

CHAPTER 9- TRANSITION TO ADULTHOOD

The *National Survey of Mental Health and Wellbeing 2007* found that more than one in four young people aged 16 to 24 years experienced a mental disorder in the previous 12 months. This is a higher prevalence than in any other age group.⁸¹⁴

9.1 Introduction

This chapter considers the issues for young people with mental health problems and disorders as they transition to adulthood. The chapter is deliberately brief, as the Commissioner for Children and Young People's statutory responsibility does not extend to young people beyond 18 years of age. However, the issues were considered important to acknowledge as several submissions raised this transitional period as critical in the effective delivery of mental health services for young people. The chapter should be considered in the context of the discussion and recommendations of the previous chapter on adolescence.

9.2 Transition to adult services

As discussed in Chapter 2, periods of transition are a known risk factor for mental health problems and can bring about periods of vulnerability. For young people with mental illness who are already receiving the support of a mental health service, it is critical that any transition from a child-focused service to an adult-focused service is smooth and consistent.

Effective transition to an adult health service can give a young person a sense of maturity and hope for the future,⁸¹⁵ providing continuity of care into adulthood:

*The goal of transition in health care for young adults with special health care needs is to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood.*⁸¹⁶

Unfortunately, submissions to the Inquiry indicated that the transitional processes in place in Western Australian mental health services are often inadequate and not meeting the needs of young people. The Inquiry heard concerns from several submissions that the transition from adolescent to adult health care is often abrupt,⁸¹⁷ particularly when services have geared their treatment cut-off point around age rather than a young person's development or readiness.

*As early as 16 years old people are having to transition into an adult service and by 18 years old it is a requirement. There is a high risk of withdrawal from services for the above age group and current transitioning does not promote continuity of care.*⁸¹⁸

Table 3, while not comprehensive, illustrates the ages at which young people are required to attend or transition to an adult service for treatment from various mental health services in Western Australia.

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- 814 Slade, T, et al. 2009, *The Mental Health of Australians 2: Report on the 2007 National Survey of Mental Health and Wellbeing*, Department of Health and Ageing, Canberra, p. xii.
- 815 Conway SP, cited in Bennet, D, et al 2005, 'Smoothing the transition to adult care', *Medical Journal of Australia* [website], viewed 1 March 2011, http://www.mja.com.au/public/issues/182_08_180405/ben10158_fm.html#i1085723
- 816 American Academy of Pediatrics, American Academy of Family Physicians and American College of Physicians-American Society of Internal Medicine 2002, 'A Consensus Statement on Health Care Transitions for Young Adults With Special Health Care Needs', *Pediatrics*, Vol. 110, No. 6, p. 1304. [website], viewed 1 March 2011, http://www.aucd.org/docs/transitions/Consensus_Statement_on_Health_Care_Transitions_for_Young_Adults_With_Special_Health_Care_Needs.pdf
- 817 Submission No. 75 from Bridges Eating Disorders Reference Group for Western Australia; Submission No. 67 from South Metropolitan Mental Health Advisory Group (SuMMaT); Submission No. 90 from Inspire Foundation.
- 818 Submission No. 67 from South Metropolitan Mental Health Advisory Group (SuMMaT).

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Table 3: Eligibility for mental health services according to age⁸¹⁹

Service	Age
Infant, Child, Adolescent and Youth Mental Health Service	In most cases to 18 years
Complex Attention and Hyperactivity Disorder Service	To 18 years
Bentley Adolescent Inpatient Unit and Transition Unit	To 18 years
Ward 4H Princess Margaret Hospital	To 16 years
Assertive Community Intervention Team	To 16 years
Eating Disorders Program PMH (Outpatient and Inpatient)	To 16 years

The move to an adult health service because of a person's birthday, rather than their readiness for a planned and assisted transition, does not take into account the particular developmental needs of the young person. Instead current practice means young people move to an adult service whether they are ready or not. This Report calls for a stronger focus on developmental pathways across the age continuum and the transition from adolescent to adult health service is no exception.

