Moving from Child and Adolescent to Adult Mental Health Services

Chapter Summary

Rising Demand

National and local data show a growing prevalence of mental ill health among young people; This has led to an increased demand for mental health services.

Young people in the 18–25 Pathway focus group reported:

- They felt abandoned at age 18 due to a lack of structured handover
- COVID-19 intensified challenges with referrals and continuity of care
- University relocation created further barriers due to new GPs and service regions
- The strict age cut-off ignored their developmental and emotional needs

18-25 Pathway

- The 18–25 Pathway was praised for being holistic and person-centred
- Young people felt the Pathway should start earlier, ideally from age 16
- Positive relationships, especially in the 18–25 Pathway, led to better outcomes; Young people appreciated staff who showed empathy, respect and curiosity

Barriers to Access

- Long waiting lists left young people feeling stuck and unsupported
- Young people reported feeling they only receive help after reaching extreme distress, such as self-harm or suicide attempts
- Internalised stigma and judgement from others (including peers, school staff and mental health staff) were reported as barriers to accessing help

Communications

- Lack of clarity on waiting list status and next steps caused confusion and disengagement
- Focus group participants felt they didn't know what adult services involved or where they stood in the system when turning 18

Peer Support

- Group sessions and peer support were highly valued
- Participants suggested offering more workshops and peer-led spaces

Havering
LONDON BOROUGH

Adult Mental Health Needs Assessment 2025

Moving from Child and Adolescent to Adult Mental Health Services Chapter

Contents

Moving from Child and Adolescent to Adult Mental Health Services

Please note: *This section focuses on the cohort of young people who progress from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services and is not intended as an overview of young adult mental health. While this is a narrow slice of the broader mental health landscape, it is a crucial gap raised by the Havering Community Mental Health Board as impacting long-term outcomes for young adults with complex mental health needs. Given this and that the needs of this cohort do not overshadow the broader needs of young people, a complementary needs assessment is to follow that will focus on child and adolescent mental health for the general Havering population. For a brief synopsis on risk and protective factors for children and young people, refer to the Risk and Protective Factors, Causes and Impacts chapter.*

Key Findings

- National and local data suggest increased prevalence of mental ill health in young people, leading to increased demand for mental health services.
- The majority of CAMHS leavers are discharged to their GP or referred to other community services, while a small proportion of CAMHS users move into adult mental health services or the 18-25 Pathway.
- Young people reported feeling they only can receive help after reaching extreme distress, such as self-harm or suicide attempts.
- Young people report internal and external stigma about mental health issues – including from school and NHS staff.
- Poor communication as young people move out of CAMHS leads to confusion and frustration, including while people are on waiting lists
- Lack of interim support while waiting for assessment and treatment for some services.
- Relationships with mental health staff were mixed, but young people were positive about the impact of the 18-25 Pathway.

Recommendations

- Analyse referrals and admissions among this cohort, segmented by diagnosis and demographics including ethnicity, sex and deprivation; and work with Community Mental Health Board to manage the demand.
- Commissioners to support continuation of 18-25 Pathway, also considering lowering entry age criteria to 16 and reviewing eligibility criteria to be fit for purpose.
- NELFT to evaluate 18-25 Pathway's access, outcomes and demographics, including by deprivation.
- 18-25 Pathway to explore options for increased group workshops and peer support groups.
- Allocate STR (Support, Time, Recovery) resources to improve engagement with young adults, especially those with complex needs.
- NELFT to ensure that young people are fully involved and informed in discharge and transition planning (as per NICE guidelines).
- Ensure staff are trained on LGBTQIA+-related mental health, with a focus on young people.

