



Transitiepsychiatrie

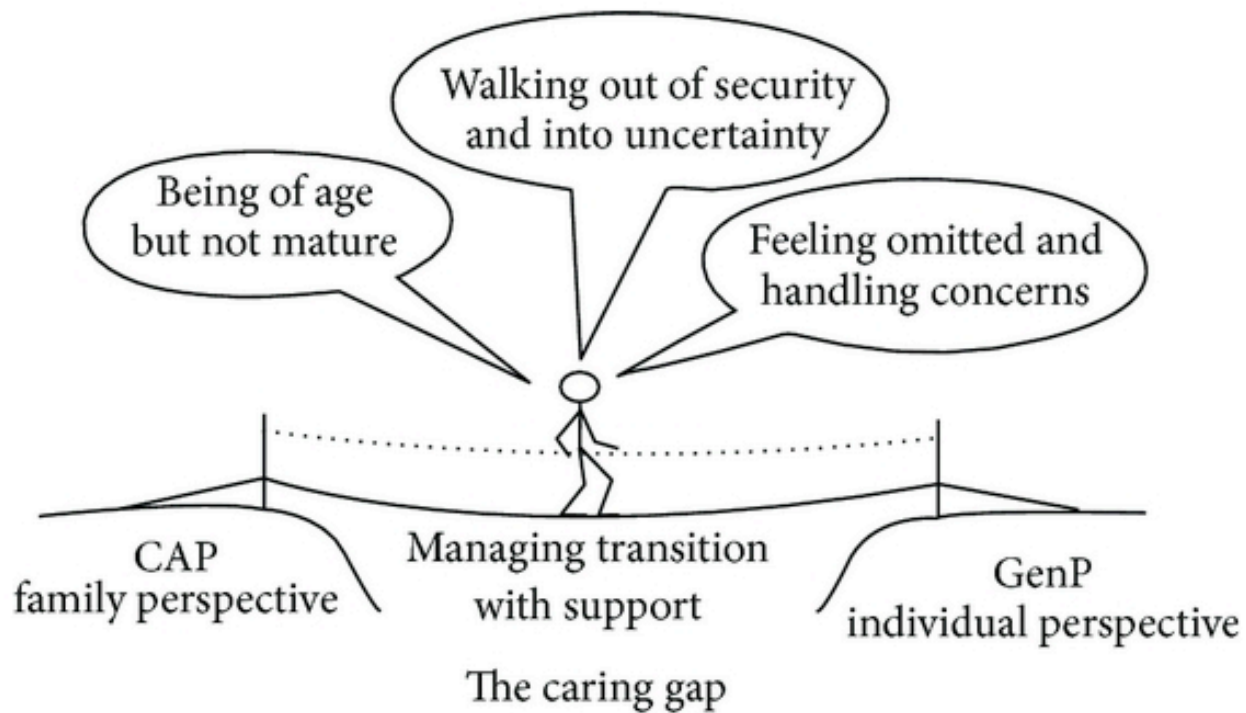
Een uitdaging voor de toekomst

Ruud van Winkel

Professor of Psychiatry
Center for Clinical Psychiatry



So what IS Transition Psychiatry???



18

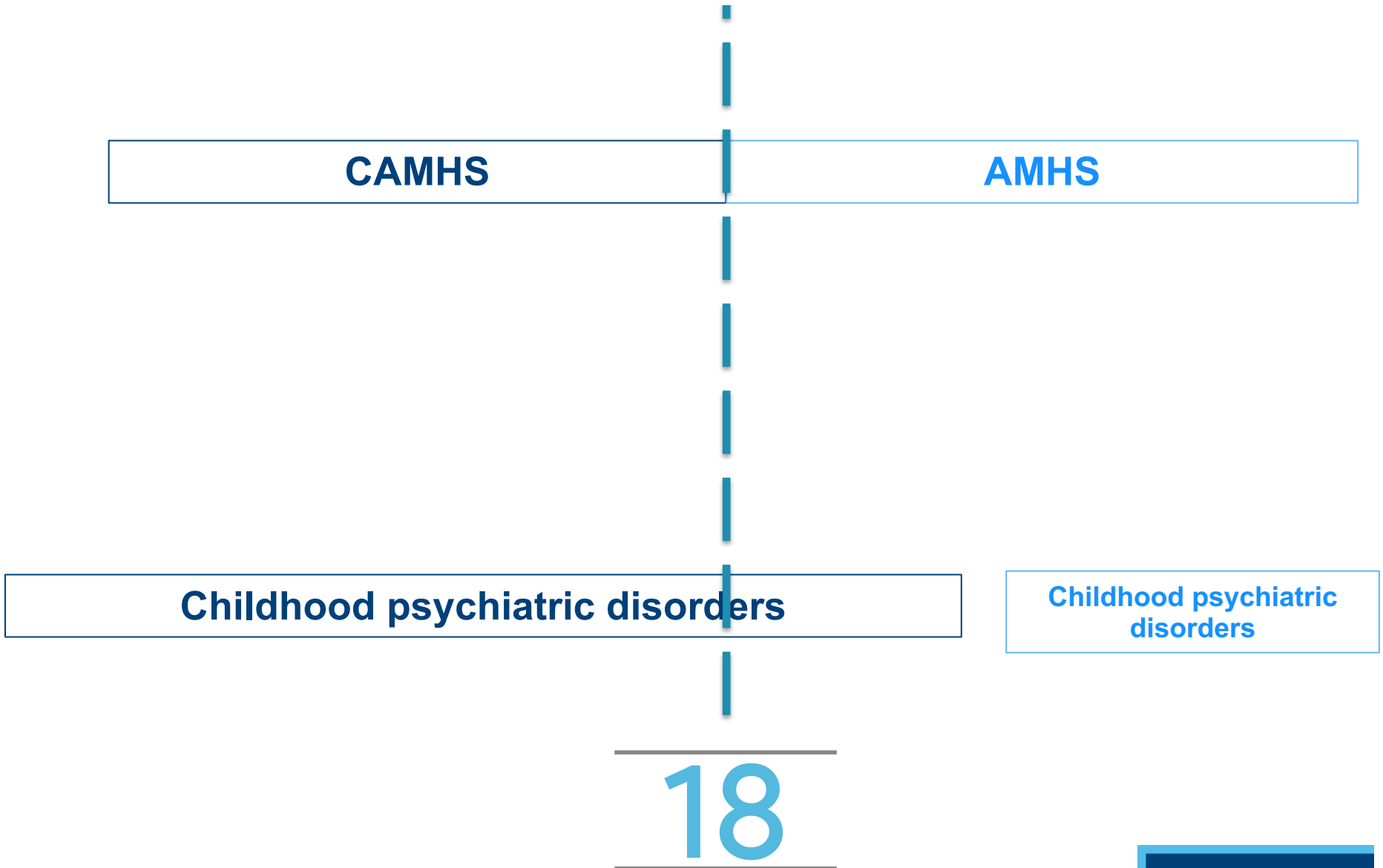
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Een pragmatische oplossing om slecht communicerende zorgpartners ertoe te bewegen samen te werken om jongeren te transfereren van de ene naar de andere partner op een vanuit ontwikkelingsperspectief bijzonder slecht moment.

