



## Review

# Mental disorders and transition to adult mental health services: A scoping review

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## ABSTRACT

**Background:** Data are progressively accumulating regarding the transition to adult services.

**Methods:** A comprehensive search using the MEDLINE, Embase, PsycINFO, and Cochrane databases up until 16 March 2015 was conducted in order to summarize recent evidence on the transition from child to adult mental health services for patients with mental disorders. Authors extracted data and assessed study quality independently.

**Results:** The main findings of the 33 included studies were discussed taking into consideration four aspects: experiences of patients, carers, and clinicians, accounts of transition, current services models and protocols, and outcomes of transition. Of the 33 studies, 17 focused on a specific mental disorder: seven on attention deficit hyperactivity disorder, four on intellectual disability, three on eating disorders, two on serious emotional disorders and one on autism spectrum disorder. An attempt was also made to integrate the studies' conclusions in order to improve transitional care.

**Conclusions:** The review reveals an evident need for longitudinal, controlled, health services research to identify and evaluate optimal service models with systematic and seamless transition protocols for patients with mental disorders requiring continuity of care into adult mental services.

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## 1. Introduction

Improving the transition from pediatric to adult services is an emerging healthcare need [36]. Although many agree that transition is as a key component of care [1,24,25,94], there is little empirical data on which health services can be based. Most studies on health care transition address chronic illness or physical disability, delineating guidelines and good practice models [74,55,72,17]. A comprehensive analysis of the literature is beyond the scope of this review, which focuses on mental disorders. While evidence from physical health services may not be entirely generalizable to mental health services, there are certain lessons that can be learned. Studies evaluating chronic conditions identified various factors involved in successful transition, including the importance of continuity and relationships with familiar health professionals and better information and involvement in care management. Although good practice models have been described, there is still no consensus on what constitutes successful transitions and positive outcomes [112]. Potentially

more effective transition arrangements such as illness peer support groups, web-based approaches, joint-working, and closer coordination, have been recommended [77,49,4,95,32].

There is increasing evidence that mental disorders lead to a range of different clinical outcomes, as well as to outcomes related to service use, in adulthood, resulting in the need for care continuity [99,92]. Cross-sectional studies have shown a decline in the use of services by adolescents and young adults, despite the documented continuation into adulthood for several mental disorders [86,87,107,33,104,65,56,47,52,44,3,85,90,58]. This inconsistency between needs and services may be partly caused by the different types of gaps in the transition process from pediatric to adult services [18]. Paul et al. recently discussed some of these gaps, analyzing heterogeneous studies on transitional care modalities and, more broadly, concerns about transition from adolescence to adulthood, and confirmed the need for more primary research on the effectiveness of different models to ensure a good quality care continuity [82].

The transition from adolescence to adulthood is also a challenging time with profound physiological, psychological, and social changes [8,64]. Adolescents with mental disorders face greater challenges as they transition to adulthood than their peers with or without other disabilities; overall, rates of mental health

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problems increase during adolescence, problems become more complex, and serious disorders, such as psychosis, emerge [99,22,109,50,53]. Most adolescent disorders are often undifferentiated, with polysymptomatic presentations, that, later in life, progress to more traditional, differentiated types [59,68]. Emerging knowledge about psychopathology and brain development in adolescence is, both, of great relevance and crucial to improving and guiding prevention and public health engagement. The highest dropout rates are in young adults, suggesting that it is not sufficient to simply engage them and ensure transition to adult services; the latter also needs to be effective and developmentally appropriate for these young adults [30,28].

Despite the presence of relevant policy statements and documents concerning mental health care continuity in various countries [11,37,111,46,83,20,38], transition problems occur in health care systems in different continents [23,101]. A US study found that continuity of care was hampered by separate access policies, lack of clarity in access procedures, and lack of shared transition planning [21]. An Australian study found that many young people referred to adult mental health providers were not accepted, despite their continuing mental health needs [15]. Although England and Wales have also implemented several policy initiatives for child and adolescent mental health services, they, too, have had problems in ensuring optimal transition of care [101,57]. The most recent Annual Report of the England Chief Medical Officer reiterates, indeed, that a main focus should be on an improvement in the transition to adulthood through better access to health services, particularly those concerning mental health [20]. Even The International Declaration on Youth Mental Health contains target measures that young people and their families should expect from mental health services, and states that “transitions from one service to another will always involve a formal, face-to-face transfer of care meeting, that involves the young person, his or her family/carers, and every service involved in his or her care” [16]. The UK recently developed transition guidelines based on all the existing resources, policy documents, and initiatives that relate to transition from child to adult services [97], and in the US a report by the Institute of Medicine and National Research Council summarized recommendations to improve the child to adult medical and behavioral health care transition [48].

