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Youth mental health: From continuity of psychopathology to continuity of care – a view from the EPA



WHO Collaborating Centre for Quality Assurance and Empowerment in Mental Health



LVR-Klinikverbund



EPA – Some Facts



European Psychiatric Association
Mission: Improving the quality of mental health care
across Europe

Board
(19 members)

Executive Committee (EC)
(5 members)

→ Chaired by the President of the EPA

Council of National Psychiatric
Associations (NPAs)
(37 European NPAs from 32 countries)

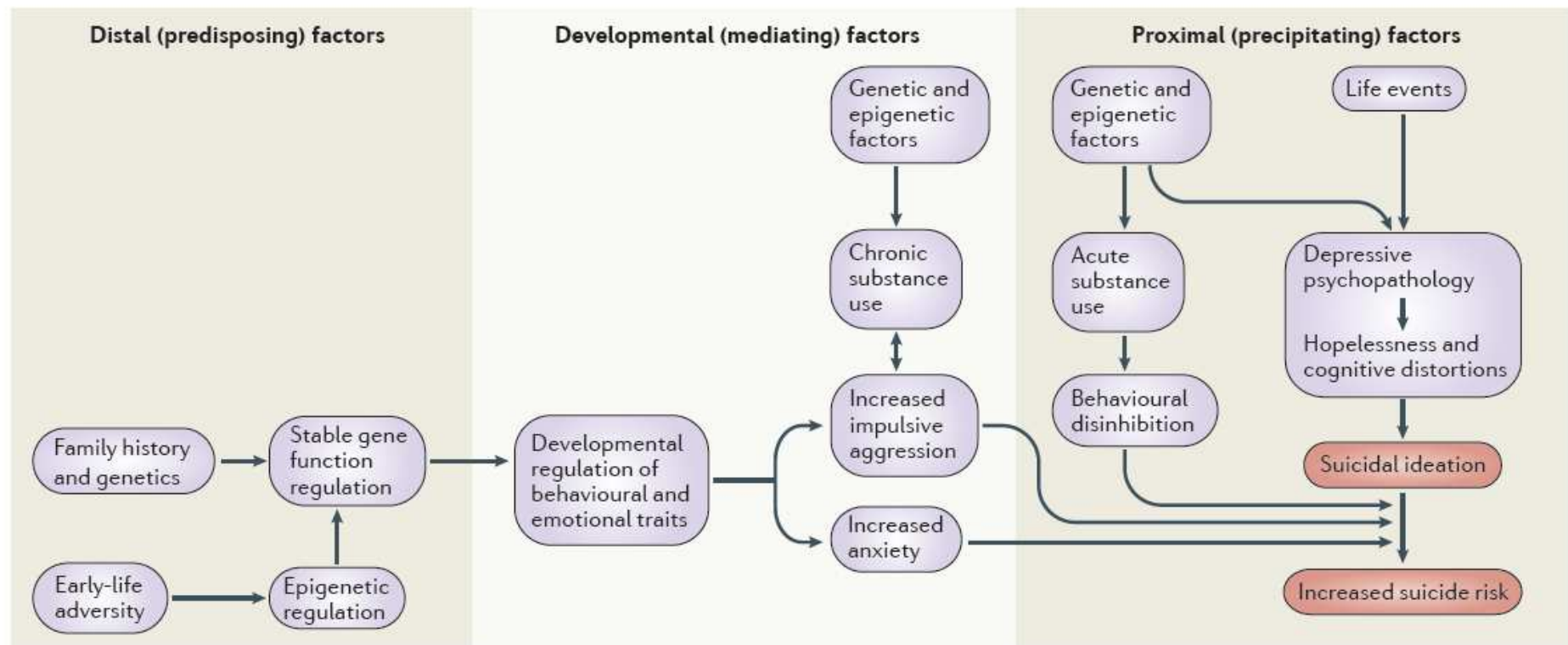
“Council” of individual members
(~2.400 members from ~90 countries)

→ Representing over 80.000 European psychiatrists

EPA Committees (e.g., guidance)

