The slide features five decorative circles of varying shades of light purple. One circle is empty and positioned at the top left. The other four circles are filled and arranged around the text. The title 'The Trouble With Teenagers...' is centered in the upper half, with the first circle partially overlapping the word 'The'. The subtitle 'Meeting the needs of MDYOs and achieving successful transitions to adult services' is centered in the lower half, with the filled circles overlapping the words 'Meeting', 'MDYOs', 'achieving', and 'services'.

The Trouble With Teenagers...

Meeting the needs of MDYOs and
achieving successful transitions to adult
services

Enys Delmage and Paul Monks

Who are we?



DARK SIDE

You will join us, or die!

St. Andrew's Healthcare





Northampton site



Lowther Unit 60 bed medium secure Mental Health unit

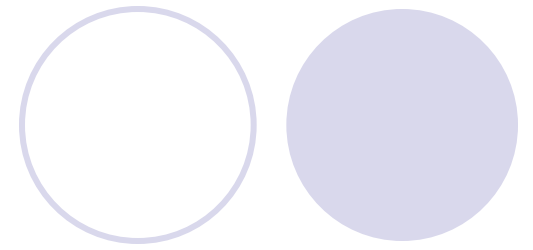


- For young people aged 13 to 18 years at admission
- Detainable under the MHA (1983)
- Present with challenging or dangerous behaviour not manageable in an open setting, or with a psychiatric disorder that has been resistant to treatment and who require specialised treatment and rehabilitation

Malcolm Arnold House 40 bed medium secure Learning Disabilities unit



- Young people with developmental disabilities age 13-18 at admission (IQ 50-85)
- Requiring secure care
- Complex co-morbid problems
- Autistic Spectrum, ADHD, Complex PTSD, Paraphilia/Sex Offending, Tourettes, Mood Disorders, Schizophrenia, Developmental Dyspraxia, Conduct disorder, Head Injury



Bedroom corridor

Day space





Our service



Behavioural problems

- Self-harm
- Absconding
- Suicidal behaviour
- Substance abuse
- Violence to others
- Offending
- Fire setting

Mental disorders

- Disorder of conduct and emotions
- Attachment
- Post traumatic stress disorder
- Eating disorder
- Depressive disorders
- Psychotic disorders
- Personality disorders
- ADHD
- Aspergers syndrome

Adolescent MSUs England

	Region	Sector	NCG	PCT/ SCG	All funder	Male	Female	Mixed
Ardenleigh	W Mids	NHS	20	0	20	0	0	20
Roycroft	NE	NHS	25 (7LD)	0	25	0	4	21
Gardener	NW	NHS	10	0	10	10	0	0
Bill Yule	London	NHS	10	0	10	10	0	0
Wells	London	NHS	10	0	10	10	0	0
Bluebird	S	NHS	20	0	20	0	0	20
St Andrew's	E Mids	Charity	10 (10LD)	90	100	44	36	20
Oak View	London	Private	0	17	17	0	0	17
TOTAL			105	107	212	88	40	84

Adolescent LSUs England

	Region	Sector	Male	Female	Mixed
Huntercombe, Maidenhead	SE	Private	0	0	24
Huntercombe, Stafford	W Mids	Private	0	0	12
Alpha Woking	SE	Private	0	0	22
Westwood Centre	NE	NHS	0	0	10
Cheadle Royal	NW	Private	0	0	0
St Andrew's ABI YP	E Mids	Charity	0	0	10