*Transition proceeds at different rates for different individuals and families. Most developmental transitions create anxiety... timing of the transition will depend on developmental readiness, complexity of the health problems, characteristics of the adolescent and family, and the availability of skilled adult health providers.*⁸²⁰

The consequences of failing to achieve successful transition in this period can be significant. Submissions to the Inquiry spoke particularly of concerns in relation to continuity of care and disengagement of the young person from mental health services.⁸²¹ In addition, other implications of 'failed transition' for young people include a reliance on crisis services and a subsequent 'falling through the gap' that may lead to significant adverse health consequences.^{822 823}

The MHC's consultation paper made similar findings, hearing that:

*[There] should be youth services to ease the transition into Adult Mental Health. The current transition or lack thereof interrupts recovery and means no continuity of treatment models. . . The transition from ICAYMHS to adult mental health services at 18 is very frightening as a consumer.*⁸²⁴

The 2006 Senate Select Committee on Mental Health found an absence of transition frameworks for young people moving out of adolescent services into adult services was creating service gaps for young people with complex needs, and co-morbid disorders including drug and alcohol problems.⁸²⁵ Smooth transitional processes are therefore particularly important for children and young people with complex needs, or those who are vulnerable and who do not have strong family supports, such as children in the care of the Department for Child Protection who have mental health issues.

819 Submission No. 141 from Mental Health Commission, p. 31., supplemented by Mental Health Commission [website], viewed 1 March 2011, <http://www.mentalhealth.wa.gov.au/Homepage.aspx>

820 Reiss, J., & Gibson, R. 2002, 'Health care transition: destinations unknown', *Pediatrics*, Vol. 110 No. 6, American Academy of Pediatrics, American Academy of Family Physicians and American College of Physicians-American Society of Internal Medicine [website], viewed 1 March 2011, <http://www.ncbi.nlm.nih.gov/pubmed/12456950>

821 Submission No. 67 from South Metropolitan Mental Health Advisory (SuMMaT) Group; Submission No. 93 from Hon Alison Xamon MLC.

822 Conway SP, cited in Bennet, D., et al 2005, 'Smoothing the transition to adult care', *Medical Journal of Australia* [website], viewed 1 March 2011, http://www.mja.com.au/public/issues/182_08_180405/ben10158_fm.html#i1085723

823 Mental Health Commission, 2010, *WA Mental Health Towards 2020: Consultation Paper*, Government of Western Australia, p. 15.

824 *Ibid.*, p. 111.

825 Senate Select Committee on Mental Health 2006, *A national approach to mental health - from crisis to community*, Final Report, Parliament of Australia, Canberra [website], viewed 1 March 2011, http://www.aph.gov.au/senate/committee/mentalhealth_ctte/report/c15.htm

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In its submission to the Inquiry, the MHC shared these concerns, particularly with regard to inappropriate service delivery for this age group:

The majority of mental health services for young people 16 years and over are provided by adult mental health services which are not youth friendly or suitable for young people with acquired brain injuries and developmental delays.⁸²⁶

9.3 Transition services for young people

Submissions expressed the view that improved services for this transitional period should reflect the latest developmental evidence and take account of the life changes young people are experiencing. Improved services should support young people through these changes, rather than adding further complexity and discontinuity.

... Particularly between the ages of 17 and 21 young people can require support as they negotiate the transition from secondary education to employment and training or from living at home to living independently. Providing consistent and specialist mental health support across this age group is crucial.⁸²⁷

The provision of 'youth-friendly' mental health services (as discussed in Chapter 8) was one solution presented by submissions as a way of meeting the transitional needs of young people. A key characteristic of these mental health services is that they extend their services to young people in their 20s:

Youth specific services are required for the 18-25 age group to reduce the trauma of admissions and service delivery in inappropriate settings such as public adult mental health wards.⁸²⁸

Examples provided to the Inquiry of services representing best practice in delivering services for young people as they moved through adolescence and into adulthood, included:

- headspace;
- ReachOut.com (Inspire Foundation);
- YouthLink and YouthReach South; and
- Orygen Youth Health (Victoria) (see Box 33).⁸²⁹

In addition to being accessible, flexible and focussed on individual needs a key feature of these services is that eligibility extends beyond 18 years.