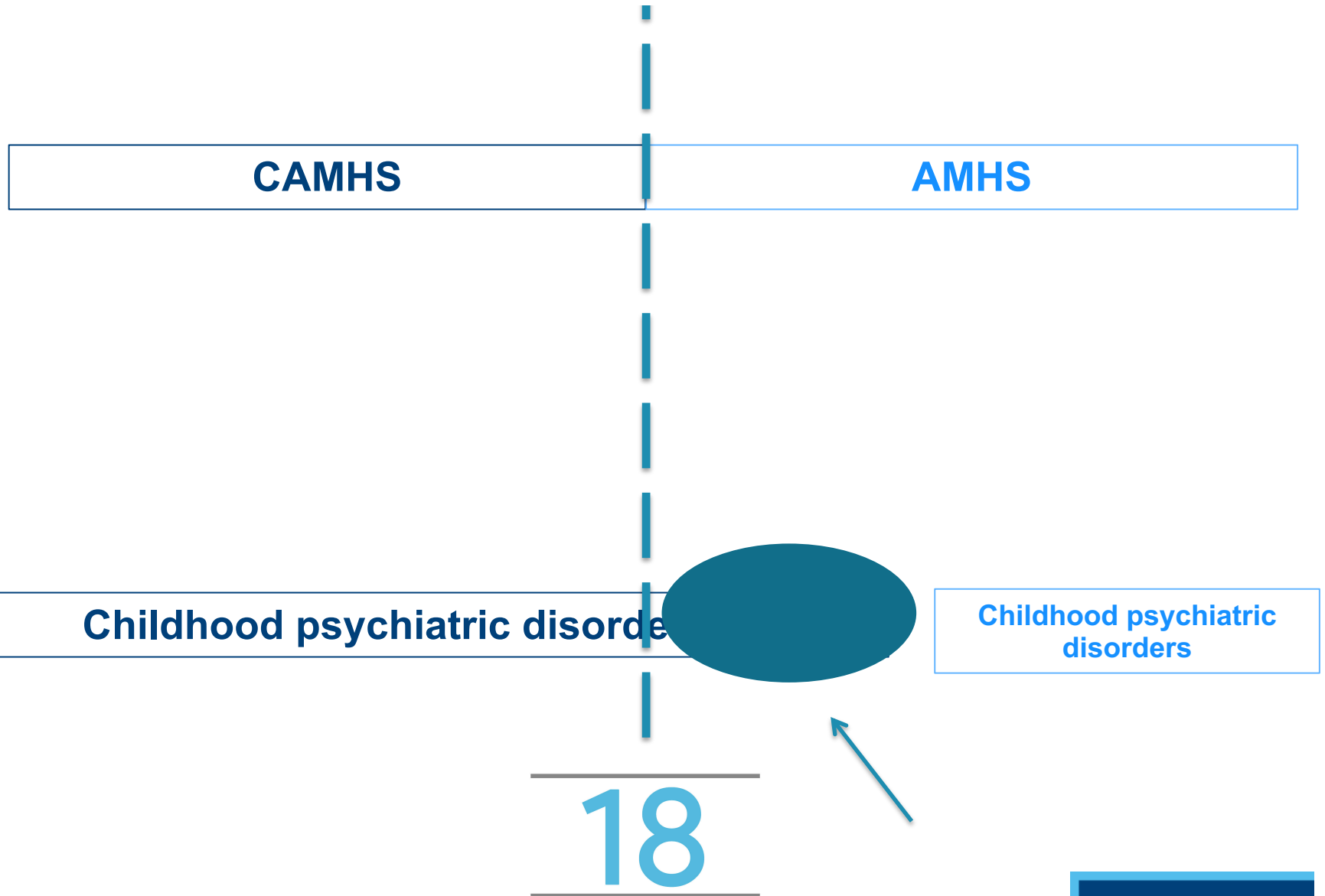
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So what IS Transition Psychiatry???

'Transition psychiatry' according to the child psychiatrist



'Transition psychiatry' according to the child psychiatrist





Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study

Swaran P. Singh, Moli Paul, Tamsin Ford, Tami Kramer, Tim Weaver, Susan McLaren, Kimberly Hovish, Zobia Islam, Ruth Belling and Sarah White

Background

Many adolescents with mental health problems experience transition of care from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).

Aims

As part of the TRACK study we evaluated the process, outcomes and user and carer experience of transition from CAMHS to AMHS.

Method

We identified a cohort of service users crossing the CAMHS/AMHS boundary over 1 year across six mental health trusts in England. We tracked their journey to determine predictors of optimal transition and conducted qualitative interviews with a subsample of users, their carers and clinicians on how transition was experienced.

Results

Of 154 individuals who crossed the transition boundary in 1 year, 90 were actual referrals (i.e. they made a transition to AMHS), and 64 were potential referrals (i.e. were either

not referred to AMHS or not accepted by AMHS). Individuals with a history of severe mental illness, being on medication or having been admitted were more likely to make a transition than those with neurodevelopmental disorders, emotional/neurotic disorders and emerging personality disorder. Optimal transition, defined as adequate transition planning, good information transfer across teams, joint working between teams and continuity of care following transition, was experienced by less than 5% of those who made a transition. Following transition, most service users stayed engaged with AMHS and reported improvement in their mental health.

Conclusions

For the vast majority of service users, transition from CAMHS to AMHS is poorly planned, poorly executed and poorly experienced. The transition process accentuates pre-existing barriers between CAMHS and AMHS.

Declaration of interest

None.

- Adequate transition planning
- Good information transfer across teams
- Parallel care
- Continuity of care following transition



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5%

Feedback of young people



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Declaration of interest

None.