Learning Objectives

1

- Consider the needs of MDYOs transitioning to Adult services

2

- Discuss the characteristics of a good transition



Outline

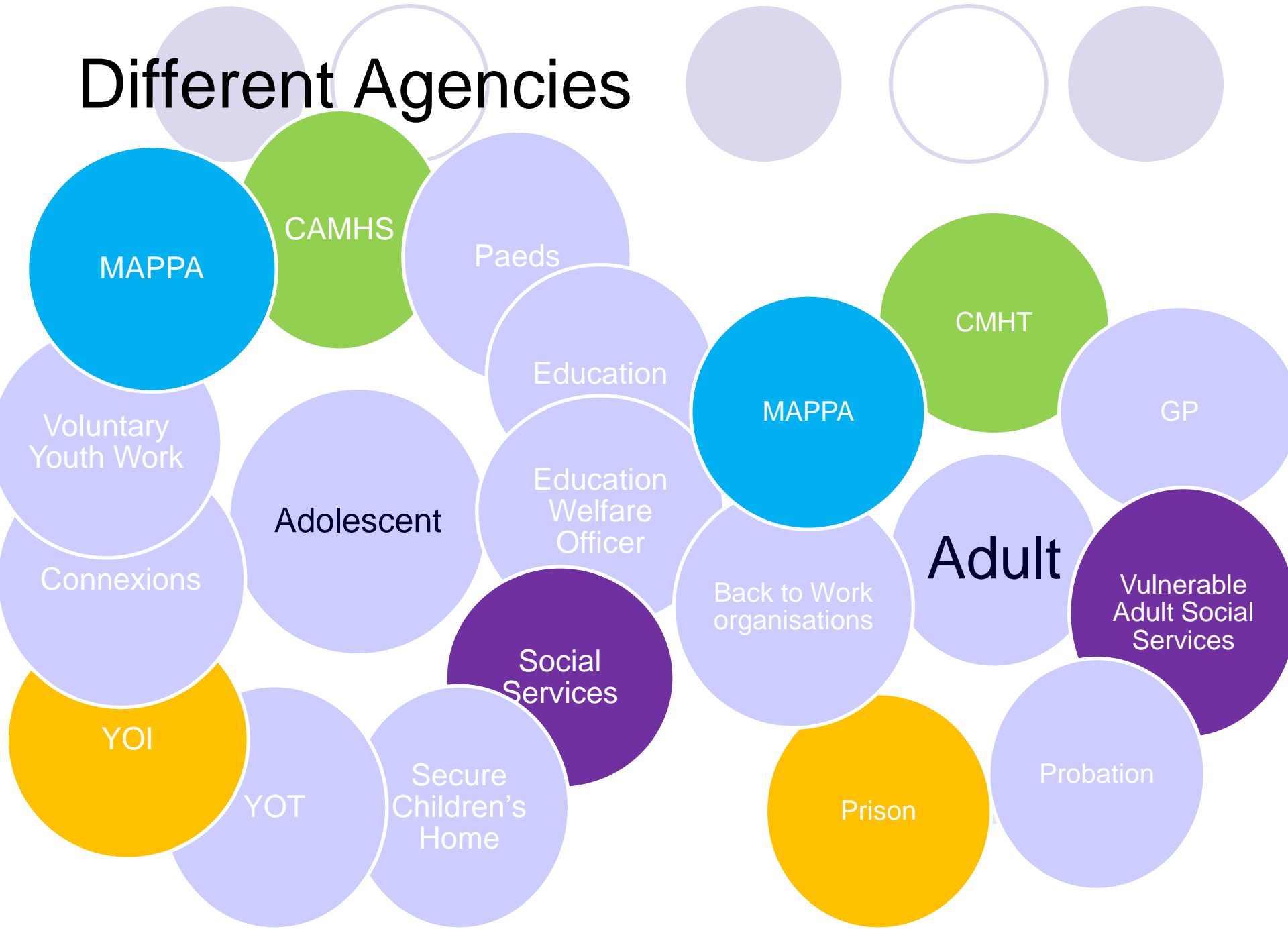
- Background (prevalence and current provision)
- Needs of MDYOs
 - Maturity related (psychosocial and physical)
 - Clinical
 - Systemic
- Case Studies
- Discussion