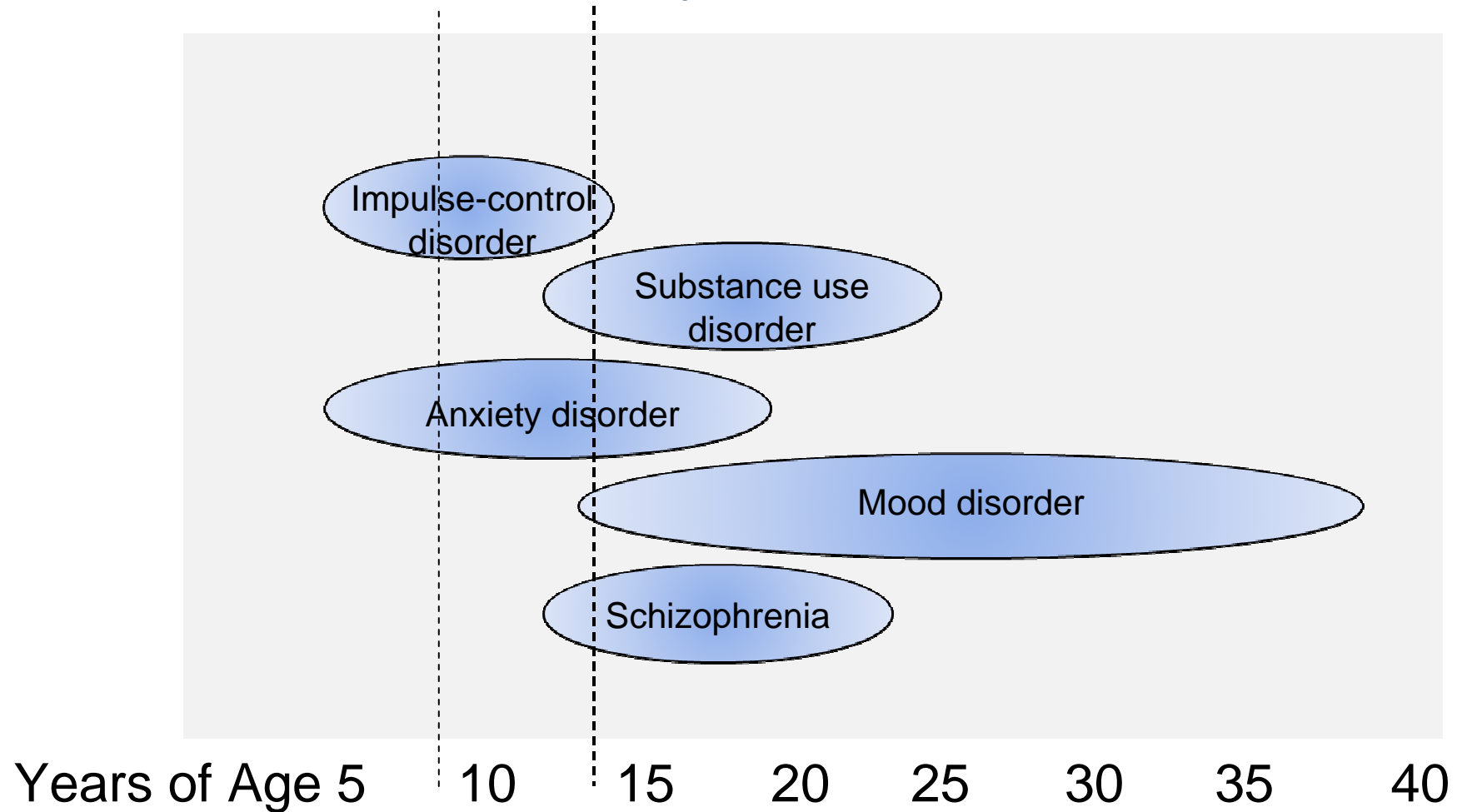
20 EPA Sections (e.g., child/adolescence psychiatry, suicidology,
psychopathology, epidemiology, prevention - collaborating with
NPAs' Sections)

