma (McLeod and Simpson, 2017).

Improved care planning and the use of personal health budgets have been trialled to improve young people's discharge from CAMHS (Bisp et al, 2023). Personal health budgets are a small amount of money that is provided to a service user for activities or equipment to support their health and wellbeing, as part of a personalised care and support plan (NHS England, 2023). Bisp et al (2023) conducted a pilot of the use of personal health budgets for young people as part of their discharge care planning. Personal health budgets were used for activities such as music lessons, art and photography equipment, and all young people showed improvements on a measure of mental health and wellbeing after receiving this intervention (Bisp et al, 2023). While this is only one small-scale study, it indicates the potential of the use of personal health budgets and the importance of comprehensive discharge planning.

Conclusions

Given the increasing numbers of young people requiring support for their mental health, it is vital that there are available mental health services that can provide accessible, timely support for this population. There are a variety of promising approaches to improving existing service provision, however all currently lack a comprehensive evidence base for their use in the UK. These approaches also highlight the importance of providing additional funding or resources in order to meet an increased need for community-based mental health support. Future research and innovations in service delivery should focus on ensuring that the needs of young people are met, in particular those with complex needs, or people from ethnically diverse groups who are typically under-represented in community-based mental health services.

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