



# Effective Transitions in Child and Youth Mental Health and Addiction Services: Protocols, Pathways and Partnerships

## KEY MESSAGES

- ◆ Transitioning between services is a process that requires active participation by the young person, their families and service providers.
- ◆ Reduce barriers to effective transitions and ensure and/or increase protective factors.
- ◆ Barriers to effective transitions can include issues of time, access, stigma, lack of youth-oriented services and poor inter-agency coordination.
- ◆ Protective factors that can improve transitions for children and youth can include involvement of young people and their families in transition planning, service flexibility, inter-agency collaboration and a commitment to continuity of care.
- ◆ Service improvement requires common protocols that clarify referral processes, allot expanded and flexible timelines for delivering a transition plan and mandating a process for involving young people and their families.
- ◆ Service improvement requires formalized pathways that deliver planning, standard assessments, a commitment to continuity of care and implementing standard follow-up.
- ◆ Service improvement requires flexible partnerships that allow for personalized care and transitions plans that reflect the unique needs and experiences of the young person involved.
- ◆ Transitions must be routed in a holistic and proactive approach that encourages flexibility and meaningfully involves young people and their families.



## BACKGROUND

Transitions have become an area of recent research and interest as the introduction of the 10-year mental health and addictions strategy, “Open Minds, Healthy Minds,” highlighted the major gaps in effective transitions between services and sectors for young people<sup>(1)</sup>. Simon Davidson, a prominent expert in child and youth mental health and addictions, has responded with a suggested model of best-practice called the “shared-care” model, which outlines components of successful transitions. Currently, there is no specific model guiding protocols around child and youth transitions between services and agencies, and from child to youth to adult services<sup>(2)</sup>. Furthermore, cross-sectoral transitions are highly problematic due to sectors operating in silos and

fulfilling mandates that fall under different funding streams<sup>(3)</sup>. The impact of this systematic confusion is felt by young people challenged with a mental health and/or addiction issue. Young people are continuously experiencing ineffective transitions, poor continuity of care, and lack of involvement, and are sometimes dropping out of services entirely<sup>(4)</sup>.

## KEY TERMS:

**Transitions** refers to a period when young people are moving into adulthood<sup>(12)</sup>. It encompasses transitions between services and sectors, and developmental transitions that refer to the maturation of a young person. Transitions can be both formal and informal transfers that refer to a point in time when the transition occurred or a process of transitioning.

## ABOUT THE BRIEF:

The objective of this brief is to highlight effective models of child and youth transitions in mental health and addictions. The brief explores components of effective transitions that can be used to create interventions and programs in community settings to improve existing transitions. It includes a summary of relevant literature and provides recommendations for service improvement.

# THE EVIDENCE

## 1. Protective factors and barriers

Establishing best practice in child and youth mental health transitions requires a focus on reducing barriers to effective transitions and ensuring and/or increasing protective factors in effective transitions. Barriers would include any factor that reduces a young person's chance of achieving a successful transition. Protective factors would include measures that improve a young person's chance of achieving a successful transition. The following tables highlight some of the barriers to effective transitions experienced by children and youth and some of the protective factors suggested for improving transitions.

Removing barriers and increasing protectors can often be broken down into upholding basic fundamentals for successfully transitioning young people such as external and internal communication, trust, transparency, engagement and understanding.

Barriers to Effective Transitions	Protective Factors that Improve Transitions
Time <sup>(5,6)</sup>	Flexibility <sup>(8)</sup>
No Youth-oriented Services <sup>(4-6)</sup>	Meaningful youth and family/supporter participation
Poor Inter-agency Partnerships <sup>(5-7)</sup>	Inter-agency dialogue, planning and formalized transition arrangements
Stigma and Resistance <sup>(4-6)</sup>	
Access <sup>(4,9-10)</sup>	

## 2. Common Protocols

Improving transitions among child and youth mental health and addiction services requires a collaborative effort to establish common protocols. Clear protocols can and should be established between sectors and service providers. By committing to common protocols, transitions could be rooted in clear referral processes that have allocated, expanded and flexible timelines, reflecting a mandated process for meaningfully involving young people and their families.

Improving service pathways must first start with the creation of formal pathways in places where no pathways currently exist, and the formalization of informal processes. Formalizing the pathway involves planning, standard assessments, a commitment to continuity of care and standard follow-up<sup>(10)</sup>.

### 3. Formalized Pathways

Currently, many services involved in the treatment of a child or youth operate in silos that make accessing multiple services across sectors difficult. The pathways between sectors and services are also unclear. This fragmented referral process indicates a major challenge to effective and successful transitions. The reliance on informal pathways has resulted in many young people experiencing inconsistencies in quality of care, missing out on valuable supports and treatments, and some youth being overlooked and disengaged from receiving both basic and specialized services.

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### 4. Flexible Partnerships

Many of the services offered are fragmented among sectors that have professionals who are trained in silos on how to provide mental health and addiction services to young people<sup>(6)</sup>. Creating flexible partnerships could also improve transitions for young people by allowing service providers to personalize the care experience dependant on the specific needs and experience of the young person and not limit their care by institutional factors, such as chronological age. Flexible partnerships between young people and the services they use and between and across services allow a more holistic approach in addressing child and youth mental health and addictions. Flexible partnerships allow for a recognition that those with mental health and addiction issues are multifaceted young people who deserve to engage in life beyond the healthcare system<sup>(9)</sup>.

## WHAT WAS DONE:

A scoping method was used to gather literature on transitions within child and youth mental health and addictions. Search terms included transitions, pathways, service pathways, protocols, and partnerships related to child and youth mental health and addictions. After keywords were identified, criteria for document inclusion was established using the 6S pyramid of evidence structure. The following search platforms were used: PubMed, CAMH Library, Cochrane Review, Google Scholar, plus informal requests for pilot project publications.

## LIMITATIONS:

Due to time constraints, the search for relevant literature was not exhaustive. As a result, information and programs relevant to this topic may have been unintentionally missed.

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13. Burke R, Spoerri M, Price A, Cardosi A, Flanagan P. Survey of primary care pediatricians on the transition and transfer of adolescents to adult health care. Clinical Pediatrics; 2008

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The information in this report is a summary of available evidence and is designed to give readers a starting point in considering the currently available research evidence. While care has been taken in the preparation of the materials included in this publication, the authors do not warrant the accuracy of this document and deny any representation, implied or expressed, concerning the efficacy, appropriateness or suitability of any intervention or treatment. In recognition of the possible human error, advances of knowledge, and search limitations, the authors cannot and do not warrant that the information contained in these pages is current, entirely accurate or complete.

