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# Transition Planning for the College Bound Adolescent with a Mental Health Disorder

**Cara C. Young PhD, MSN, FNP-C [a], Susan J. Calloway PhD, MSN, FNP-BC, PMHNP-BC, FAANP [b,*]**

[a] *School of Nursing, The University of Texas, Austin, TX*
[b] *School of Nursing, Texas Tech University Health Science Center, Lubbock, TX*

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Health promotion, disease prevention and anticipatory guidance are the hallmarks of nursing practice, particularly in pediatrics. While there is a wealth of information on anticipatory guidance for the pediatric patient at different ages and developmental stages, there is a paucity of information on anticipatory guidance for the adolescent and emerging adult in transitioning to manage their own health care. While an established need for anticipatory guidance and a transition plan from pediatric to adult health care is apparent for youth routinely followed for significant medical, intellectual, or developmental conditions, a group particularly vulnerable to destabilization of their health as they transition to self-directed adult health care management is composed of youth with mental health disorders. The risk for destabilization increases as they move away from social supports to the university setting. This article reviews available literature on anticipatory guidance for the college bound adolescent with a mental health disorder and makes recommendations for transition planning including examining the college and community services that would support mental health as well as personal choices regarding lifestyle habits while attending the university. Recommendations are made for nurses to be the leaders in filling this anticipatory guidance gap in preparing youth with mental health disorders for a successful transition to and through college life.


HEALTH PROMOTION, DISEASE prevention and anticipatory guidance are the hallmarks of nursing practice, particularly in pediatrics. While there is a wealth of information on anticipatory guidance for the pediatric patient at different ages and developmental stages, there is a paucity of information on anticipatory guidance for the adolescent and emerging adult in transitioning to manage their own health care. Typically the parent or care giver navigates the process for the adolescent by identifying when a health care visit is needed, makes the appointment, discusses the management plan with the provider, sets follow-up appointments, obtains prescriptions, and pays for health care. As the late adolescent leaves home for higher education or job opportunities, health care often becomes an afterthought until there is illness or an accident. This is supported by evidence that emerging adults have poorer health than adolescents or adults who are in their late 20's (Irwin, 2010; Neinstein & Irwin, 2013). It is incumbent on the nursing profession to design interdisciplinary processes to address this disparity.

An early transition plan over several years moving from the parent as the driver of the health care process to adolescent health care management is ideal. However, transition preparation and implementation as the adolescent ages may be stymied by a lack of consistency in the providers the adolescent accesses for health care due to changes in health care coverage, parental work demands that result in visits to after-hours clinics, and the geographic mobility of the family. Although all adolescents need anticipatory guidance for transitioning to self-management of their health care, there has been an increasing focus on recognizing the critical need to plan for and facilitate the transition of the adolescent with a chronic illness to self-directed health care management as an adult.

* Corresponding author: Susan J. Calloway.
*E-mail address:* susan.calloway@ttuhsc.edu.

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In 2009 the National Alliance to Advance Adolescent Health published six core elements of a transition plan for youth with special health care needs (YSHCN) through the *Got Transition* program (National Alliance to Advance Adolescent Health, 2015; Figure 1). Three different scenarios are provided for the transition plan; (a) transition from a pediatric to adult health care provider, (b) transition to an adult approach to care with the same provider, and (c) integrating young adults into an existing adult health practice. While an established need for anticipatory guidance and a transition plan from pediatric to adult health care is apparent for youth routinely followed for significant medical, intellectual, or developmental conditions, a group particularly vulnerable to destabilization of their health as they transition to self-directed adult health care management is composed of youth with mental health disorders.

The lack of transition planning for adolescents with mental health disorders was noted in a 2009–2010 National Survey of Children with Special Health Care Needs (YSHCN). Adolescents with emotional, behavioral, or developmental conditions were less likely than any other types of YSHCN to have received transition preparation (National Center for Health Statistics, 2011). This group of emerging adults often does not plan for follow-up in their new community so when their mental health begins to destabilize there are few if any resources for mental health care that can be easily accessed. For those adolescents who are provided care through state and federal programs, there are differing eligibility criteria for children versus adults leading to increased difficulty in accessing needed services as the child ages into adult care programs.