Adequate transition planning

- Transition not always necessary: discuss this possibility!
- Discuss care needs and profile of professional (in time!)
- Organize transition meeting, involve YP

Feedback of young people



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Declaration of interest

None.

Good information transfer across teams

- Discuss privacy issues and informed consent as developmental task for YP

Feedback of young people



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Declaration of interest

None.

Parallel care

- Relational continuity goes beyond parallel care
- Important role for parents & context
- Involvement of peers with lived experience to reduce self-stigma → example project YP with depression

Een pragmatische oplossing om slecht communicerende zorgpartners ertoe te bewegen samen te werken om jongeren te transfereren van de ene naar de andere partner op een vanuit ontwikkelingsperspectief bijzonder slecht moment.

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Is dit de best mogelijke oplossing?

Het is niet omdat je een slecht plan perfect uitvoert, dat het een goed plan wordt.

18

Is dit de best mogelijke oplossing?

A young person with autism is seen from behind, standing in a hallway and looking out a doorway. The person is wearing a dark shirt and shorts. The hallway has a wooden floor and a white wall with a sign on the left and a poster on the right. The text is overlaid on the image.

HELPING YOUNG PEOPLE
WITH AUTISM
TRANSITION INTO
ADULTHOOD
BY PATRICK JELLUM



3 TASKS OF adolescence



Individuation

Teenagers are searching for the answer to the question: **WHO AM I?** They are forming a sense of identity that is unique & separate from their families. They may rebel against family ideologies or alter their appearance.

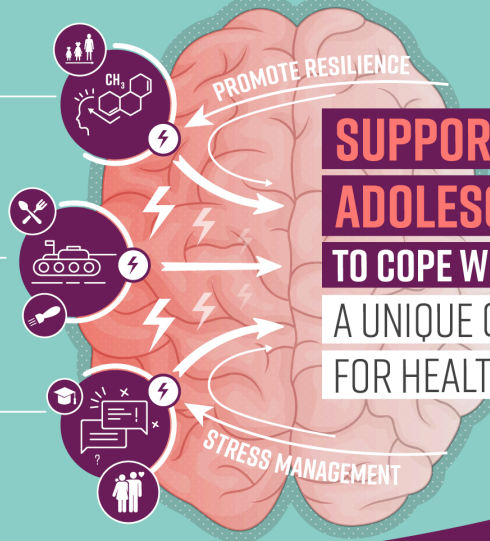
ADOLESCENT BRAINS ARE SENSITIVE TO STRESSORS



BIOLOGICAL
CHANGES IN HORMONE LEVELS AFFECT DEVELOPMENT OF NEUROBIOLOGICAL CIRCUITS.

POPULATION
MASS EVENTS - WAR AND DISASTER - CAN HAVE LONGER LASTING NEGATIVE IMPACTS.

SOCIAL
ADOLESCENTS NEED A SUPPORTIVE ENVIRONMENT TO DEVELOP THEIR SOCIAL IDENTITY AND CONNECT TO PEERS.



SUPPORTING ADOLESCENTS TO COPE WITH STRESS
A UNIQUE OPPORTUNITY FOR HEALTH AND WELL-BEING

DOWNLOAD

"THE ADOLESCENT BRAIN: A SECOND WINDOW OF OPPORTUNITY"
WWW.UNICEF-IRC.ORG/ADOLESCENT-BRAIN

Separation

Teens are subconsciously preparing to leave the family home. This means developing their independence and spending more time alone or with peers. They may push against boundaries, but they still need them to feel safe.



Maintain Connections

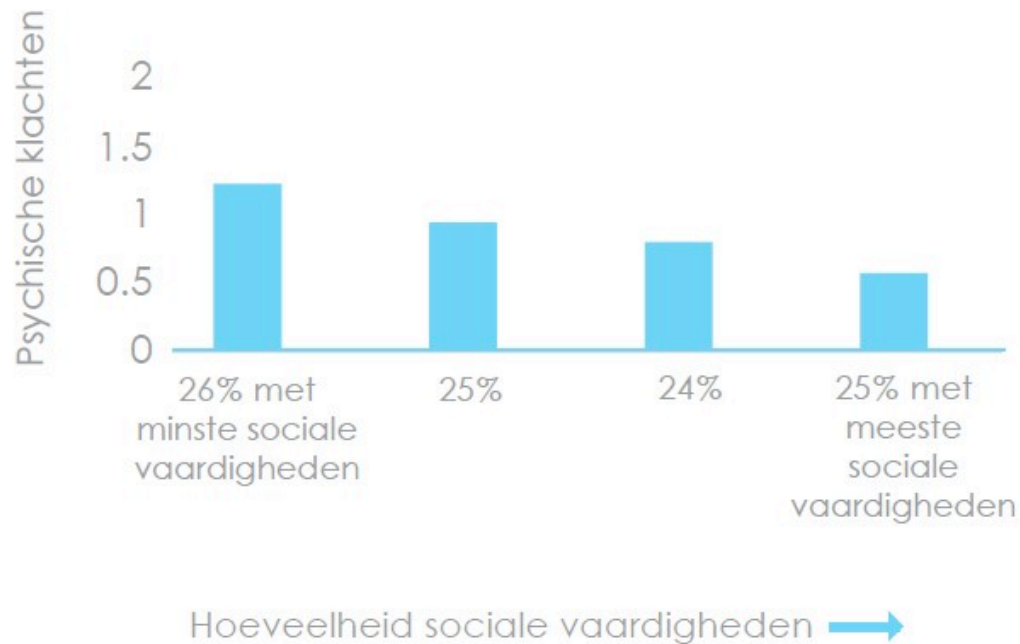


As teens grow and change, so do their familial relationships. As they grow more independent, family dynamics may change and teens need to find a way to stay connected to their families while they explore the world on their own.

14 – 25 yrs



Relatie tussen sociale vaardigheden en psychische klachten



The Transition to Adulthood for Young People with Autism Spectrum Disorder

Robert Wisner-Carlson ¹, Sara Uram ², Thomas Flis ³

Affiliations + expand

PMID: 33127001 DOI: [10.1016/j.psc.2020.08.005](https://doi.org/10.1016/j.psc.2020.08.005)

Abstract

The transition to adulthood for individuals with autism spectrum disorder is difficult and outcomes are suboptimal. Social cognition deficits and executive dysfunction continue to be barriers to young people's success, lack of societal acceptance and loss of previous support can exacerbate the condition, and mental health issues increase. All areas of adult functioning are affected. To help manage the transition and improve outcomes for this population, psychiatrists and other health care providers need to be aware of the issues and possible interventions, including social skills training, educational transition programs, and supported employment programs.

