

## EW82

### From Child and Adolescent to Adult Mental Health Services: The Intrepid Journey

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**Background** The move from Child and Adolescent Mental Health Services (CAMHS) to adults' services (AMHS) is likely to coincide with other transitions in the adolescents' life. Barriers affecting this transition have been referred in most countries, but there is a lack of studies on this matter.

**Aims** To evaluate the transitional process from CAMHS to AMHS in Portugal, focusing on four criteria: continuity of care, parallel care, a transition planning meeting and information transference. The continuity/discontinuity of the diagnosis and therapeutic plan made at CAMHS has also evaluated.

**Methods** Identification from a sample of adolescents transferred from Clínica da Juventude (adolescents' clinic) to 3 major AMHS, collecting information regarding the quality of the transition between these services.

**Results** Fifty-nine adolescents were discharged in 2014, average of 16.5 years old, after being followed in our clinic for an average of 7.44 months. Ten continued being followed in adult psychiatric services (17.5%), with different disorders: 4 depressive, 2 personality, 1 anxiety, 1 bipolar, 1 addiction to psychoactive substances, and 1 oppositional defiant disorder. Even in those cases the transition was far from optimal, with 4 of those presenting the need to use adult emergency facilities.

**Conclusions** Several barriers between CAMHS and AMHS might account for the ongoing problem with the transition between services. In addition, considering that the onset of severe and recurring mental disorders begins generally before the age of 25, this raises the discussion around the present distinction between child and adolescent mental health services and adult services at 18 years old.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.200>

## EW85

### Mental health transition plans for older adolescents with autistic spectrum disorders – clinical profile of patients from a metropolitan Borough, North West of England

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**Introduction** The needs of people with Autistic Spectrum Conditions (ASC) are varied and complex. In order to improve outcomes for Adults with Autism, it is important to understand and evaluate the transition planning process and current services for adolescents/young Adults with ASC.

**Aims and objectives** Aim was to undertake the needs assessment audit of all young people (ages 16–19) open to a Child and Adolescent Mental Health Service. Objectives was to ensure that transition/discharge plan was in place for all the open cases and also identify any gaps in service provision.

**Methods** A retrospective case-note review of all open cases ( $n=41$ ) aged 16–19 was undertaken. Data was obtained on diagnosis, co morbid problems, educational status, and transition/discharge plans.

**Results** Twenty-two percent of the cases had co morbid moderate to severe Intellectual Disability. Transition was not an issue for this group, with entitlement of support from secondary-care-teams. Seventy-eight percent of the cases had diagnosis of Asperger's Syndrome (AS)/high functioning autism (HFA). Seventy-five percent had co-morbid depressive/anxiety disorders, 12% had ADHD and 10% presented with repeated self-harm/suicidal behaviour. Nature of the co-morbid problems/risks did not meet thresholds for Community Adult Secondary Mental Health Services resulting in discharge to Primary Health Care Services.

**Conclusions** Better training to equip primary care staff, such as General Practitioners is needed to support the growing numbers of young adults with HFA/Asperger's syndrome being discharged to their care. Costs/benefits of providing specialist adult services for people with HFA and AS to be considered in order to improve outcomes for adults with autism.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.203>

## EW86

### Safeguarding foster care youth from overmedication

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**Introduction** There are increasing concerns regarding long-term psychotropic polypharmacy prescribed for foster care youth 3.5 to 5 times more often than in at-home youth (Kreider et al., 2014). Polypharmacy risks include weight gain, glucose intolerance and type 2 diabetes. (De Hert et al., 2011). In view of these risks, novel interventions are essential to safeguard foster care youth from overmedication.

**Objectives** To present guidelines for identification and management of polypharmacy in foster care youth.

**Aims** To demonstrate a novel intervention to monitor and diminish polypharmacy and enhance psychiatric care in foster care children.

**Methods** Polypharmacy is identified using LA County Juvenile Court Mental Health Service (JCMHS) Psychotropic Parameters\* to review medication consent forms from treating psychiatrists. Polypharmacy triggers an in-person JCHMS consultation. \*(Parameters 3.9 for JCMHS PMAF Review, Revised May 2015).

JCMHS Psychotropic Parameters (summary):

- age 0–5 years:
  - 2 or > psychotropic medications,
  - Any antipsychotic (\*except Risperidone in ASD);
- age 6–8 years:
  - 3 or > psychotropic medications;
- age 9–17 years:
  - 4 or > psychotropic medications;
- All age youth:
  - 2 or > psychotropic medications in the same class (antipsychotics, antidepressants, stimulants, mood stabilizers, alpha agonists).

Psychotropic medication doses in excess of recommended (\*LA County Department of Mental Health Parameters 3.8 for use of Psychotropic Medications for Children and Adolescents).