Mental Health Challenges in Young People

Mental health challenges among young people have been rising sharply in recent years. In 2023, one in five children and young people aged 8 to 25 were identified as having a probable mental health problem, an increase from one in nine in 2017.[1] Emergency department attendance by young people (aged 18 or under) with a diagnosed psychiatric condition more than tripled between 2010 and 2018-19.[2]

Havering has seen a significant increase in the numbers of young people living in the borough. People aged 18-25 comprised around 11% of the adult population in Havering in 2021

Emerging adults often face overlapping challenges—such as substance use, exploitation or unstable housing—which can exacerbate mental health vulnerabilities. For example, Havering Children's Services conducted a survey in 2022 aimed at capturing the views of children and young people in year 6 and up (SHOUT survey). 11.5% reported that worrying about money affects their physical health or emotional wellbeing.[3]

In addition, one-third of mental health problems in adulthood are directly connected to an adverse childhood experience (ACE).[4] Young people who experienced four or more ACEs are four times more likely to report poor mental wellbeing and life satisfaction later in life.[5] Unlike physical health problems, which generally develop with age, three-quarters of mental health problems are established by the age of 24.[6]

Mental illness affects education, employment and lifetime income. Individuals with mental health issues in childhood earn:

- 20% less than their peers by age 23
- 24% less by age 33
- 30% less by age 50.[7]

The link between poor mental health and being not in employment, education or training (NEET) is clear: 21% of 18-24 year olds with a common mental health disorder were NEET between 2018 and 2022, compared to 13% without.[8]

Just over one in three children and young people with a diagnosable mental health condition receive NHS care and treatment.[9] This group has the highest rates of referrals to various NELFT services, including Talking Therapies, Mental Health and Wellness Teams, and the Early Intervention in Psychosis service (See *Service Provision and Service Demand* Chapter for details).

[1] NHS Digital (2023): 'Mental Health of Children and Young People in England, 2023'. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up
[2] NHS Digital / https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/
[3] https://democracy.havering.gov.uk/documents/s73389/9.1%20Poverty%20Reduction%20in%20Havering%20Strategy%20v4.1.pdf
[4] Kessler, R. (2010) 'Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys' British Journal of Psychiatry 197(5): 378–385.
[5] Mehta, D. et al. (2013) 'Childhood maltreatment is associated with distinct genomic and epigenetic profiles in posttraumatic stress disorder' Proceedings of the National Academy of Sciences 110(20): 8302–8307.
[6] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of general psychiatry, 62(6), 593-602.
[7] Centre for Mental Health (2025). Future Minds Report 2025. Centre for Mental Health.
[8] McCurdy, C. & Murphy, L. (2024) We've only just begun. Action to improve young people's mental health, education and employment.
[9] NHS Five Year Forward View for Mental Health dashboard.

For those who access services for children and adolescents, reaching the age threshold of 18——often face change in the type of support they can access for their mental health. Some young people may not meet the criteria for transfer to adult mental health services, which can have different thresholds for support. While CAMHS may continue to offer some level of care, others may find themselves navigating this transitional period with limited support during a time of significant emotional, social, and developmental change.

Movement between services

National context

The 'transition period' requires proactive, flexible support that prioritises early intervention and continuity of care. Young people must be involved in decisions about their care, ensuring that care is delivered in a way that is sensitive to their experiences and identities.[10]

The move from CAMHS to adult mental health services (AMHS) marks a pivotal shift in a young person's mental health journey. Despite the high vulnerability of young people during this period, services have traditionally operated in siloed frameworks that reflect administrative boundaries rather than developmental needs.[11]

Poor 'transitions' from CAMHS to AMHS also reinforce structural inequalities. Young people in poverty, those with autism and/or learning disabilities, from racialised backgrounds or LGBTIA+ communities are more likely to experience mental health difficulties and less likely to receive effective care.[12,13]

For those with personality disorder diagnoses, NICE guidelines note that service 'transitions' may evoke strong emotional responses and reactions.[14] For individuals receiving treatment from CAMHS, this should be completed before they are transferred. If on a waiting list, a clear agreement is needed between services.