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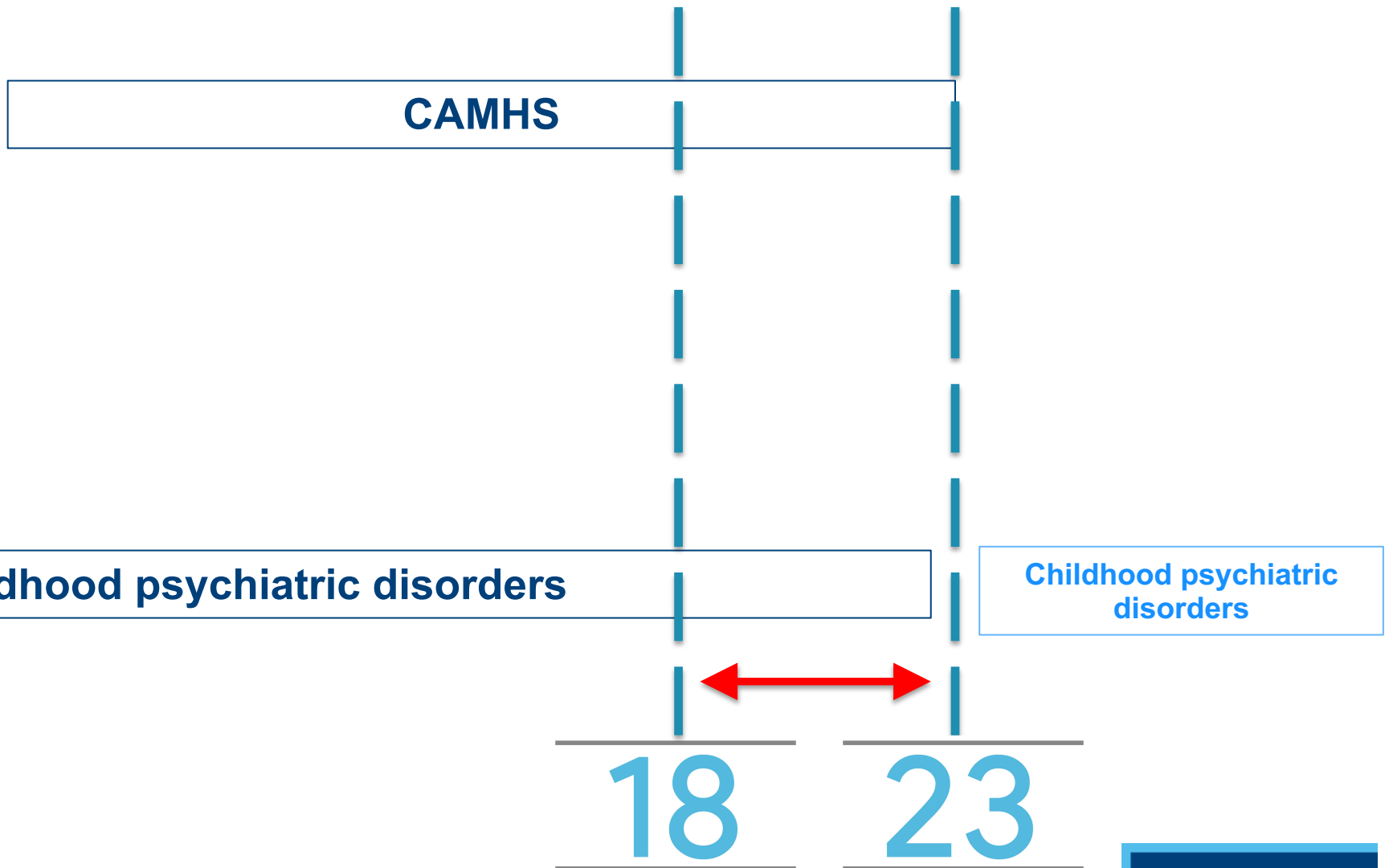
Very difficult developmental phase

Specific expertise (e.g. social skills training, emotion regulation, ...)

Need for continued support and treatment

Flexibility regarding transition need and transition moment

Child and Youth Psychiatry until 23 years

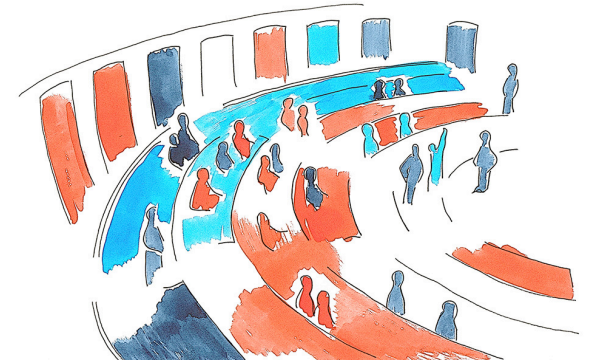


The solution according to Marina Danckaerts





Werkgroep Staten Generaal Transitiepsychiatrie



3. Transitiezorg als brug voor opgroeiende jongeren

Ernstige psychische klachten zijn meestal al duidelijk in de overgang van adolescentie naar jong volwassenheid. Op dat moment adequate zorg krijgen kan veel leed in het verdere leven voorkomen. Alleen is die zorg schaars en weinig toegankelijk.

Bovendien is ze georganiseerd in twee zorgwerelden die overbevraagd zijn en daardoor weinig met mekaar praten, laat staan op mekaar afgestemd zijn: de geestelijke gezondheidszorg voor kinderen en jongeren en die voor volwassenen.

De goede intenties van de bevoegde overheden om een gemeenschappelijke aanpak voor patiënten in de transitieleeftijd van jongere tot volwassene te voorzien, moeten stevig kracht bijgezet worden.

Stuurgroep Staten Generaal

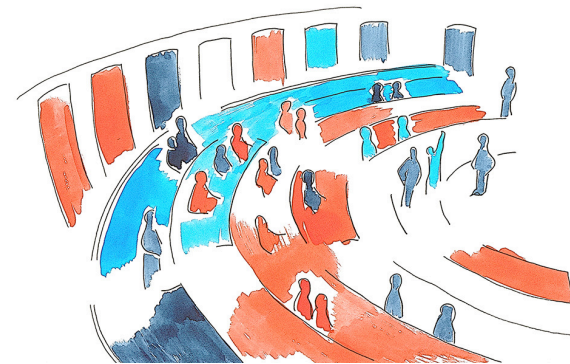


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Wouter Beke
Frank Vandenbroucke
Lorin Parys
Elke Van Hoof
Valerie Van Peel

...



