

Shaping the Future of Transitional Mental Health & Addition Services for Young People

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Acknowledgements:

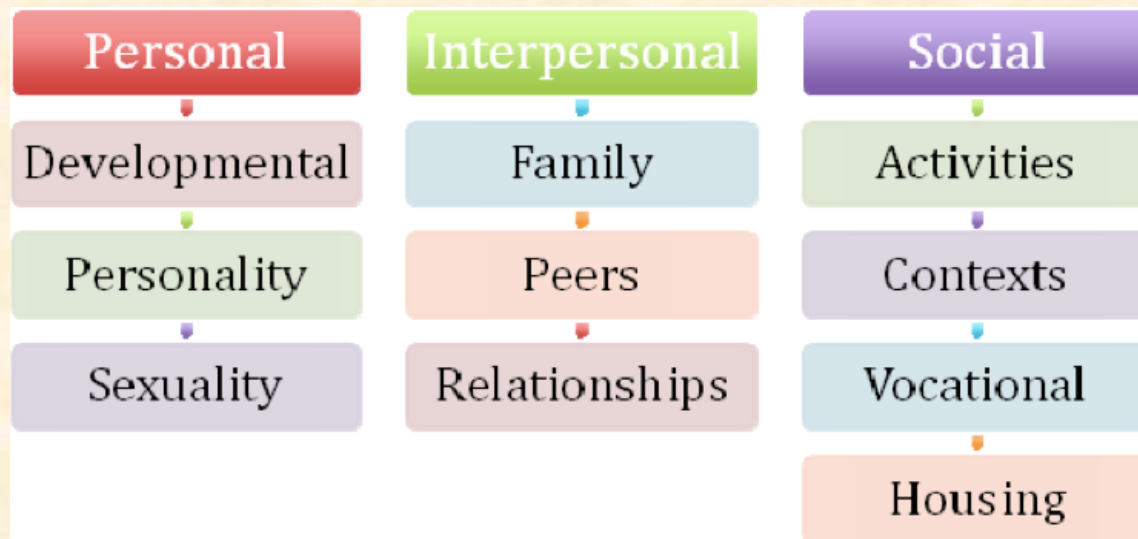
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- Partner Organizations:
 - University of Ottawa, Youth Services Bureau, Canadian Mental Health Association, Dave Smith Centre, Royal Ottawa Mental Health Centre, Queensway-Carleton Hospital, Montfort Hospital, Children's Hospital of Eastern Ontario, Ottawa Hospital
- Funding Support:
 - Champlain LHIN, Ontario Centre of Excellence for Child and Youth Mental Health, CHEO RI, CIHR, CHEO Psychiatry Associates Research Fund, & the Mental Health Commission of Canada
- Colleagues: Simon Davidson, Melissa Vloet, & Jenny Carver

Guiding Principals:

- Evidence Based: Existing or Create
- Best Clinical Practice: Expert Opinion
- Inclusionary: Young People, Family Members, Providers, Policy Makers
- Develop Local - Think Global - Implement Local

Not just about Mental Health & Addiction

Multiple transition factors (interface between institutions, community and individual factors)



Definition:

Transition: (Blum, 1993)

Purposeful, planned movement from child-centered to adult-oriented health care systems

Care that is uninterrupted, coordinated, developmentally appropriate, psychosocially sound, and comprehensive

Transfer: (Burke et al., 2008 as cited in Singh et al, 2010)

Termination of care by a children's health provider which is re-established with an adult provider

Background:

- 70% of **mental health problems begin in childhood or adolescence** (Statistics Canada, 2002)
- 60% of known cases, **young people** with enduring mental health & addiction concerns and continuing needs **disengage from service during the transition**
- Re-engagement is usually **crisis driven**
- Vulnerable youth, e.g. socially isolated males with a high level of service needs, are the most likely to disengage
- **Untreated** children and adolescents with mental health & addiction concerns become “**more vulnerable and less resilient**” with time

Statement of The Problem (McGorry, 2007):

“Public mental health services have followed a pediatric split in service delivery, mirroring general and acute health care. The pattern of peak onset and the burden of mental disorders in young people means that the **maximum weakness and discontinuity in the system occurs just when it should be at its strongest**”

Time & Context Overview:



Champlain LHIN Business Case Request & Report Submitted 2010

The purpose of this study was to identify the organizational factors that facilitate or impede effective transition between CAMHS and AMHS. The objectives of this project included: 1) estimating the numbers of transitional youth/young adults in the Champlain LHIN with mental health disorders and 2) identifying barriers and facilitators to achieving successful transition.

Facilitators to Effective Transition

- Empirically informed practice guidelines
 1. An **active**, future-focused process
 2. **Young-person-centered**
 3. **Inclusive** of parents/care-givers
 4. Starts **early**
 5. Resilience framework
 6. Multidisciplinary, inter-agency
 7. Involves **pediatric** and **adult** services, in addition to **primary care**

Facilitators... Cont.

