



Kinder- und Jugend-  
psychiatrie / Psychotherapie  
Universitätsklinikum Ulm

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

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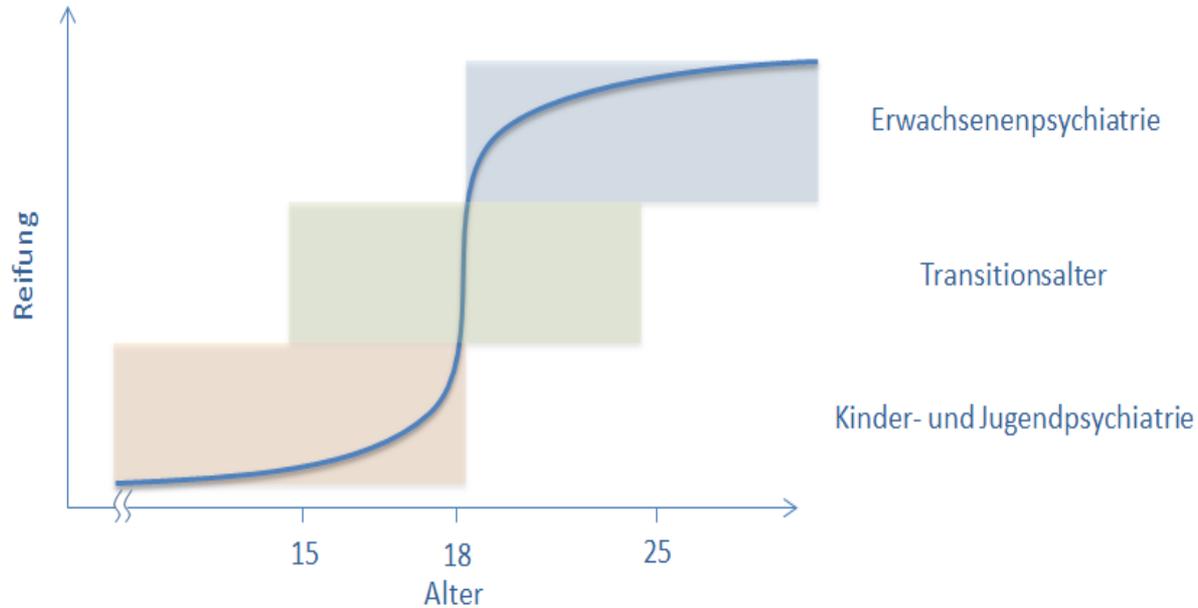


## Issues

- 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.



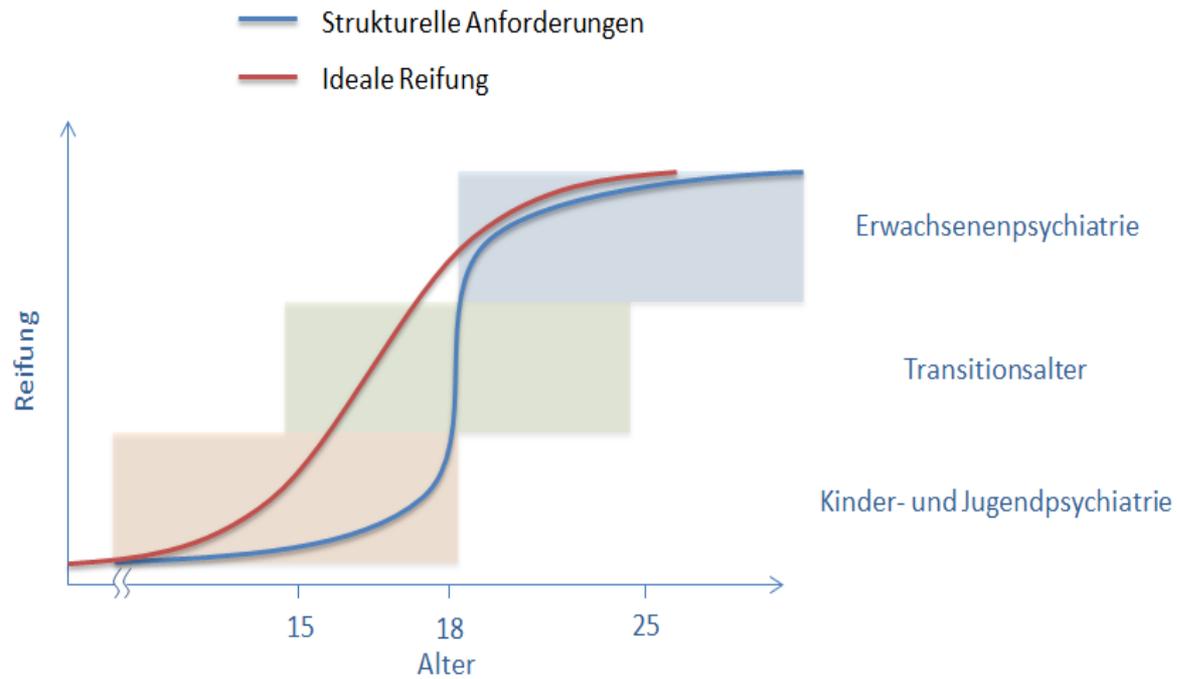
## Current system of psychiatric care without consideration of developmental maturity