Furthermore, young people with mental health needs often need support to adjust to the expectations of them when they turn 18, which can often have an impact on the way they engage with services. Disengagement can result in young adults re-presenting in crisis or with greater severity of need later in life.4

Despite national aspirations to move towards a 0-25 model of care, the European MILESTONE study found that only 19.6% of participants moved to adult services after reaching the CAMHS limit.[15] It has been nationally reported that processes for moving into adult mental health services are often unplanned, inconsistently delivered and poorly experienced. One national study found that less than 5% of young people experienced best practice[16]:

[10] Holmes, https://www.tandfonline.com/doi/abs/10.1080/09503153.2021.1956449
[11] CQC_Transition Report_Summary_lores.pdf
[12] Gutman, L. et al. (2015) Children of the new century. Centre for Mental Health.
[13] Rainer, C. and Abdinasir, K. (2023) Children and young people's mental health: An independent review into policy success and challenges over the last decade. London: Children and Young People's Mental Health Coalition.
[14] https://www.nice.org.uk/guidance/ng43
[15] McGorry, P. D., Mei, C., Dalal, N., Alvarez-Jimenez, M., Blakemore, S. J., Browne, V., … & Killackey, E. (2024). The Lancet Psychiatry Commission on youth mental health. The Lancet Psychiatry, 11(9), 731-774.
[16] Singh, S. P., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., Hovish, K., Islam, Z., Belling, R., & White, S. (2010). Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *The British Journal of Psychiatry*, 197(4), 305–312.

Why Does This Go Wrong?

- Lack of clarity on service availability[17]
- Higher thresholds for eligibility for AMHS can lead referrals to be rejected; High workloads and staff shortages can influence service thresholds and eligibility criteria[18]
- The traditional 'transition' age cut-off does not have flexibility regarding boundaries based on service user need[19]

What does a 'good transition' look like?

- Full involvement of the young person in the decision-making process regarding the move into a new service.[20]
- At least one joint meeting between members of both the child and adult services along with the young person.[21]
- A period of handover or joint care where both services collaborate during the 'transition phase'.[22]
- Complete transfer of information regarding the young person's care to the adult service.
- Begin planning from year 9 (age 13 or 14) at the latest.[23] Another study recommends services should use 'age windows' to decide the optimal time for moving into adult services rather than a strict cut-off.[24]
- Person-centred approach, tailored to the individual's needs, social and personal circumstances, preferences, capabilities, maturities, communication needs and aspirations.[25]

Local context

There are a number of options to facilitate continued care for young people in Havering:

- Referral to the Havering 18-25 Pathway for transition support

[17] Belling, R., McLaren, S., Paul, M., Ford, T., Kramer, T., Weaver, T., Hovish, K., Islam, Z., White, S., & Singh, S. P. (2014). The effect of organisational resources and eligibility issues on transition from child and adolescent to adult mental health services. *Journal of health services research & policy*, *19*(3), 169–176. https://doi.org/10.1177/1355819614527439
[18] Belling, R., McLaren, S., Paul, M., Ford, T., Kramer, T., Weaver, T., Hovish, K., Islam, Z., White, S., & Singh, S. P. (2014). The effect of organisational resources and eligibility issues on transition from child and adolescent to adult mental health services. *Journal of health services research & policy*, *19*(3), 169–176. https://doi.org/10.1177/1355819614527439
[19] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/process-outcome-and-experience-of-transition-from-child-to-adult-mental-healthcare-multiperspective-study/7E7201DFDB1C81F467B9C679080870A5#ref18
[20] Singh, S (2020). Falling through the gap between CAMHS and AMHS. The Association for Child and Adolescent Mental Health.
[21] Singh, S (2020). Falling through the gap between CAMHS and AMHS. The Association for Child and Adolescent Mental Health.
[22] Singh, S (2020). Falling through the gap between CAMHS and AMHS. The Association for Child and Adolescent Mental Health.
[23] Recommendations | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE
[24] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/process-outcome-and-experience-of-transition-from-child-to-adult-mental-healthcare-multiperspective-study/7E7201DFDB1C81F467B9C679080870A5
[25] Recommendations | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE

- Directed to other adult support services (there is no guarantee that any referrals into adult mental health services for these young people will be accepted)
- Discharged to the care of their GP

Havering 18-25 Pathway

The Havering 18-25 Pathway was established in April 2024 to support young adults moving from CAMHS to AMHS or community-based mental health support. The service aims to improve engagement, reduce premature discharge due to non-engagement, and help young adults build resilience and establish sustainable support networks. It is funded by NELFT CAMHS.