8. Provision of **coordinated**, uninterrupted health care
 - Age and developmentally appropriate
 - Culturally appropriate
 - Comprehensive, flexible, responsive
 - Holistic – medical, psychosocial and educational/vocational aspects
9. **Skills training** for the young person in communication, decision-making, assertiveness, self-care, and self-management.
10. Enhance **sense of control** and interdependence in healthcare
11. To maximize life-long functioning and potential

Local Sources of Information:

Participants	Method
Team Leaders and Program Managers	Survey
Service Providers	Focus Group
Youth	Focus Group
Parents	Focus Group

Youth Goals for Transitions

Youth Driven

“Important thing is respecting the patient’s wishes of what is transition to them. Working with the patient to figure out what the transition plan is for them instead of like saying it to them and saying this is what you’re going to do. Asking like, what do you think would be helpful? I felt like that wasn’t really done. ”

Supportive, Coordinated and Planned

“ Maybe if they know you’re going to be transferred to AMHS maybe bringing you there with somebody, seeing the place, kind of getting more comfortable instead of just poof you’re there.”

Communication/Shared Care

“More communication between CAMHS and the AMHS when you’re being transferred ...your chart is so thick that... on the first day and your having an anxiety attack they don’t have time to go through it to see that X drug is not good for her system.”

Parent Goals for Transition

“We need to have transition workers who are aware of the different issues. We’re all dealing with the need for respite; we’re all dealing with the need for continuity of care; safety; we all need some form of education and some part of assisted employment and assisted living. We all need these things.”

Recommendation: Ottawa MH Transition Program, 2011

- Royal Ottawa Health Care Group
 - Youth Program
 - Adult Program
- Children's Hospital of Eastern Hospital
- Ottawa Hospital
- Queensway-Carleton Hospital
- Canadian Mental Health Association
- Youth Services Bureau
- University of Ottawa Department of Psychiatry
- David Smith Youth Treatment Centre
- Champlain LHIN (funded 1 FTE Intake Coordinator)

Partner Contributions

Partner	Contribution
Royal Ottawa Health Care Group	Recovery Service Unit Program Urgent Care Consultation Service (prioritized within 2 weeks for medication consult and/or diagnostic clarification) Telehealth Clinical Bridging Service to Schizophrenia Team Phone Consultation
Canadian Mental Health Association	Outreach Services DBT Concurrent Disorders Service Intensive Case Management Dual Diagnosis Team
Youth Services Bureau	Walk-in Clinic Intensive Case Management Wraparound Services Counseling Family Therapy
Queensway-Carleton Hospital	Commitment to accept up to 10% of patients enrolled in the transitions program Psychiatric consultations and some allied health involvement
The Ottawa Hospital	ON Track Program Eating Disorder Program
Dave Smith Treatment Centre	Residential and Community-Based Substance Abuse Treatment Comprehensive Substance Use Assessment (including the GAIN Q, the GAIN I and other tools to do an assessment – specifically for problematic use & abuse or dependence) Priority Referrals
Montfort	Psychiatric Consultation Day Treatment Program Short-term Psychiatric Involvement
Children's Hospital of Eastern Ontario	Continued involvement of CAHMS providers during period of parallel care Research Contributions

Referral Criteria/Guidelines

- Youth 16 to 24 years of age, living in Ottawa (may also be receiving services from Ottawa provider)
- In active care of project partner
- Complex mental health problems such as bipolar, psychosis, co-occurring substance use and mental illness, as well as comorbidity/possible personality disorder
- May be in need of specialized assessment to facilitate transition to AMHS
- Current provider agrees to be involved in developing transitional plan of care and participating actively in transition team
- In need of services that are available from partners
- In need of integrated multiple services (more than one)

Provincial Policy Ready Paper: Ontario Centre of Excellence for Child and Youth Mental Health

- Explore three sources of data: scientific publications; published guidelines and protocols; and mental health service program websites.
- The purpose: to outline the current barriers and facilitators to service delivery during this transition of care phase from child and youth services to adult services as well as examine best practice guidelines in this area.

Identifying Transitional Models

Reciprocal Service Agreements (BRIDGE & TRACK Studies, UK)

Having agreements to direct the transition helps clarify roles and responsibilities

Protocols must be realistic given the context of the service and they must be used to be effective
Often relies on chronological age

Standalone Transition Service Providers (e.g., "Orygen" & "Headspace" in Melbourne, Australia, "Youthspace" in UK)

Prioritizes the transition for youth

Targets youth from 12-25
Considers developmental age

Costly and contingent upon stakeholder buy-in at multiple government and community levels.

Youth encounter two transitions: at entry and exit.

Transition Teams

Better coordination of care
Shared Management Model
Assists in the management of responsibility concerns.

