

Lost in Transition: The Journey from Pediatric to Adult Care for Youth with Mental Health Conditions

Nearly one out of three (30.6%) young adults (18–25 years) experience mental illness (NIMH). In the United States suicide is the third leading cause of death for young people.^{1,2} Transition age youth (16–25 years) with mental health conditions such as mood disorders, anxiety disorders, and psychotic disorders, experience substantial adversity during the shift from pediatric to adult health care.^{3–6} Research by our team has shown that youth with mental health conditions utilize less outpatient care as they emerge into adulthood.⁷ These results echo the American Psychiatric Association position statement that transition age youth are “underserved in current mental health systems”. Understanding provider perspectives to caring for this unique patient population may help to increase health care utilization and quality of care for transition age youth with mental health conditions.

We elicited recommendations during interviews with 10 pediatricians and 11 child/adolescent psychiatrists in Massachusetts. Visit [here](#) for study details.

What Providers Can Do To Help

- Pay special attention to transition age youth with mental health conditions
- Encourage and aid these youth in connecting to an adult primary care provider
- You don’t have to work alone: communicate as a team, share your notes, utilize community resources
- Clearly communicate prescribed medications and side effect monitoring results with other providers
- Inpatient teams should communicate with outpatient providers before and during discharge planning
- Create portable medical record summary for patient to bring to other members of their care team and send directly to providers if youth provide consent

“ I get more money for taking a bead out of the kid’s nose than I do for spending 50 minutes in a room talking to a kid about suicide... It’s ridiculous, absolutely ridiculous.”

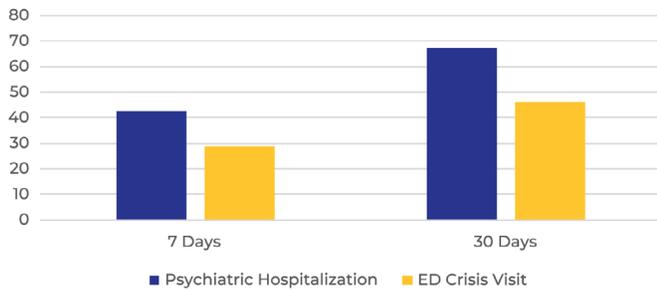
Providers Can Advocate For

- Organized systems of care for transition age youth including early and ongoing preparation, and warm handoffs to adult providers
- Interoperability of electronic medical records
- Specialized state licensing waivers for psychiatrists to allow for continuity of care across state lines
- Parity in reimbursement rates

“ The people struggling with mental health, they’re having a hard time with transitioning to care. A lot of what happens is they disappear for a little while.”

“ I had a patient recently for substance abuse disorder. I contacted [X] Hospital, she's 17, they said the waitlist is over one year. And since she turns 18 after the waitlist, they won't put her on the waitlist. I submitted to an adult substance abuse disorder center, but they can't take her because she's 17 and they said no.”

Percent of Patients Seen By Provider Following Psychiatric Hospitalization Or ED Crisis Visit⁸



Take Home Message

Currently, there are gaps in the shift from pediatric to adult care for many transition age youth with mental health conditions. Providers can help ensure continued healthcare engagement during this transition.

References

- Centers for Disease Control and Prevention. (2020). *Disparities in suicide*. <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- National Institute of Mental Health. (2020). *Mental illness*. <https://www.nimh.nih.gov/health/statistics/mental-illness>

- Interdepartmental Serious Mental Illness Coordinating Committee. (2017). *The Way Forward: Federal action for a system that works for all people living with SMI and SED and their families and caregivers*. <https://store.samhsa.gov/product/PEP17-ISMICC-RTC>
- Leeb, R. T., Danielson, M. L., Bitsko, R. H., Cree, R. A., Godfred-Cato, S., Hughes, M. M., Powell, P., Fircchow, B., Hart, L. C., & Lebrun-Harris, L. A. (2020). Support for transition from adolescent to adult health care among adolescents with and without mental, behavioral, and developmental disorders — United States, 2016–2017. *MMWR. Morbidity and Mortality Weekly Report*, 69(34), 1156–1160.
- United States Government Accountability Office. (2008). *Report to Congressional requesters: Young adults with serious mental illness: Some states and federal agencies are taking steps to address their transition challenges*. Retrieved from <https://www.gao.gov/products/gao-08-678>
- White, P. H., & Cooley, W. C. (2018). Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*, 142(5), 20182587.
- Huginin, J., Davis, M., Larkin, C., Baek, J., Skehan, B., & Lapane, K. L. (2022). Healthcare use in commercially insured youth with mental health disorders. *BMC Health Services Research*, 22(952). <https://doi.org/10.1186/s12913-022-08353-z>
- Huginin, J., Davis, M., Larkin, C., Baek, J., Skehan, B., & Lapane, K. L. (2022). Established outpatient care and follow-up after acute psychiatric service use among youths and young adults [Unpublished manuscript]. *Psychiatric Services*.

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Acknowledgements

This is a publication of the Implementation Science and Practice Advances Research Center (iSPARC) a Massachusetts Department of Mental Health Research Center of Excellence. The contents of this tip sheet were supported in part with funding from the Massachusetts Department of Mental Health and with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, (NIDILRR), United States Departments of Health and Human Services (NIDILRR grant# 90RTEM0005). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this tip sheet do not necessarily represent the policy of MA DMH, NIDILRR, ACL, or HHS and you should not assume endorsement by local or the Federal Government.



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