

YOUTH TO ADULT TRANSITIONS IN HEALTH CARE

**Philosophies of Care in Child and Adolescent vs. Adult
Mental Health Services: Are Youth Being Lost in
Transition Because of Ideological Differences?**

May 14, 2014

Overview

1. Problem statement
2. Study background
3. Methods
4. Key findings
5. Implications for practice and policy



The Problem

- 1.1 million young Canadians have a least one diagnosable mental health disorder¹
- Youth with mental health disorders vulnerable to discontinuities in care during transition to adult services²
 - Transitions in mental health care coincide with other life transitions
 - Youth with mental illness less prepared to tackle life changes than their counterparts²
- Issues:
 - Inconsistency in age cutoffs³
 - Silos in policy and funding streams³
 - Lack of communication⁴ and data sharing⁵
 - Differences in governance⁶



¹Waddell & Shepherd, 2002; Shaffer et al., 1996; Offord et al., 1989. ²Singh, 2009.

³Davis et al., 2005. ⁴McLaren, 2013. ⁵Singh et al., 2010. ⁶Hovish, Weaver, Islam, Paul, & Singh, 2012

Study Background

Enhancing Health System Performance and Person-Centred Care: Youth to Adult Transitions in Health Care – The Case of Mental Health Services in Ontario

Transitions study team members (McMaster University)

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Study Background

Enhancing Health System Performance and Person-Centred Care: Youth to Adult Transitions in Health Care – The Case of Mental Health Services in Ontario

- Focus on transition from **child and adolescent mental health services (CAMHS)** to **adult mental health services (AMHS)** in Ontario
- Generate and synthesize evidence
- Inform the advancement of seamless, coordinated, person- and family-centred services



Philosophies of Care and Transitions

- Differences in philosophies of care and professional cultures are barriers to interprofessional collaboration in other areas of health care¹
- Here we explore whether differences in philosophies of care are a barrier to transition between CAMHS and AMHS



¹Hall, 2005

Research Question

What are the key differences and similarities in philosophies of care between child and adolescent and adult mental health services according to the published academic literature?



Methods

- Systematic review of published literature
- Searches conducted in CINAHL, Embase, MEDLINE, PsycINFO
- Eligibility criteria (transition, child and youth, mental health)

Review-specific search	Duplicates removal	Title/abstract review	Full article review	Total articles included
1896	1538	44	17	12



Differences in Philosophies of Care

DEVELOPMENTAL VS. DIAGNOSTIC APPROACHES

<u>CAMHS</u>	<u>AMHS</u>
<ul style="list-style-type: none"> • Developmental-based treatment approaches 	<ul style="list-style-type: none"> • Diagnosis-based treatment approaches
<ul style="list-style-type: none"> • Biological and psychological aspects of development 	<ul style="list-style-type: none"> • Mental illness focus
<ul style="list-style-type: none"> • Difficulties emerge within a social context (family, educational, social support systems) 	

“Different concepts of disorders between the services may mean that young people with mental health problems as defined by CAMHS may not fulfil the diagnostic criteria used by AMHS for targeting and prioritising mental health care.” (McGrandles, 2012).



Differences in Philosophies of Care

FAMILY VS. INDIVIDUAL APPROACH

<u>CAMHS</u>	<u>AMHS</u>
<ul style="list-style-type: none"> Youth's illness considered part of family unit 	<ul style="list-style-type: none"> Adults are considered autonomous
<ul style="list-style-type: none"> Supports family involvement 	<ul style="list-style-type: none"> Little to no family involvement

“Young people and their parents describe the change in service philosophy between child and adult services confusing, especially in relation to the role and involvement of families.” (Lamb & Murphy, 2013)



Differences in Philosophies of Care

PROTECTIVE VS. RESPONSIBILITY APPROACH

<u>CAMHS</u>	<u>AMHS</u>
<ul style="list-style-type: none"> • Protective of child 	<ul style="list-style-type: none"> • Individual responsibility for one's own health
<ul style="list-style-type: none"> • Cherishing, nurturing 	<ul style="list-style-type: none"> • Intrinsic motivation required to make change

“....they remain kids as long as they stay here. We don't give them any favors into adulthood. When they enter there [AMHS] it is another step.” (Lindgren et al., 2013)