From Childhood to Adult Psychopathology: A Complex Pathway



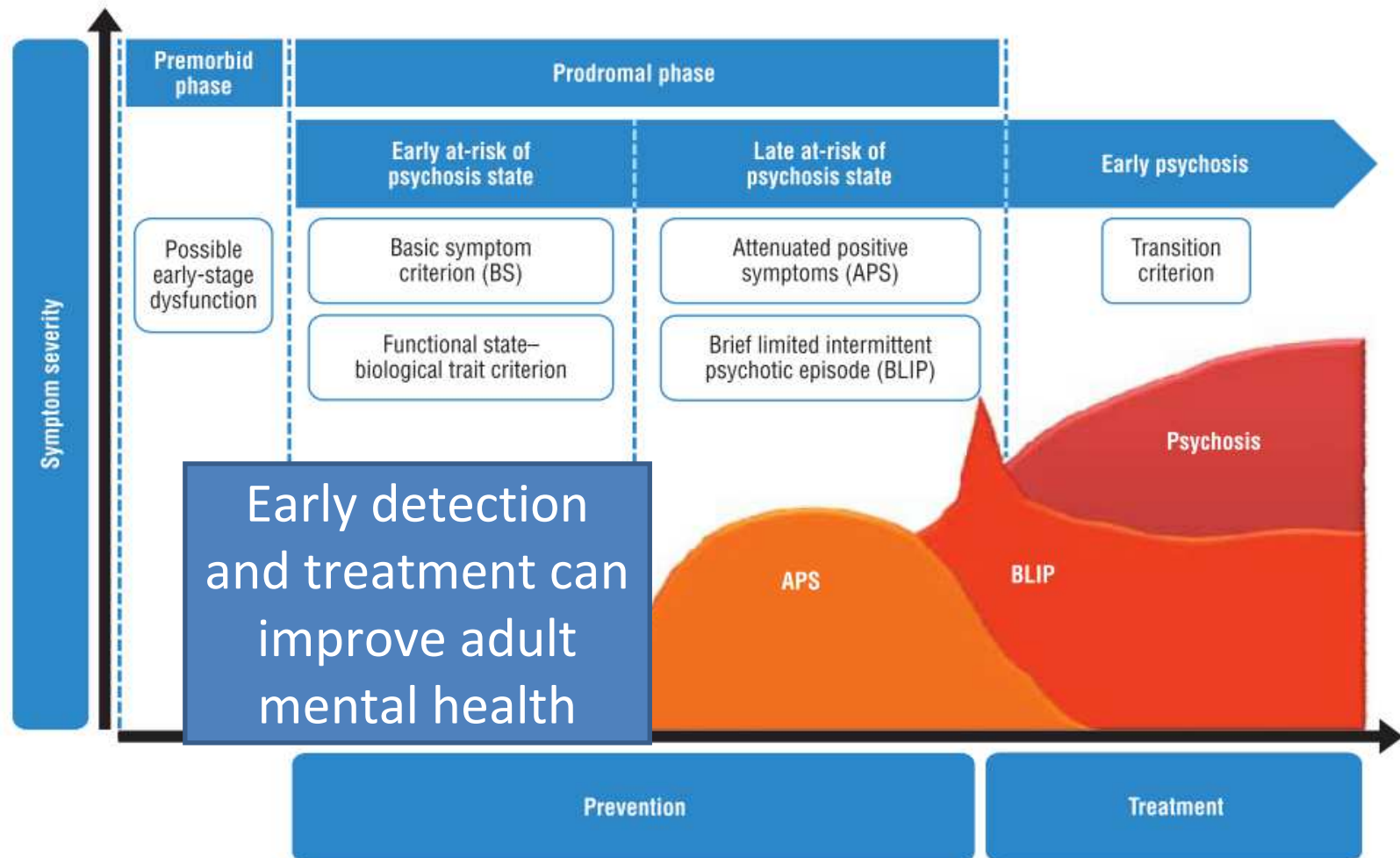
Turecki G, Nat Rev Neurosci 1014: published online Oct 30, 2014. doi:10.1038/nrn3839

Onset of Psychiatric Disorders



Adapted from Kessler et al., 2005

Example Schizophrenia: Evolution of Symptoms Over Time



Fusar-Poli et al. 2013 JAMA Psychiatry / Arch Gen Psych 2013;70:107-120

Mediators of Continuities and Discontinuities in Developing Psychopathology

- **Genetic liabilities** (recurrence is more likely if “familial loading” is present, but may act via environmental intermediates)
- **Kindling effects** (experience of a mental disorder brings about changes that make re-occurrence more likely)
- **Psychopathology** increases the likelihood of exposure to risk environments in adult life
- **Adverse experiences** in childhood influence the likelihood of the occurrence of mental disorders
- **Individual response patterns** influence risk (e.g., reliance on drugs or alcohol)
- People’s **concepts of mental disorders** influence the disease course (e.g., attributional biases)