CAMHS-AMHS Team Collaboration

Costs associated
Requires buy-in by service providers.
Untried in mental health

Meeting in Toronto April 2010 with Policy Makers

Name	Position	Ministry
Charlotte Moore	ADM	MOH
Darryl Sturtevant	ADM	MCYS
Aryeh Gitterman	ADM	MCYS
Marian Mlakar	Director	MCYS
Grant Clarke	ADM (A)	EDU
Barry Finlay	Director (A)	EDU
Nancy Naylor	ADM	MTCU
Ellen Passmore	Director	MTCU
Nancy Lum-Wilson	Team Lead	MOH
Susan Paetkau	Director	MOH



Ontario Centre of Excellence
for Child and Youth
Mental Health

Centre d'excellence de l'Ontario
en santé mentale des
enfants et des adolescents

*Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.*

We've got growing up to do

Transitioning youth from child and adolescent mental health services to adult mental health services

May 2011

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Transitions: A National Initiative



uOttawa





Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults

prepared by

**Jenny Carver, Mario Cappelli, Simon Davidson,
Warren Caldwell, Marc-André Bélair, Melissa Vloet**

What did we do?

- Consulted with up to 50 experts from around the World
- Integrated available literature from peer-reviewed studies
- Gathered and compared relevant policy documents from across Canada and internationally
- Input from provincial, and national leaders in policy and program development



Current Landscape

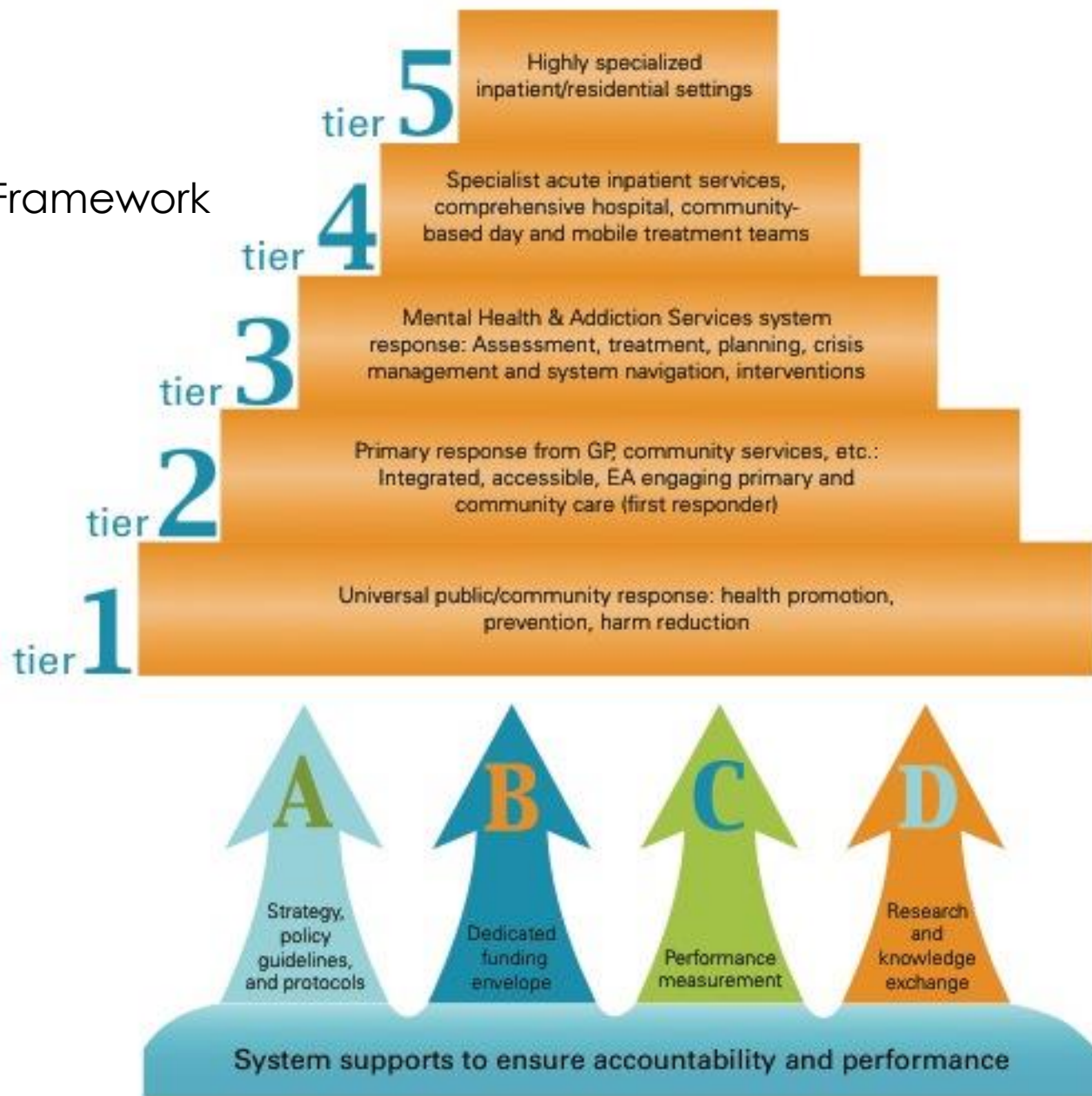
- **National**
 - Limited policies being implemented for the provision of mental health services to EAs
- **Provincial**
- All provinces identify ‘children and youth’ as a priority
 - No province utilizes a CAMHAS/AMHAS transitional protocol for EAs
 - No province is tracking EAs across the CAMHAS/AMHAS transition
 - No province has mandated services designed for the needs of EAs
- **Regional Areas**
 - Lack of co-ordination between agencies is a significant barrier to the provision of care to EAs



