UNIVERSITY OF BIRMINGHAM

MENTAL HEALTH SERVICE DELIVERY FOR 16-25 YEAR OLDS

March 2019

EXECUTIVE SUMMARY

- Birmingham researchers have worked with colleagues at the University of Melbourne to research mental health policy and service delivery models for 16-25 year olds in the UK and Australia. This research helped define the difference between a 'transition issue' and a 'service gap'; helped to identify what makes transition challenging from a service perspective; and clarified young peoples' understandings about significant transitions *into*, *within*, and *between* services and how access and engagement are negotiated. The team have used this understanding to inform policy development in order to improve service provision for young people.

- Ongoing work is aimed at understanding both how young people negotiate service access in resource-constricted environments, and how they move within internal service divides i.e. between acute care and being discharged to community services or their General Practitioner (GP).

Introduction

There has been a long running debate over at least the last 20 years about the movement of patients between child and adolescent and adult mental health services, specifically young people who may be lost to services or not be able to access them between the ages of 16-18 or 16-25[1,2] – this group is often called the 'transition' age group. This has attracted policy attention and there have been a range of initiatives to try and address this issue, yet despite this attention, problems persist[1].

Children and young people's mental health is a policy priority[3]. Older adolescents and young adults, who are at a particularly vulnerable period developmentally and in terms of onset of mental disorder, are often overlooked and have a weak voice in relation to the policy context.

An international case based research study was undertaken in 2013/2014 to explore mental health service delivery for 16-25 year olds. Research took place across six sites, three in the UK (in England, Wales and Scotland) and three in Australia (in Victoria, the Australian Capital Territory, and in Queensland). Prior to this research, most research evidence took place in clinical settings and looked at clinical pathways rather than at structural or system level issues. Prior research focused often on transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) often in relation to one diagnostic pathway, rather than looking at the issue more broadly or across services. 219 interviews were conducted across the sites with national, regional and local policy makers, with staff working in services, and with young people accessing services.

Thinking about transition as more than just the move between CAMHS and AMHS

The research findings demonstrated that young people experience multiple transitions at this critical juncture, and that the transition between their service providers was not always the most significant transition affecting their life at that point (see figure 1). What makes transition so critical and potentially challenging for young people depends on a range of factors.

This means that young people are often facing a 'perfect storm' of increased vulnerability; loss of support networks; and plenty of change with

Figure 1[4]
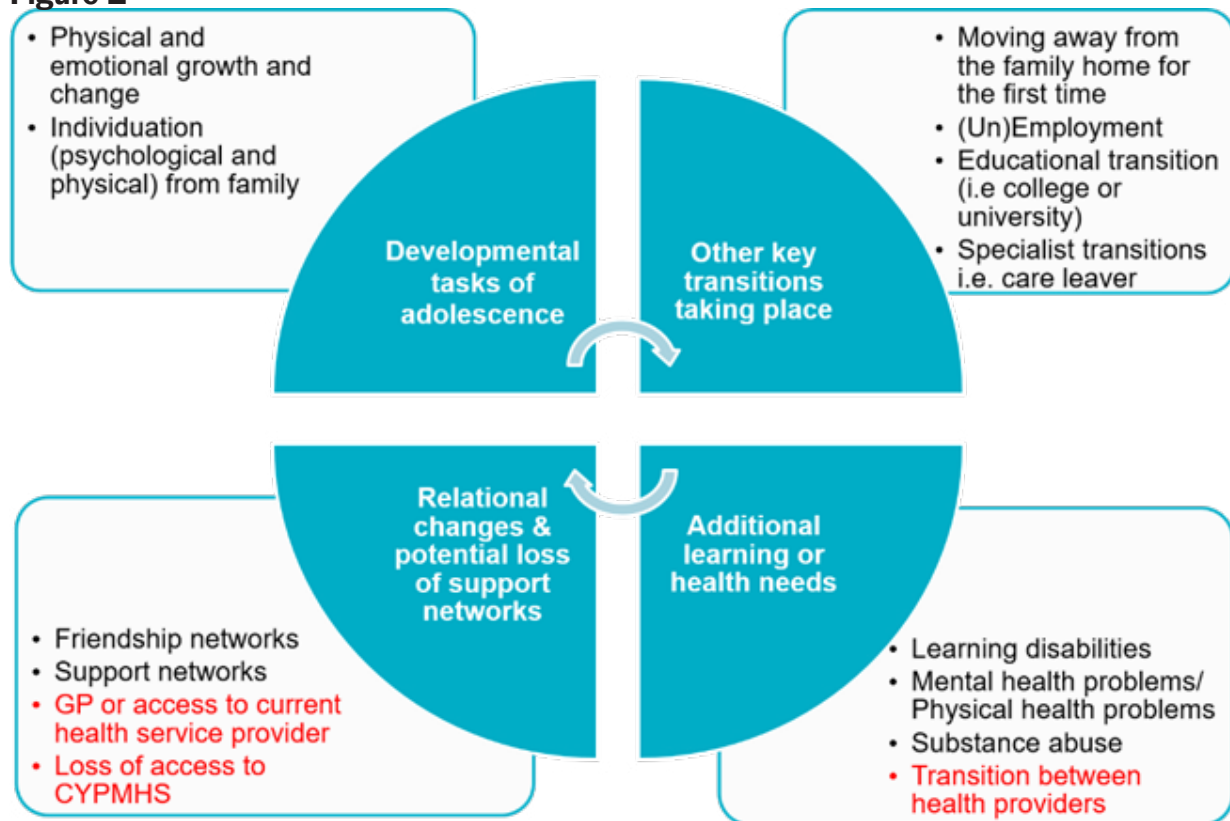
multiple other transitions to negotiate. Preventing things from impeding access to or engagement with services at this point is critical in terms of their other successful transitions.