Rutter et al., Journal of Child Psychology and Psychiatry 2006;47:276–295

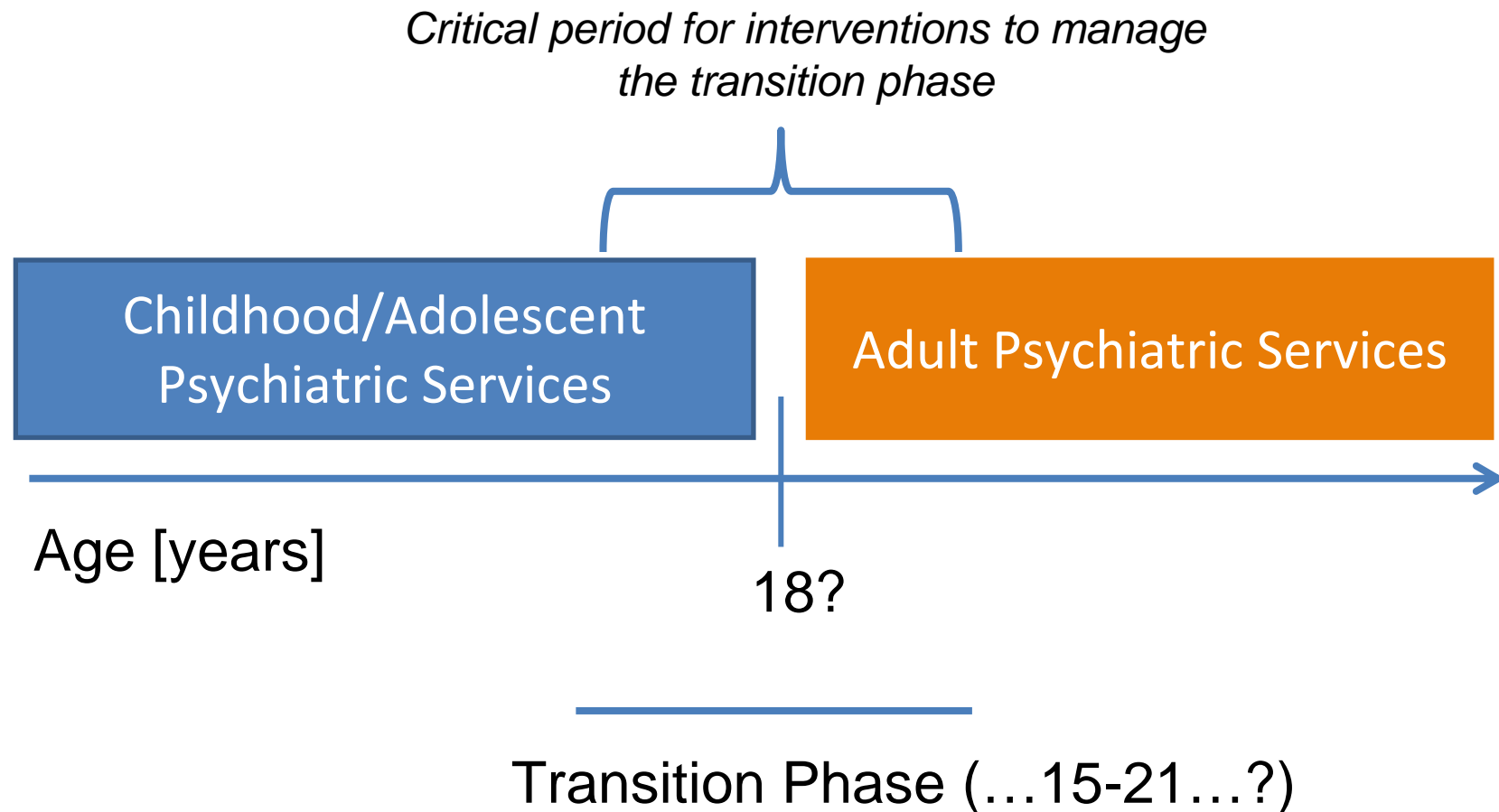
The International Declaration of Youth Mental Health*

10-year targets

1. Suicide rates for young people aged 12–25 years will have reduced by a minimum of 50% over the next ten years. This minimum target means that we do not accept that the death of any young person by suicide is inevitable.
2. Every young person will be educated in ways to stay mentally healthy, will be able to recognise signs of mental health difficulties and will know how to access mental health support if they need it
3. Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes
4. All primary care services will use youth mental health assessment and intervention protocols
5. All young people and their families or carers will be able to access specialist mental health assessment and intervention in youth-friendly locations
6. The waiting time for access to specialist mental health services will be less than 4 weeks
7. Specialist assessment and intervention will be immediately accessible to every young people who urgently needs them
8. All young people aged 12–25 years who require specialist intervention will experience continuity of care as they move through the phases of adolescence and emerging adulthood. Transitions from one service to another will always involve a formal face-to-face transfer of care meeting involving the young person, his or her family/carers and each service involved in his or her care.
9. 2 years after accessing specialist mental health support, 90% of young people will report being engaged in meaningful educational, vocational or social activity
10. Every newly developed specialist youth mental health service will demonstrate evidence of youth participation in the process of planning and developing those services
11. A minimum of 80% of young people will report satisfaction with their experience of mental health service provision
12. A minimum of 80% of families will report satisfaction that they felt respected and included as partners in care

