

# Retrospective 4 year follow up of 16-18 year olds discharged from Community CAMHS Service in England



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**Background:** Young people (YP) at the age of 16 – 18 within Children and Adolescent Mental Health services (CAMHS) in England are faced with decisions about transitions of their care. They may either be discharged back to the care of their GP or transitioned to the care of those in Adult Mental Health Services (AMHS). We know that a large proportion of mental disorders have onset in childhood and adolescence and that young adults aged 18-25 have the highest prevalence of any mental illness as compared to adults of other age groups. This study aims to gain a better understanding of common mental illness in young adults, who have been discharged from CAMHS following turning 18 years old.

**Method:** The study population was a CAMHS service in England which covers a total population of 46364 children and adolescents (5-19years old).

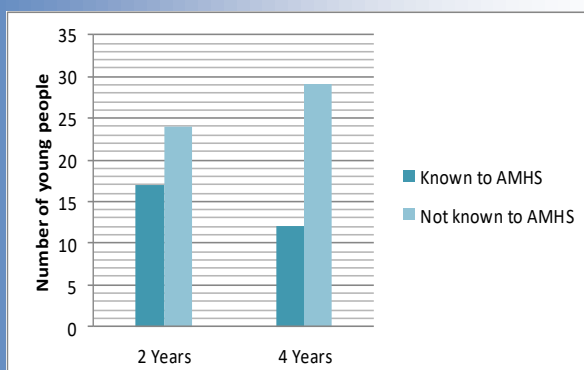
Records of those who turned 18 and were under CAMHS between 01.01.2014 and 31.12.15 were looked at.

It was then identified which YP were discharged back to the care of their GP and who were transitioned to AMHS by Child and Adolescent Psychiatrists (CAP).

A retrospective review of the notes of those transitioned to AMHS was undertaken to ascertain whether they were still known to local AMHS at 2 and 4 years after they were last seen in CAMHS.

**Results:** 243 YP were identified as having turned 18 and been discharged during the study period.

202/243 (83%) were not transitioned to AMHS. These YP had either been seen by a CAP, allied health professionals, or both. They were either discharged back to the care of the GP, had only been seen once for a deliberate self-harm assessment from out of area and discharged back to respective GP or no file was found (5/202, 3%).



Graph 1: Number of YP referred to AMHS following turning 18 by CAP still known to AMHS 2 and 4 years later

41/243 (17%) had been transitioned to AMHS by CAP. The AMHS included general adult psychiatry, intellectual disability psychiatry, eating disorder psychiatry and early intervention service.

2 years following their last seen date in CAMHS 17 patients (42%) remained under AMHS and 4 years following 12 patients (29%) remained under AMHS.

Out of those 12 patients, their diagnoses were

- Paranoid schizophrenia, ASD (autism spectrum disorder) and Foetal Alcohol syndrome
- Depression with psychotic symptoms
- Undifferentiated schizophrenia
- Mild LD, ASD and emotional dysregulation
- Bipolar affective disorder
- Treatment refractory schizophrenia
- Mild LD, ASD and psychosis in remission
- One patient had been re referred by their GP and were awaiting an appointment with an adult psychiatrist
- Four patients with ADHD

**Conclusion:** This is preliminary data and further exploration would be needed. A comparative study for years 2016 - 2017 is planned. However, from this data the following inferences can be cautiously made.

YP known to CAMHS and transitioned to AMHS have gone on to receive a diagnosis of a severe and enduring mental illness or continue to receive management for a neurodevelopmental disorder which is pervasive in nature.

Those YP who were transitioned to AMHS and who no longer remain under AMHS could have remained under the care of the GP following remission of their symptoms.

On review of the notes, many young adults had failed to keep appointments with AMHS. So were subsequently discharged. We hypothesize that DNA rate may be high as parents do not have as active role in care.

Early adulthood is a time of transition educationally and occupationally, so young people may have moved geographically which meant their data could not be captured.

Many young adults with neurodevelopmental disorders may not remain under AMHS and be captured in our data as a new adult neurodevelopmental service was set up during our data collection time period. This service accepts patients from a wider geographical region.