

Transfer of Care Audit: Informing the 16-25 Youth Mental Health Pathway

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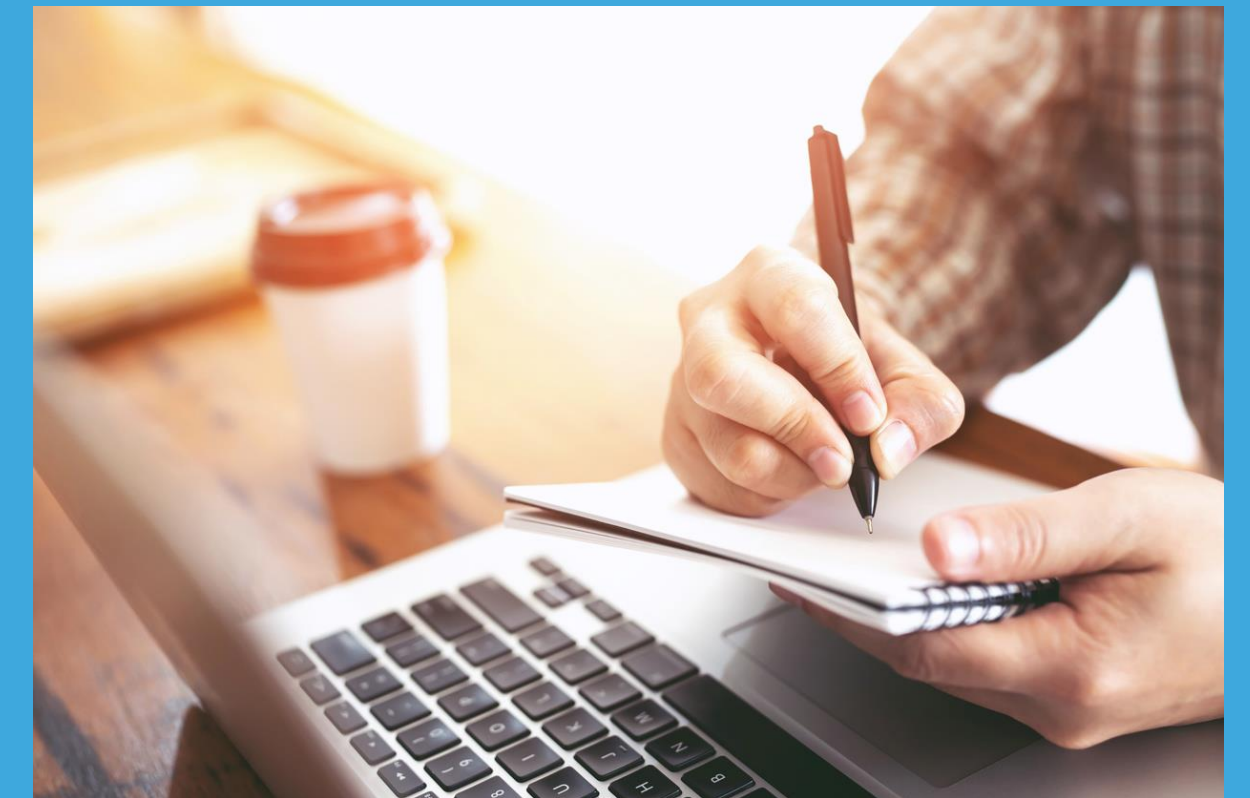
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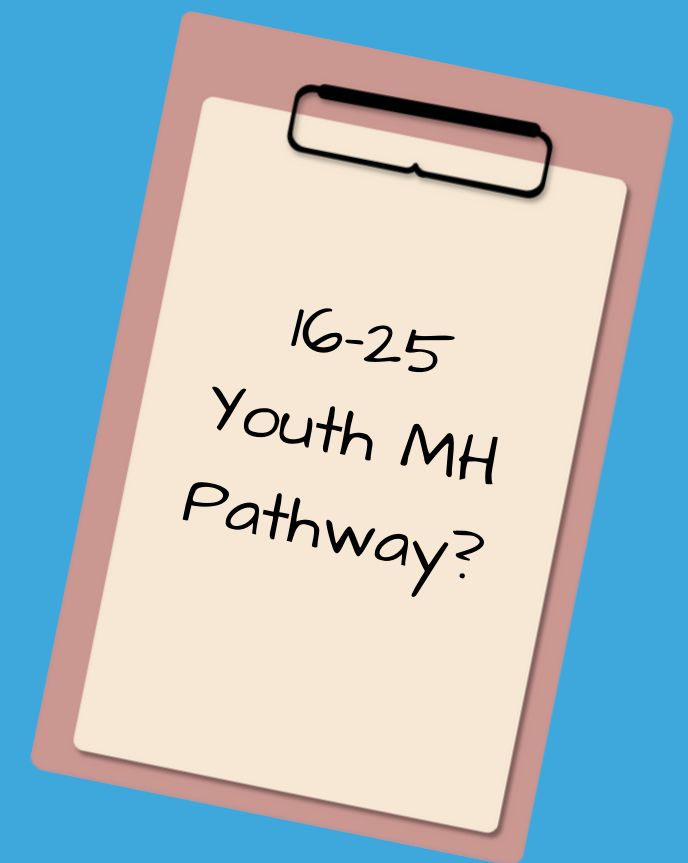
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Project aims:

