Psychiatria Danubina, 2025; Vol. 37, Suppl. 1, pp 409-412
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Conference paper
Brief report

WHICH TRANSITIONAL AGE YOUTH SEEK CARE AT A SECOND-LINE CHILD AND ADOLESCENT OUTPATIENT SERVICE? VULNERABILITIES, ADVERSITIES AND PERSPECTIVES

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SUMMARY

Background: *It is known that youth aged 16 to 23 are more vulnerable to mental distress than other age groups. This vulnerability can be explained by several factors such as the high prevalence of mental illnesses, the changes in the environment, the social expectations and so on. Moreover, in this age group the transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) impacts the continuity of care, leading to a negative impact on the prognosis. This article aims to characterize this population based on risk factors, history of care and care plan.*

Subjects and method: *We conducted a retrospective study including patients who attended transition psychiatry consultations between October 2020 and December 2023. Data were collected at a secondary care outpatient service.*

Results: *The sample (n=122) was predominantly female (70.5%, n=86). Referrals were mostly made by psychologists (35.2%, n=43), although many individuals were self-referred (32%, n=39). In most cases, the consultation request came directly from the young person (60.7%, n=74). Regarding previous mental health support, 79.5% (n=97) had already received psychological care at the time of their transition consultation. In terms of risk factors, many participants had been exposed to adverse childhood experiences (ACE): 60% (n=69) reported a first-degree family history of psychiatric disorders, 28% (n=33) had experienced sexual abuse, and 37.3% (n=44) had been exposed to domestic violence. Among those who received follow-up care, 19.7% (n=24) were scheduled for planned inpatient care. Psychotherapeutic follow-up was offered to 79.6% of patients, and psychotropic medication was recommended for 68.9%.*

Conclusion: *This research highlights the major vulnerability of transition-aged youth (TAY) and reinforces the need for specialized care and continuity between CAMHS and AMHS.*

Key words: *transition - young adult - mental health care - risk factors - care trajectories*

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INTRODUCTION

It has been well-documented that individuals classified as TAY, aged 16 to 23, experience significantly higher levels of mental distress compared to other age groups (Jackson et al. 2022). This increased vulnerability to mental health challenges can be attributed to a variety of interconnected factors. Firstly, 75% of all mental illnesses manifest before the age of 25, emphasizing emerging adulthood as a critical period marked by heightened vulnerability to mental health disorders (McGorry et al. 2024). Secondly, this age group experiences major life changes, including shifts in education, living circumstances and social relationships, while learning to manage the complexities of increased autonomy (Tuomainen 2022). Moreover, individuals in this age group who are already receiving mental health care often undergo a transition from CAMHS to AMHS. This transition adds further complexity and highlights the vulnerability of this population, underscoring the need for mental care strategies (Singh et al. 2023). In this article we aim to further characterize the population of TAY seeking care. We conducted observations at a secondary care outpatient service located on a university campus- Service de santé mentale à l'Université Libre de Bruxelles, SSM-ULB, La Plaine, Brussels -offering multidisciplinary care to individuals facing mental health challenges. We sought to answer the following research question: 'What are the characteristics, including risk factors, history of care and care plans, of TAY seeking outpatient care at a specific SSM in Brussels, Belgium?'

SUBJECTS AND METHODS

This retrospective study is part of the broader multicenter Transition Clinic Project conducted by the Transition Psychiatry Chair at the Université Libre de Bruxelles (ULB). We collected data from the medical records of selected patients aged 16 to 23 years old at

SSM-ULB. Patients who explicitly declined to participate were excluded from the study. A total of 143 patients showed up at the transition psychiatry consultations between October 2020 and December 2023. We focused our analysis on the following variables: general sociodemographic data, symptoms leading to consultation, consultation referral and requester, risk factors, history of care and care plans. We excluded patients with 25% or more missing data (21 patients). Consequently, the study sample consisted of 122 patients in total. Extensive data has been collected in our database. We then conducted a quantitative descriptive analysis using the SPSS software. This study was approved by the Ethics Committee of the Erasme Hospital on April 13, 2023 (Ref: P2021/370).

RESULTS

The results of our descriptive analysis on the total sample of 122 patients are presented in the following tables. As shown in Table 1, most young individuals (35.2%) were referred to the transition psychiatric consultation by their psychologist, while 32% were self-referred. Additionally, in 60.7% of the cases, the request for consultation was initiated by the young individual themselves.

Table 1. Sociodemographic characteristics and arrival to the consultation

Variable	n	Frequencies
Biological Sex		
Female	86	70.5%
Male	36	29.5%
School dropout*		
Yes	42	36.8%
No	72	63.2%
Symptoms leading to the consultation		
Internalizing symptoms	92	75.4%
Externalizing symptoms	21	17.2%
Psychotic symptoms	9	7.4%
Consultation referral		
Psychologist	43	35.2%
Child or adult psychiatrist	15	12.3%
General practitioner	5	4.1%
Pediatrician, neurologist or other	20	16.4%
None	39	32.0%
Consultation requester		
Youth	74	60.7%
Family	30	24.6%
Social team or other	18	14.8%

*8 missing data

As displayed in Table 2, a large proportion of the young individuals attending the transition psychiatric consultation had previously received mental health support. Specifically, 79.5 % of patients had undergone psychological follow-up. Based on the information recorded in patient files, we identified several risk factors. Regarding familial risk factors, 60% of young individuals had a first-degree family history of psychiatric disorders. Additionally, 28% of patients had experienced sexual abuse, 37.3% had been exposed to domestic violence either from family members or partners, and 30.2% had been victims of school bullying.

