Improving Mental Health Services for Young Adults

Clare Lamb
Adolescence to Adulthood

• Crucial stage social, personal, physical & emotional development

• Steep rise in onset of serious mental disorders (psychosis, eating disorders, mood disorders)

• Emergence of personality disorders

• Substance misuse common

Lamb. 2016.
Age of Onset of Schizophrenia by Gender (Age > 45)

Kolmogorov-Smirnov p-value < .0001
Services “weakest at the point of highest need”

(P. McGorry)
Transition

- Planned and purposeful process
- Addresses needs of adolescents and young adults as they move from child-orientated to adult-orientated services

Transfer

- The point at which the young persons care moves to adult services.

Lamb. 2016.
Transition

• Longstanding issues of problematic transition from CAMHS to AMHS

• 50% of adult conditions present before 14 yrs, 75% by 18 yrs old

• For 20 + years : numerous government policies, clinical expert & 3rd sector recommendations

Lamb. 2016.
Who does/should CAMHS provide for?

Children & young people:

- in difficult circumstances
- at risk of mental disorder
- with diagnosable mental disorder
- with functional impairment which might not reach diagnostic criteria for disorder

Lamb. 2016.
Symptoms of depression in children may include apathy, irritability and persistent sadness.
CAMHS

• Universal services

• Holistic approach: young person in family, school, college, work

• Systemic links with other agencies: primary care, social care, education, child health, youth justice, 3\textsuperscript{rd} sector

Lamb. 2016.
Taxonomy of transition

• severe/enduring mental disorder meeting AMHS eligibility criteria

• severe/enduring mental disorder not meeting AMHS eligibility criteria

• vulnerable young people with pronounced and multiple needs not clearly expressed as mental disorder

Lamb. 2016.
• Transition poorly planned, executed and experienced.

• Mutual misperceptions contribute to pre-existing ideological, practical and structural barriers between CAMHS and AMHS.

• Even where protocols exist, there is a policy-practice gap.

• Many young people fall through the CAMHS/AMHS gap

• Young people with emotional problems, neurodevelopmental disorders and emerging personality disorder.
Problems of CAMHS-AMHS divide

Differences in:

• models of care and expectations.

• thresholds and concepts of disorder.

• bureaucratic, administrative and commissioning structures.

Lamb. 2016.
Views of Young People & Families/Carers.

• value flexible, non-stigmatising community based services appropriate to their age

• find change in service philosophy from CAMHS to AMHS confusing

• express concern re lack of services for specific groups (ADHD, ASD, emerging personality disorders)

“ You need something in-between rather than just jumping from child to adult services....you need one specific person who will stick with you and not lots of different people who will just pass you on the whole time.”

Lamb. 2016.
Transition from Children’s to Adult Services. NICE. 2016.

http://www.nice.org.uk/guidance/ng43

NICE in conjunction with SCIE (Social Care Institute for Excellence)
NICE: Issues to take into account

- Developmental changes
- Continuity of care
- Young people with multiple needs
- Staff skills
- Coordination between services

Lamb. 2016.
NICE recommendations

1. Person centred approach
2. Transition Planning
3. Support before transfer
4. Support after transfer
5. Staff training
6. Supporting infrastructure

Lamb. 2016.
1.1.1: Involve young people and their carers in service design, delivery and evaluation related to transition by:

• co-producing transition policies and strategies with them

• planning, co-producing and piloting materials and tools

• asking them if the services helped them achieve agreed outcomes

• feeding back to them about the effect of their involvement
1. Person-centred approach

- Tailored process adjusted to each individual’s needs
- Mental Capacity
- Treating the young person as an equal partner in the process
2a. Transition planning

• Named worker (e.g. nurse, social care practitioner) that the young person trusts
  – Link child & adult services
  – Support min. 6 months before & 6 months after transfer

• Timing & review
  – Start planning early
  – Developmentally appropriate transition planning

Clare Lamb. 2016.
2b. Transition planning

• Involve the young person & family/carer

• Building independence
  – Peer-support groups, mentoring, networking
  – Support for:
    • Employment
    • Community inclusion
    • Health & wellbeing
3. Support before transfer

- Service manager ensure the young person has a named worker

- Contingency plan for **consistent** transition

- Personal folder for the young person (e.g. health condition, history of interventions, emergency plan, hopes for the future)

- Information about service availability
4. Support after transfer

• Follow up the young person (6 months)

• If disengagement, pursue re-referral
  (young person & the named worker relationship)

• Same healthcare practitioner and/or social worker
Person-centred transition process

• Make time for effective collaboration with young person & family (young person folders/passports)

• Consider most appropriate transition pathway

• Face-to-face meetings & written information to receiving team

• Continuity of care – same designated worker during & immediately post transition

• Joint appointments with new team/provider - flexible & outreach approach

Lamb. 2016.
5. Staff training

Staff have understanding of young people’s:

- Communication needs
- Development (cognitive, biological, psychological, social, sexual)
- Educational needs & disabilities
- Ability to Consent & Safeguarding needs
NICE: 6. Supporting infrastructure

Ownership
• senior “executive” accountable for transition strategies.
• Operational level champion reviewing effectiveness of strategy

Developing transition services
• Include young people **not eligible** for adult services
• Special attention to **neurodevelopmental** disorders & challenging behaviour
• Developing **pooled budgets** across the adult/children services and across agencies.