Algemene ziekenhuizen	☒
Ouderenzorg	☒
Geestelijke gezondheidszorg	☒
- psychiatrische ziekenhuizen	☒
- psychiatrische verzorgingstehuizen	☒
- beschut wonen	☒
- PAAZ	☒
- revalidatiecentra	☒
- centra geestelijke gezondheidszorg	☒
Zorgheden	☒

Brussel, 15 december 2020

Ons kenm 201215_992

Contact Yves Wuyts, 0478/99 53 10, yves.wuyts@zorgneticuro.be

Informatienota 2020/234

Betreft: De IMC Volksgezondheid ondertekende op 2 december 2020 een protocolakkoord betreffende de gecoördineerde aanpak voor de structurele versterking van het psychisch zorgaanbod in het kader van de COVID-19 pandemie

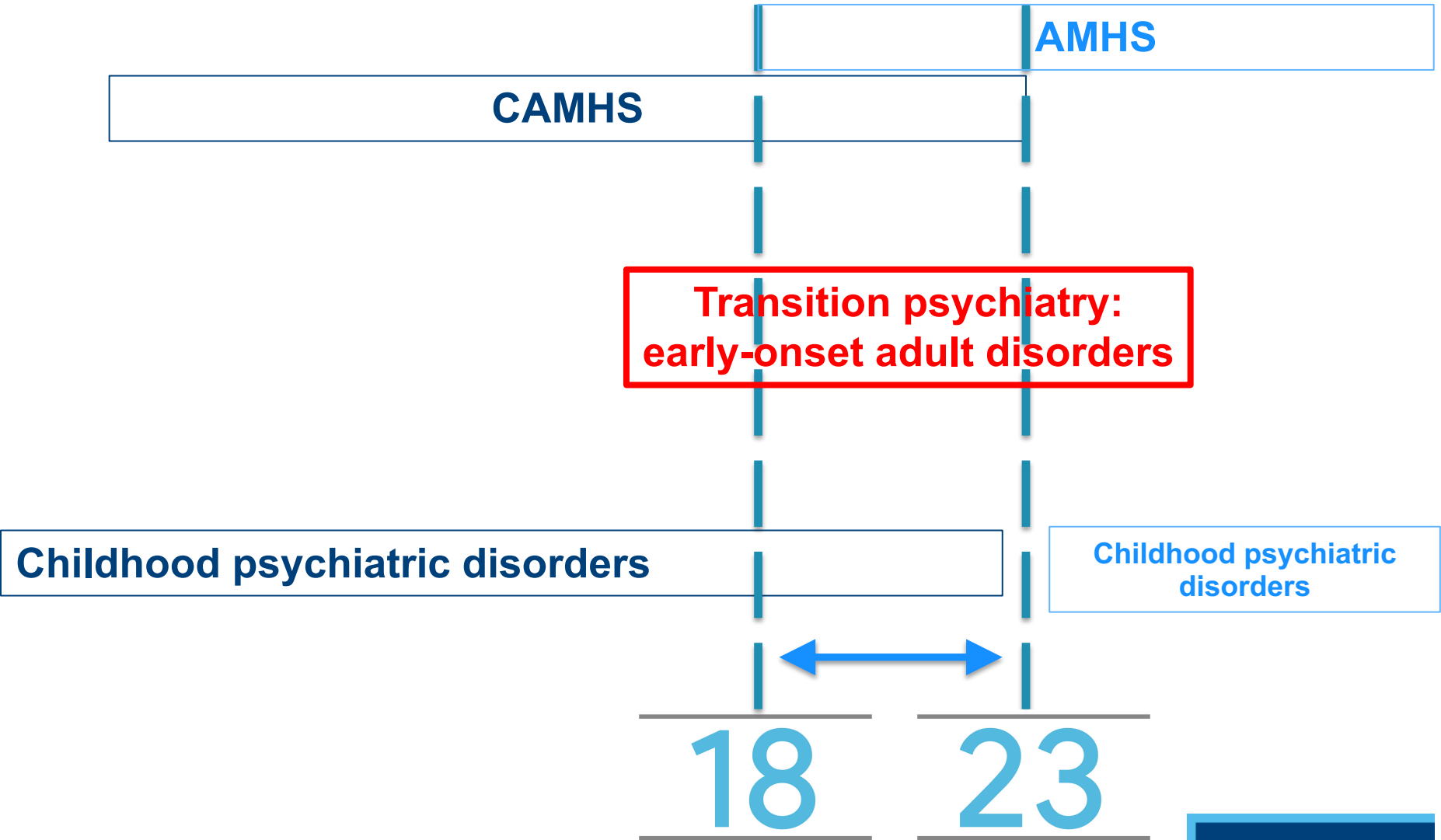
Samenvatting: Met het protocolakkoord van 2 december 2020 willen de diverse overheden van het land hun inspanningen coördineren en versterken om te komen tot een laagdrempelig en betaalbaar GGZ-aanbod voor kwetsbare groepen. Zo onder meer de inzet van 1.500 VTE extra.