Table 2. Risk factors for TAY and history of care

Variable	n	Frequencies
History of care		
Psychological	97	79.5%
Psychiatric	38	31.1%
Psychotropic treatment	50	41.0%
Psychiatric inpatient care	35	28.7%
Risk Factors (ACE)		
First degree Family psychiatric history *	69	60.0%
Second degree Family psychiatric history **	39	36.9%
Sexual abuse ***	33	28.0%
Domestic abuse ***	44	37.3%
School bullying ****	35	30.2%
Substance use (past or current)	41	34.2%

*7 missing data; **16 missing data; ***4 missing data; ****6 missing data

Table 3. Care plan

Variable	n	Frequencies
Follow-up duration		
1 – 6 months	49	41.2%
6- 12 months	52	43.7%
More than 12 months	18	15.2%
Discontinued follow-up	32	26.2%
Psychotropic drug		
Yes	84	68.9%
No	38	31.1%
Type of drug		
Antidepressant	54	64.3%
Antipsychotic	7	8.3%
Other (methylphenidate, anxiolytic…)	23	27.5%
Hospital care		
Consultation in a psychiatric emergency department	15	12.3%
Planned inpatient care	24	19.7%
Urgent inpatient care	8	6.6%
Day hospital care	17	13.9%
Psychotherapy		
Familial	34	27.9%
Individual therapy	97	79.6%
None	25	20.5%

Among the patients who continued their care, 41.2% were monitored for 1 to 6 months and 43.7% for 6 months to 1 year. In some cases, hospital care was recommended: 19.7% of patients were scheduled for

planned inpatient care, while 12.3% were referred to psychiatric emergency consultations. Psychotherapeutic follow-up was offered to 79.6% of patients. Lastly, psychotropic treatment was recommended for 68.9% of patients (Table 3).

DISCUSSION

Our retrospective study examined TAY outpatients in secondary mental health care. We focused on risk factors, history of care and care plan. As presented in Table 1, an important group of young individuals in our sample experiences school dropout. Prior research has shown a positive association between mental health difficulties and an increased risk of school dropouts (Lawrence & Adebowale 2023).

Our study also investigates the risk factors. As shown in Table 2, a large part of our cohort is exposed to a range of risk factors that fall under the framework of ACEs, referring to traumatic or stressful events occurring before the age of 18. Adolescents exposed to multiple ACEs have been found to be at higher risk for severe mental health problems, including suicidal behavior (Meeker et al. 2021). We also investigated the participants' history of mental health care and the referral process. As highlighted in Table 2, an important number of participants had already received mental health support prior to their first consult at the SSM. Regarding referrals, one-third of our sample was referred by a psychologist, while another third accessed the service without any formal referral. Several studies have shown that most young people followed in CAMHS are not referred, nor supported, in their transition to AMHS. This gap contributes to increase the vulnerability, the difficulties in re-engaging with psychiatric services and the delay for treatment (Pelizza et al. 2025). Moreover, the predominance referrals from psychologist may be linked to the support provided by primary care professionals during the interruption between CAMHS and AMHS (Islam et al. 2016).

Regarding care plans, as presented in Table 3, one in five patients were referred to planned inpatient care. This proportion aligns with findings from existing literature (Toulany et al. 2019). Furthermore, as highlighted in Table 3, most patients were prescribed psychotropic treatment mainly antidepressants. It has been shown in the literature that psychotropic prescriptions are most frequent among youth aged 19 to 24, with antidepressant use peaking at age 24 (Sultan et al. 2018). This study has some limitations. Data were collected retrospectively from consultation notes recorded by different physicians, as well as from administrative files. Since these data were not obtained through a standardized procedure, some information may not have been systematically assessed by the practitioner or disclosed by the patient; variability may also exist between physicians.

CONCLUSIONS

Our research provides a clearer understanding of the characteristics of the transition-aged youth population. It highlights their important vulnerability and therefore the necessity of specialized mental health care.

Acknowledgements:

The study was carried out as part of the University Chair "Psychiatry in Transition in a World in Transition" (Université Libre de Bruxelles - ULB) with the support of Julie Renson Fund, the Queen Fabiola Fund and the King Baudouin Foundation.

Ethics compliance: This study was approved by the Ethics Committee of the Erasme Hospital on April 13, 2023 (Ref: P2021/370).

Conflict of interest: *None to declare.*

Contribution of individual authors:

Juliette Estenne & Thimoty Hennebicq: conceptualization, methodology, data collection and curation, formal analysis, writing original draft, visualization.

Mathilde Morena: data collection and curation.

Joana Reis: acquisition, conceptualization, methodology, ethics approval acquisition, data collection and curation, preliminary data analysis, manuscript review and editing.

Simone Marchini: conceptualization, methodology, ethics approval acquisition, data collection, preliminary data analysis, manuscript review and editing:

Véronique Delvenne: funding acquisition, project administration, conceptualization, supervision.

Hélène Nicolis: project administration, conceptualization, supervision, writing original draft.

All authors approved the final manuscript.

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