Developmental needs of MDYOs

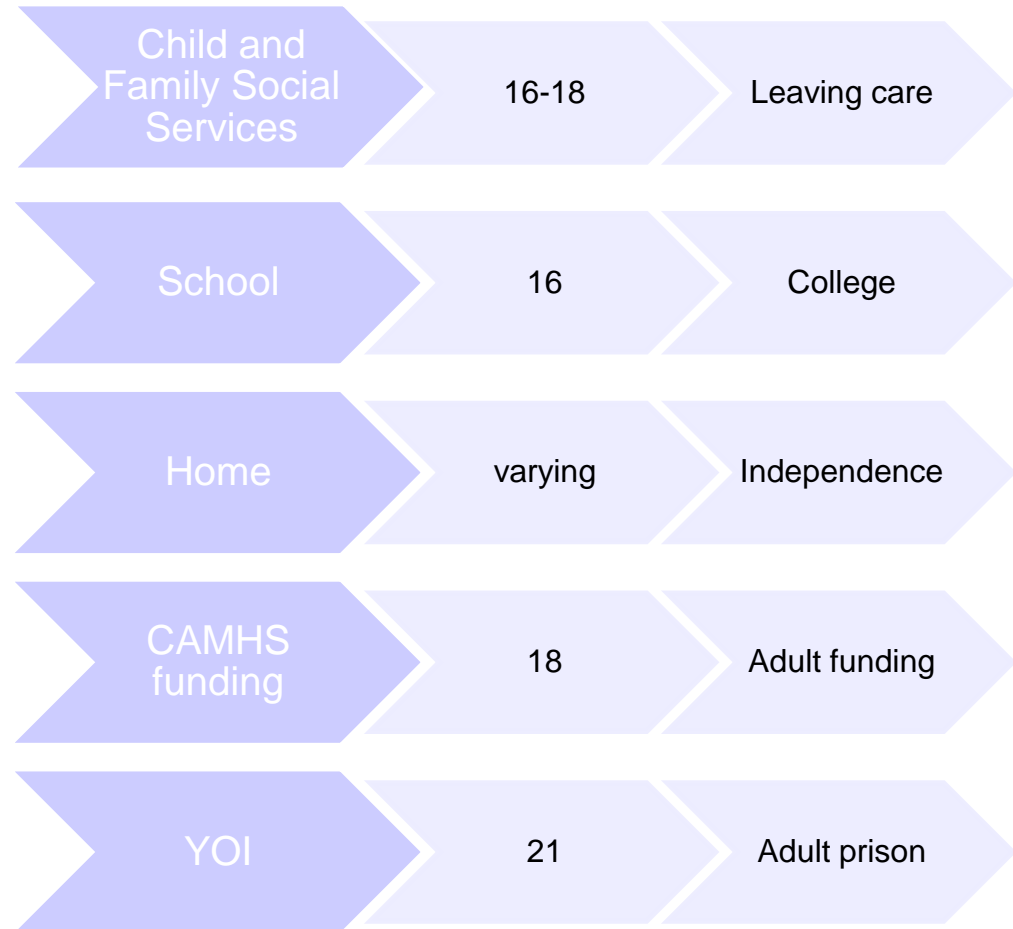