* International Association of Youth Mental Health

From Childhood to Adolescent and Adult Mental Healthcare



Mental Healthcare Pathways at the Transition Stage

- The transition rate of those in need is about 60%

Patton et al., Lancet 2014; 383: 404-411

- The reasons for non-transition are manifold and include among others:
 - Unclear psychopathology
 - Lack of need of transition
 - Refusal by patient or parent
 - Perceived lack of competence of adult psychiatric services
 - Imprisonment
 - Criteria for adult mental healthservice use not fulfilled
 - "No show" (lack of attendance of adult referral site)

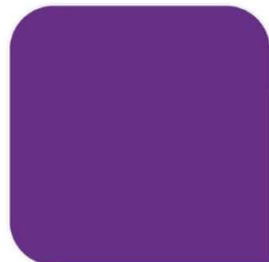
Singh et al., Br J Psychiatr 2010; 197: 305-312

Mental Healthcare Pathways at the Transition Stage: Examples



CHILDREN'S AND FAMILIES' SERVICES GUIDE 44

Mental health service transitions for young people



Published November 2011
Review November 2014

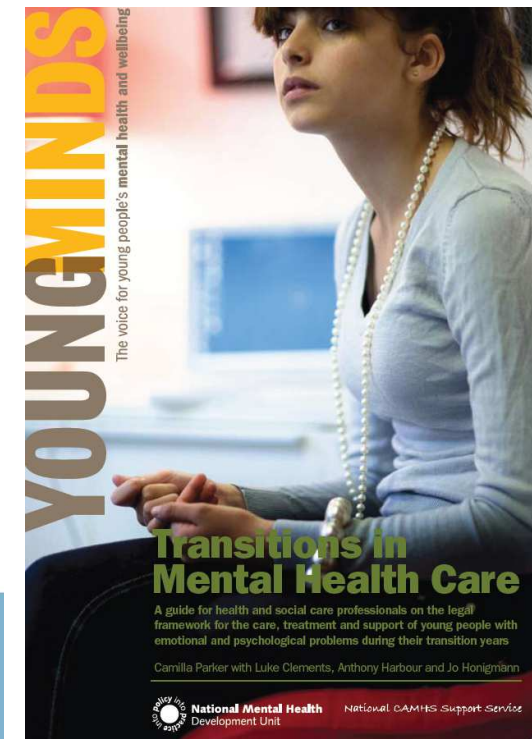


National CAMHS Support Service



Planning mental health services for young adults – improving transition

A resource for health and social care commissioners



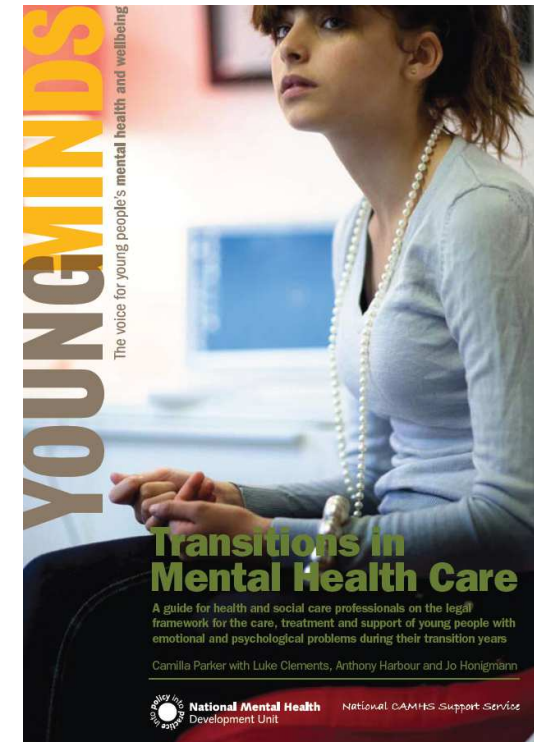
Mental Healthcare Pathways at the Transition Stage: Target-Group Specific Information



Parents



Patients



Professionals

The International Declaration of Youth Mental Health

The International Declaration on Youth Mental Health

A shared vision, principles and action plan for mental health
service provision for young people aged 12–25 years



Imagine a world where...

- ▶ **Every young person** has a meaningful life and can fulfil their hopes and dreams
- ▶ All young people are respected, valued and supported by their families, friends and communities
- ▶ Young people feel empowered to exercise their right to participate in decisions that affect them
- ▶ Young people with mental ill-health get the support and care they need when and where they need it
- ▶ No young person with mental ill-health has to endure stigma, prejudice and discrimination
- ▶ The role of family and friends in supporting young people is valued and encouraged

The International Declaration of Youth Mental Health

Why an International Declaration on Youth Mental Health?

