

W06

A systematic review of service transitions in people with ADHDF. McNicholas^{1,2,*}, M. Tatlow-Golden¹, B. Gavin¹, S. Singh³¹ University College Dublin, School of Medicine and Medical Science, Dublin, Ireland² Lucena Clinic- St John of God-Dublin, Child Psychiatry, D6, Ireland³ University of Warwick, medical School, Warwick, United Kingdom

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Background Young people (YP) with attention deficit hyperactivity disorder (ADHD) are recognized to be a group who are particularly vulnerable to falling through the gap regarding transitioning from Child and Adolescent Mental health Services (CAMHS) to Adult Mental Health Services (AMHS). This presentation will combine a systematic review of the literature with some clinical examples of the pathway for a number of YP with ADHD who reach the transition boundary (TB).

Method (1) Databases (e.g., PubMed, PsycINFO, AMED, CINAHL, EMBASE, Web of Knowledge), and grey literature, were searched systematically with database-specific key words, variants and truncations, to cover six subject areas: ADHD; transition or transfer; age; experiences or views; service development; and policies or protocols. Hand searching of key journals, ancestry and forward searches of references, and expert consultation were conducted. Two reviewers critically evaluated studies using a validated appraisal tool for mixed methodologies and findings were synthesized. (2) Following ethical approval, CAMHS clinicians from 9 clinics in Republic of Ireland identified all cases where a YP with ADHD had reached the TB, and identified referral/service outcomes ($n = 20$).

Results The search yielded 27 studies, covering areas of service review and recommendations (7), guidelines (3), medication (5), case note audit (3), professional's views (5), pilot transition clinics (2). A further set of papers covered the perspective of the young person (4) and parent (2). Overall these highlighted the less than optimum experience by both clinicians and service users of the experience with suggestions for future developments. These findings were mirrored in the review of clinical notes and individual interviews of YP identified through their CAMHS. Of the 20 young people identified, only 1 was directly transferred to AMHS. Eight were retained in CAMHS, on average for over a year. A significant number (7) refused onward referral. A perception from CAMHS clinicians, that AMHS did not accept such cases or lacked relevant service/expertise, may have contributed to the low rate of referral.

Conclusion Both the extant literature and the specific study presented highlight the lack of clear cut consensus about the appropriate management of young people with ADHD have who reach the transition boundary. Low rates of AMHS transfer may come from CAMHS clinicians' perceptions of AMHS, and preferences of young people and families. Before assuming the very low rate of referral by CAMHS clinicians is poor practice, clinical outcomes need to be identified, young people's reasons for refusing transfer explored and service options identified.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.940>

W07

Developing and measuring transition-related decision-making in Europe

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The MILESTONE project developed the Transition Readiness and Appropriateness Measure (TRAM) and the Transition-Related Outcome Measure (TROM) on the HealthTracker™ platform, each prepared in versions for young people, parents/carers and clinicians. Together these instruments aim to support and then evaluate clinician decision-making with respect to transition. The suite of measures were developed on and hosted on the HealthTracker™ Platform. FDA approved protocols were evoked in scale development and validation. A comprehensive list of items potentially significant in transition decision-making was generated from a thorough literature review and discussion with experts. Focus groups were conducted with young people, parents/carers and clinicians centring on the themes of “who should transition” and “identifying successful transition”. In open discussion, further items considered important in transition decision-making were elicited, and the importance of listed items was rated. Analysis of the data allowed items to be removed, kept or amalgamated. Domains considered universally important in transition decision-making emerged; these included diagnosis, impairment, risk, life changes, barriers to a successful transition and transition success markers. A beta version of the scale was tested for comprehension and usability by transition experts, young people and parents/carers. Following pilot testing, qualitative interviews were conducted with some participants to identify further issues. Scales were translated from English into French, Italian, German, Croatian and Dutch and translations uploaded to the HealthTracker™ online platform. Validation of the scales required completion of the TRAM and TROM alongside a series of proxy “gold-standard” measures to assess psychometric validity, test-retest validity and sensitivity to change.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.941>

W08

Novel research on transition from child to adult mental health services in Europe: The MILESTONE project

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Introduction Current service configuration of distinct Child and Adolescent Mental Health (CAMHS) and Adult Mental Health Services (AMHS) is considered the weakest link where the care pathway should be most robust. Transition-related discontinuity of care is a major health, socioeconomic and societal challenge for the EU.

Objectives The overall objective of the MILESTONE project is to improve transition from CAMHS to AMHS in diverse healthcare settings in Europe.

Aims To improve the understanding of current transition-related service characteristics, and processes, outcomes and experiences of transition from CAMHS to AMHS using a bespoke suite of measures; to explore the ethical challenges of providing appropriate care to young people as they move to adulthood; to test a model of managed transition in a cluster randomized controlled trial (cRCT) for improving health, social outcomes and transition to adult roles; and to develop training modules for clinicians and policy guidelines.

Methods Data will be collected via systematic literature reviews; bespoke surveys to CAMHS professionals, experts and other stakeholders; focus groups with service providers and users and members of youth and mental health advocacy groups; and a longitudinal cohort study with a nested cRCT in eight EU countries (Belgium, Croatia, France, Germany, Ireland, Italy, Netherlands, UK) involving over 1000 CAMHS service users, their parents/carers, and clinicians, with assessments at baseline, 9, 18 and 27 months.