Young people reported that they often found transitions *within* service i.e. between acute and community care or their GP, more difficult than negotiating the CAMHS to AMHS transition.

The comparative research enabled differentiation between contextual (policy and structurally driven) factors versus universal (common to adolescents in UK and Australia) to be drawn out. The most significant finding from the young people interviewed was:

• 96% of the young people interviewed (N = 68) required a friend or family member to first support them to access help or accessed services through crisis (i.e. police or A&E). Most young people were unable to access services on their own. All young people reported that accessing services was difficult, irrespective of health

system or service structure

This has significant repercussions for how we design services to work in more relational ways for young people, particularly in primary care.

The trouble with transition

The research demonstrated that many of the issues that were arising were *policy* and *structural* system issues rather than *clinical* ones:

• Communication about the 'divide' – previous research has indicated that difficulties arise in transition between CAMHS and AMHS because of different terms of reference, different diagnosis, different service structures and, communication across the boundary in making referrals. The contribution of this study was to show that *communication about the boundary* to young people (particularly in the UK) was a barrier to accessing AMHS services. The CAMHS to AMHS divide was a clinical preoccupation based on service structures and referral pathways between services

- Fissures in transition – the research highlighted that where resources are constrained, thresholds increase *within* and *between* areas of service and young people risk falling between the cracks that develop at transition points as they try to negotiate internal access to services. This matters because poor transition management can escalate self-harm and risk to elicit an appropriate response from services, and risk is very often held between the layers i.e. when moving *within* or *between* services

- The difference between a 'transition issue' and a 'service gap' - the research highlighted that where there was successful transition between CAMHS to AMHS or other services, clinicians were often referring across like diagnostic pathways. For example, from a CAMHS eating disorder service to an AMHS eating disorder service. Where this became frustrated 'transition issues' could be identified. However, this was not the case for example, if referring from CAMHS learning disability services, as often no adult equivalent service existed, in this instance it was an issue of 'service gap'. Conflating this into a transition issue is unhelpful in policy and structural terms as this is an absence of service that may require a different solution i.e. additional commissioning

- Mental health is unique as a referral point as it involves complexity at the referral interface – when leaving CAMHS services, young people may be referred to multiple different parts of a system or back to their GP for management. Unlike physical health, mental health does not have solely diagnostic related transition pathways and therefore manages increased complexity at the referral interface. This presents a series of systemic rather than clinical challenges.

Impact of the research

This research has informed ongoing work and service development relating to youth mental health and transitions:

- In Scotland, where they now have transition care planning tools and polices

- In the training of NHS England Commissioners[4] on the new Transitions CQUIN 'Transitions/Preparing for adulthood' for the commissioning development website on behalf of the NEL

- In Manchester, to support the development of a Greater Manchester wide Transition strategy, with the development of explicit standards for adult ADHD and Eating Disorder services

References

[1] Lamb C, Murphy M. The divide between child and adult mental health services: points for debate. The British Journal of Psychiatry 2013;202:s41–4. https://doi.org/10.1192/bjp.bp.112.119206.

[2] Paul M, Ford T, Kramer T, Islam Z, Harley K, Singh SP. Transfers and transitions between child and adult mental health services. The British Journal of Psychiatry 2013;202:s36–40. https://doi.org/10.1192/bjp.bp.112.119198.

[3] Department of Health, Department for Education. Transforming Children and Young People' Mental Health Provision: a Green Paper 2017.

[4] Theodosiou L, Fenton S-J. Children and Young People Health and Wellbeing Commissioning Development Programme. Virtual Peer Learning session 7: Transitions/Preparing for adulthood 2017.

Find out more

https://etheses.bham.ac.uk/id/eprint/7111/

Contact

Dr Sarah-Jane Fenton
Institute for Mental Health
University of Birmingham
s.h.fenton@bham.ac.uk

@BhamPolicy