- An audit to inform the development of a new 16-25 Youth Pathway
- Examining young people discharged from CAMHS at 18 years – referred into AMHS services within three years
 - Why are these young people presenting to AMHS?
 - Where is the current system
 - working and where does it need developing?

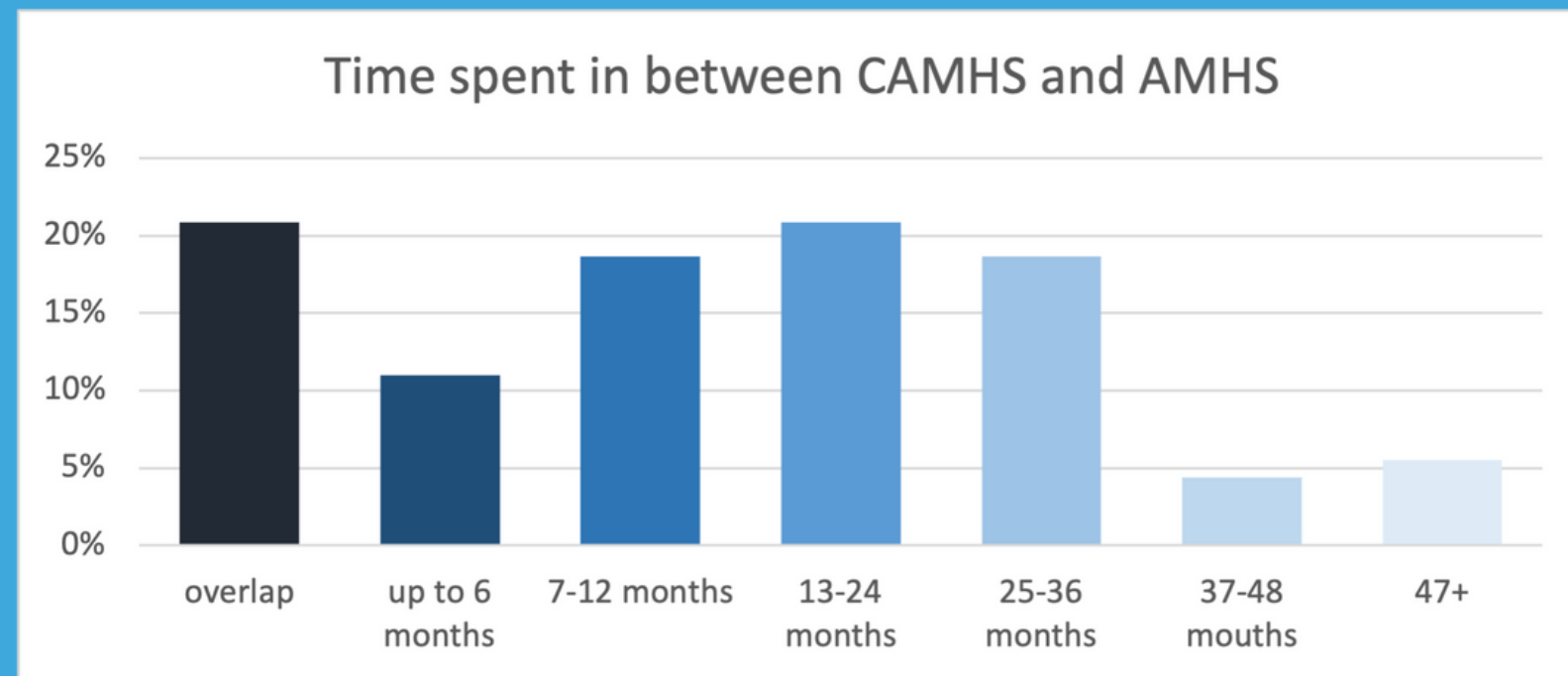
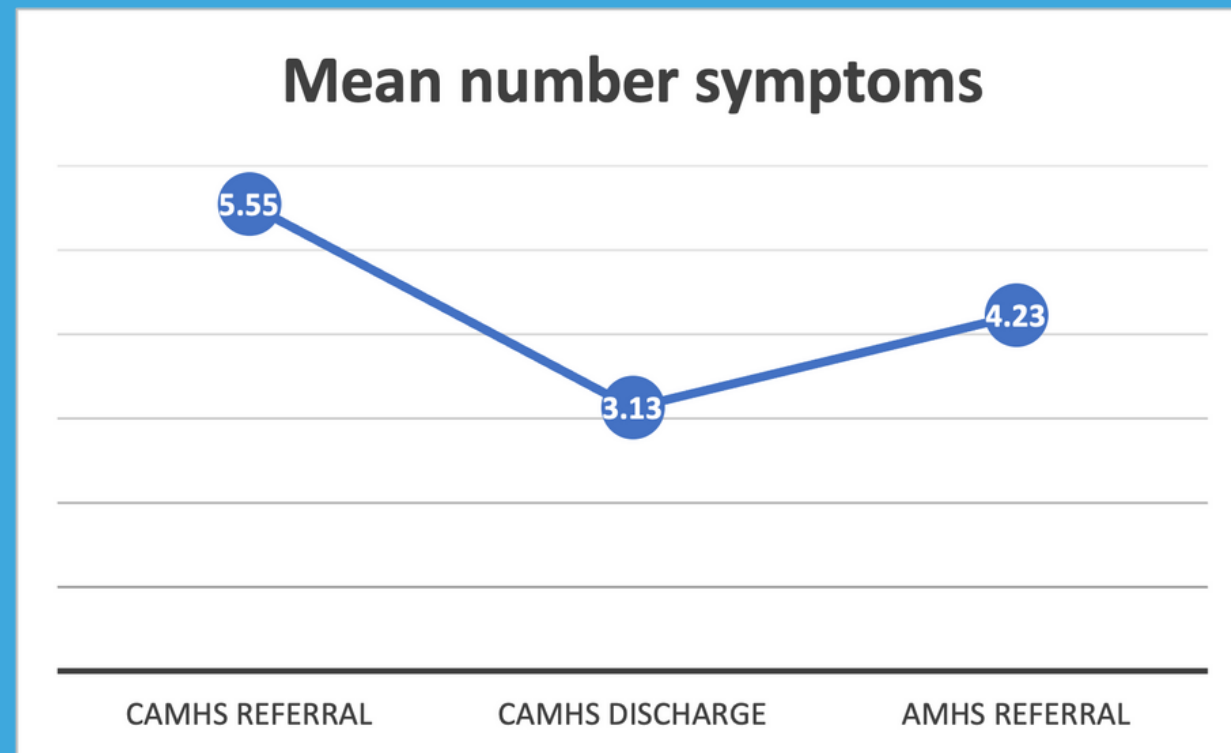