Two groups of specialists need to develop a common understanding and language

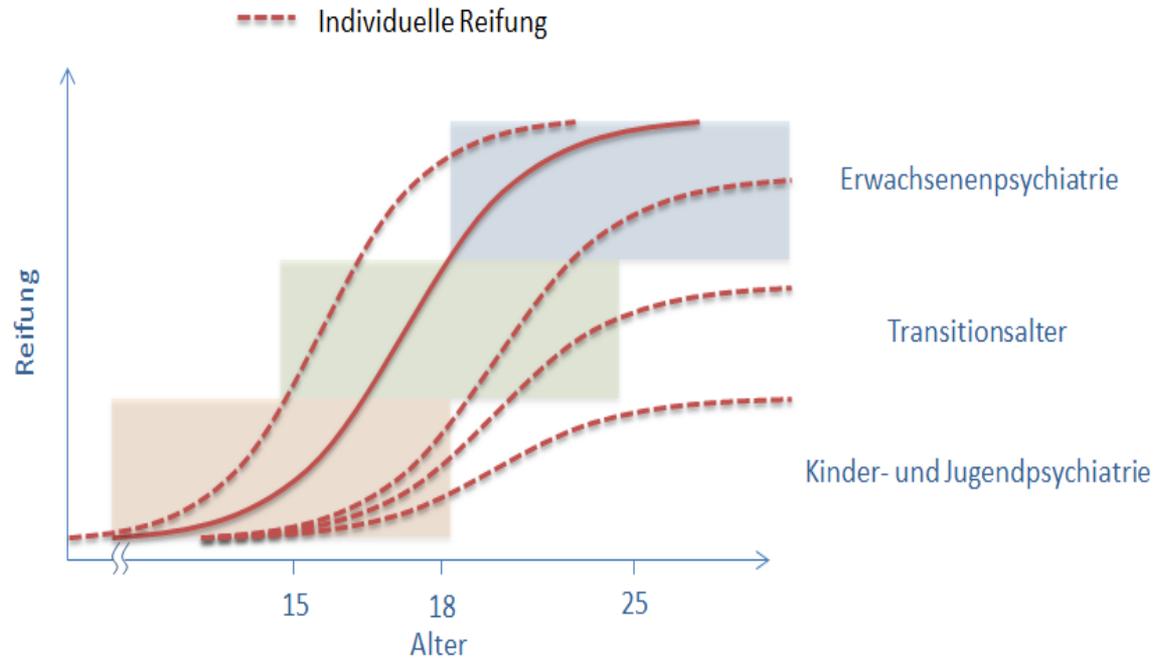


# Structural demands vs. ideal development





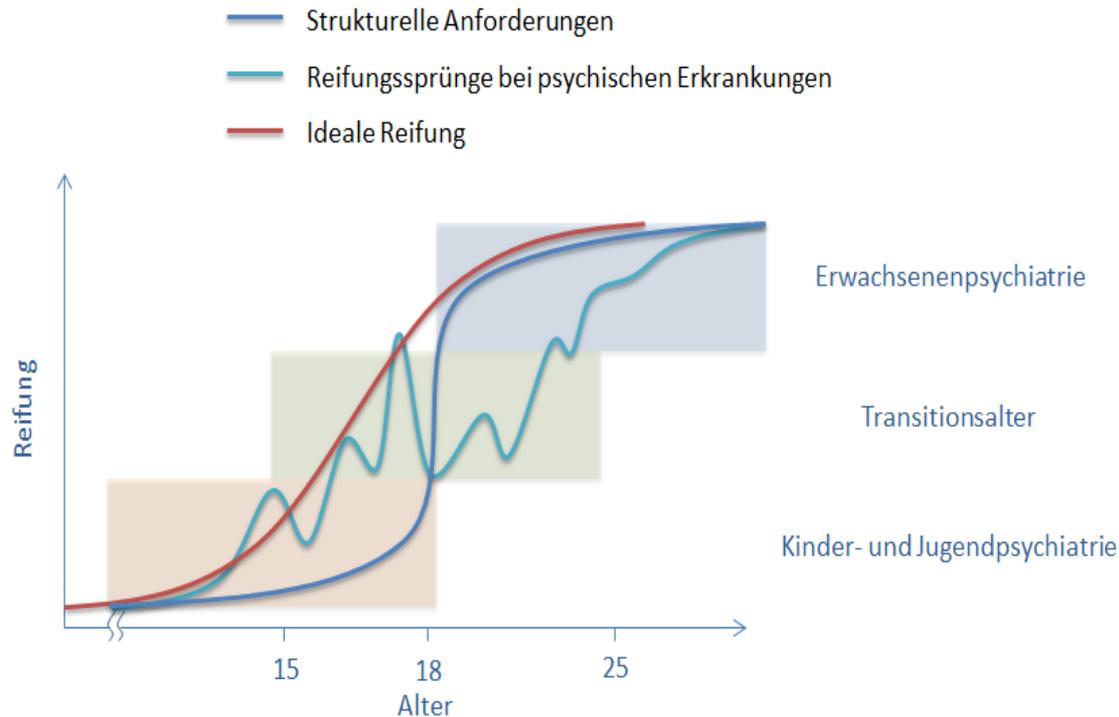
# Individual development



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 independence, 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



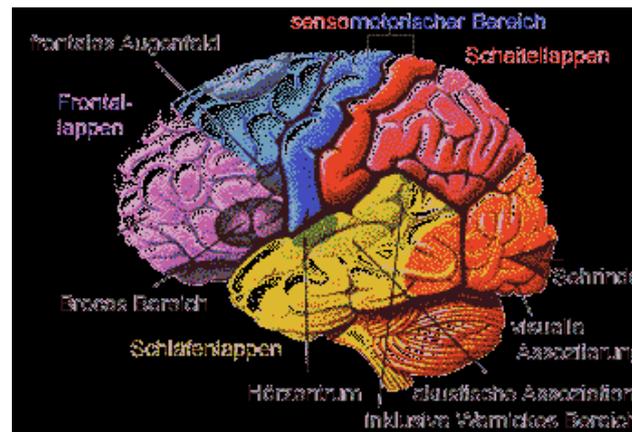
## Barriers at the transition between Mental Health Services

- 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 conceptual 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 dendrification and connectivity, subserving information processing and encoding
- „Pruning as neuronal darwinism“ (Edelmann) = use it or lose 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 Independence 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

- „Child-self“, „adolescent -self“ und „adult-self“





## Normal and abnormal behaviors in the transition phase

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



## 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



# Effectiveness of Interventions targeting transition between child and adult services for chronic psychiatric disorders

## Systematic review of 10 studies

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



## 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

Singh et al., 2010

**Table 2** Results of logistic regression: factors predicting actual transition with clustered results accounting for trust-level data

Independent variable	Odds ratio	95% CI	P	95% CI, clustered	P, clustered