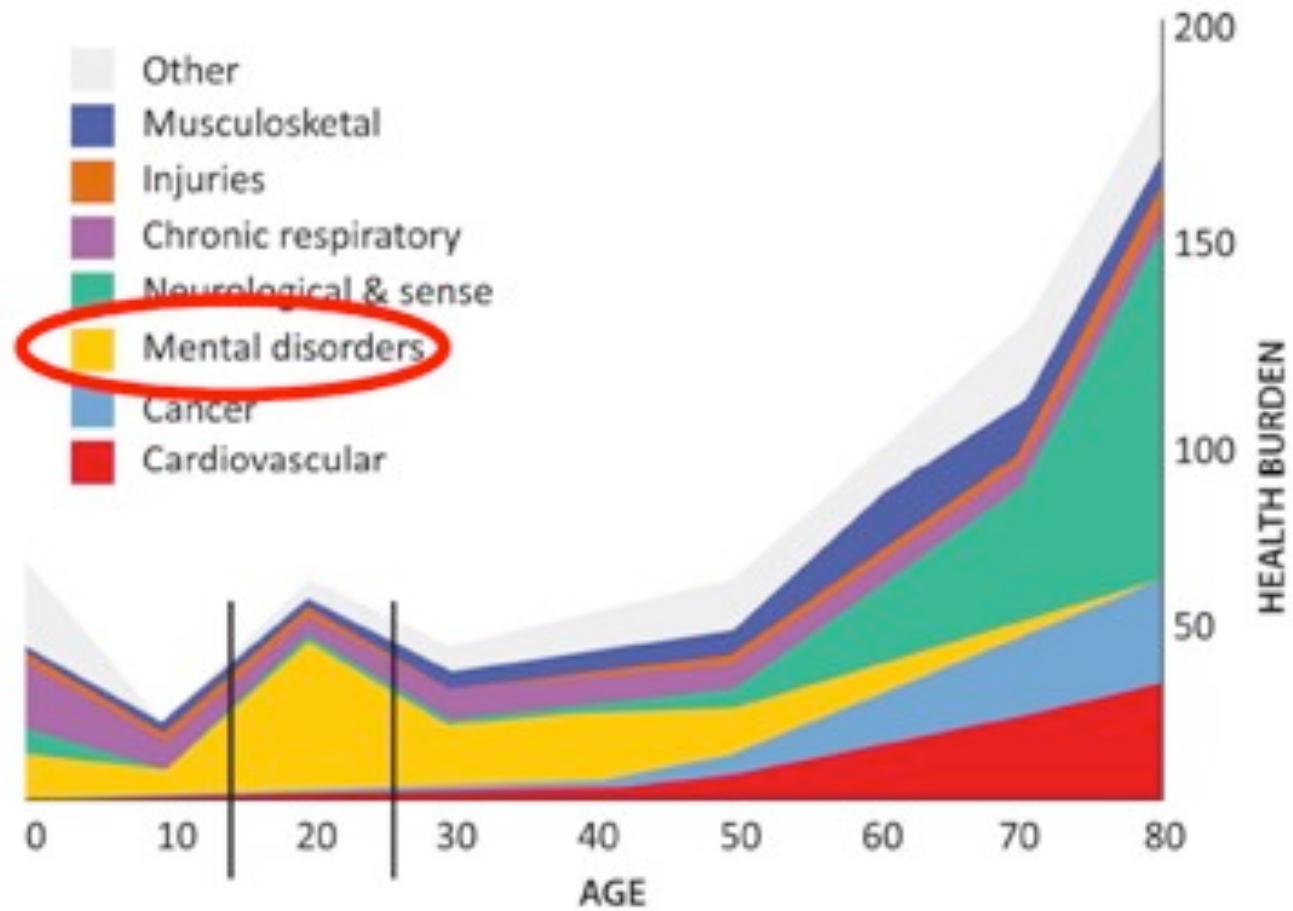
Inhoud

Het protocolakkoord bevat 3 grote onderdelen:

- 1) Kernwaarden voor een model van integratie van geestelijke gezondheidszorg in de eerste lijn, waaronder:
 - Veranderende noden over alle levensfasen heen
 - Bio-psycho-sociaal model van de burger in zijn context
 - Een getrappt zorgmodel gaande van preventie tot herstel
 - Inzet op een generalistisch en gespecialiseerd ambulante GGZ-aanbod dichtbij de burger
 - Geïntegreerd en multidisciplinair zorg- en hulpverleningsaanbod
 - Prioritaire aandacht voor kwetsbare groepen in de eerstelijnszorg en dit in samenwerking met de eerstelijnsactoren, o.a. de zorggraden en de netwerken GGZ (zowel kinderen en jongeren als volwassenen (en ouderen)).
- 2) Bijkomende investering in de eerstelijnspsychologische functie en de ambulante gespecialiseerde geestelijke gezondheidszorg, waaronder:
 - recurrente federale financiering (1.986 VTE) ter financiering van enerzijds de uitbouw van de eerstelijnspsychologische functie en anderzijds de versterking van de gespecialiseerde ambulante GGZ in de eerste lijn, waarvan 1.132 VTE voor Vlaanderen voor alle leeftijdsgroepen maar met bijzondere aandacht voor kinderen en jongeren. Deze investeringen zijn complementair met de bestaande inzet van mensen en middelen vanuit de gemeenschappen.
 - Vlaamse investeringen, waaronder voor de CGG (gespecialiseerde zorg en COVID-supportteams), ambulante GGZ-revalidatie en gespecialiseerde verslavingszorg, CAW, Overkophuizen, Huizen van het Kind, ...
- 3) Gemeenschappelijk plan van aanpak, waaronder:
 - De oprichting van een transversale overeenkomstencommissie GGZ in de schoot van het RIZIV, bestaande uit vertegenwoordigers van GGZ-voorzieningen, mutualiteiten, huisartsen en psychiaters, klinisch psychologen en orthopedagogen, patiënten- en familievertegenwoordigers, netwerkcoördinatoren van de GGZ-netwerken kinderen en jongeren enerzijds en volwassenen anderzijds.
 - Bilaterale overeenkomsten tussen de federale overheid en elk van de gemeenschappen (om kunnen tegemoet te komen aan de verschillende organisaties van de eerstelijnszorg in de diverse landsgedeelten).