“International declarations that articulate core values, goals and standards have played an important role in enhancing the quality of care in a number of areas of medicine”

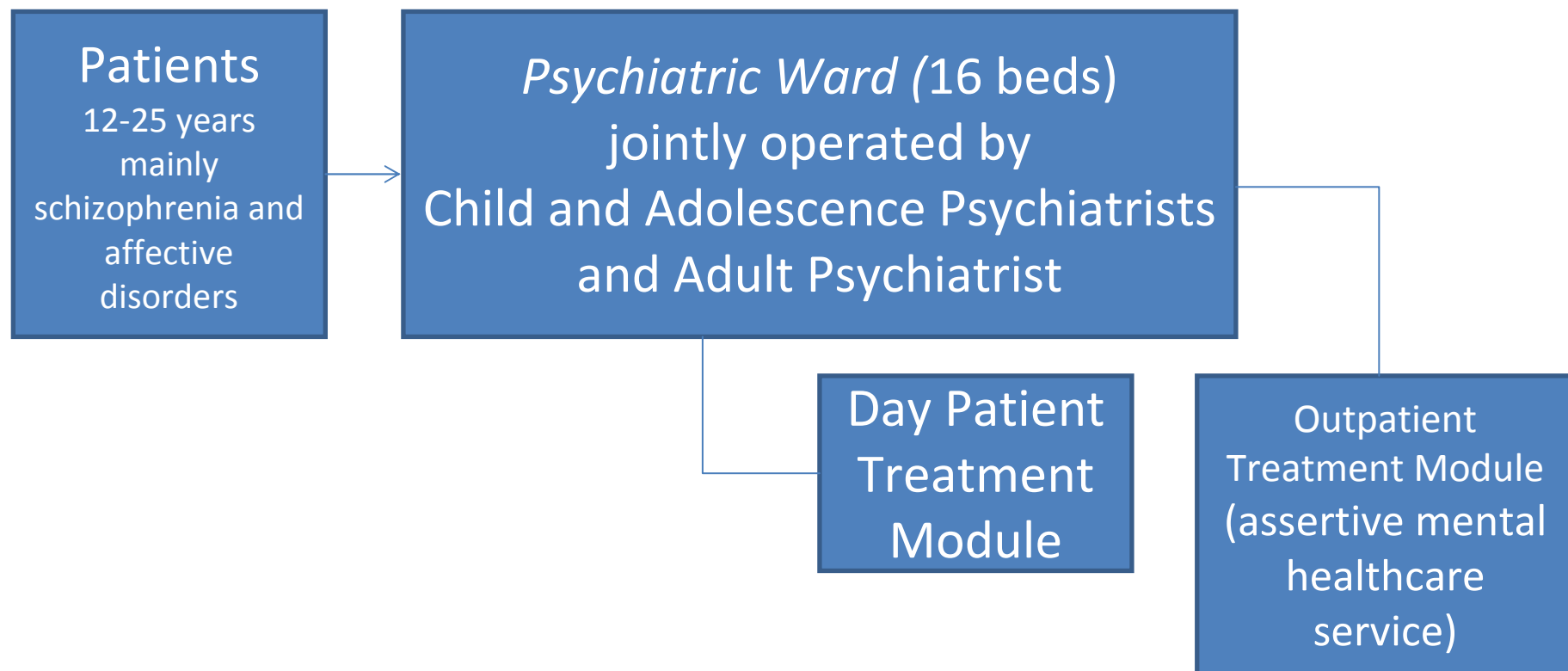
(Bertolote & McGorry 2005)

The World Health Organisation (2011) recognises mental health as one of the main health issues affecting young people around the world today. At any one time up to one in four young people aged 12–25 years will be going through a period of mental ill-health and three-quarters of adults with mental health difficulties are likely to have developed those difficulties by the age of 24 *(Kessler et al 2005)*.

The International Declaration on Youth Mental Health (2011) articulates core principles and targets for youth mental health service provision. The declaration aims to influence how people think about and respond to young people's mental health needs. It will be used to leverage support for the development of timely and appropriate youth mental health services internationally.

