



DATA TRENDS: #119 July 2005

Summaries of research on mental health services for children and adolescents and their families



Transition services for youth receiving child mental health services.

Source: Davis, M. & Sondheimer, D. L. (2005). State child mental health efforts to support youth in transition to adulthood. *Journal of Behavioral Health Services & Research*, 32, 1, 27-42.

Guidelines for transition supports for young people with emotional or behavioral problems identify the need for transition planning and “access to supports for all domains of transition functioning” (p 37) beginning in adolescence and “lasting as long as youth need them” (p 37). This article discusses national data on transition services available for children served within the state child mental health systems.

Method

The lead state-level administrator for the child mental health system in each state was recruited via the National Association of State Mental Health Program Directors (NASMHPD) to participate in the study. Semi-structured interviews (of 45-90 minutes) were conducted with the director or a designated representative from each state, and from the District of Columbia (n=51). Transition services were defined as “services that focus on assisting young people with SED [serious emotional disturbance] to complete the tasks of adolescence and take on the mantle of adulthood” (p. 29). Services provided by other systems such as special education or child welfare were only included when they focused on preparing adolescents for adulthood and received state mental health funds. The interview instrument was designed for the study following a review of the literature and current published guidelines for transition support services. Each participant received an advance copy of the questions. Responses to open-ended questions were paraphrased and coded into categories.

Results

The data in this article focus on transition services, access and eligibility issues, links between the child and adult mental health systems, and interagency efforts. Overall, respondents described ten different types of transition services. Twelve states reported that no transition services were offered by state child mental health systems. The most frequently provided services available were supported housing (22 states) and specialized wraparound (13 states). However, even when such transition services were available, they were restricted geographically within the state. For example, supported housing was available statewide in only one state. Eligibility for services across systems is likely to be important for coordinated and continuous care. In 31 states, child mental health services end at age 18. In 19 states, case management services for children and adults are completely separate. In all but three states, respondents noted that the eligibility criteria governing access to mental health systems were narrower for the adult system than for the child system, and thus services may no longer be available for some youth entering the adult system.

The authors argue that despite the pervasive view that these differences posed a major barrier for continuity of services; closer examination of the different definitions of serious emotional disturbance and serious mental illness did not necessarily support this interpretation. Sixteen states reported interagency agreements between the adult and child mental health systems, and several states reported participating in mandated interagency committees such as the mental health planning council. All but one state reported efforts to improve transition services for youth in the child mental health system.

Discussion & Implications

These data are derived from information provided by one representative from each state. As noted by the authors, respondents may have been unaware of some of the transition services available due to decentralization or privatization of the child mental health system in a few states. Nevertheless, it is evident that the majority of youth are not receiving the services they need. The authors conclude that the child and adult mental health systems have “been generally unsuccessful in engaging together to provide continuing support services even for those children who will qualify for adult services” (p.38). They identify a number of necessary actions essential to the improvement of transition services. These include attention to system fragmentation and perceived barriers, prioritization of transition services, involvement of youth and advocacy organizations, efforts to secure new funding and blend existing funding, demonstration of service outcomes, and building on preexisting interagency agreements and partnerships.



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