Transition from adolescence to adulthood
reasons and challenges to establish „transition psychiatry“
an introduction

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Issues

• The transition from Child and Adolescent (CAMH) - to Adult mental health (AMH) services represents a challenge from many perspectives (theoretically, legally, ethically developmentally).

• Consideration needs to be given to the specific needs of young people with mental health problems between the ages of 16 to 24 including interindividual variations in developmental processes and environmental conditions.

• The disruption in care caused by the transition between services has far reaching consequences.
Current system of psychiatric care without consideration of developmental maturity

Two groups of specialists need to develop a common understanding and language.
Structural demands vs.
ideal development
Individual development

Common basis important for provision of care adapted to the individual differences in development
Real maturation

Actual development in the context of psychiatric illnesses: it is important to consider illness specific components in the history, recovery and development of mental illness.
Differences in maturation

Reasons for special consideration of maturational processes in the second and third decade of life.

Negotiating independance, leaving education, Integration into occupational life are central developmental tasks: Habilitation (Lempp) vs. Rehabilitation als central challenge for psychiatric recovery

• Different side effect profiles and effectiveness of medication, e.g. antidepressants
• Different situations with regards to off-label use in AMH and CAMH
• Differential risks of suicide during different stages of life, overlapping areas responsibility between criminal - and social services etc.
• Transitions in Work
• Disturbance in the development of personality
Barriers at the transition between Mental Health Services

- Differences in the historical development of services and their separation
- Different perspectives on mental health (e.g. developmental vs. categorical; custodial vs. protective)
- Diagnostic uncertainty with changing phenomenology of psychiatric presentations, e.g. borderline, addiction, eating disorders
- Different complementary support systems (Social/educational services vs. Rehabilitation services) with different funding sources
- Availability of transitional options
- Lack of „common language“ and conceptional disintegration
- Lack of connection between physical and mental health services
The brain is being „rewired“

- Volumetric increase of the gray matter/ cortical growth spurt
- Increased neuronal dentrification and connectivity, subserving information processing and encoding
- „Pruning as neuronal darwinism“ (Edelmann) = use it or loose it
- During adolescence pathways of information and emotion processing are readjusted. The brain matures towards a more efficient processing machine with less but faster connections.
Developmental issues during transition from adolescence to adulthood

Beginning detachment from parents

- Parents become advisers, at the same time some topics become taboo (e.g. Talking about sexuality)

**Studies in developmental psychology suggest:**
later Independance of young people in Europe

Orientation...

...towards peers in the identity development

- Friendships become more important (*My Friends are actually the most important thing for me*, e.g. highly emotional evaluation of conflicts with Peers)

...at rules, boundaries and structures

- scaffolding (e.g. desire for structure) and limitations (e.g. transgression of boundaries) in the areas of education, media, family and friends

...towards strategies of selfpresentation

Normal and abnormal behaviors in the transition phase

<table>
<thead>
<tr>
<th>Crisis</th>
<th>Normal</th>
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<tbody>
<tr>
<td>Drug abuse for selfregulation and organiser of identity</td>
<td>Occasional experiments with drugs or alcohol with peers</td>
</tr>
<tr>
<td>(Transient) promiscuous sexual relationships, sexual offensive behavior</td>
<td>Experimental sexual behaviours with peers, feelings of shyness and unsecurity in relationship with others</td>
</tr>
<tr>
<td>Transient school refusal or loss of interest in activities in or outside of school</td>
<td>Little fluctuation of interests</td>
</tr>
<tr>
<td>Hatred towards parents and rejection of fundamental social values and rules</td>
<td>Arguments about music, fashion and leisure activities</td>
</tr>
<tr>
<td>Chaotic thinking, suicidal thoughts</td>
<td>Challenging rules via exaggerated behaviour;</td>
</tr>
</tbody>
</table>
Current state of research

Topic has not received much attention in basic and clinical research (nationally and internationally)

**High risk group: Young people in transition (16-24 Jahren) with psychiatric disorders have:**

- Lower educational and occupational levels
- Higher rates of poverty
- Higher rates of unplanned pregnancies
- Higher rates of substance use
- Higher rates of homelessness and contact with criminal systems
- Higher than chance frequency of parents with mental illness

During the transition many young people drop out of the mental health services and end up in supported living or within the forensic psychiatric system. In AMH the in-patient or day-care psychiatric treatments are often less successful, than in other age groups
Systematic review of 10 studies