Known broader social risk (score)	1.38	0.9–2.1	0.14	1.1–1.8	0.02
English as first language	0.76	0.3–2.3	0.62	0.4–1.3	0.30
Parents attend CAMHS	0.56	0.2–1.3	0.19	0.2–1.3	0.16
Admitted as psychiatric in-patient	5.05	1.0–26.8	0.05	0.2–147.3	0.34
Admitted under the Mental Health Act	5.0	0.5–48.3	0.165	1.6–15.5	0.01
Eating disorder	0.24	0.0–2.4	0.22	0.0–3.4	0.29
Substance misuse	1.66	0.3–11.0	0.59	0.3–8.7	0.55
Comorbidity	2.82	0.9–9.4	0.09	0.8–9.6	0.01
Serious and enduring illness	7.85	1.6–37.8	0.01	1.5–40.9	0.01
On medication at the time of transition	2.36	1.1–5.3	0.04	1.7–3.4	<0.01





# 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 costeffective 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>)



## MILESTONE – Managing the Link and Strengthening Transition from Child to Adult Mental Health Care – die europaweite Studie

- 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 transtion to AMH, as well as supported transition und TAU
  - Current mental state and physical health, quality of life





## 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 S. 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



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**Thank you very much for your attention**

**Klinik für Kinder- und Jugendpsychiatrie/  
Psychotherapie des Universitätsklinikums Ulm**

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