Practice Example: The Heidelberg Model

Joint Child & Adolescence + Adult Mental Healthcare Service



Resch F, Weisbrod M. Kooperative Versorgung Jugendlicher und junger Erwachsener. In: Fegert JM et al., Psychiatrie und Psychotherapie des Kindes- und Jugendalters. Heidelberg: Springer Verlag, 2012

Youth Mental Health: From Continuity of Psychopathology to Continuity of Care – 5 Challenges as Viewed by EPA

1. Avoid ***adverse biopsychosocial events*** during childhood
2. Improve ***early recognition and early treatment***
3. Provide ***continuous care*** across the adolescent/adult age transition stage
4. Develop, implement and evaluate ***innovative integrated child/adolescent/adult mental healthcare services***
5. Promote further ***research*** into the factors and mechanisms promoting progression of childhood/adolescent mental and behavioural disorder into adult mental disorders

Elements Constituting an Optimized Transition Protocol

- (a) information transfer (information continuity): evidence that a referral letter, summary of CAMHS care, or CAMHS case notes were transferred to AMHS along with a contemporaneous risk assessment;
- (b) period of parallel care (relational continuity): a period of joint working between CAMHS and AMHS during transition;
- (c) transition planning (cross-boundary and team continuity): at least one meeting involving the service user and/or carer and a key professional from both CAMHS and AMHS prior to transfer of care;
- (d) continuity of care (long-term continuity) – either engaged with AMHS 3 months post-transition or appropriately discharged by AMHS following transition.

Singh et al., BJP 2010, 197:305-312

Tasks for EPA and NPAs

- Set topic on the **European** and **National health policy agendas**
- Provide **cross-national level data** about the mental health care situation at the transition phase in each country, models of care, experiences and challenges
- Establish collaboration with the respective **European** and **National child/adolescent psychiatry societies** to evaluate the situation in each country
- Develop, implement and evaluate **innovative mental health care pathways spanning the transition phase** with joint responsibility of child/adolescent and adult psychiatrists and consumers (a topic for **EPA Guidance**)
- **Raise awareness** and **fight against the stigma** of mental illness and the responsible mental healthcare services in the youth/adolescent age
- **Encourage** the use of mental healthcare services by providing specifically tailored information about the available services to youngsters, patients, parents and mental health care professionals

Youth Mental Health Transition: 5 Features of Guidance Recommendations as Viewed by EPA

1. **Guidance Recommendations** need to be *concrete, practical and feasible*
2. **Recommendations** should be *evidence- and consensus-based* (evaluate the existing evidence-base, apply systematic procedures for consensus, grade recommendations)
3. **Guidance** should be *developed and endorsed including representatives of professional associations, stakeholders and consumers from the respective countries* (e.g., relevant age groups of patients, family representatives)
4. *Structure-, process- and outcome-recommendations* should be developed on the *macro-, meso- and micro-level* of youth mental health care but need to be adapted to the requirements of specific European countries
5. **Implementation** should be monitored and *evaluated by adequate (mental) health outcome and service indicators* embedded into *quality management procedures* including regular *updates*

Summary and Conclusions

- There is a **continuity of psychopathology** between childhood/adolescence mental disorders and adult mental disorders in 60% of childhood/adolescent cases of mental disorders
- **Psychopathology evolves** over the years
- **Early detection and treatment of mental disorders** will improve adult mental health
- Mental healthcare at the transition achieves **continuity in only approximately 60%** of adolescence cases of mental disorders
- The **unmet need of transition** may be addressed by developing structured transition programmes involving childhood & adolescence psychiatrists, adult psychiatrists, patients and parents
- EPA may provide a platform for developing **evidence-based guidance for the transition phase**