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>Illness related information giving Skills-Training</td>
<td>Delivered in individual or group settings, printed material, web-based information Internet or one-to-one;</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td>care-coordinator during transition Joint clinical service</td>
<td>Administrativ support only or more comprehensive support Presence of representatives of both services</td>
</tr>
<tr>
<td>Service</td>
<td></td>
</tr>
<tr>
<td>Separate ward for young people Telephone support outside working hours</td>
<td>„out patient consultation model“ Telephone consultation or reminder calls for non-attended appointments</td>
</tr>
</tbody>
</table>

Crowley et al., 2011
Challenges of Transition: UK

• N=154: Transition from CAMHS zu AMHS (in GB):
  • More likely:
    – Severe psychiatric disorder
    – Medication
  • Less likely:
    – Neurodevelopmental disorders
    – Affect of neurotic symptoms
    – Developing personality disorder

• Optimal transition: (<5%): planning, exchange of information between teams, parallel care during least 3 months of treatment after transition

<table>
<thead>
<tr>
<th>Independent variable</th>
<th>Odds ratio</th>
<th>95% CI</th>
<th>P</th>
<th>95% CI clustered</th>
<th>P, clustered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known broader social risk (score)</td>
<td>1.38</td>
<td>0.9–2.1</td>
<td>0.14</td>
<td>1.1–1.8</td>
<td>0.02</td>
</tr>
<tr>
<td>English as first language</td>
<td>0.76</td>
<td>0.3–2.3</td>
<td>0.62</td>
<td>0.4–1.3</td>
<td>0.30</td>
</tr>
<tr>
<td>Parents attend CAMHS</td>
<td>0.56</td>
<td>0.2–1.3</td>
<td>0.19</td>
<td>0.2–1.3</td>
<td>0.16</td>
</tr>
<tr>
<td>Admitted as psychiatric in-patient</td>
<td>5.05</td>
<td>1.0–26.8</td>
<td>0.05</td>
<td>0.2–147.3</td>
<td>0.34</td>
</tr>
<tr>
<td>Admitted under the Mental Health Act</td>
<td>5.0</td>
<td>0.5–48.3</td>
<td>0.165</td>
<td>1.6–15.5</td>
<td>0.01</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>0.24</td>
<td>0.0–2.4</td>
<td>0.22</td>
<td>0.0–3.4</td>
<td>0.29</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>1.6</td>
<td>0.3–11.0</td>
<td>0.59</td>
<td>0.3–8.7</td>
<td>0.55</td>
</tr>
<tr>
<td>Comorbidity</td>
<td>2.82</td>
<td>0.9–9.4</td>
<td>0.09</td>
<td>0.8–9.6</td>
<td>0.01</td>
</tr>
<tr>
<td>Serious and enduring illness</td>
<td>7.85</td>
<td>1.6–37.8</td>
<td>0.01</td>
<td>1.5–40.9</td>
<td>0.01</td>
</tr>
<tr>
<td>On medication at the time of transition</td>
<td>2.36</td>
<td>1.1–5.3</td>
<td>0.04</td>
<td>1.7–3.4</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Singh et al., 2010
MILESTONE — Managing the Link and Strengthening Transition from Child to Adult Mental Health Care — European research project

- Assessing the state of transitions from CAMH to AMH within Europe
- Consideration of ethical aspects
- Development of tools for assessing and quantifying the need for care during transition

Purpose of study: Results will form basis for development of cost-effective models for transition

- Dissemination: communication with service users, relatives, service providers, politicians
- Teaching: Integration of new knowledge into specialist training

Projektcoordinator: Prof. Swaran Singh (University of Warwick, U.K.)

Duration: 5 years (until 31.01.2019)

Cooperation with: UK, Netherlands, Croatia, Ireland, Italy, Belgium, France, Germany

(http://milestone-transitionstudy.eu/de)

The research leading to these results has received funding from the European Community’s Seventh Framework Programme (FP7/2007–2013) under grant agreement n° 602442
• Participants: N = 1000 (Randomisierung der Zentren)
  • Intervention: 200, Controllgroup: 800 young people

• Questionnaires: TRaM und TrOM:
  Readiness for transition, actual process of transition

• Data collection: Baseline + 3 Follow-up appointments over 27 months with young people, parents und care providers
  • Comparison between groups with and without transition to AMH, as well as supported transition und TAU
  • Current mental state and physical health, quality of life

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Do we need more specialisation in transition psychiatry?

- Developmental tasks such as development of identity, independence, management of psychosocial environment outside of the family are often not concluded at the 18th birthday.
- Developmental delay or even regression especially in young people with psychoses, anxiety, OCD, Eating disorders and depression. At the same time too much attention is given to transitional symptomatology.

AMH Setting not appropriate!

- „poorly socialised“ aggressive or impulsive adolescents and young adults are often difficult to integrate into AMH services.
- Peer-groups have a central role in development and learning.
Thank you very much for your attention

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