Purpose

- Provide intermediate provision to support a young person's direction of care to onward services
- To help the young person's engagement with adult and community services
- Improve working relationships between young adults and services

Eligibility criteria

Young people must:

- be of minimum age 17.5 years, transferring from CAMHS to AMHS or primary care, or working with the Mental Health and Wellness Teams
- have been diagnosed or have a working mental health diagnosis
- have had a recent face-to-face assessment by either CAMHS or MH&WT.

What the Pathway Offers

There are different levels of support that can be offered, depending on the needs of the young adult. This can include:

- Direct consultation with young adult and parent/carer to obtain specific 'transition' needs and views.
- Consolidation of interventions and referring to outside organisations.
- Facilitating young people and parent/carer to access support from Havering carers support services.
- 1:1 support with 'transition' to adult services/secondary MH services with allocated keyworker. This is time-limited support up to a maximum of 6 months where the young adult may require support to negotiate the changes from CAMHS to adult services.
- Facilitating access to other organisations and partner agencies as appropriate.
- Pathway practitioners can also provide support to the professional networks, if needed.

Use of 18-25 Pathway

Data from NELFT show that the number of adult MH patients who are recorded as having had CAMHS involvement is around 10 each year, between 2019/20 and 2023/24. This suggests that the vast majority of CAMHS leavers are discharged to their GP or referred to other community services.

Between April 2024, when the 18-25 Pathway was established, and April 2024 to January 2025.

Discharge from Pathway

When a young person ends involvement with the 18-25 Pathway, it is ensured that:

- There is a final pathway meeting that takes place to confirm ongoing support arrangements.
- The objectives from the pathway have been achieved.
- The ending of the involvement is done in a planned way.
- Every effort will be made to encourage the young adult to establish a positive working relationship with their new keyworker and service.

Staff reflections on 18-25 Pathway Challenges

Pathway staff reflected that it faces challenges primarily due to limited staffing, which restricts the duration of engagement with young people to 3-6 months and has also led to strict eligibility criteria, prioritising young people who appear most at risk of disengaging from services altogether. Furthermore, because the 18-25 Pathway remains relatively new, low referral numbers suggest that clinicians and other stakeholders may not be fully aware of its scope or benefits.

Staff also reflected the need for more proactive efforts to identify vulnerable young people earlier and to strengthen partnerships with GPs and primary care providers and the need for families and young people to know about community services to prevent crises and avoid escalation to secondary mental health care or visits to A&E. Additionally, staff note that professionals across Havering must be supported to better understand and engage with young people.

Key findings from Focus group with those supported by 18-25 Pathway

See Appendix A for Focus Group Questions
See Appendix B for Themes and Sub Themes found from focus groups.

Moving from CAMHS to AMHS

Young people described a sense of disconnection and lack of structured handover during their move from CAMHS to adult services. Young people reflected feeling abandoned at age 18, facing disjointed referral processes with little guidance—particularly heightened by the COVID-19 pandemic. They felt that the abrupt age cut-off disregarded ongoing developmental needs,

and relocation for university further disrupted access to care due to changes in GPs and regional service differences.