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Emerging Adult Service Framework



Proposed Report Recommendations: National Implementation

- Develop a National Action Plan for EA mental health and addictions
- Establish a National EA Advisory Group
- Establish a knowledge exchange policy for provinces to share information about EAs
 - Create an annual summary report card of National outcomes on EA mental health
 - Establish funding for a longitudinal tracking study to include youth transitions from CAMHAS to AMHAS
- Appoint a Canada Research Chair for Emerging Adults Mental Health

Proposed Report Recommendations: Provincial Implementation

- Establish EA mental health and addictions as a provincial priority – starting with the most vulnerable populations.
- Establish a premier-led interministerial cabinet committee to oversee EA outcomes
- Establish provincial/territorial EA Advisory Council
- Identify a single ministry to be accountable for EA outcomes
- Establish service delivery standards for EA services and evidence-based practices
- Mandate hospitals and community-based mental health and addictions providers to respond in a developmentally appropriate way for EAs

Proposed Report Recommendations: Regional Implementation

- Develop a strategic plan to enhance transitions between CAMHAS and AMHAS
- Document and report on CAMHAS/AMHAS transitions (Referral, wait times, engagement, satisfaction, success)
- Develop regional EA core services
 - Establish a Regional Lead for Transitions and Emerging Adult Mental Health

Regional Core Basket of MH & A Services

1. Acute inpatient mental health beds
2. Community-based, comprehensive day treatment & high intensity clinical services
3. First episode/early intervention for all diagnoses including screening, assessment, treatment services
4. System navigators
5. Peer support/mentoring roles
6. Family engagement, education, and support
7. Transition team coordination resources

Endorsement to Move Forward:

- 1) launch and disseminate the “*Taking the Next Step Forward*” policy report and companion reports
- 2) Video series
- 3) Engage various stakeholders (P/T champions, families & caregivers, Emerging Adults with lived experience) across Canada
- 4) ensure that key messages and action items that influence meaningful change have been communicated across Canada to diverse audiences

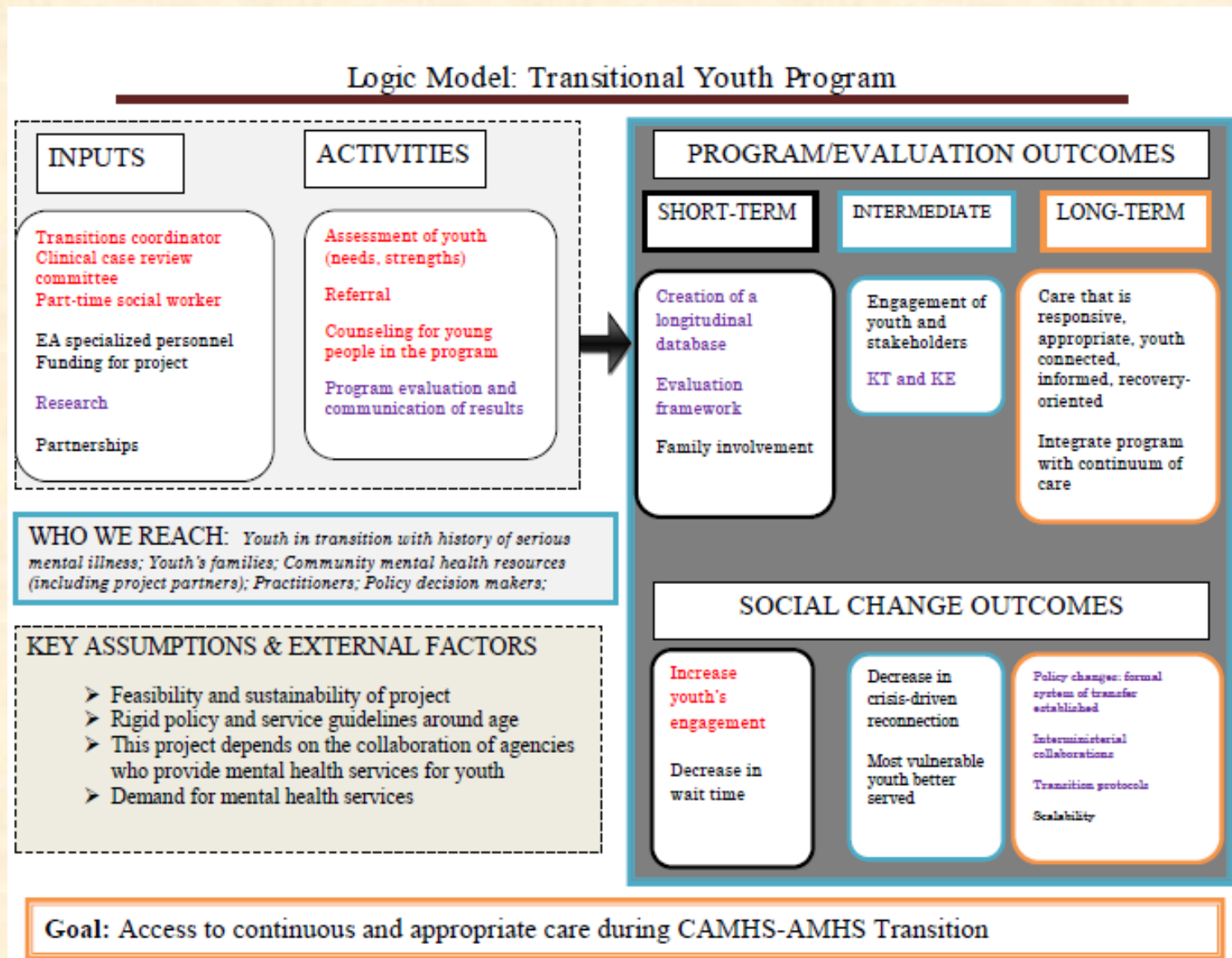
Local Transition Program: How well are we doing?

