Research Summary

Lost in transition or translation? Care philosophies and transitions between child and youth and adult mental health services: A systematic review

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The objective of this systematic review was to understand whether differences exist between care philosophies and approaches in child and youth mental health services (CAMHS) and adult mental health services (AMHS), and if so how these differences influence service transitions. The research team electronically searched 20 years of published research papers to identify studies that addressed ‘young people’, ‘mental health’ and ‘transitions to adult mental health care’. After reviewing the papers, 12 met all of our research inclusion criteria.

Most of the identified studies reported on care philosophies in the United Kingdom and took a broad definition of the term ‘mental disorders.’ Three papers dealt with specific mental health disorders, such as eating disorders, intellectual difficulties and attention deficit hyperactivity disorder (ADHD). Two papers were literature reviews, two were discussion papers, and the remainder involved interviews with young people, family members, and/or service providers.

Key differences in care philosophies between CAMHS and AMHS were discussed in the papers. CAMHS were described as taking into consideration biological, psychological and social factors within the youth’s development context. This meant care was offered for a wide range of issues, using multiple treatment approaches such as medication and various talk therapies. AMHS were described as more often as focusing on treating people with diagnosable and severe mental illness with medication, and giving less attention to the developmental or social context of the young person. The care philosophy in CAMHS was also described as offering treatment not only to the young person, but often to the family as a whole, while adult services were described as focusing on the client as an individual, with limited if any information shared with the family. CAMHS were also described as offering a child friendly and nurturing environment, whereas AMHS were described as being more clinical in setting and as placing adult expectations on clients. Adult inpatient facilities were sometimes described as frightening for young adults. These philosophical differences were described as contributing to discontinuity in the services offered between CAMHS and AMHS. For example some young people would no longer be eligible for treatment in AMHS after exiting CAMHS (e.g. for ADHD, autism disorders or personality or behavioural disorders), despite continuing need. In addition, reduced parental involvement may mean that some young people may skip appointments or discontinue services after referral to AMHS. Third, the change from a nurturing environment to one that demands more adult responsibility may be a culture shock for some young people that discourages them from continuing in to seek care in AMHS.

Taken together these philosophical differences may result in poor transitions or drop out soon after being transferred to AMHS. Recommendations in the literature included taking time to prepare young people and families for differences in care philosophies before they transition to AMHS, encouraging more frequent interaction between providers in these CAMHS and AMHS to understand each others’ care philosophies, and periods of overlap prior to and immediately following transition that allow CAMHS and AMHS providers to work together to better support young people during the transition period.