> *"I think for me transitioning from CAMHS to 18 to 25 services was...very confusing. I don't really know what's happening, because I feel like I wasn't explained it well enough by the person who was taking care of me in CAMHS. So I've gone into this service not knowing what I'm doing, why I'm here, and it's just very confusing." -Young Person*
>
> *"I constantly felt like through my mental health journey, I've been picked up by services and then forgotten about, and I've been passed under the radar and I've been missed and I've been dropped and I've been forgotten about. So it constantly feels like every time I say, take a step forward and take two steps back and I'm back to square one. With kind of finding different pathways and constantly fighting battles to even be seen or heard. I think that's the main thing. And I think that the 18 to 25 pathway is the only pathway that actually recognises that people's brains are still growing. You are not a fully formed adult the second you turn 18. There's still so much more learning to do. You're not able to make all of these big life-changing decisions at 18, especially if you do have other factors going on in your life and you are on your own journey." - Young Person*

CAMHS, Schools and 18-25 Pathway

Although the focus group was not specifically designed to explore experiences with CAMHS or schools, participants raised these topics organically. Experiences with CAMHS varied, but there was broad agreement that the 18–25 Pathway offered a more holistic and person-centred approach—one that young people felt should be available earlier, ideally from age 16. In contrast, schools were widely seen as unresponsive, often overlooking mental health struggles unless academic performance was affected, and showing limited understanding of neurodivergence or the mental health impact of bullying.

> "*And I think one thing that should is one thing I think anyway is the fact that CAMHS should probably work closer with schools because, like, I mean, I all through primary my mum was trying to push, push, push and push for me to get into CAMHS and stuff. But the school just wasn't having it, they were like, no, she's just a normal child, nothing wrong with her. And it was only till secondary that anything had happened. So it's kind of like working closer with schools to kind of not nip it in the bud*." - Young Person

Challenges in Access

Long waiting lists and absence of interim support left young people in this focus group feeling stuck which complicated life transitions, like applying for jobs.

"There's they don't offer any interim support, so one of the things that you kind of you go to the meetings, you actually end up crying about, it's the fact that, you know, you're on a waiting list for three years, but you still have to live your life within that time." - Young Person

Crisis response gaps result in individuals feeling they only receive help after reaching extreme distress, such as self-harm or suicide attempts.

"Unless you're self-harming, it's very kind of circumstantial and unless you're kind of cutting yourself and if you're self-harming in other ways, that's, they're not recognised and then they don't offer any support for that. And that's just kind of ignored. So it feels like unless you're showing all the signs of the mental health symptoms that they're looking out for, you then get shoved under the radar." - Young Person

Communication and Information Access

Poor communication throughout the process created confusion, not knowing their place on waiting lists of what adult services would entail, contributing to feelings of isolation, frustration and disengagement. Frustration also stemmed from not being aware of their status on waiting lists and the absence of a clear referral process.

"I think it would definitely help for people to have a better understanding of what they're actually getting themselves into when they do transfer from CAMHS to 18-25. Because it is a very big step. It's different. Because obviously you're not getting the same support you were when you were 17. It's all different. The waiting lists are 10 times longer and it's all a lot more serious." - Young Person

Relationship between Professionals and Focus Group Participants

Relationships with mental health staff were mixed. Young people described a lack of empathy and personalised care, often feeling like a burden. Young people also acknowledged they felt there was a power imbalance in clinical meetings, in which they felt diminished and unheard.

"Everything you say to a young person, everything that's discussed in meetings, anything that happens, has a real-life consequence on their life and lots of times, especially in the CAMHS and the mental health team, people are spoken to as a number, as a statistic, as a case file. And I think that that is so easily forgotten because people do come to their job and think it's just a job, and that they don't think that that young person has to go home and they're very vulnerable, they're emotional and their mind is growing and they're growing up constantly all the time, and they're learning to deal with what's going on in their life whilst also facing any situation that they've been put in dealing with their mental health. And understanding that it is a journey and a child in CAMHS may not see kind of the importance of the well-being. A child going through the 18 to 25 might finally reach that part of their journey, where they understand the part of the well-being. But at every stage in their journey, how mental health professionals speak to young people and they need to be held accountable for that." - Young Person

However, where staff approached care with respect and curiosity, young people felt their outcomes and engagement improved, like in the 18-25 Pathway.

