APPA Spring Conference 2021

Transitional Age Youth (TAY)

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Understand the subgroup of transitional age groups in psychiatry Demonstrate treatment challenges and implications on outcome Review approaches for effective care of TAY



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Nomenclature

"TAY" spans older adolescence to young adulthood

Demographics

Table 1 Characteristics of transitional age youth in the United States Date of Study or Statistical Analy 2012



TAY: Functional Cohort

- TAY: a unique developmental period in life
 - Transition to adulthood, outcomes, trajectories
 - Biological, psychological, social forces





The Transitional Age Bra	in(TAB)
1.0 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0	Biological vulnerability Asynchronous process

TAY: Age of vulnerability

Psychiatric vulnerabilities in transitional age youth

- Childhood ADHD affect 6% to 9% of youth, but 75% of cases continue into adolescence and
- Childhood anxiety disorders increase likelihood of depression, post-traumatic stress syndrome, and substance use disorder (SUD) in adulthood.
- Rates of mood disorders and eating orders increase in TAY.
- Autism spectrum disorder affects 2% of children and adolescents but increase in male children ages 14 to 17 years.
- Three-fourths of adults with SUD have onset before age 25 years.
- \bullet Forty-seven percent of female patients and 62% of male patients with schizophrenia have onset before age 25 years.

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TAY: Age of vulnerability cont'd

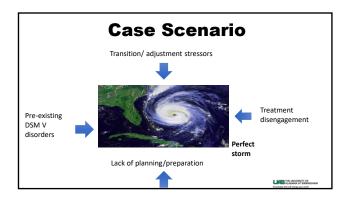
Box 2 Psychiatric vulnerabilities in transitional age youth

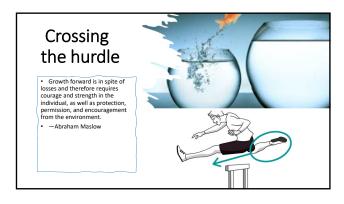
- Homicide (mainly firearms) is second highest cause of death, whereas suicide is the third highest cause of death in 12 to 25 year olds. Unintentional injuries, mainly motor vehicle accidents, are first.
- More than 60% of young adults have had a psychiatric disorder by age 25 years.
- Young adults have the highest rates of sexually transmitted infections, including human immunodeficiency virus (HIV).
- Young adults have the highest rates of behavioral problems but the lowest perception of risk and least access to preventive care and treatment.

Data from Refs. 3,28,50

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Systemic

- Paucity and misaligned mental health services
- Family involvement and ethical dilemma
- Poor transition preparation/ planning
- Eligibility/ Insurance
- Multicultural developmental experiences

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Individual

- Perception of help seeking
- Perceived relevance of treatment
- High risk for disengagement
- Gaps in understanding resources
- 86% completed suicide had no counseling

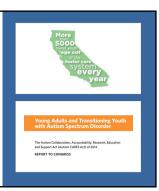
Pistorello et.al 2017 Kisch et.al 2000

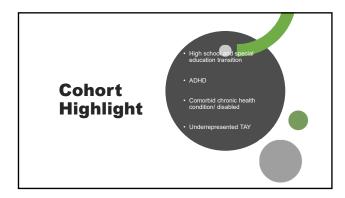
CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA www.childpsych.theclinics.com

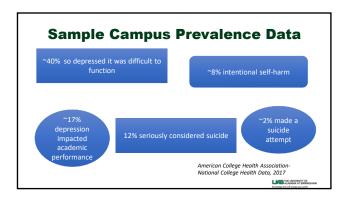
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Cohort Highlight

- Autism spectrum disorder
- Schizophrenia and psychosis
- Foster care transition

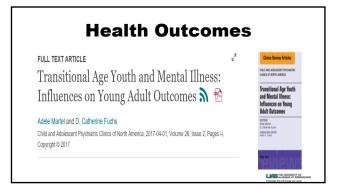


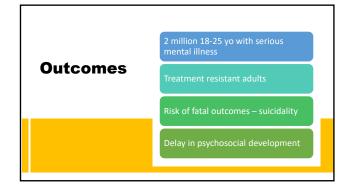












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Strategies for Treatment Early intervention Patient centered /individualized care Shared decision making Family integration



Strategies for Treatment

• Eliminate disengagement at developmental transitions



Child to adult: transitional care for young adults with cystic fibrosis.

Al-Yateem N1

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Managing the transitional care needs of young adults with a complex chronic illness such as cystic fibrosis (CF) as they move from a Managing the transitional care needs of young adults with a compiex chronic lilness such as cyslic fibrosis (CF) as they move from a child orientated to dutil settling has been reported in the literature as challenging and stressful, and may impart additional risks to the young person's health. However, in the Republic of Ireland, which has the highest incidence of CF in the world, the current services provided for children during this transitional period are still reported as underdeveloped. The aim of the author's research was to explore and understand the experience of young people before and after their transitional care, and the actives that hot conclusible to and hinder that experience. A qualitative approach guided by phenomenological tradition, and using in-depth interviews. The findings suggest that there are a range of needs required for patients during this transitional period, including the need for information, interventions that decrease the negative feelings associated with transition (e.g. distress, anxiety, uncertainty, surfuced service, and in approach for care that officers on young adults.) The author concludes that health professionals in the clinical setting who have responsibility for young adults in transitional care should focus on these needs to provide a more relevant and effective transition service.

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Six Core Elements of Health Care Transition

The National Alliance to Advance Adolescent Health

Strategies for Treatment	Resilience promotion
	Resources
	Education

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	Attachment & close relationships
	Effective caregivers
Resilience Promoting Factors	Intelligence & problem-solving skills
	Self control & emotional regulation
	Motivation to succeed
	Self efficacy
	Effective schools
	Effective neighborhood
	Faith, hope & belief that life has meaning
Source: Masten AS, 2015	,

