

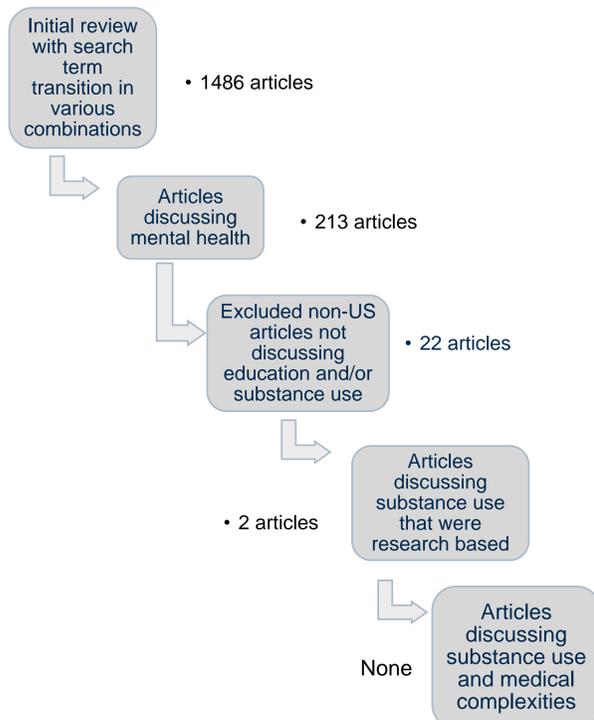
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Introduction

- The transition of care from pediatric to adult services is a widely discussed topic in the literature.
- This topic involves many dimensions including clinical care, systems, policy, and research surrounding all of these areas.
- There are some general guidelines that are available related to transitions for various medical reasons.
- The transition becomes particularly complicated when a patient turns 18 years old but has not yet graduated from high school – example of this to be discussed.
- The literature on the transition from pediatric to adult services was reviewed and the results are presented. Available resources are provided.

Methods

- Literature search was conducted using PubMed and the articles were narrowed as follows:



Case Details

- The patient is an 18-year-old adolescent male, attending high school, who has a history of complex medical diagnoses. Since he has a rare medical history, the details of the medical complexities / comorbidities are excluded from this poster for the full de-identification of the case.
- He has a history of ADHD, depression, anxiety, and substance use (cannabis and benzodiazepines).
- He required his first inpatient psychiatric admission but because of his age, child and adolescent units could not take him. Adult inpatient psychiatric units could not provide him with the necessary school support. Both had the limitations from the licensing perspective as well.
- Complicating the picture was that his outpatient medical services were provided at pediatric based practices.
- These complexities within the systems of care limited the treatment options for him at all levels of care.

Results

Review of articles related to transitioning care and substance use:

- In a study of HIV positive adolescents and young adults (n = 38), it was found that substance use was not associated with a failure to transition to adult care in this population.¹
- According to a study, young adults and teens (12-17) with DSM IV diagnoses had 28.9% and 50.9% care rate in a 3 month psychiatric service use rate. According to this study exploring differences between who accessed care it was reported that, “males, African-Americans, those with substance dependence and those living independently were least likely to get treatment.”²

Other relevant articles

- One review article on the specific needs for transition of transgender patients commented on substance use. The discussion surrounds prevalence of substance use in this population.³
- In a study of homeless transition youth population (n=73), it was found that the most prominent psychiatric history included anxiety, substance use, and mood disorders.⁴

There were no articles specifically discussing the transition for patients with comorbid complex medical diagnoses and specific substance use disorders such as cannabis, prescription pills, or opioids.

Results (Continued)

- The following were noted to be important parameters across the literature:
 - Patient readiness and preparedness
 - Parental involvement and education
 - Pediatric providers and their handoff
 - Adult providers and their receipt of necessary information
- American Academy of Pediatrics, American College of Physicians, and American Academy of Family Physicians (AAP-ACP-AAFP) in 2011 published a guideline which remains the only important guideline however it isn't specific to mental health.⁵
- AACAP provides the following resources.

Youth in Transition: Moving into Adulthood Resource Center (AACAP) which can be available at:

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Moving_Into_Adulthood_Resource_Center/Moving_Into_Adulthood_Resource_Center.aspx

- National Alliance on Mental Illness (NAMI) provides various resources to the families including for transitions which can be accessed at:

<https://www.nami.org/>

- Got Transition/Center for Health Care Transition Improvement, a collaborative effort between the Maternal and Child Health Bureau and The National Alliance to Advance Adolescent Health provides excellent resources including for the mental health which can be accessed at:

Gottransition.org

As per the Got Transition resource center, mental health transition resources that are listed include the Substance Abuse and Mental Health Services Administration (SAMHSA) funded two research centers that aim to support 14-30 age group with serious mental health conditions who are transitioning into adult life :

- The University of Massachusetts (Transitions to Adulthood Center for Research) and
- Portland State University (RTC for Pathways to Positive Futures)

<https://www.umassmed.edu/TransitionsACR/>

<https://www.pathwaysrtc.pdx.edu>

The transition and education resources are also listed on the Got Transition webpage.⁶

Discussion

- As per the Got Transition, the following are listed as six core elements of transition⁷:
 - Transition policy
 - Transition tracking and monitoring
 - Transition readiness
 - Transition planning
 - Transfer of care
 - Transfer completion
- It is important not to assume that the youth is following up with their new providers, the transition should be coordinated with other providers, and the transition should occur when there is a time of stability.⁷
- The search of literature was limited to some extent due to incorrect MeSH terms attached to some articles.

Conclusions

- Continued research in the transition from pediatric to adult care including specific needs and challenges is needed. This is important to best ensure quality of care and improved outcomes.
- The policies surrounding education needs of those who are 18 but have not graduated from high school should be explored at a state level. This may in turn impact policy and ensure those who need psychiatric care are able to access care more easily.

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