- Transitioning Youth into Adult Mental Health and Addiction Services: An Outcomes Evaluation of the Youth Transition Project (accepted for publication in the Journal of Behavioral Health Services & Research)
- Mind the Gap: A Study of Youths' Experiences During the Transition from Child and Adolescent Mental Health Services to Adult Mental Health Services in the Champlain LHIN

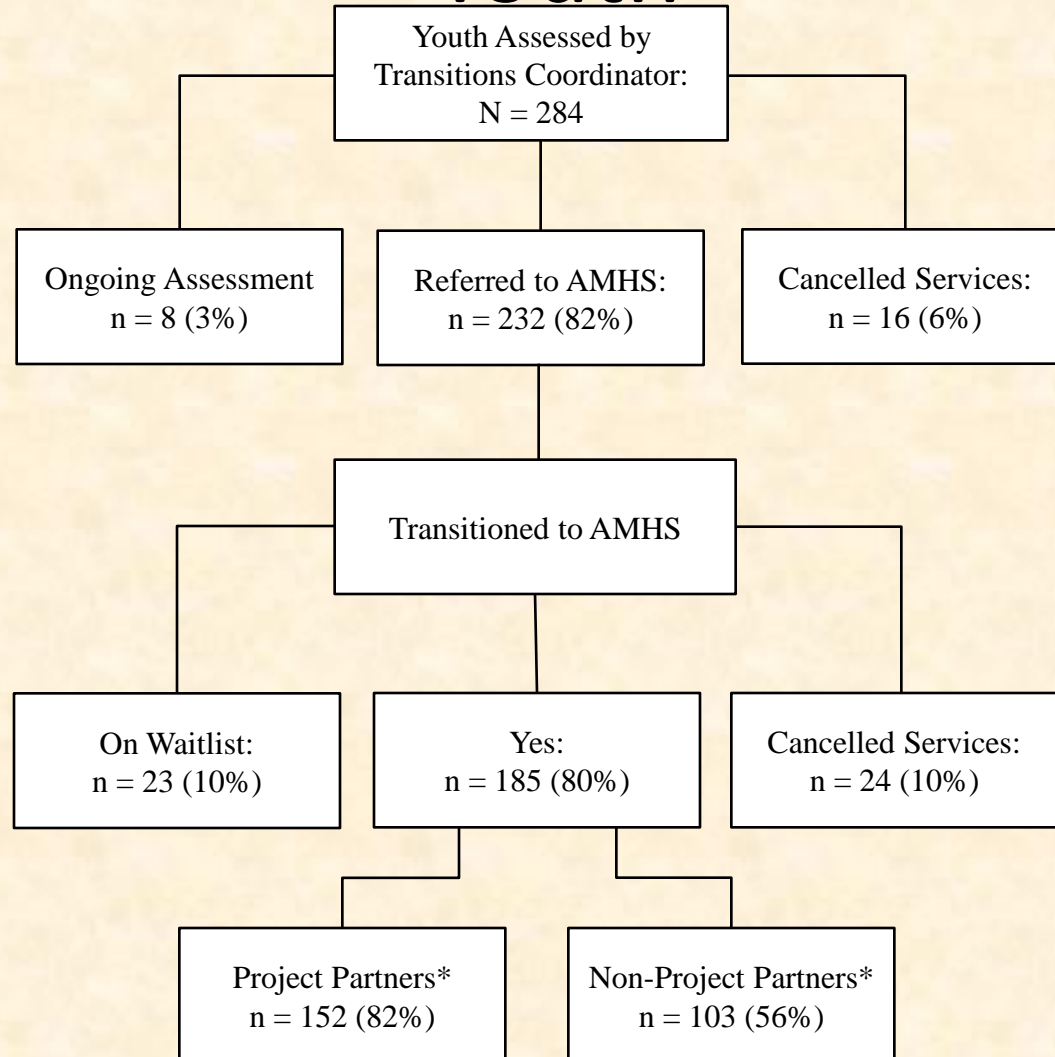
Transitional mental health services for youth