Developmentally **appropriate services**
• Joint provision

Lamb. 2016.
NICE: Challenges for Implementation:

Adult services to take joint responsibility with children’s services for transition

Lamb. 2016.
NICE: Challenges for Implementation:

• Joint planning, development and commissioning of services involved in transition

• Improving front-line practice through training

• Young people who have become disengaged or who are not eligible for adult services

Lamb. 2016.
Optimal Transition

• Intensive piece of clinical work

• Requires knowledge of local systems, structures and provision across children’s and adult services

• Time for liaison and communication

Lamb. 2016.
Young people in CAMHS inpatient care:

• Adult mental health team join CAMHS at review/CTP meetings at the inpatient unit 6 months before transfer (up to 12 months before if in secure care).

• If on going inpatient care is required, an appropriate adult inpatient unit should be identified.

• Young person and family given information & the opportunity to visit adult unit (if possible) prior to transfer.
NOT JUST ABOUT....... THE TRANSITION PROCESS

Lamb. 2016.
BUT ALSO ABOUT........
WHAT WE PROVIDE
Summary: recommendations for youth.

Lamb et al. Working at the CAMHS/Adult Interface: Good practice guidance for provision of psychiatric services to young adults. RCPsych. 2008.

Universal services: promotion, prevention, early intervention

Integrated specialist mental health services:

• youth focus, flexible outreach approach, effective engagement & working with other agencies
• mix of expertise from CAMHS/AMHS
• range of evidence based interventions - individual & family, psychological & psychosocial/vocational
• age appropriate crisis, intensive community treatment and inpatient care.
• emphasis on supporting young people towards getting on with their lives.
• multi-agency planning involving young people

Lamb. 2016.
England Policy


Public Service Transformation Programme: emphasis on integration of commissioning, budgets & services.

NHS Mandate. 2014/15: system wide NHS Pledge. One of the Pledge’s 5 ambitions “optimal experience of transition to adult services ...”
Policy & Guidance

- 2012. JCP-MH: Guidance for commissioners of mental health services for yp making transition from child to adult mh services.

- 2011: DoH. You’re welcome – quality criteria for young people’s health services.

Policy & Guidance

• Planning Transitions to Adulthood for Care Leavers. Dept for Education. 2013.


Policy & Guidance


• Problems facing young people as they make the transition from child and adolescent mental health provision to adult mental health services.

• Transformation Plan for Children and Young People’s Mental Health and Wellbeing.

• Consider continued support throughout teenage years into early 20s to avoid a cliff-edge of lost support at 18.

Clare Lamb. 2015.
Policy & Guidance

- The Care Act. Gov.UK. 2014. – transition to adult care & support services


Local Strategy: Ways forward 1

Multi-agency CAMHS/Adult Strategy Group:

• include Executive & Operational ‘Transition’ Champions linked with CCG

Identify Adult Services and Gaps in Service:

• Local mapping & meet with relevant agencies across Child and Adult Services

• Meetings with local Young People: ideas/ experiences

Lamb. 2016.
Local Strategy: Ways Forward 2

• Identify transition pathways, including alternatives to CAMHS/AMHS

• Consider types of difficulty, also severity, complexity & context

• Initiate joint training across Children’s & Adult Services

Lamb. 2016.
Local Strategy: Ways Forward 3

• Record Outcomes:
  PROM, CROM, ongoing attendance with new team

• Continued feedback to local “CAMHS/Adult Strategy Group”

• Continued Stakeholder work to inform local transition strategy & implementation
Conclusions 1:

- Listen to and include young people and families
- Find clinically and cost effective solutions
- Watch for unintended consequences
- Accept no one-size fits all solution

Lamb. 2016.
Conclusions 2:

• increase breadth of provision and reduce threshold of eligibility for 18 to 24 yr olds

• use available policy/guidance

• pursue further research on effective interventions & models of service.

• consider transformational reform of services for youth while preserving services for the very young
Working Together at the CAMHS-Adult Interface

Joint planning, development and commissioning of services

Lamb. 2016.
Involve Young People & Families
Guidance References

• NICE Guidance on Transition from Children’s to Adult Services. Feb. 2016. [www.nice.org.uk/guidance/ng43](http://www.nice.org.uk/guidance/ng43)


Guidance References


Transition to adult care: Ready Steady Go. Southampton Children’s Hospital. [www.uhs.nhs.uk](http://www.uhs.nhs.uk)

Lamb. 2016.
Other Guidance

- Working at the CAMHS/Adult Interface: Good practice guidance for provision of psychiatric services to adolescents/young adults. RCPsych. 2008. www.rcpsych.ac.uk

(RCPsych Working Group. “Good Mental Health Services for Young People.” Publication due 2016).

- Building & Sustaining CAMHS to Improve Outcomes for Children & Young People. RCPsych. CR182. 2013 www.rcpsych.ac.uk

Lamb. 2016.
THANK YOU

Clare.Lamb@wales.nhs.uk.