> *"And I think one of the main things from me is, also essentially bringing the holistic approach from the 18 to 25 pathway to CAMHS and then having that approach from that younger demographic and follow it all the way forward. I think just attempting a holistic approach from the outset for all young children and young adults would be very helpful to make a more lasting impact. The 18 to 25 pathway is the first pathway where, kind of, understand that you're a young person, you're learning, you're changing. But then also just being spoken to like a human. It feels a lot easier to build up the rapport and then it feels more holistic than just like you're going to the doctor. And it's like, oh, you've got broken leg, take this medication. Whereas I think that's what the clinical side of things, approach it as. Whereas if a holistic approach was adopted right from the very start, I feel like if it was a more balanced approach, you'd see better results."* - Young Person

Peer Support and Community

Group sessions and peer support were praised, with suggestions to increase the number of group sessions and workshops.

Appendices

Appendix A: Focus Group Questions for those supported by 18-25 Pathway

1. Please describe your experiences moving from child services to adult mental health services.
2. If there is one thing you could change about your experiences, what would it be?
3. What would you tell your younger self who was moving from CAMHS to adult services?
4. Do you have any other comments to share?

Appendix B: Themes and Sub Themes from focus group with those supported by 18-25 Pathway

Theme	Sub theme
1. Disconnect and Lack of Structured Handover	1.1 Disconnect and Lack of Structured Handover • Young people often feel abandoned during their transition from CAMHS to adult mental health services. • The absence of a structured transition leads to uncertainty and confusion.

	• The COVID-19 pandemic exacerbated mental health challenges, including the transition process. • The referral process to adult services can be lengthy and disjointed. • The abrupt transition at age 18 does not consider continued brain development and evolving needs. 1.2 Challenges of Relocation • Moving away from university creates additional difficulties in continuity of care, especially with changing GPs disrupts service access. • Young people felt they could only receive adequate care after reaching crisis points (e.g., A&E visits upon facing suicidal thoughts).
2. CAMHS Services and Approach	2.1 18-25 Pathway • Young people felt that the Pathway should start sooner for young people: *"I think being at the age of 16 at least getting an idea of what we'll be doing. And preparing us for it would be a lot better."* • Young people advocate for CAMHS to adopt the holistic and patient-centred care that they've experienced by clinicians in the 18-25 pathway. 2.2 Schools • Young people reported that schools: • Often fail to recognise early signs of mental health issues. • Dismiss concerns if academic performance is unaffected. • Should collaborate more with CAMHS and provide independent, trained mental health staff. • Lack awareness about neurodivergence. 2.3 Bullying and Mental Health • Young people felt that bullying significantly affected their mental health, yet schools did not intervene effectively. Stigma associated with being CAMHS patients exacerbated these issues.
3. Waiting Lists and Access to Care	3.1 Lack of Interim Support • Young people received no support while on waiting lists. • Being on waiting lists can cause challenges when applying to jobs. • Seeking alternative support can lead to being removed from CAMHS lists without notice. 3.2 Criteria for Urgent Care • There is a perception that self-harming or suicidal ideation is required for fast-tracked support while other signs of distress may be overlooked.
4. Communication and Transparency	4.1 Lack of Clear Communication • Young people feel uninformed about their status on waiting lists. • Moving from CAMHS to adult services is confusing due to poor communication. • Young people do not know what to expect from adult services. 4.2 Impact of Poor Communication • Lack of clarity leaves young people feeling lost and unsupported. • A structured and transparent referral process is needed to ease transitions.
5. Relationships with Mental Health Staff	5.1 Lack of Empathy and Person-Centred Care • Young people often feel staff do not treat them as individuals. • Before entering the 18-25 Pathway, young people perceived staff as doing the bare minimum and lacking professional curiosity: "*But when they're not taking responsibility in your mental health journey as well, that in turn makes you feel alone and makes you feel alone in your journey, that you're the only person responsible."* • Feeling like a burden discourages young people from seeking help: "*They talk to you like a burden. You're costing them money. You're a burden to their services. You're making too many numbers. You're overloading services. You're the reason why they've got too much work to do."* 5.2 Need for Mutual Respect