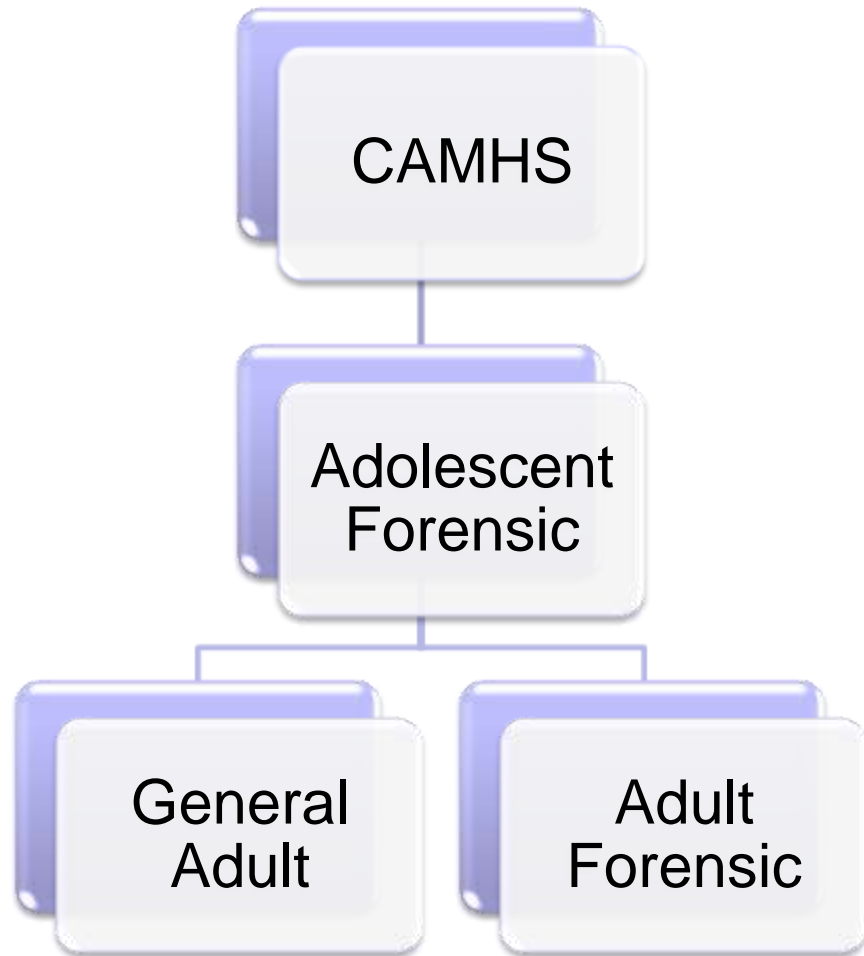