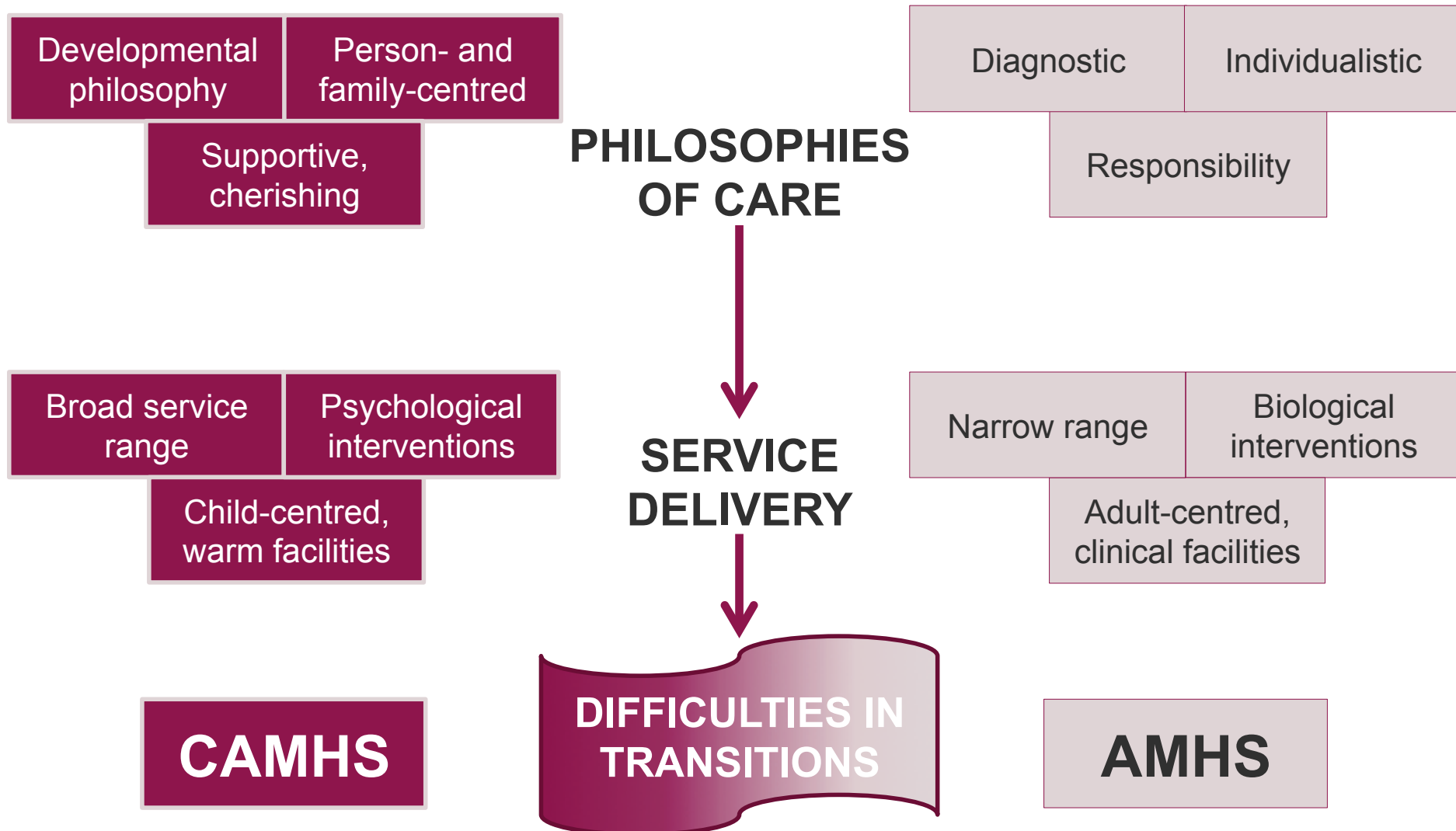


Summary of Key Findings

Child and adolescent mental health services	Adult mental health services
<ul style="list-style-type: none">• Developmental approach	<ul style="list-style-type: none">• Diagnostic approach
<ul style="list-style-type: none">• Family approach	<ul style="list-style-type: none">• Individualistic approach
<ul style="list-style-type: none">• Protective approach	<ul style="list-style-type: none">• Responsibility approach



Implications for Practice & Policy



Take-home Messages

- Differences in philosophies of care influence care approaches in CAMHS and AMHS
- These in turn influence success of transitions
- Problems in transitions at this age juncture occur at a crucial point in adolescent developmental trajectories and at high-risk time in terms of onset of mental disorders
- Essential to address this transition point



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Questions

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