Service Utilization Summary

Recommendations lead to the development of the Ottawa Transitions



Transitioned vs. Non-Transitioned Youth



*Some youth were seen by more than one AMHS

Diagnoses

Diagnosis	Number of Youth with Diagnosis (%)
Anxiety Disorders	83.2%
Mood Disorders	80.3%
Disorders first diagnosed in infancy, childhood, or adolescence	73.4%
Substance-related disorders	24.2%
Schizophrenia and Other Psychotic Disorders	15.2%
Personality Disorders	12.3%
Eating Disorders	6.1%
Additional Issues (e.g. academic problems, relational problems, PCRP)	43.9%

AMHS Referrals

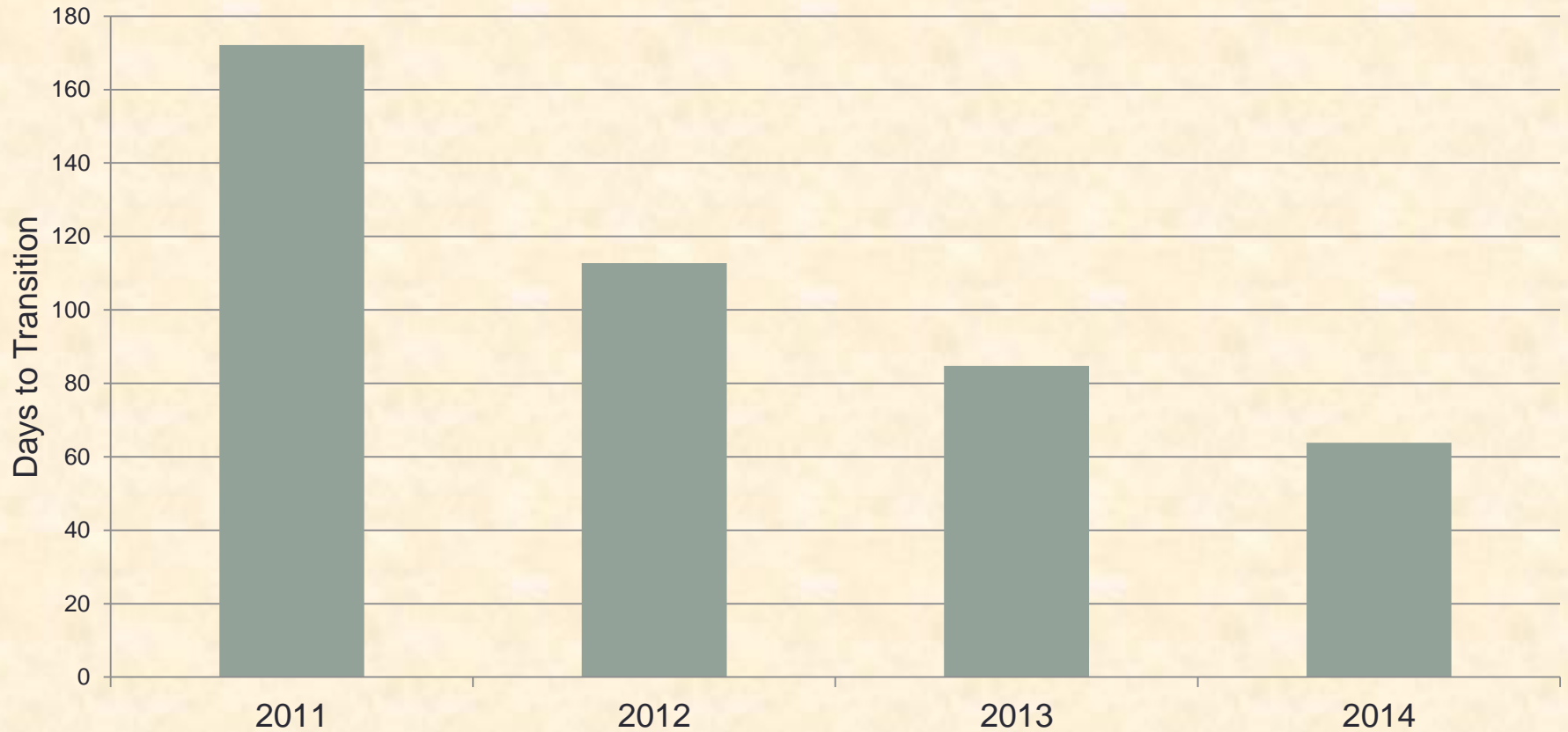
Referral Source	Youth Referred (N)	Youth Transitioned (N, M)
CMHA	42	29 (M = 146 days)
Dave Smith	4	4 (M = 148 days)
Montfort	12	8 (M = 100 days)
Ottawa Hospital	18	17 (M = 99 days)
Queensway	9	5 (M = 136 days)
ROMHC	54	41 (M = 174 days)
YSB	11	10 (M = 50 days)
Other	107	87 (M = 77 days)