- Changing social and emotional dependence
- Parental involvement
- Development of identity/individuality
- Development of sexuality
- Acquisition of knowledge, skills, qualifications

Different Agencies



Many transitions across different ages



Adolescent Forensic Services

at the interface between CAMHS and adult forensic services, local authority and juvenile criminal justice system

CAMHS

**Adolescent
Forensic**

Adult
Forensic
Services

Community Adolescent Forensic

Youth Offending Teams (United Kingdom) / Young Person's Probation (Republic of Ireland)

NCG (NHS) adolescent forensic inpatient units (in England and Wales) or adolescent inpatient units (Scotland and Ireland)

Independent secure inpatient units

Voluntary sector services

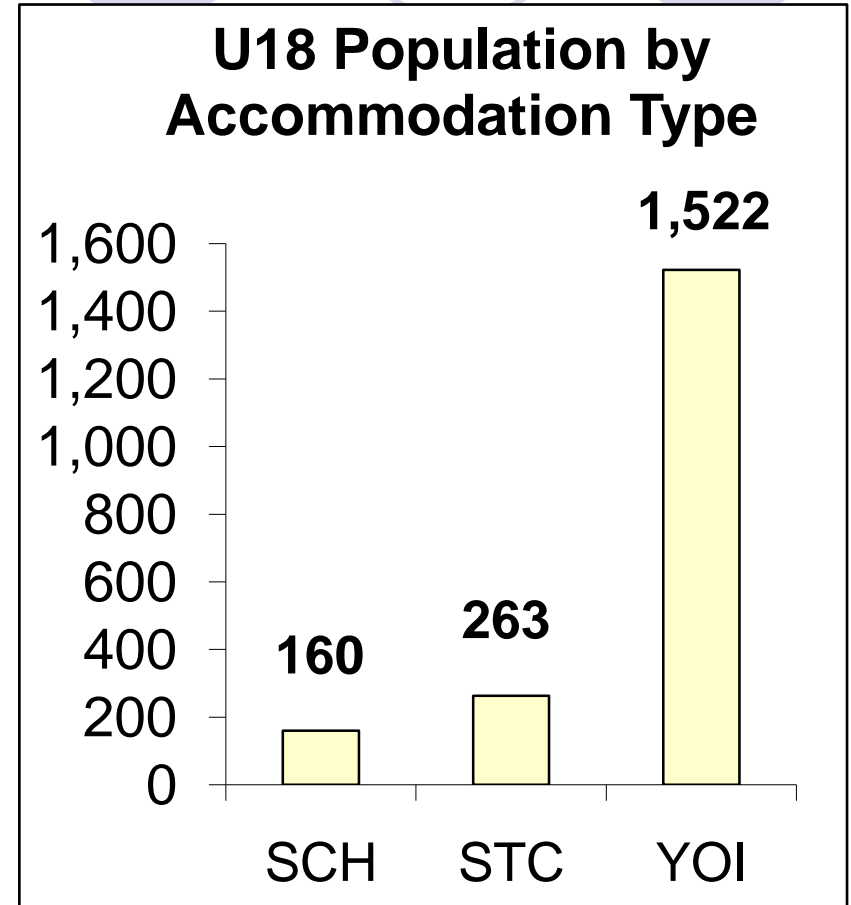
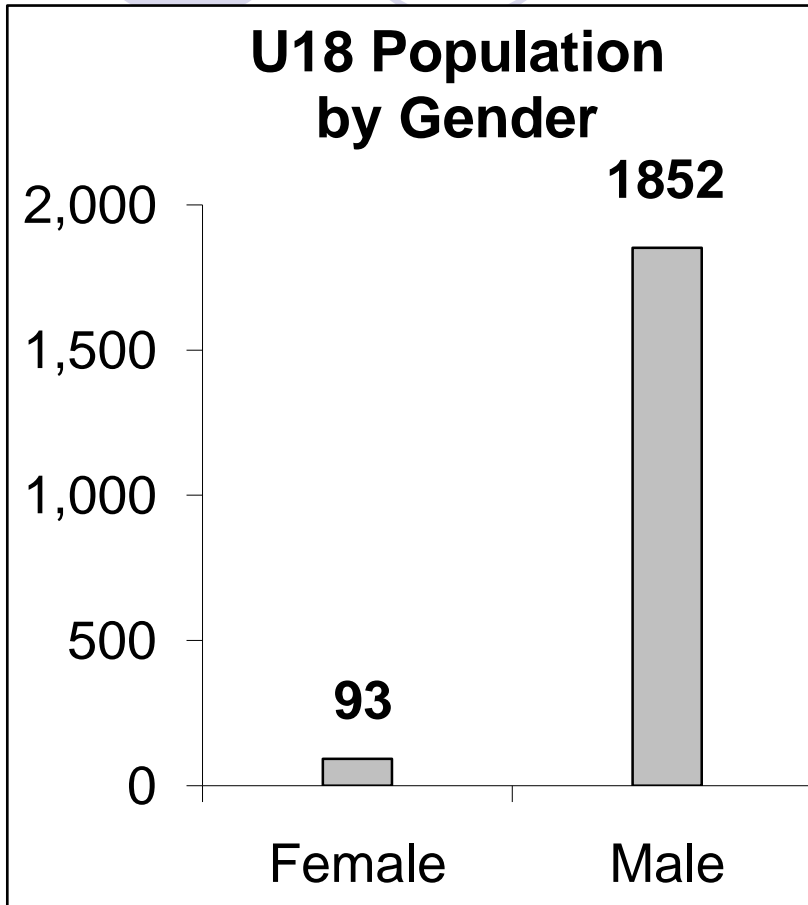
Inreach into Secure Training Centres or Youth Offender Institutions (prisons for juveniles)