Transition Psychiatry: new-onset psychopathology 16-24 yrs





Kessler et al, 2005



IEPA Early Intervention in Mental Health

Figure. Clinical Staging Models in Youth Mental Health

A Diagnostically siloed staging model

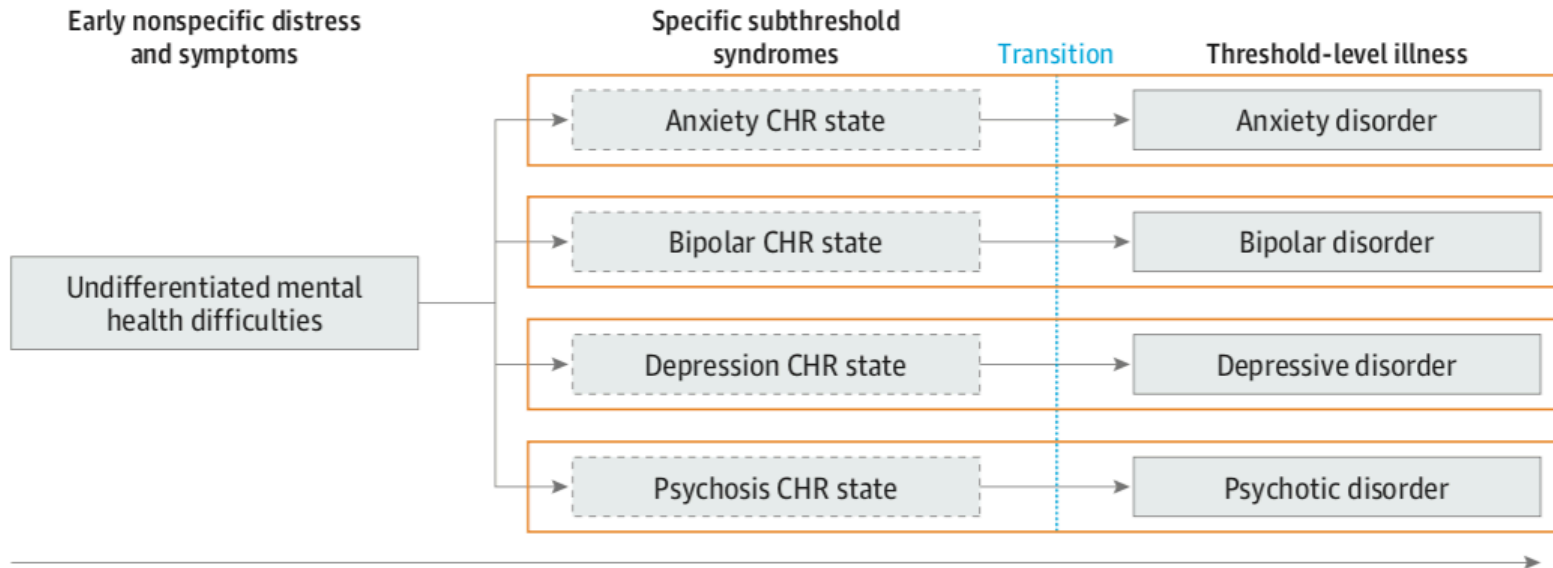
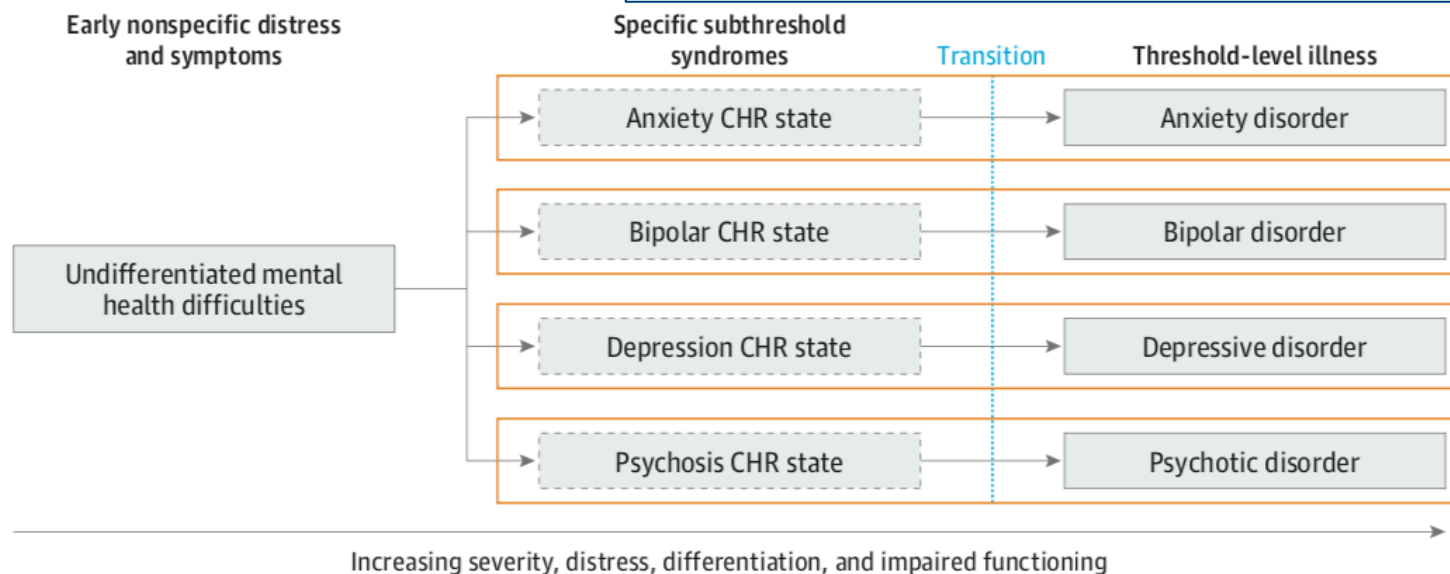


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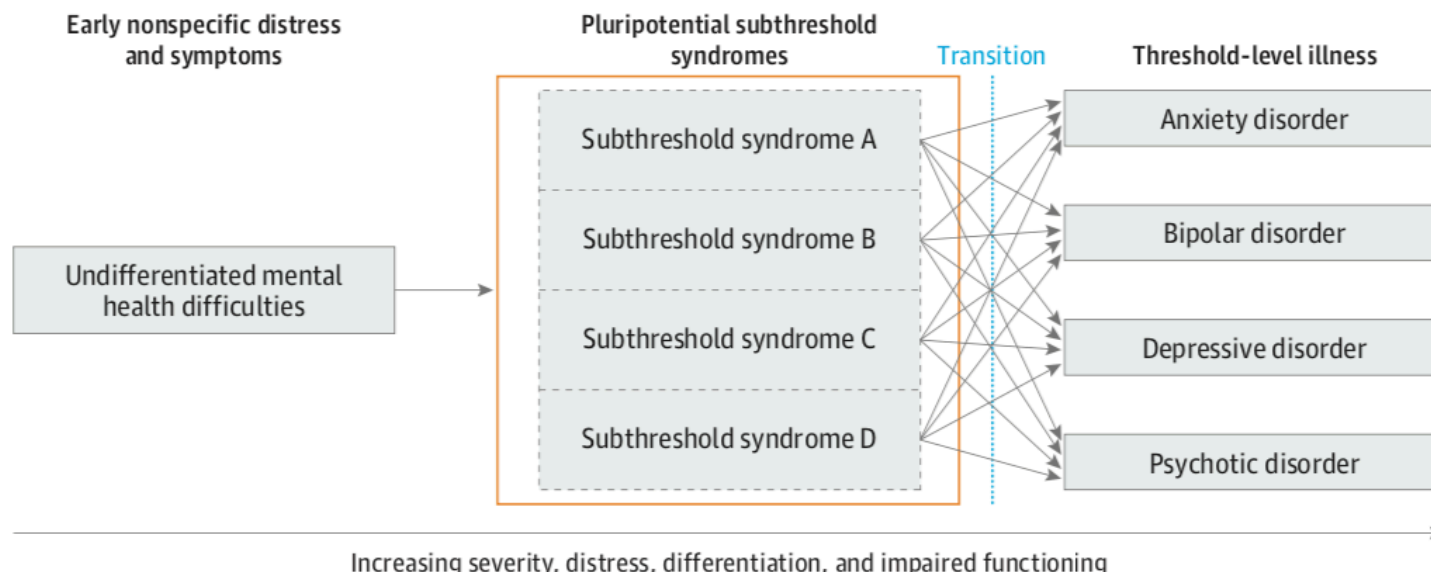
A Diagnostically siloed staging model