23rd EUROPEAN CONGRESS OF PSYCHIATRY

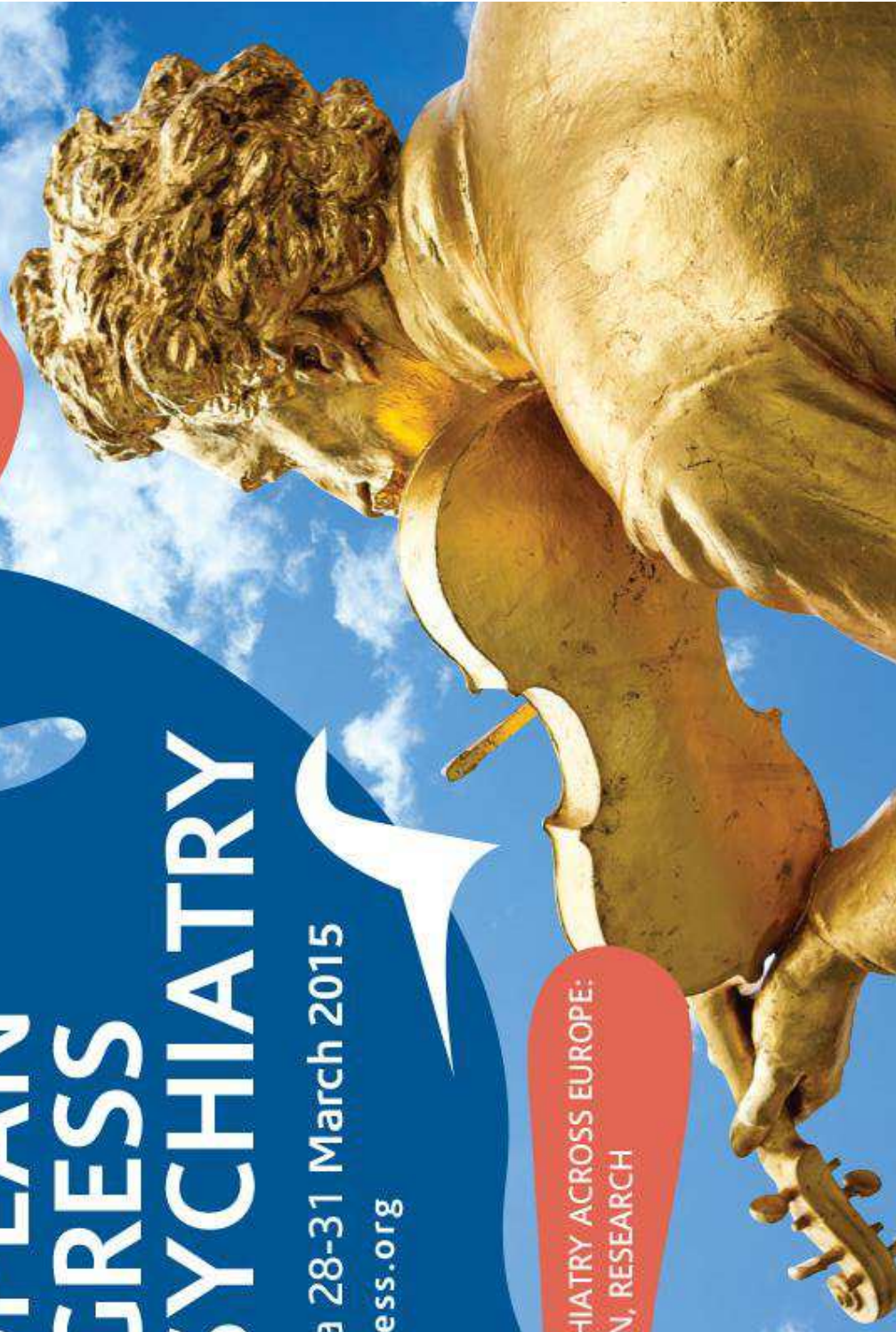
Vienna, Austria 28-31 March 2015

www.epa-congress.org

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PRACTICE, EDUCATION, RESEARCH



EUROPEAN PSYCHIATRIC ASSOCIATION





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EPA Conference Patronage

- EPA has granted patronage to the event
- This entails non-financial support
- Use of EPA logo
- “Organised under the patronage of EPA”
- Event was promoted on the EPA website

Structure (II)

20 Sections	
<ul style="list-style-type: none"> • Addictive Behaviours • Child and Adolescent Psychiatry • Consultation Liaison Psychiatry & Psychosomatics • Cultural Psychiatry • Emergency Psychiatry • Epidemiology and Social Psychiatry • Forensic Psychiatry • Geriatric Psychiatry • Mental Health and Intellectual Disabilities (MHID) • Neuroimaging 	<ul style="list-style-type: none"> • Philosophy and Psychiatry • Prevention of Mental Disorders • Psychopathology • Psychopharmacology • Psychotherapy • Schizophrenia • Sexual Medicine and Mental Health • Suicidology and Suicide Prevention • TeleMental Health • Women, Gender and Mental Health

European Psychiatric Association (EPA) – Statutes

The purpose and main aim of the EPA is to improve the quality of mental healthcare throughout Europe, by (inter alia):

- Enhancing the standard of psychiatric education and training;
- Promoting excellence in psychiatric research and clinical practice;
- Supporting the development of public health policies relevant to MH;
- Disseminating information about psychiatric research and practice;
- Contributing to initiatives improving ethical standards of psychiatric care;
- Encouraging professional interchange/exchange between European Psychiatrists;
- Representing European psychiatry in the framework of the various European Institutions
- Providing a unified organisation ...

*European Psychiatric Association, Statutes Version 7.4.2013,
<http://www.europsy.net/de/who-we-are/statutes/>*