Moreover, although the two terms are used almost interchangeably, transition needs to be distinguished from transfer. Transfer refers to the termination of care by a children’s health care service, which is re-established with an adult provider. Transition is a lengthy and seamless process with a beginning, middle, and end marked by joint responsibilities in multidimensional and multidisciplinary work to ensure a way to enable and support young patients continuing on into adult care. In this study we consider both terms. Overall, the importance of maintaining continuity of care in mental health care has been well documented, but there is a limited amount of research addressing this problem. This review aims to scope the extent of current and upcoming literature and research studies, specifically analyzing, documenting, or aiming to study the transition of young people with mental disorders from child and adolescent to adult mental health services.

## 2. Methods

### 2.1. Definition and inclusion/exclusion criteria

The review was restricted to studies evaluating the transition from child to adult mental health services. The search was limited to humans and only original articles were considered. Studies were eligible if they analyzed experiences, rates, service model descriptions or outcomes related to the transition from child to adult care for people with mental disorders. Book chapters,

editorials, comments or letters, congresses, reviews, or published errata were excluded.

### 2.2. Search strategy

The search was performed independently by the 2 authors using the Medline, Embase, PsycINFO, and Cochrane databases, and all articles published up until 16 March 2015 were considered.

The search strategy used, both, terms included in the title/abstract and in the subject headings, i.e. Medical Subject Headings (MeSH) (Medline, Cochrane), Emtree (Embase), and thesaurus (PsycINFO). The search strategy used was: [“transition\*” or “transfer\*” or “continuity of care” or “transition to adult care” or “continuity of patient care”] and [“mental disorder\*” or “mental health service\*” or “child and adolescent mental health service\*” or “CAMHS” or “psychiatric service\*”] and [“adolescent\*” or “young” or “young adult” or “youth\*”]. No language restriction was applied. The two authors independently screened the titles and abstracts of each study and excluded studies not pertinent to the study population or to transition within mental health services for patients with diagnosed mental disorder. The full text of the remaining articles was obtained and evaluated by the authors independently to decide whether to include or exclude the studies. Disagreements on the eligibility of a study were resolved by discussion until consensus was reached.

Moreover, a review of the references of the included studies was performed. Complete references were downloaded and stored using Reference Manager 2011.0.1 software (Thompson ResearchSoft, Carlsbad, CA, USA).

### 2.3. Quality assessment

The quality of studies was assessed independently by the authors using the “Methodology checklist: qualitative studies” checklist proposed in The Guidelines manual published by the National Institute of Health and Clinical Excellence [75] and based on criteria suggested in the literature [103,88,51]. This tool includes the following main information relating to methodological quality: theoretical approach, study design, data collection, validity, analysis, and ethical concerns (Table 1). Both authors assessed each study according to the 14 criteria in the scale and the average of the scores was calculated to obtain the methodological quality (“high”:  $\geq 12$  criteria, “medium”: 8–11 criteria, or “low”:  $< 8$  criteria) based on the information retrieved from the papers [41].

**Table 1**  
Methodology checklist.

Criteria used to assess the methodological quality of the studies
Theoretical approach
1. Is the research approach appropriate?
2. Is the study clear in what it seeks to do?
Study design
3. How defensible/rigorous is the research design/methodology?
Data collection
4. How well was the data collection carried out?
Validity
5. Is the role of the researcher clearly described?
6. Is the context clearly described?
7. Were the methods reliable?
Analysis
8. Is the data analysis sufficiently rigorous?
9. Are the data “rich”?
10. Is the analysis reliable?
11. Are the findings convincing?
12. Are the findings relevant to the aims of the study?
13. Are the conclusions adequate?
Ethics
14. How clear and coherent is the reporting of ethical considerations?

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