

Transition from Child and Adolescent Mental Health Services to Adult Mental Health Services: Findings from the TRACK study

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The TRACK study was a multisite, mixed-methods study that explored the process, outcome and experience of transition from CAMHS to adult care (AMHS) in six Trusts in London and West Midlands. We mapped existing transition protocols, tracked transition pathways and outcomes of all users who crossed transition boundary in the preceding year, conducted qualitative analysis of clinicians' managers' and voluntary sector perspective on transition with in-depth interviews with a sub-sample of service-users, carers and their care co-ordinators. There were 14 active protocols in the study areas, which were based on policy documents but differed on practical aspects. Transition boundary varied from 16 years to 21 and over. Three-quarters of the protocols had no provision for ensuring continuity of care for cases not accepted by AMHS. Of the 154 cases who crossed the transition boundary, 90 made a transition to AMHS (actual referrals), and 64 were either not referred or not accepted by AMHS (potential referrals). Less than 4% of those accepted by AMHS experienced an optimal transition. Those with a severe and enduring mental illness, a hospital admission, on medication and who attended CAMHS with their parents were most likely to make a transition. Those with neurodevelopmental disorders, emotional disorder or emerging personality disorder were most likely to fall through the CAMHS-AMHS gap. A fifth of cases accepted by AMHS were discharged without being seen. Qualitative interviews with service users revealed that very few had experienced good transitional care and those that had viewed it as positive. Most young people preferred not having their parents involved in their care with AMHS, while parents wanted greater involvement. Following transition to AMHS, most users stayed engaged and reported improvement in their mental health. Qualitative interviews also showed that CAMHS and AMHS had mutual misperceptions that hampered communication across the interface. Overall the TRACK study found that for the majority of young people, transition from CAMHS to AMHS is poorly planned, poorly executed and poorly experienced

References

- Singh SP**, Paul M, Ford T et al (2010): Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *British Journal of Psychiatry*, 197, 305-312
- Singh SP**, Paul M et al (2008) Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health Services (TRACK Study): A study of protocols in Greater London *BMC Health Services Research*, 8:135-142
- Singh SP** (2009) The Great Divide: Transition of Care from Child to Adult Mental Health Care. *Current Opinion in Psychiatry*, 22, 386-390
- Singh S P**, Evans N, Sireling S & Stuart S (2005) Mind the Gap: The Interface between CAHMS & Adult Services. *Psychiatric Bulletin*, 29, 292-294