Epidemiology

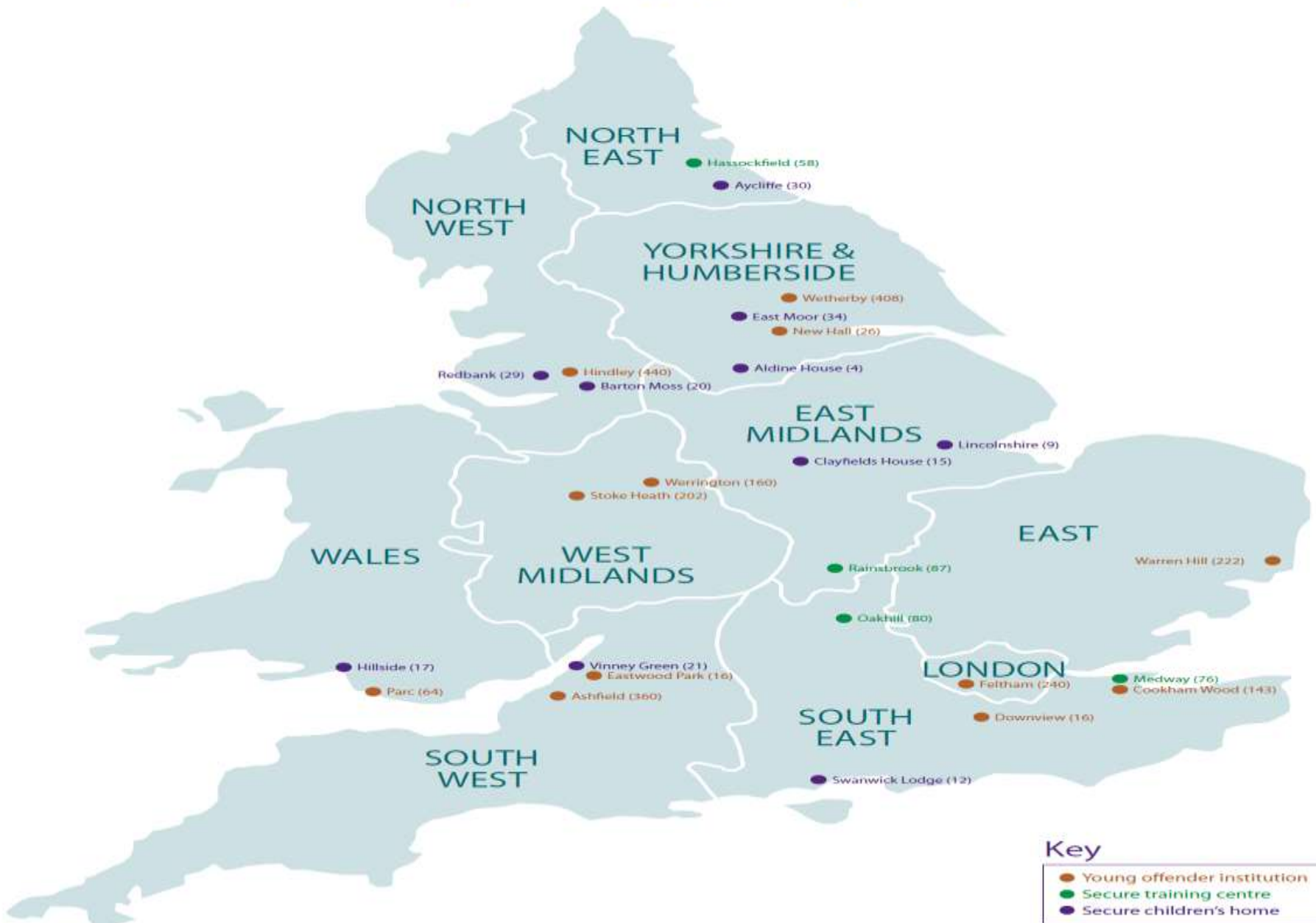


- 25–81% in YJS have MH problems (↑ in custody)
- x3 age-matched controls (F 13%, M 10%)
- ↑ prevalence MH problems than adult prisoners (46-81% vs. 26-57%)
- Most common problems:
 - conduct, emotional attentional problems,
 - LD
 - substance misuse
 - PTSD
- YPs w serious offences- ↑ Hx abuse, abandonment, neglect (62% F, 35% M)