A worsening mental health condition has a significant impact on the emerging adult's future success in higher education and ultimately in a chosen profession. In fact, mental health issues are cited as the major reason (64%) that young adults either withdraw from college or do not attend college (National Alliance on Mental Illness [NAMI], 2012). The college bound adolescent with a mental health disorder would greatly benefit from a well-defined transition plan that is a roadmap for successful self-directed healthcare management in order to maintain and optimize mental health. To date, however, very little research has evaluated what comprehensive transition planning entails for this vulnerable population. Lack of standardized transition planning may be one reason that 73% of students with a mental health condition experienced a mental health crisis on campus (NAMI, 2012). Perhaps even more concerning is that the majority of these students (65.8%) stated that the college was unaware of this crisis suggesting that often students suffer in silence failing to reach out when their mental health declines. This failure to seek help for psychological distress has been attributed to stigma (Martin, 2010; Wrigley, Jackson, Judd, & Komiti, 2005), the desire for self-reliance (Addis & Mahalik, 2003; Davies et al., 2000), a lack of understanding of the counseling process (Davies et al., 2000), fears of self-disclosure, and confidentiality concerns (West & Kayser, 1991).

For those students who enter the university setting with a diagnosis of a mental health disorder the fear of stigmatization

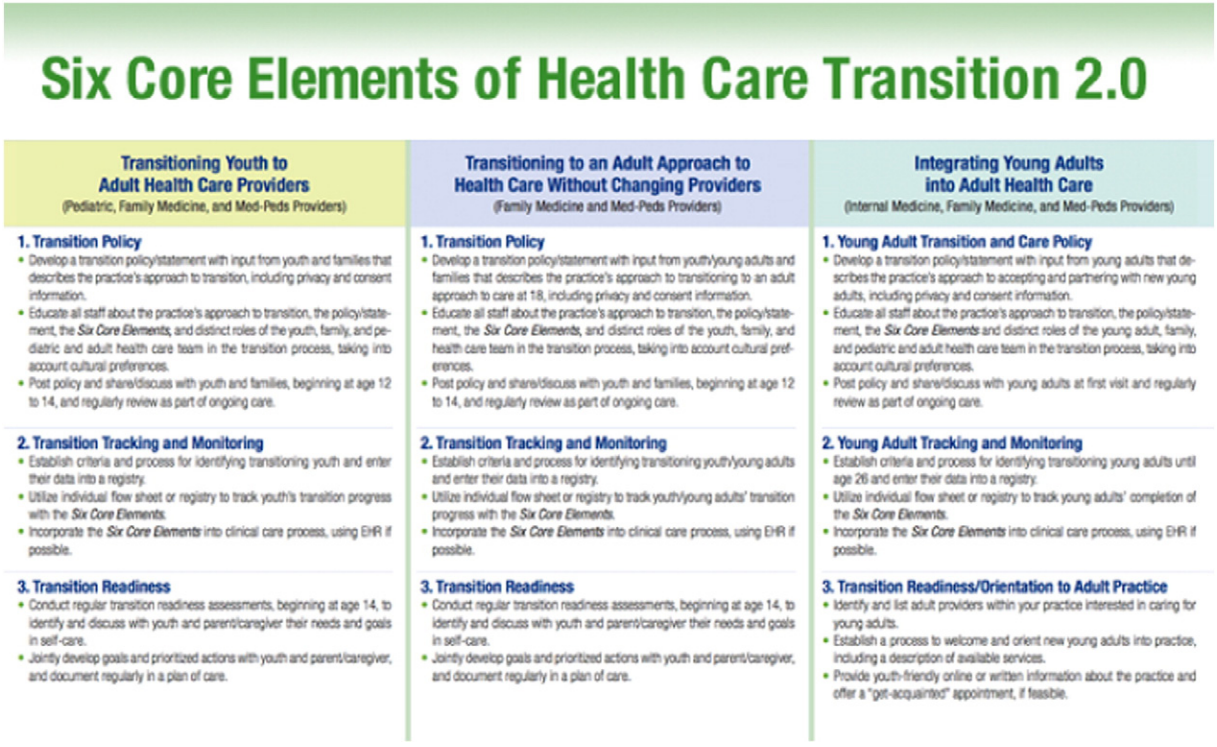


**Figure 1** Six core elements of Health Care Transition 2.0.