

YOUTH TO ADULT TRANSITIONS IN HEALTH CARE

Effectiveness of Health System Services and Programs for Youth to Adult Transitions in Mental Health Care: A Systematic Review of Academic Literature, March 28th, 2015

The Problem

- 15 to 21% of young Canadians have a least one diagnosable mental health disorder¹
- Youth with mental health disorders vulnerable to discontinuities in care during transition to adult services²
 - Transitions in mental health care coincide with other life transitions
 - Youth with mental illness less prepared to tackle life changes than their counterparts²



¹Waddell & Shepherd, 2002; Shaffer et al., 1996; Offord et al., 1989. ²Singh, 2009.

³Davis et al., 2005. ⁴McLaren, 2013. ⁵Singh et al., 2010. ⁶Hovish, Weaver, Islam, Paul, & Singh, 2012

Study Background

Enhancing Health System Performance and Person-Centred Care: Youth to Adult Transitions in Health Care – The Case of Mental Health Services in Ontario

Transitions study team members (McMaster University)

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Study Background

Enhancing Health System Performance and Person-Centred Care: Youth to Adult Transitions in Health Care – The Case of Mental Health Services in Ontario

- Focus on transition from **child and adolescent mental health services (CAMHS)** to **adult mental health services (AMHS)** in Ontario
- Generate and synthesize evidence
- Inform the advancement of seamless, coordinated, person- and family-centred services



Effectiveness of Systems and Services

- Ideally, transitioning youth with MI would seamlessly transition to AMHS
 - This is rarely the case
- Youth may:
 - Not be referred to AMHS
 - Be referred but not enroll
 - Enroll but not maintain treatment
- Many governments are identifying the issue, but the magnitude of the problem remains largely unmeasured.

(Davidson & Cappelli, 2011; McGorry, Bates, & Birchwood, 2013; McGorry, 2011; Pottick et al., 2008; Singh, 2005)



Research Question

“What does the published peer reviewed research say about the effectiveness of health system services and dedicated programs aimed to transition youth with mental health issues from CAMHS to AMHS?”

Objectives:

- (1) Identify and describe characteristics of programs for youth transitioning from CAMHS to AMHS;
- (2) Identify and describe systemic facilitators and barriers to youth transitioning between CAMHS and AMHS.



Methods

- Systematic review of published literature: Medline, ProQuest, CINAHL, HealthSTAR, Cochrane Library, Web of Science, PsycINFO, & Embase
- Keywords related to mental health, transitions, youth, and program evaluation
- Eligibility criteria



SR results

Review-specific search	Abstract Review List of exclusions	Full article review	Total articles included
1584	<p>No program or system: 1323</p> <p>Duplicates: 78</p> <p>No evaluation: 92</p> <p>No youth transition program: 27</p>	64	6



FINDINGS (1)

Health System Services

<u>Studies</u> <u>(4)</u>	<u>Barriers</u>	<u>Facilitators</u>	<u>Recommendations</u>
Qualitative exploratory (NHS) x2	<ul style="list-style-type: none"> • Abrupt end to youth services • Lack of family involvement 	<ul style="list-style-type: none"> • Establishing relationships with providers during transition period 	<ul style="list-style-type: none"> • Caseworkers • Joint working
Qualitative evaluation (NHS)	<ul style="list-style-type: none"> • Lack of two way communication/collaboration 		<ul style="list-style-type: none"> • Transfer planning meetings
Program Evaluation (US)	<ul style="list-style-type: none"> • Different administrative process • Clinical responsibility • Cultural differences • Over specialization 		<ul style="list-style-type: none"> • Wraparound processes



FINDINGS (2)

Transition Programs

<u>Studies (2)</u>	<u>Evaluative results</u>
<p>Program Evaluation (US) - surveys, chart reviews, interviews with youth</p> <p>Styron et al (2005)</p>	<p>Youth in transition program reported:</p> <ul style="list-style-type: none"> • Less symptoms, loneliness, problems • Higher satisfaction, functioning, and overall health and lifestyle
<p>Natural experiment (US) - pre-post enrollment comparison</p> <p>Gilmer et al (2012)</p>	<p>Youth enrolled in transition services visited:</p> <ul style="list-style-type: none"> • Outpatients services more often • Emergency room less <p>*compared to youth in adult services</p>

Summary of Key Findings

Few published evaluations of transition system services or programs
(mid quality evidence)

Results do indicate:

- Youth and family report a significant gap in meeting the needs of transitioning youth in the current system.
- There is little communication between youth and adult services.
- There is a sense of confusion over who is responsible for transitioning youth.

Primary barriers for CAMHS to AMHS transitions.

Logistical (costs, system communication)

Organizational Incentives (administrative processes, workload)

Clinical governance issues



Recommendations

- Capacity building through education and training
- Recommended cross service approaches:
 - Case management (Davis & Sondheimer, 2005; Hovish et al., 2012; Singh et al., 2010)
 - Joint working (Singh et al., 2010)
 - Wraparound process (Davis & Sondheimer, 2005)
- A more planned, structured transition process, including some collaboration between the two systems before the transition process begins.

Limitations

- Quality of evidence reported in the published articles limits the application of the findings.
- Limiting eligible studies to peer reviewed journals does potentially exclude available evidence in the grey literature.
- Narrow focus on health system transitions
 - A more holistic approach may have provided more results.

Next steps

- Finish other systematic reviews and try to synthesize evidence together.
- Finish case studies in Ontario to map out what services are available where and what works.

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