The Secure Estate January 2011



The secure estate for children and young people



Key

- Young offender institution
- Secure training centre
- Secure children's home

Updated: September 2010

Clinical Needs- different diagnoses

Child

Neurodevelopmental – ADHD / Autistic Spectrum

Learning Disability

Emotional Disorder

Psychotic Disorder

Adjustment Disorder

Complex PTSD

Emergent Personality Disorder

Adult

Autistic Spectrum Disorder

Learning Disability

Affective Disorder

Psychotic Disorder

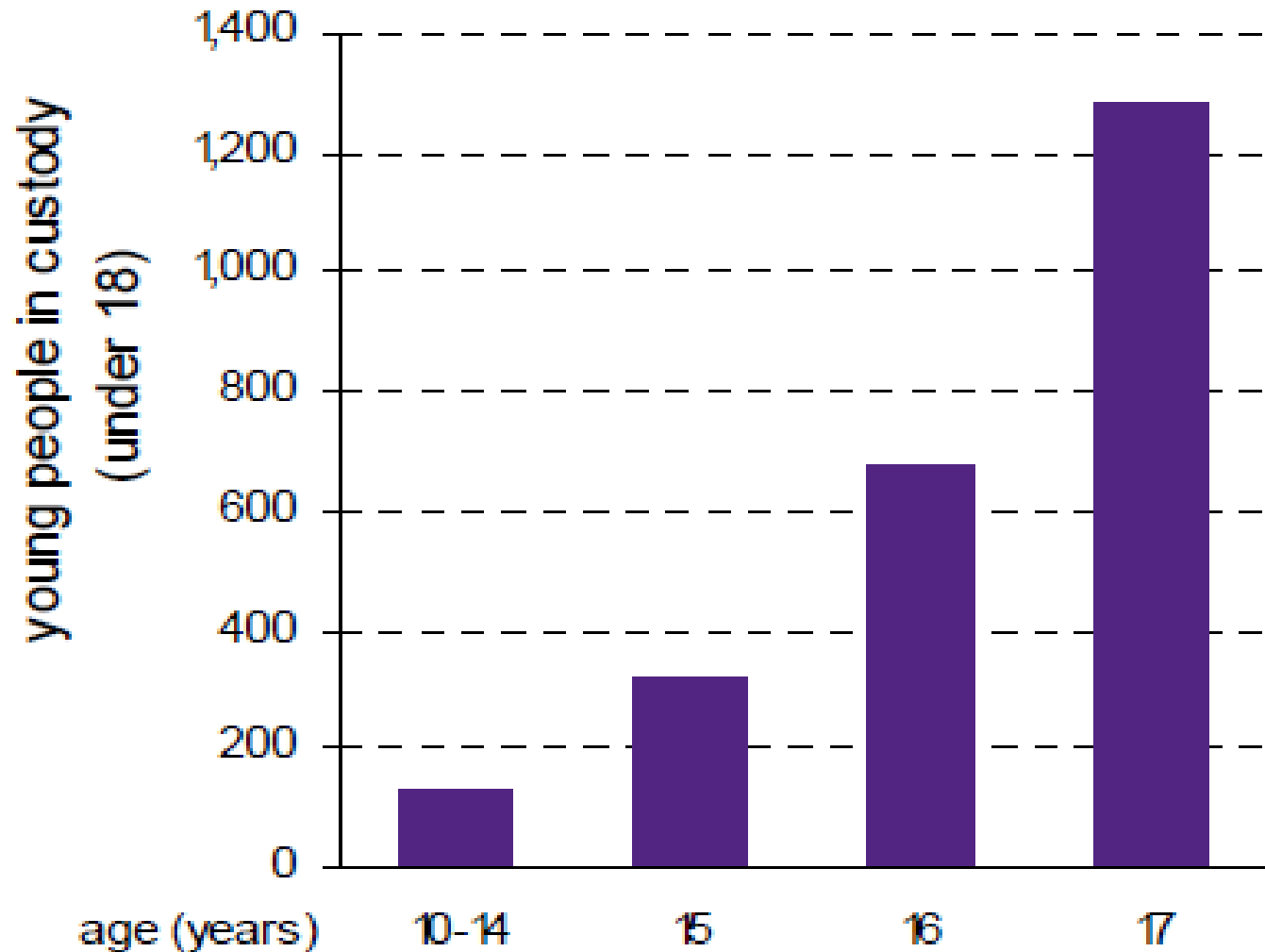
PTSD

Personality Disorder

Clinical needs - other diagnostic issues

- Emergent Personality Disorder vs. Conduct Disorder/Mixed Disorder of Conduct and Emotions
- Conduct Disorder vs. Attachment Disorder vs. ASD
- Psychosis vs. Acute Stress Reaction in YOI