Methods

- Sample of 92 out of 322 (28%) anonymised service users discharged from CAMHS between January 2018/2019 and were later referred to AHMS.
- Data collected from anonymised medical notes (Carenotes)
 - presenting issues/symptoms
 - accounts of traumatic life events
 - in-patient admissions
 - mental health diagnoses and physical health conditions
 - length and strength of engagement with mental health services
 - interventions offered
 - referral and discharge dates
 - other service involvement

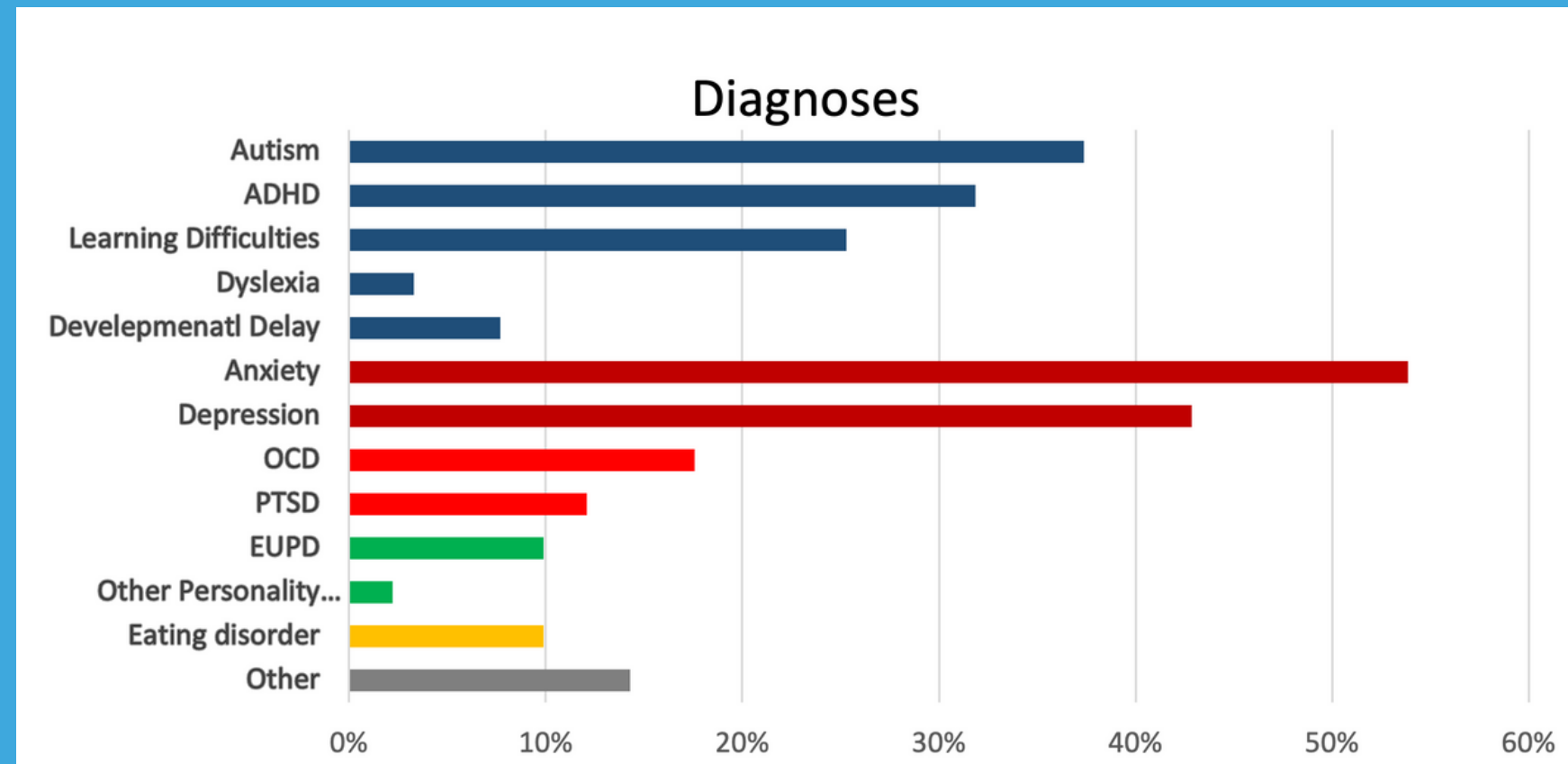


Findings: CAMHS-AMHS journey



- Improvement in mental health after receiving support from CAMHS
- More symptoms after a period without formal mental health support, re-referral from 6-months
- Subset with complex, enduring mental health issues who respond well to support

Findings: Neurodivergence



- 64% of the sample were neurodivergent
 - 83% had diagnostic comorbidity
- Spent longer time in CAMHS than NT YP, with referrals occurring earlier
- Disordered eating, impulsivity, aggression higher at CAMHS referral

Findings: Looked After Children

- 23% of the sample were LAC
 - 76.2% had diagnostic comorbidity
 - 61.9% had one or more trauma
- CAMHS referral: higher inappropriate sexual behaviour
- CAMHS discharge: higher mood instability, social isolation, anger and aggression
- AMHS referral: more hearing voices than the non-LAC group.
- EUPD and developmental delays were significantly higher in LAC

Findings: Engagement

- Stronger engagement = less time in-between services
- More symptoms at CAMHS referral = stronger and longer engagement with CAMHS
- Longer engagement with CAMHS = fewer symptoms at discharge



Conclusions & Implications

CAMHS support was valuable for these YP,
but no support = referral to AMHS

6 months+ is a critical time for follow-up
support

Those who engage well are more likely to
seek future support: who is not engaging?

**SPFT 16-25 YOUTH
MENTAL HEALTH
PATHWAY**

CATALYST

Conclusions & Implications

Screening and assessments for ASC/ADHD

Trauma informed care with an attachment
focus for LAC

More information on multi-agency working
needed to determine support after
discharge

**DISSEMINATION
& FEEDBACK
TO CAMHS**



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