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 disorder\(^1\)

- Youth with mental health disorders vulnerable to discontinuities in care during transition to adult services\(^2\)
  - Transitions in mental health care coincide with other life transitions
  - Youth with mental illness less prepared to tackle life changes than their counterparts\(^2\)

- Issues:
  - Inconsistency in age cutoffs\(^3\)
  - Silos in policy and funding streams\(^3\)
  - Lack of communication\(^4\) and data sharing\(^5\)
  - Differences in governance\(^6\)

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\(^1\)Waddell & Shepherd, 2002; Shaffer et al., 1996; Offord et al., 1989.  
\(^3\)Davis et al., 2005.  
\(^4\)McLaren, 2013.  
\(^5\)Singh et al., 2010.  
\(^6\)Hovish, 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)

- Glen Randall, Principal Investigator, DeGroote School of Business
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- Gillian Mulvale, DeGroote School of Business
- Tram Nguyen, Rehabilitation Science program
- Patricia Wakefield, DeGroote School of Business
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 care\(^1\)

• Here we explore whether differences in philosophies of care are a barrier to transition between CAMHS and AMHS

\(^1\)Hall, 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)

<table>
<thead>
<tr>
<th>Review-specific search</th>
<th>Duplicates removal</th>
<th>Title/abstract review</th>
<th>Full article review</th>
<th>Total articles included</th>
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<tbody>
<tr>
<td>1896</td>
<td>1538</td>
<td>44</td>
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<td>12</td>
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</table>
Differences in Philosophies of Care

DEVELOPMENTAL VS. DIAGNOSTIC APPROACHES

<table>
<thead>
<tr>
<th>CAMHS</th>
<th>AMHS</th>
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</thead>
<tbody>
<tr>
<td>• Developmental-based treatment</td>
<td>• Diagnosis-based treatment</td>
</tr>
<tr>
<td>approaches</td>
<td>approaches</td>
</tr>
<tr>
<td>• Biological and psychological</td>
<td>• Mental illness focus</td>
</tr>
<tr>
<td>aspects of development</td>
<td></td>
</tr>
<tr>
<td>• Difficulties emerge within a social</td>
<td></td>
</tr>
<tr>
<td>context (family, educational,</td>
<td></td>
</tr>
<tr>
<td>social support systems)</td>
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“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

<table>
<thead>
<tr>
<th>FAMILY VS. INDIVIDUAL APPROACH</th>
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<tbody>
<tr>
<td><strong>CAMHS</strong></td>
</tr>
<tr>
<td>- Youth’s illness considered part of family unit</td>
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<td>- Supports family involvement</td>
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<tr>
<td><strong>AMHS</strong></td>
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<tr>
<td>- Adults are considered autonomous</td>
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<td>- Little to no family involvement</td>
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“*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

<table>
<thead>
<tr>
<th>PROTECTIVE VS. RESPONSIBILITY APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAMHS</strong></td>
</tr>
<tr>
<td>• Protective of child</td>
</tr>
<tr>
<td>• Cherishing, nurturing</td>
</tr>
</tbody>
</table>

“….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

<table>
<thead>
<tr>
<th>Child and adolescent mental health services</th>
<th>Adult mental health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developmental approach</td>
<td>• Diagnostic approach</td>
</tr>
<tr>
<td>• Family approach</td>
<td>• Individualistic approach</td>
</tr>
<tr>
<td>• Protective approach</td>
<td>• Responsibility approach</td>
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</table>
Implications for Practice & Policy

PHILOSOPHIES OF CARE

(Service Delivery)

DIFFICULTIES IN TRANSITIONS

CAMHS

AMHS

Developmental philosophy
Person- and family-centred
Supportive, cherishing

Broad service range
Psychological interventions
Child-centred, warm facilities

Diagnostic
Individualistic
Responsibility

Narrow range
Biological interventions
Adult-centred, clinical facilities

CAMHS

AMHS
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
Acknowledgements

The study was funded by the Government of Ontario through a Ministry of Health and Long-Term Care Health System Research Fund grant entitled ‘Harnessing Evidence and Values for Health System Excellence’.

The views expressed in the presentation are the views of the authors and should not be taken to represent the views of the Government of Ontario.
Questions

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