Young People in Custody

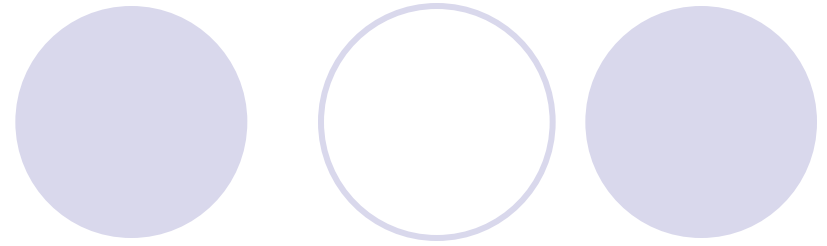


Service needs of MDYOs



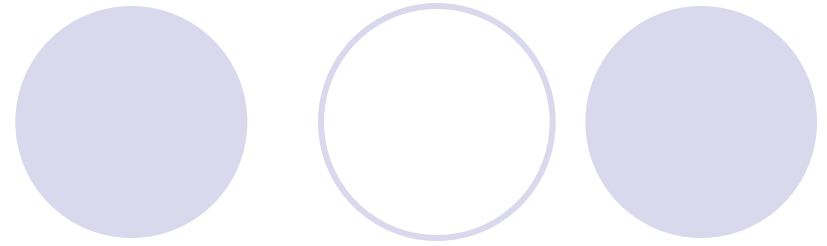
- Need for psychological containment (more staff)
- Liaison with multiple agencies
- Work with parents (FFI plus SW support)
- Children Act 1989 status - PR, LAC reviews
- Vulnerability/safeguarding
- Education
- Age appropriate settings (MHA 2007)
- High cost!

Case example 1



- At what age should we transfer?
- 18 year olds – settled in current unit
- May be able to move to community placement if they remain in placement for extra 6 months
- Transitions to new units mean that they need to take time to establish trusting relationships with new staff...
-but may have benefit of proximity to home

Case example 2



- How can we effect a smooth transfer?
- Many have EPD
- Often don't receive patient until 16 or 17 years old
- Often first stable placement for many years
- Holistic package built around adolescents
- Should have incremental transitions that are carefully thought out
- Pressure from commissioners

What factors are relevant to transition to care under adult services?

- Developmental needs/ maturity
- Differing psychopathology/ interventions
- Vulnerability
- Risk of institutionalization

Types of Transition



- Social transition from adolescent roles to adult roles
- Transition in presentation from adolescent mental disorders to adult disorders
- Transitions from adolescent secure care and its approach to adult secure services
- Transition from adolescent criminal justice and legal processes to adult equivalents
- Numerous challenges...

Managing the Issue



- **Other Departments are moving in the right direction:**
- The DWP has policies aimed specifically at young people aged 18-24
- Specific need and life stage
- Recognizing that there is a complex tangle of benefits, support and penalties throughout the transition to adulthood
- **Poor Transitions to Adulthood impact on the next generation:**
- At least $\frac{1}{4}$ of young men in prison are fathers
- Most young women in prison are mothers
- Getting it right by maintaining family relationships can help people move away from crime

Workshop Questions



- Arguments for and against
- What should a transitional service for adolescent mentally disordered offenders look like?
- Rationale
- Structure
- Philosophy
- Age range

Future Direction?



- Better transitional care
- Younger age of intervention
- Age of criminal responsibility not conducive to therapeutic treatment of MDYOs
- Pathway approach vs. single ward