Box 33: Orygen Youth Health Clinical program (OYH-CP) Victoria

Orygen Youth Health Clinical Program provides mental health assessment and treatment to 15 to 24 year olds who live in the Western and North Western areas of Melbourne. At any one time approximately 900 young people from a catchment population of 960,000 are being treated within the service for serious emerging mental health and substance use issues.

OYH-CP aims to provide accessible, timely, flexible and effective clinical treatment that encourages further help seeking in young people. Most importantly OYH-CP endeavours to offer a service that young people experience as responsive and respectful. OYH-CP has a range of specialist teams that provide clinical services.⁸³⁰

826 Submission No. 141 from Mental Health Commission, p. 100.

827 Submission No. 90 from Inspire Foundation, p. 3.

828 Submission No. 75 from Bridges Eating Disorders Reference Group for Western Australia, p. 3.

829 Submission No. 28 from City of Melville; Submission No. 69 from headspace National; Submission No. 81 from Mission Australia (Submission No. 90, 42 also referenced).

830 Orygen Youth Health Clinical Program [website], viewed 1 March 2011, <http://cp.oyh.org.au/>

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There is also a need, however, for existing adolescent mental health services to be provided with the resources and opportunities to assist the transitional process, so they can be more flexible in their approach to developmental readiness. Services need to be less attached to an age cut-off and more willing to engage with the young person (and the adult health sector as required) to ensure their ongoing health care needs are met.

Adolescent transition is a major milestone in the life of the young person and their family. As with other transitions in life, such as from high school, it should be coordinated and planned well in advance, in close consultation with the young person. This will serve to minimise unnecessary upheaval for the young person and ensure their participation and engagement with adult health care providers.⁸³¹

A literature review conducted for the Victorian Government summarised the requirements for successful transition as follows:

- the timing of transition must be appropriate;
- transition should involve a period of preparation and education;
- young people and their families and/or carers should be involved in the transition process;
- the transition process should be co-ordinated and continuous;
- the transition process should meet the needs of a wide-range of young people;
- transition needs to incorporate the common concerns of all young people;
- transition should be supported by effective communication channels and information flow; and
- transition should have appropriate managerial and administrative support.⁸³²

The Inquiry acknowledges that early intervention for young people aged 15 to 24 years is a Ministerial priority.⁸³³

The MHC advised the Inquiry that it aims to develop a 'comprehensive youth mental health service'⁸³⁴ (although the details of such a service are yet to be announced).

The Inquiry welcomes these developments and encourages all future planning for the provision of services for young people to include consideration of the principles outlined above.

Recommendation 54: Transition strategies for young people moving into adult services be developed and implemented between services to ensure the individual is supported and continuity of care is maintained.

831 The Royal Children's Hospital Melbourne, Transition @ RCH, What is Adolescent Transition? [website], viewed 1 March 2011, http://www.rch.org.au/transition/index.cfm?doc_id=8143.

832 Collis, F, Finger, E, Owens, K 2008, Review of Transitions to Young Adult Clinics, Final Report – Attachment 6: Literature Review, Ipsos-Eureka Social Research Institute [website], viewed 1 March 2011, <http://www.health.vic.gov.au/subacute/literature-review.pdf>

833 Morton, H 2011, The next step towards mental health reform, Ministerial Media Statements [website], viewed 1 March 2011, <http://www.mediastatements.wa.gov.au/Pages/default.aspx?ItemId=136261&>

834 Submission No. 141 from Mental Health Commission, p. 100; Mental Health Commission, 2010, WA Mental Health Towards 2020: Consultation Paper, Government of Western Australia.