*Some youth were referred or seen by more than one AMHS

Other Referrals

- 2nd Stage Housing
- ACT Prescott-Russell
- Algonquin Student Services
- Anxiety Group
- Carlingwood Resource Centre
- CAS
- Catholic Family Service Centre
- Catholic Immigration Services
- Community/Private Psychiatrist
- Cornwall General Hospital
- Cumberland Resource Centre
- Family Service Centre
- Georgian College Student Services
- Gloucester Resource Centre
- Maison Lusville
- Nepean Resource Centre
- Private Social Worker
- Robert Smart
- Sandy Hill Resource Centre
- South East Resource Centre
- Turning Corners
- University of Laurier Student Services
- Vanier Resource Centre
- Western Ottawa Resource Centre
- Youth Net

Transition Time across Program Years



Mind the Gap: A Study of Youths'
Experiences During the Transition from
Child and Adolescent Mental Health
Services to Adult Mental Health Services in
the Champlain LHIN

Qualitative Outcome Study:

- Measure the qualitative experiences of youth who both disengaged (n=15) and remained engaged (n=23) in care during the transition from CAMHS to AMHS.
- Individual semi-structured interviews and focus groups

Examples of Interview Questions:

Was there anything that helped or was unhelpful in preparing you for this move?

Thinking back, is there anything that would have been more helpful in preparing you for the transition

How would you describe your transition experience?

How would you describe your experience working with the transition team?

What are the strengths of the transition program?

Thinking back, is there anything that was not helpful or acted as a barrier in making the transition? (Prompts: transportation, availability and timing of appointments, etc.)

How could the transition program be improved?

	Total		Engaged		Disengaged	
	%	n	%	n	%	n
Total	100%	38	60.5%	23	39.5%	15
Age	M = 19.4		M = 19.4		M = 19.5	
Male	39.5%	15	43.5%	10	33.3%	5
Currently Enrolled In school	50.0%	19	47.8%	11	53.3%	8
Currently Employed	23.7%	9	30.4%	7	13.3%	2
Currently has MH professional	47.4%	18	56.5%	13	33.3%	5
Has Family Doctor	78.9%	30	87.0%	20	66.7%	10
Highest Level of School Completed						
Elementary	13.2%	5	21.7%	5	0.0%	0
High School	81.6%	31	78.3%	18	86.7%	13
University	5.3%	2	0.0%	0	13.3%	2
Current Housing Status						
On Own	39.5%	15	45.3%	10	33.3%	5
Parental Home	26.3%	10	17.4%	4	40.0%	6
Shared Accommodation	18.4%	7	17.4%	4	20.0%	3
Current Self-Reported Physical Health						
Excellent	0%	0	0%	0	0%	0
Very Good	18.4%	7	13.0%	3	26.7%	4
Good	28.9%	11	30.4%	7	26.7%	4
Fair	31.6%	12	34.8%	8	26.7%	4
Poor	21.1%	8	21.7%	5	20.0%	3