Homotypic continuity



B Transdiagnostic, pluripotential staging model



Heterotypic continuity



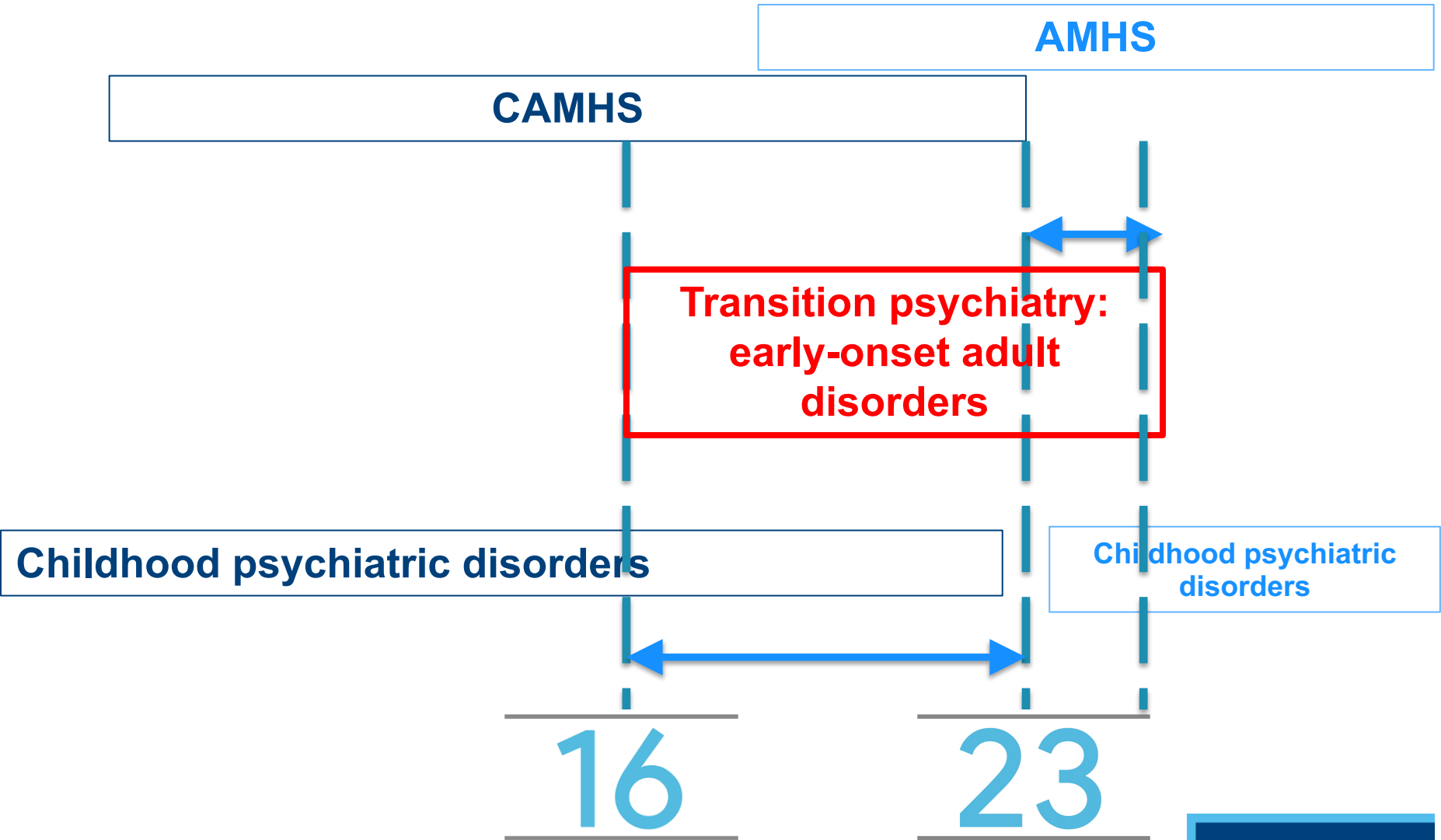
Shah, JAMA Psychiatry 2019

KU LEUVEN

Transdiagnostic clinical staging in youth mental health: a first international consensus statement

PROGRESSION 	Stage	EXTENSION Complexity/Comorbidity 					
		Mental (examples)			Physical (examples)		
		Neurocognition	Substance use	Suicidality	Metabolic	Cardio-respiratory	Autoimmune
Sub-clinical							
Clinical need but mild and nonspecific symptoms							
Clinical need but moderate/attenuated symptoms (manic-like symptoms, overvalued ideas without conviction, etc.)							
Severe symptoms (full delusional content, mania, etc.) consistent with a first episode		↓	↓	↓	↓	↓	↓
Recurrent/multi-episode							
Persistent/unremitting							

Transition Psychiatry: new-onset psychopathology 16-24 yrs



Transition Psychiatry 2.0

- Focus op new-onset psychopathologie
- Teams met K&J expertise & volwassenenexpertise
- Flexibele zorg
- Op maat van de jongere
- Intrinsiek transdiagnostisch
- Laagdrempelig, ingebed in de eerste lijn maar met goede connectie naar gespecialiseerde zorg
- Garandeert maximale expertise, specifieke jongerenwerking en tegelijkertijd ook maar 1 transitie moment