The Mental Health and Well-Being of Ontario Students

OSDUHS Highlights

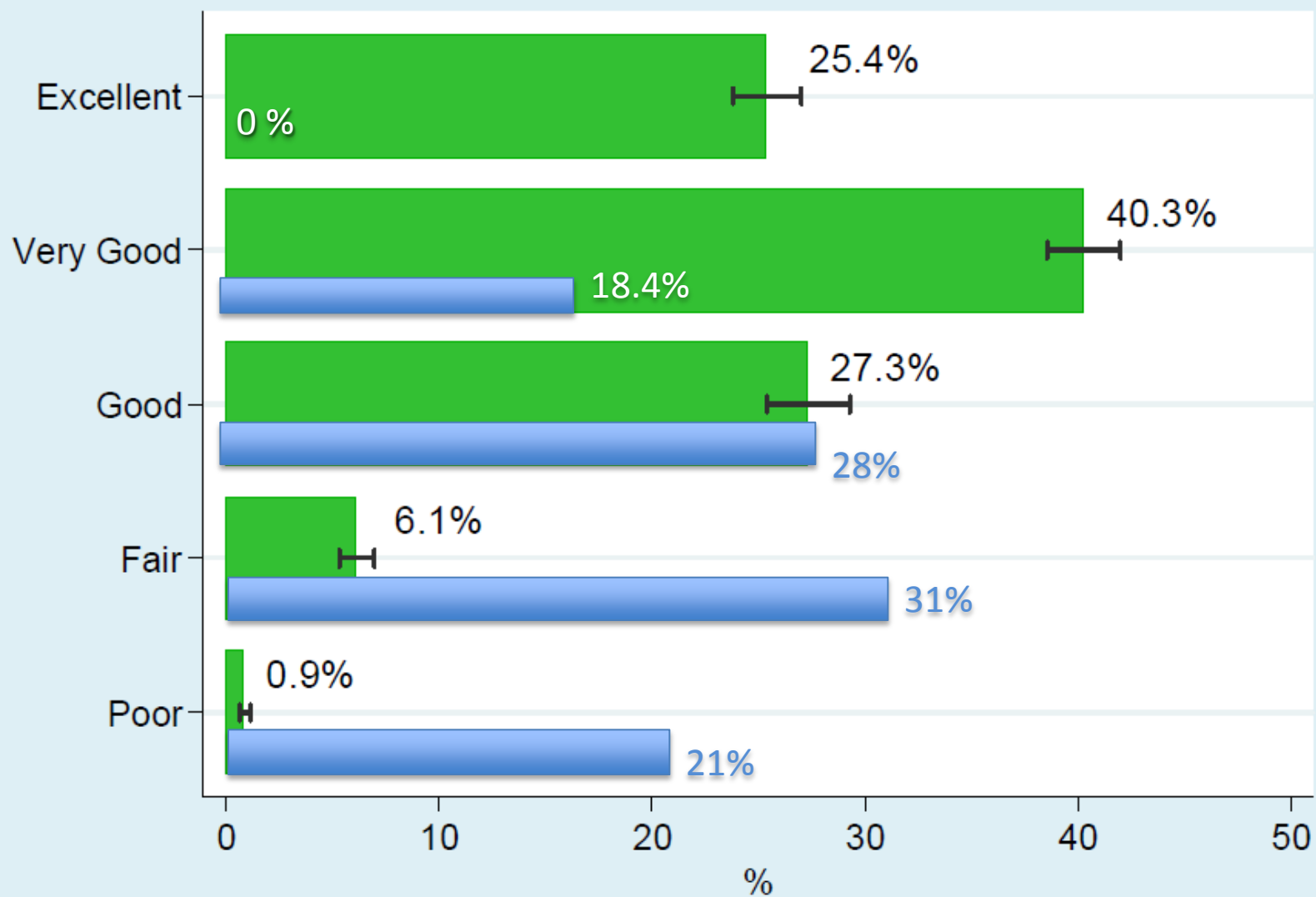
1991-
2013



camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

OSDUHS
Ontario Student Drug Use
and Health Survey

Self-Rated Physical Health, 2013 OSDUHS (Grades 7–12, n=10,272)



Note: error bars represent 95% confidence intervals

Transitional Youth

Recommendation: Development and distribution of transitions material

Based on feedback from the focus groups especially, youth suggested that having access to some reading material would be very helpful. This material should outline the transition process, including what to expect from start to finish, as well as provide a list of key contacts that youth and family can contact should questions or problems arise. While material should be available online, ***printed paper copies should also be available*** as some youth may not have regular access to the internet, and would require alternative means to access this information.

Recommendation: Establish procedures for follow-up post transition

Once transition is complete, in that a youth has been matched to an adult service, procedures should be in place to follow-up with youth in order to ensure that the service matched for the youth is appropriate, being attended, and to offer any follow-up support that may be required. This will help reduce the incidence of youth who were matched to a service, but do not to attend due to systemic barriers such as availability of appointments, appropriateness of service, and accessibility

Recommendation: Use of and access to primary care health services

Many youth reported not having access to a primary care family physician. Steps should be taken during transition to ensure that youth have both access to family physician and that their physical health needs are also being addressed, and to assist in the transition from a pediatrician to adult family physician.

Recommendation: Ensure greater linkage to other services and supports

To ensure the greatest chance of success, a holistic approach to health and wellness should be taken. In addition to mental and physical health needs, addressed above, there are many social needs that may not be addressed during transition. Transition programs should assess the need for social services such as employment services, housing services, education, etc., and to ensure linkage between services to ensure a successful transition.

Key Summary Points:

- Still work to be done within the Ottawa Transition Program to keep youth and parents engaged
- Need to look beyond specialized MH services including Primary Care, Education, Employment, Housing
- Need to look beyond specialized MH services to the larger community (Dr. Freeland)

Thank you!